The author started to collect handwritings in 1950 from adult mental patients treated with electroconvulsive therapy (Hárdi, 1956, 1962, 2002). He thought to use graphology in psychiatry. His question was the following: What effect has electroconvulsive treatment (ECT) on the handwriting? Handwriting was collected before, in the course and after the therapy. In the series of 100 patients interesting changes have been observed. The handwriting of a schizophrenic woman (Fig. 1):

A: Before treatment; after three convulsions

B: There is a more primitive, irregular, larger handwriting. After six interventions more primitive, tremorous, atactic, uncertain delineation

C: It appears, she writes like a beginner in elementary school after eight convulsions

D: After nine interventions

E: We see an absolutely childish scribble, with isolated letters. After the treatment

F: Her writing is safe, well organized, relatively balanced.
Later finding pictorial expression more expressive and having a wider horizon of visual expression the author’s interest turned to drawings. He asked patients to draw a person and later an animal before every single treatment intervention. Thus after a series of 10-15 convulsions very interesting series of drawings developed (Fig. 2). Here is the series of a 19 year old schizophrenic girl:

![Fig. 2](image1)

Before ECT she executed a picture of a girl with a good technique (A), towards the end of the treatment a little goblin clinging to a mushroom (B) and after the treatment a typical children’s drawing (C).

In the age the psychopharmacotherapy he continued the examination by asking drawings before, during and after the course of the cures (Hárdi 1966, 1969, 2002). The question remained the same: How does drug treatment influences the series of drawings?

![Fig. 3](image2)

Fig. 3: A 40 year old schizophrenic man had been staying in bed for years isolated from the world. He was taken care of by his widow mother. He was hospitalized after the first examination. After hospital treatment we began a combined psychopharmacologic cure at the inhibited, withdrawn patient. Coming back to our Outpatient Clinic his first drawing (A) was a figure with an empty face, and deficient limbs, executed with disconnected lines. He got better as a result of the cure. It was reflected by his drawings (B) the figure is richer in details, though he covers the face with
the edge of his cap. Later he draws a more plastic, informal figure though wearing glasses (C) with more coherent lines as a result of further therapy. His last drawing (D) — a walking man with hands behind him and an expressive face reflecting vitality — shows the period of rehabilitation (he works 4 hours daily). The patient is well and he is working now.

Fig. 4: The 29 nine year old woman married abroad, having pathologic manifestations even there. Returning home she reported in an acute schizophrenic condition that her husband abroad had a special plan with he: „He wanted to offer, to sell her“, „there are bugs here, just like abroad“, „the dentist built a microphone into her tooth“, „when she says something the whole country knows it“. „Men are staring in her eyes and at genitals, maybe she is considered a prostitute“. Her pathologic contents, ideas of references and misinterpretations are of sexual problems: Her mother mentioned a green cloth, she felt her mother was referring the green grass, with how many men she had been in the green grass etc. Reporting at our Centre she drew a female masklike, special haired head (A). In the course of drug-therapy her condition is ameliorating and draws a thorn-haired male head (B). Among progressive amelioration she has problems: Return to her husband or not? Divorce or not? She draws a whole man, but with empty body, faulty lines (C). As a result of the therapy her pathologic ideas are omitted, enters into work. Her last picture (D) is a well executed, detailed male figure.

These two ways of psychiatric therapies showed already certain processes, where graphic changes reflect the clinical ones. After ECT, pharmacologic therapy, observations on the therapeutic and pathologic courses - step by step - a method developed (Hárdi 1969, 2002). Its definition is the following:

Dynamic examination of drawing is a serial-comparative method of drawing, where graphic changes are collated to clinical alterations. It contains at least two aspects: On the one hand each member of the series is compared to each other, and on the other it is considered in the frame of clinical course. The essence of the method is the comparison; in contrast to the static approach there is the comparison of each member of the series and to follow the changes with a dynamic attitude.

The instruction differs from the projective methods: „Draw a person!“ Afterwards: „Draw an animal!“ Every occasion of the patient’s report the instruction is always the same to obtain a series of pictures - among the same friendly but neutral attitude. (We never influence the patient to draw another figure of the „opposite sex“, directing his attention to the gender-thematic or to delineate a whole person etc., as these are against the spontaneous expression of the patient and valuable variable in the series.)

In 60 years a collection has developed from the drawings of average patients, as not the exceptional, talented persons stood in the centre, though we dealt with the question of creativity as well (Hárdi, 1995, 2000).
The approach of the dynamic examination of drawing is intraindividual: The changes are followed in the area of the personality, the member of the sequences are compared to each other. Thus the resistance of not being able to draw could be averted as not the aesthetic aspect stands in the centre of the research, but the health one, following the therapeutic amelioration or its lack. Of course relapses, exacerbations might be differentiated as well.

The categories of evaluation are the following: changes in the quality of line, enrichment — impoverishment, deficiency — completeness, more realistic, more or less aesthetic forms etc. We evaluate the intensity of alterations, or the unchanged repetition. It is not rare to meet stereotype, cliché-like repetitions. For instance in acute states we often find striking change in the series „confronting“ these members with other, speaking of „confrontation“( Hárði 1969, 2002, Vass 2002) (see Fig. 5).

