The findings of the following four recent surveys on clinical test use in the United States, the Netherlands, Japan, and Hong Kong are reviewed: (1) "Clinical Psychological Test Usage in Japan: A Comparative Study with a Survey in the U.S.A." (T. Ogawa and C. Piotrowski, 1992); (2) "Patterns of Psychological Test Use in Hong Kong" (M. M. Tsoi and N. D. Sundberg, 1989); (3) "Trends in Test Use in The Netherlands" (A. Evers and J. N. Zaal, 1982); and (4) "Use of Assessment in Mental Health Clinics and Services" (C. Piotrowski and J. W. Keller, 1989). The preliminary analysis indicates that projective techniques are popular in the assessment of personality worldwide. Obviously, projectives are universal, in that unstructured stimuli serve as the basis for assessment and do not pose a language barrier. Thus, reliance on projective methods reflects problems in adequately translated and standardized objective tests. More data are needed from developed countries before firm conclusions on the status of projective techniques, internationally, can be affirmed. A table shows projective test use rankings for six common tests.

(Author/SLD)
Projective Techniques: An International Perspective

Chris Piotrowski and John W. Keller
University of West Florida

Toshiki Ogawa
University of Tsukuba, Japan
Summary. This study reviews the findings of four recent surveys on clinical test use in the United States, The Netherlands, Japan, and Hong Kong. The preliminary analysis concludes that projective techniques are popular in the assessment of personality worldwide. Obviously, projectives are 'universal' in that unstructured stimuli serve as the basis for assessment and do not pose a language barrier. Thus, reliance on projective methods reflects problems in adequately translated and standardized objective tests. More data are needed from developed countries before firm conclusions on the status of projective techniques, internationally, can be affirmed.
Projective Techniques: An International Perspective

Ogawa and Piotrowski (1992) recently reported on psychodiagnostic test usage by clinical psychologists in Japan. Similarly, Tsoi and Sundberg (1989) surveyed clinical psychologists in Hong Kong on patterns of testing practices. Earlier, Evers and Zaal (1982) reported on test use trends in The Netherlands. The assessment of intelligence/ability, occupational interests, and personality were important clinical functions based on the findings of these surveys. During this time frame, Piotrowski and Keller (1989a) published the results of testing patterns, utilizing a national sample, in the United States.

Despite some pessimistic views on projective techniques from abroad (Mahmood, 1988; Poortinga et al., 1982; Porteous, 1986), a review of the literature will confirm that psychodynamic formulations and psychodiagnostic testing are a cornerstone in the training and practice of clinical psychologists (Piotrowski, 1984; Weiner, 1983). At the same time, the field of personality assessment has experienced a recent resurgence in interest after several decades of relative neglect. This rekindled enthusiasm can be witnessed, for example, by the sharp increase in membership in the Society for Personality Assessment (from 900 in 1985 to 2,400 today) (Spielberger & Piotrowski, 1992), the well-attended national and international meetings on the Rorschach and
other projective techniques, and the recent formation of the European Association for Psychological Assessment.

Over the past decade, conceptual advances and developments in the clinical application of projective techniques have been fast-paced. Computer software programs are now available for many of the major projective techniques, novel approaches and diagnostic formulations have been introduced for thematic tests and figure drawing techniques, and empirical studies have been conducted with the Rorschach in the emerging areas of health psychology and forensic psychology. (The reader is referred to the proceedings of the XIII International Congress of Rorschach and Other Projective Techniques, published in Rorschachiana XVII.)

