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# PSYCHIATRIC LABELLING : ROLE ASSIGNMENT BASED ON THE PROJECTIVE TEST PERFORMANCE OF IN-MIGRANTS

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THE result of the process of psychiatric labelling is the assignment of "sick" and "healthy" roles to those individuals who have had contact with psychiatric institutions. The assignment of a "sick" role carries direct consequences for the individual, particularly when it occurs in a public diagnostic institution. There, the diagnostic label is part of the basis for the decision of either further institutionalization or release from custodial care. The consequences of institutionalization and an institutional history on the life of the individual need scarcely be documented (Goffman, 1963).

The assignment of "sick" and "healthy" labels, and the labelling of specific psychiatric sub-groups rests on normal assumptions. These assumptions apply both to direct observations of behaviour and the evaluation of test responses, particularly those on projective tests.

There is considerable evidence that some groups in the population have a higher incidence of contact with public diagnostic institutions than do others (Hollingshead and Redlich, 1958). It has, for example, long been noted that Negroes have higher rates of first admission to public psychiatric institutions in the North than do whites (Malzberg, 1944). Malzberg's analysis of first admissions to New York State psychiatric institutions found that higher Negro rates were due entirely to Southern Negro in-migrants. Rates of first admission were the same for Northern Negroes as for whites, but Southern Negroes in New York had very high rates of admission for "alcoholic psychoses" and syphilitic deterioration. Malzberg and others assumed that, due to the social disorganization of their lives, Southern Negro in-migrants were characterized by higher rates of psychosis. How Southern Negroes arrived at the diagnostic institution, and the possibility of their greater likelihood of being taken to such institutions, was not considered. Generalizations about higher rates of psychosis within this population were based on the fact that once brought to the institution, Southern Negroes more often received the "psychotic" label.

The present study investigates the appropriateness of the normative assumptions which form the basis for the psychiatric labelling of the projective test performance of Southern Negro in-migrants. It asks the normative question as to whether the test performance of an institutionalized member of this sub-group differs from that of non-institutionalized members of the sub-group.

## BACKGROUND OF THE IN-MIGRANT POPULATION

The United States has experienced a major migration wave during the past fifty years—composed of people whom the National Association for the Advance-

ment of Coloured People has called the "in-migrants". The "in-migrant" is a Negro from the Deep South, who has come North generally in search of a job and a higher standard of living. Although mass in-migration began during World War I and continued during the 1920's and 1930's, World War II gave it the greatest impetus. The move is on so large a scale that in the ten year period from 1940-1950 there were significant declines in the percentage of Negroes in the population of a number of Southern states (U.S. Bureau of the Census, 1950).

After World War II, with a decline in the need for unskilled labour, in-migrant men forced a shifting, always marginal labour force, fixed in their lower-class status.

The past ten years has shown a shift in the in-migrant pattern. Mass movements to the suburbs created a demand for unskilled domestic labour. As the most available cheap source of labour, Southern Negro *women* have come North in large numbers. These women are surrounded by, but are in no way a part of, the middle class suburban environment; which ignores their existence. Unskilled jobs for men are scarce in suburban areas, so the latter constitute a floating and occasional population. Inadequate public transportation, distances between communities, and the lack of public services, increase the social isolation of the in-migrant in the suburbs. The small extant Negro communities in these areas are unstable in population and economically marginal. They offer little haven. The personal and community resources available to middle class whites and lower class Negroes living in homogeneous surroundings do not exist for the Southern Negro domestic in-migrant. These women cope with the severe stresses of low status, social isolation and a strange environment without family or community support. Because of their social isolation and lack of personal resources, these women have a higher incidence of contact with public institutions than do other females in the population (Malzberg, 1944). Ill, pregnant, drunk, or suicidal, they are immediately visible and more likely to be seen and picked up by the police, who bring them to public institutions, where their difficulties are evaluated.