These I called formal categories. The essence of the method is not „static“ phenomena, but changes, so we don’t speak of „poor“ or „rich“ drawings but graphic dynamisms f.i. enrichment — impoverishment, deficiency — completeness, regression-progression etc. The basic principle is even with the content the change, „what is becoming from something“, the transformation. We never evaluate isolated phenomenon („meaning…“) but as a part of a whole, in a greater context with systemanalytic aspect (Sehringer, 1999).

By comparison the series allow following intraindividual oscillation of the person’s level:
Fig. 5: A 33 year old woman was schizophrenic for 11 years and hospitalized several times. In a remission she drew stereotyped woman (A, C, E). In an acute state she wants to kill herself and her brother, she is „the Fiend“, has „grown horns“ and she is a candidate for hell because of her sins. In this state she draws behorned schematic devils (B). In another disturbed period represent schematic human forms (D). Thus confronting (B) and (D) in contrast to other members of the series (A, C, E) differ with their childish delineation. Even this last example showed how by comparison regression might be stated (Fig. 5, B and D). We can see it in the case of an alcoholic patient as well:

![Fig. 5]

Fig. 6: A 30 year old man had been drinking since he was 20 years old. Being drunk he was very aggressive. During his evaluation he was oppositional and had no insight. He produced a sitting torso in profile with painstaking details (A). He drew a running horse during the same session. At the next visit he came intoxicated, delineating with quick and flying lines a large-headed standing figure (B). We can clearly see here the regression – in contrast to the former detailed picture – the whole figure reminds one of the children’s drawings. A larger, „smiling“ man showing his teeth with clinging arms is similar in this respect. His animal is of the same style, infantile atmosphere and content: A quickly achieved stork, with a baby in the beak. The lines are flying and chaotic.

Collecting examining drawings throughout 60 years has strengthened the observation that adult individuals have special levels of drawing. It is connected with their personality, development, profession, physical and mental health. Similar but not identical to children’s drawings there are the adult personality levels. Among the alterations there is a special characteristic element of every individual, just like in children’s development. „Nobody can get out of his own skin“ among many changes people move on their own level. If it occurs it must be an important mental or personality change just like in the case of regression. The following levels could be differentiated:

![Fig. 7]
Fig. 7:
a1: scribbles, amorphous, deteriorated forms, a2: cephalopod (head and leg figure), b1: single-circle-line scheme, 
b2: stick-figure, c: double-circle-line scheme, d: simple near-realistic, e: more-realistic flexible level, f: individual ex-
pression, sometime talented artistic way of drawing.

We have seen the intraindividual use of our evaluation categories, but personality levels permit extraindividual compa-
rison as well, as there may be essential differences in the drawings of mentally retarded or deteriorating brain da-
mages in contrast to paranoid patients.

Of course the content of the series is also important, especially how they change. For instance it is a commonplace 
at the field of drawing to deal with the gender of the drawing. As with other factors of evaluation the emphasis is on 
changes, we follow the alteration of content. (That is why we don’t influence the patient after the first drawing to de-
linate an opposite sex figure, waiting for the spontaneous alterations or repetition of the gender.) It is very expressive 
not only with person-drawings but with animal series as well: What sort of animal he/she had chosen. The basic prin-
ciple is even with the content the change, „what is becoming from something”, the transformation (or the clichélike repetition).

The temporal is the fourth basic category of evaluation (Hárdi, 1983, 1985). As each drawing comes from a different 
time, we could use it as X-ray picture for comparison. Each member of the series means a cross-section aspect, the 
time of follow up a longitudinal one. We have various acute states, especially when a member of the series differs 
from others. We have extended time observation of more than 10 years of 454 chronic patients. Here we have a pa-
tient from acute states to chronic conditions with personality alteration:

Fig. 8: The 23 year old male patient was followed up for 22 years. In the beginning we could deal with him only two 
times because of his grave condition. He refused to draw. His complaints had started 3 years before coming to our 
institute: He became progressively inactive, shut in, having no intention to get up or wash. He was very aggressive – 
mainly towards his mother – was afraid of being killed. After his first psychiatric in-patient treatment he was very inhi-
bited, drawing peculiar, deformed figure with little mouth, quick and interrupted lines (A). After two weeks he was to 
be hospitalized again: He neither spoke, nor ate – being in a stuporous state. He drew a similar figure with uncertain 
lines, eyes empty circles, no mouth (B). His animal drawing was a running horse in the same style. Afterwards he was 
ten times hospitalized, spending there long periods – without any result: The schizophrenic process went on. In the 
14th year of our observation we saw him again: He was in bed the whole day doing nothing, smoking 1-2 packets of 
cigarettes. His drawing was executed with slow, heavy lines, the figure was empty, geometric and incomplete, mutila-
ted (C), and underneath his animal-drawing was a similar, a rigid form, resembling rather a rocking-horse. One year later his figure became more deficient, separated in the middle, opened above and underneath (D). The rocking horse was more lifeless, more alienated. As a result of modern atypical psychotropic drugs he became more cooperative, he came regularly for psychiatric control. His last picture shows this change he drew a whole man, with a face and - instead of the horse - he delineated a dog of course in the same geometric, deformed style, with peculiar hatched ear and nose (E). Here we followed not only the acute state, but chronic personality transformation with change of style (Stilwandel) as well.