While the continued interest in projective techniques can be readily observed in major texts on psychological testing and assessment (Aiken, 1989; Anastasi, 1988; Cohen, 1992; Groth-Marnat, 1990; Megargee & Spielberger, 1992; Tallent, 1992), the popularity of projective techniques outside the United States remains unclear. Unfortunately, the literature on the clinical use of projective techniques worldwide is rather sparse or outdated (Gonzalez, 1977; La Pointe, 1974). However, the reported data in the previously noted surveys in the United States, The Netherlands, Hong Kong, and Japan can provide a rudimentary gauge of international testing practices with projective techniques.
Table 1 summarizes the rank order standing for the major projective techniques used in clinical practice in the United States, The Netherlands, Japan, and Hong Kong. A comparative analysis indicates that although there is some variability in projective test preferences from country to country, projective techniques appear to be a major component in a test battery. (The Wechsler scales were the top-ranked intelligence tests in all four countries, and the MMPI was ranked highly in the U.S.A. and Hong Kong.) Although the TAT was not ranked highly in Japan, respondents indicated that practitioners should be competent with thematic tests. Apparently the Rorschach has not been emphasized in the graduate curriculum at the University of Hong Kong, and, thus, reflects its poor acceptance in the clinical community. A critical issue in the utility of any clinical testing instrument in foreign countries is the inapplicability of published norms based on a U.S. sample. Thus, foreign clinicians may rely heavily on projective techniques for personality assessment because of concerns with cross-cultural validity of objective personality instruments, developed predominantly in the U.S.; moreover, problems in cross-cultural differences in mores, values, standards of normalcy, and personality development remain.
A clearer picture of the international status of projective techniques will emerge as more survey-type data are obtained from nations in Europe, countries where English is the predominant language, and from countries in South America. Surprisingly, there is a dearth of published data on testing practices in Canada, Mexico, and Australia, despite the strong commitment to assessment and psychometrics in those countries. There has been a strong commitment to training and practice with projective techniques in Belgium, Spain, and France (Sextcn & Misiak, 1976; Rausch de Traubenberg, 1976); unfortunately, despite the wealth of published studies on attitudes toward assessment from these countries, little is known about the testing practices of clinicians.

Several preliminary conclusions may be noted: 1) projective techniques seem as clinically popular overseas as they are in the U.S., 2) projective approaches are the major methods of personality assessment worldwide, largely due to the lack of local norms and standardization of objective tests, 3) several 'classic' projectives (e.g., Make-A-Picture-Story, Rosenzweig Picture-Frustration Study), infrequently used today in the U.S. are popular in some foreign countries, 4) the Exner Comprehensive System is being incorporated as the preferred method in Rorschach analysis (Piotrowski & Keller, 1989b), 5) several countries have in place clinical research programs that rely on projective methodology.
Future developments that will undoubtedly influence the status of projective techniques are advances in the translation and restandardization of objective personality tests (Cheung & Song, 1989), views of educational and school psychologists on the testing of children and adolescents (Hu & Oakland, 1991; Tyler & Miller, 1986), attitudes toward the acceptance of computer-based test interpretations by foreign psychologists (Fowler & Butcher, 1987; Spielberger & Piotrowski, 1990), and the outcome of validation studies with personality tests and evaluation methods (Spielberger, 1992).
REFERENCES


### Table 1

**Projective Test Use Rankings By Clinicians**

<table>
<thead>
<tr>
<th>Instrument</th>
<th>U.S.A.</th>
<th>The Netherlands</th>
<th>Japan</th>
<th>Hong Kong</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bender-Gestalt</td>
<td>3</td>
<td>5</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Draw-A-Person</td>
<td>5</td>
<td>11</td>
<td>12</td>
<td>-</td>
</tr>
<tr>
<td>Sentence Completion</td>
<td>6</td>
<td>-</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>House-Tree-Person</td>
<td>7</td>
<td>-</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Rorschach</td>
<td>8</td>
<td>16</td>
<td>1</td>
<td>31</td>
</tr>
<tr>
<td>Thematic Apperception Test</td>
<td>9</td>
<td>4</td>
<td>-</td>
<td>4</td>
</tr>
</tbody>
</table>

*from Piotrowski & Keller (1989)*

*b from Evers & Zaal (1982)*

*c from Ogawa & Piotrowski (1992)*

*d from Tsoi & Sundberg (1989)*