Those Southern Negroes who present "social" rather than clearly physical problems are usually brought to psychiatric diagnostic centres. The psychiatric label which a Southern Negro receives is determined partially by evaluation of his performance on the standard battery of clinical tests. There have been several important investigations of Negro personality in which projective tests have been used as measures (Karon, 1958, Kardiner and Ovesey, 1951). These and other studies (Adams, 1950, Engle, 1945, etc.) have consistently demonstrated significant differences between Negro and white performance on personality tests. Significant differences between Northern Negro and Southern Negro sub-cultures have also been consistently shown. The *content* of these differences is not the focus of the present study. (Briefly, the interpretations of Negro responses on personality tests compared to white responses stress low self-esteem, suppressed aggression, self-hatred, fears of loss of control, and emotional constriction.) Responses of Southern Negroes compared to the Northern Negroes show more extreme denial of aggression and fears of loss of control.

Karon's study, which used the Tomkins Picture Arrangement Test, showed significant differences in the test performance of Northern Negroes and Southern Negroes which were clearly related to sub-cultural differences in their caste status.

The Rorschach performance of the 25 Northern Negroes studied by Kardiner and Ovesey differed significantly in a number of formal scoring categories from several different Rorschach norms. These results corroborated those of Stainbrook and Siegal (1944), who found significant differences between the Rorschach performance of Negro and white high school students from the same Southern town. The gap has not been bridged between the use of the Rorschach as a research instrument to investigate Negro and white sub-cultural differences and its present widespread *diagnostic* use with Negro patients. As was accurately pointed out in a recent critical review of studies concerned with Negro American personality (Pettigrew, 1964), "Basic questions cannot be answered if they are not asked in the first place. . . . Much of this research superficially defines 'adjustment' in terms of tests standardized on whites, without relating the problem to the complex, changing social environment to which Negro Americans must 'adjust' themselves. . . . Negro samples (which score) . . . in the 'maladjusted' range for white populations on standard personality tests (are) uncritically interpreted . . . as evidence of widespread 'maladjustment' in . . . Negro groups". There is now a considerable body of evidence (Deutsch, et al., 1964) which indicates that standard I.Q. tests do not have appropriate norms for Negroes from deprived backgrounds. It has become commonplace to evaluate their intelligence test performance in the light of environmental deficits, rather than to assume any inherent intellectual limitations for the group—a situation quite different from the clinical evaluation of the projective test performance of Negroes. Pettigrew (1964) has pointed out that ethnic, socio-economic, and regional sub-cultural differences *within racial* groups must also be considered. Recently, norms based on differences in Rorschach responses according to sex and age have been published (Ames, Metraux and Walker, 1959) yet none of the currently used Rorschach norms include different racial, regional, social class or cultural sub-groups as part of their standardization population (Beck, 1953; Hertz, 1959; Ames, Metraux and Walker, 1959; Holtzmann Inkblot Technique, 1961). Although some spread of socio-economic background is included in some of the normative studies, norms are based on means for the entire population, so that possible differences related to these demographic factors are lost. The present clinical application of the Rorschach to an individual patient (in this case, to a Southern Negro in a Northern diagnostic institution) implicitly assumes that an appropriate diagnostic label can be accurately applied even in the absence of such norms.

#### HYPOTHESES

If these normative assumptions are correct, then there should be a significant difference between the Rorschach performance of Southern Negro in-migrant women who are functioning adequately outside an institution, and those Southern Negro in-migrant women who have been institutionalized. Hypothesis (1) is: The Rorschach performance of institutionalized Southern Negro female in-migrants and non-institutionalized Southern Negro female in-migrants will differ significantly in the following: 1) f% 2) F + % 3) W 4) D 5) S 6) M 7) FM 8) A 9) H 10) P 11) RC 12) CF 13) C if normative assumptions are correct.

Furthermore, if currently utilized Rorschach norms are appropriately applied to the Southern Negro sub-culture, then they should accurately depict the test performance of Southern Negro women. Hypothesis (2) is: Non-institutionalized Negroes will not differ significantly in Rorschach performance from Rorschach

norms in 1) f% 2) f+ % 3) W 4) D 5) S 6) M 7) FM 8) A 9) H 10) P 11) FC 12) CF 13) C 14) R.