Series might be extended to a period of life: Two patients could be followed for 40 years, in Fig. 9 is one of them. We have followed a 17 year old schizophrenic boy for 40 years. We can divide the course of his disease into four phases.

The first one started by a hospital admission suffering from deficient attention and concentration, decay in learning in school, delusions of intoxication, of reference, of being watched. After the hospital treatment he reported at our Centre but his pathologic symptoms haven’t ceased. Then he drew a moving figure with quick lines (A). His animal drawing is a snake. Later he „heard noises“, did irrational acts f.i. made fire without cause. He achieved a „hooligan thief“ with a bag in the hand and bizarre mien (B). He accompanied it by a picture of an ass. A year after he became inactive, did not do anything but smoking, sometimes speaking incoherently. He drank periodically. He had to be hospitalized again because of his bad state when his picture showed an empty figure with asymmetric circles (C). His animal drawing was a running cat.

After a hospital treatment in the second phase he has been one year in a compensated state repeatedly drawing stick-figures (D). He accompanied it by a picture of a camel. He had to be rehospitalized because of acute, confusional state and strolling. This is reflected by his slant, quick and chaotic lined transparent figure (E). His animal drawing was a dragon (!).

In the third phase after three years in a rehabilitation institute he had some work in gardening, but his condition was deteriorating, refused to take drugs, his autism, separation from reality increased. He did not pay attention to others, did not answer emptily gazing in the air. His superficial, rough, chaotic line, deficient drawing (F) expresses this state. He delineated a moving lion though he had the intention to draw a sphinx (!). In spite of repeated hospitalization and modern drugs, retard injections his condition was deteriorating. By incoherent declarations, neologisms he „explained“ „being the secretary of defence“. At home he „mended“ various machines, what „his father had put out of order“. He had continuous conflicts with home environment. He made a loose, uncertain line torso, with big mouth (G).
In the fourth phase his drawings illustrate the postprocessual personality and deteriorated condition (H): a deformed head (!), again with a big mouth and teeth, superficial and uncertain lines. He repeatedly drew a monstrous, horrific polyp. He was sent to a psychiatric nursing home where his unstoppable schizophrenic process progressed with the impoverishment and narrowing of his personality (I): a very deformed empty, running figure with very deficient delineation. His animal was a curled up ox (bull?), an uncertain line, empty drawing.

In contrast to our successful cases here we saw the changes and deterioration of personality as a consequence of malignant schizophrenic process. Not only the deformation and impoverishment of person-drawings express this course, but the animal series as well: from domestic animals to monsters and mythical beings.

Concerning the literature Navratil’s work is nearest to us, though he begun to publish later with application of Machover’s draw-a-person-test with alcoholics (1958). His further observations are very similar (Navratil 1965) to ours. Brade et al. (1973) and Suchenwirth (1967) researches have some similarity to the present method. Navratil’s was therapy and rehabilitation while the present method is diagnostic. Dynamic drawing examination is a systematic, system-analytic approach based on a large 60 year collection. Sehringer (1983, 1999) and Vass (2002, 2006) applied much of the method and helped the development.

Summary
Dynamic examination of drawing is a serial-comparative follow-up of drawings asking the patients to draw a person and an animal before, during the course and after the treatment. We follow and compare clinical, psychopathological changes with the graphic ones based on dynamic psychopathologic processes. The material collected over 60 years consists of 85,714 drawings, with 4710 series, including extended time observation of more than 10 years with 454 patients. Contrary to projective-associative methods, the emphasis here is placed on the changes of formal, dynamic elements and afterwards on the content. Some aspects of our evaluation are the following: Alterations of line, impoverishment — enrichment, disproportion — proportion, deformation — harmony, deficiency — completeness, regression — progression and reintegration. Personality levels of drawings are one of the most important categories, various types of adult drawings similar but not identical to children developmental phases of drawings. By the aid of personality levels of drawings comparison of the members of series regression could be more precisely stated, just as the grade of recovery.

Dynamic examination of drawing has been practiced in outpatient and inpatient circumstances, differing from the atelier situation. It does not need special expensive technical equipments or conditions and you can use it for evaluating pathologic and therapeutic states and progression.

Bibliography
Brade J., Drees, L, Schneider, H. J. : Der Face-test. Fischer, Jena 1973


Machover, K.: Personality Projection in the Drawing of Human Figure. Thomas, Springfield, 11 ed. 1980.

Navratil, L.: The Figure Drawing Test. Triangel, 3, 317 - 1958