#### SUBJECTS

Group I—30 adult (over 16 years of age) female, institutionalized Southern Negro in-migrant Rorschach records obtained from two diagnostic hospitals in Nassau County and Queens County, New York. Criterion for inclusion in the sample: (a) Negro (b) born in a Southern state (c) lived in a Southern state until sixteen years of age. Southern states were: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, Maryland, Oklahoma, South Carolina, North Carolina, Tennessee, Texas, and Virginia.

Group II—30 adult, female, non-institutionalized Southern Negro in-migrant Rorschach records, obtained from subjects living in Nassau County and Queens County, and matched for age and socio-economic status with Group I.

#### PROCEDURE

Rorschach records were re-scored according to Piotrowski's scoring system for Group I. Rorschachs were administered and scored for Group II. All records were analysed for 1) F% 2) F+ % 3) W 4) D 5) S 6) M 7) FM 8) A 9) H 10) P 11) FC 12) CF 13) C 14) R. A chi-square analysis of the data was used. Group I and Group II were compared with each other, and each Group was compared with Piotrowski's Rorschach norms. The Fischer exact probability test was used with the small size frequencies.

#### RESULTS

In the following formal scoring categories the Rorschach records of Group I and Group II did not differ (Table I): R, W, D, M, FM, F%, C, CF, S, H%, A%, and P. The only significant differences between Group I and Group II occurred on F+ % and FC.

TABLE I  
SCORING CATEGORY COMPARISON BETWEEN INSTITUTIONALIZED  
AND NON-INSTITUTIONALIZED SOUTHERN NEGRO  
WOMEN AND RORSCHACH NORMS

<i>Scoring Category</i>	<i>Group I</i>	<i>Group II</i>	<i>P</i>
R	11	13	N.S.
W	55%	54%	N.S.
D	45%	42%	N.S.
M	.5	.7	N.S.
FM	3	5	N.S.
F%	26%	19%	N.S.
F+ %	33%	47%	< .05
C	.6	.9	N.S.
CF	3	3	N.S.
FC	2	1	< .05
S	0	0	N.S.
H%	8%	6%	N.S.
A%	81%	87%	N.S.
P	18%	24%	N.S.

Both Group I and Group II differed from Piotrowski's Rorschach norms in the following scoring categories: (Table II and Table III): R, M, A%, F%, F+%, H%, FM, FC, and CF. There were no differences on W, D, S, and P. Because of the small number of pure C responses, differences between the two groups and Rorschach norms could not be tested for this scoring category.

TABLE 2

SCORING CATEGORY COMPARISON BETWEEN INSTITUTIONALIZED  
SOUTHERN NEGRO IN-MIGRANT WOMEN  
AND RORSCHACH NORMS

Scoring Category	Group I*	Piotrowski Norm	P
R	11	34	<.05
W	55%	25%	N.S.
D	45%	60%	N.S.
M	.5	2-4	<.05
FM	3	<M	<.05
F%	26%	50%	<.05
F+%	33%	56-75%	<.05
C	.6	0	not tested
CF	3	1	<.05
FC	2	3	<.05
S	0	2%	N.S.
H%	8%	20%	<.05
A%	81%	50%	<.05
P	18%	20-30%	N.S.

\* Average per record.

TABLE 3

SCORING CATEGORY COMPARISON BETWEEN NON-  
INSTITUTIONALIZED SOUTHERN NEGRO IN-MIGRANT  
WOMEN AND RORSCHACH NORMS

Scoring Category	Group II*	Piotrowski Norm	P
R	13	34	<.05
W	54%	25%	N.S.
D	42%	60%	N.S.
M	.7	2-4	<.05
FM	5	<M	<.05
F%	19%	50%	<.05
F+%	47%	65-75%	<.05
C	.9	0	not tested
CF	3	1	<.05
FC	1	3	<.05
S	0	2%	N.S.
H%	6%	20%	<.05
A%	87%	50%	<.05
P	24%	20-30%	N.S.

\* Average per record.

Both Group I and Group II averaged considerably fewer total Rorschach responses than the norms indicate for normal adults. Although there were no differences on W between the two samples and the norm, the quality of the W's produced by both Group I and Group II tended to be holistic and amorphous rather than integrative. Wholes such as: butterfly, bat, or insect, were common.

There were significantly fewer M responses in both Groups than the norms would predict for normal adults. The movement responses which occurred were nearly always animal movements (FM) and there were also a considerable number of M responses. The quality of movement responses was similar to that reported by Kardiner. Flexor movements predominated. The extensor movement responses were largely in a childlike context, e.g., "playing". Both groups produced many movement responses which were of a disguised or inverted aggressive context; most prominent were responses of passive animal content, animals which had had some violence done them. For example, "A butterfly, someone tore the wings and it's still alive", . . . "like a cotton worm getting ready to strike, sting a person", . . . "I see an African's face, dead, mouth open, tongue out", . . . "I see two bugs standing and looking at some kind of dead meat at their feet".

Both groups differed from Rorschach norms in the greater preponderance of responses given which were largely determined by the colour (CF) rather than the form (FC) of the blot. They also differed from Rorschach norms in the prevalence of animal content and the limited human content. Insect, bug, and caterpillar responses were common; most of them in a sadistic or masochistic context, e.g., "I see a poor bug that someone stepped on", "I see an ugly, mean old bug. This bug has been around and is not afraid of anything". There were also a large number of hard-shelled sea animals (similar to the bugs) which were frequently mentioned, e.g., crabs, lobsters, shrimp, turtles, alligators, and octopuses. "Crawfish" was a particularly common response. Blood responses were quite frequent, particularly in an aggressive context.

#### CONCLUSIONS

Hypothesis 1 was not confirmed. The institutionalized and non-institutionalized Southern Negro female in-migrants do not differ significantly from each other in most of the formal categories used in evaluating Rorschach performance. In only two categories out of the fourteen compared do the groups differ. Since the two groups are not significantly different from each other, the institutionalized population may be assumed to be a "normal" segment of the Southern Negro in-migrant group. Hypothesis 2 was also not confirmed. Both groups, though not different from each other, were significantly different from Rorschach norms in a number of the formal categories. The differences were consistently in the direction of characteristics which are interpreted as "limited ego strength", "impulsivity", "primitive", "childlike thinking", etc.

The clinical interpretation of the Rorschach rests on normative assumptions. In view of the findings of this study, the clinical interpretations and diagnostic labels typically made in clinical settings of groups which are not part of the standardization population, such as the Southern Negro, are in serious doubt. In the case of the particular sub-culture investigated in this study, there are only two possible evaluations of the Rorschach results. It is necessary to assume either that the entire sub-culture is "abnormal" (as previous studies have assumed), and therefore in need of institutionalization, *or* that the Rorschach performance of an individual who comes from a racial, ethnic or sub-cultural group for which there are no norms, cannot now be evaluated, nor can any normative diagnostic label be applied to their Rorschach performance.

This study, in its focus on one aspect of the psychiatric labelling process, has shown that the normative assumptions of the Rorschach are not fulfilled in the

case of one racial and regional sub-group. This study questions the validity of diagnostic labels applied to this population, which are based on their Rorschach performance. The diagnostic label of "psychotic" carries with it a number of negative connotative meanings other than "sick". Such a label explicitly sanctions institutionalization. The data of this study indicate, however, that there are few differences between institutionalized and non-institutionalized members of this sub-group.

The Psychiatric labelling process has a powerful effect on the lives of people, particularly those who come into contact with public diagnostic institutions. It is necessary to examine the assumptions which underlie the labelling process. One of these assumptions—the normative assumption—must be questioned in its application to cultural sub-groups.

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