Editorial

House Tree Person Test: Need for Indian Norms

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The House-Tree-Person (HTP) is a projective technique developed by John Buck, which was originally an outgrowth of the Goodenough (Florence Goodenough) scale utilized to assess intellectual functioning in an individual. The HTP was developed in 1948, and updated in 1969. Buck believed that through drawings, individuals objectified unconscious difficulties by sketching the inner image of primary process. In the HTP, the patient is asked to draw houses, trees, and persons, and these drawings provide a measure of self-perceptions and attitudes. As with other projective tests, it has flexible and subjective administration and interpretation [1].
The primary purpose of the HTP is to measure aspects of a person's personality through interpretation of drawings and responses to questions. It is one of the robust tests to assess psychopathology. It is also sometimes used as part of an assessment of brain damage or overall neurological functioning about the cognitive function of the subject such as agnosia and apraxia because they require skills and visual spatial, spatial orientation, attention, concentration and accurate perception of the visual stimulus lenders motor functions [2].

Drawings are a function of culture and thus, are influenced by determinants of socio-cultural background of an individual, language, teaching style as well as socio-political and economic demographic variables. Thus, any projective test, including the HTP, is interpreted in the contextual framework of variables like age, sex, cultural and sub-cultural background of the person. Drawings are also known to vary as a function of geographic shift, especially so, as cultures also present with differing local norms and colloquial practices, from one region to another. Buck [1] assumes that patients objectify the unconscious conflicts by drawing the inner images of primary processes. Buck also explains that when an individual draws a house, tree and a person- it leads to eliciting emotions in an individual which is a determinant for the underlying affectional states.

The HTP test has established standardised interpretive determinants however, it must be noted that the test is culture fair and has considerable influences of the culture. Though the House Tree Person test has been used in the Indian subcontinent for over 50 years, there has been no effort to Indianize the scoring and interpretation. Every projective test outcome is understood to be influenced as a function of various factors such as personality development, intellectual capacity, interpersonal dynamics and largely also, culture which influences the level of exposure and perception of environment. Putting the House Tree Person in the Indian context, it is crucial to consider how the various characteristics of the drawings change from patient to patient. Apart from the Indian context, it is also prudent to consider that there are several elements of the House Tree Person that are also influenced by the new age lifestyle changes that have been a function of time and globalisation.

The qualitative scoring of Indian HTP protocols have the potential of producing richer and better understanding if the interpretations can be carried out in the light of the cultural significance of the HTP characters. Since psychopathological risks and underpinnings are also a function of the cultural norms, it is thus, necessary to keep in mind and also consider for crucial cultural factors that may enhance the understanding of projective techniques, inclusion the HTP test. Several underpinnings and interpretive elements are either not applicable to house, tree and person drawings made by Indian patients or the

characteristics are missing in the international House Tree Person manual that hold value of significance in the Indian context.

On the basis of clinical practice, it is a common finding to observe the following in Indian HTP protocols:

House Elements

- Houses, as opposed to interpretation protocols, may also be drawn as huts, with thatched roof or with traditional markers of *Rangoli* and *toran* as decors- and would not hold for any pathological underpinnings given that they are a norm in the traditional framework of India. Houses may also be drawn as flat (without roof), as skyscrapers or buildings as they are the normative in the present twenty first century.
- Sometimes farmlands and cattle may be also be drawn as part of the house, especially so by either those who are folks from the countryside or are immigrants from rural areas. This may be normative in the rural Indian backgrounds.
- Another common characteristic that may be found in the rural households would be patients drawing cow-dung cakes on the courtyard area of the yard of the house. This may not classify as a psychopathological marker as often the yards or front porches are made of cow-dung to keep away infections.
- Drawing of temples and other religious institutes are also a common traditional norm in the Indian society where belief in religious are a common practice.
- Another important consideration would be to note that absence of chimneys, fireplace, attics may be normative and not considered for interpretation among Indian protocols.

Tree Elements

- Drawing a mango, *peepal*, coconut or palm tree is common as these are common references of trees for Indian patients. It is interesting to note how which is 'common' changes from state to state depending upon the topographical regions.
- It is yet common for Indian patients to draw a *tulsi (*basil) plant as it has cultural and religious significance. This plant is frequently found to be made in the courtyards or somewhere on the window sill of flats and is regarded as an auspicious plant that people pray to.
- Patients also make a banyan or a *neem* (Indian lilac) tree with threads around it because these two trees are considered auspicious and prayed to.
- Coconuts are also commonly drawn by Indian patients and the coconut water symbolizes cleansing.

Person Elements

- One of the most common elements found in the person character are related to the dressing of the person. It is common for Indian patients to draw a male dressed in dhoti, kurta-pyjama; or a female dressed in sari, salwar -kameez. It is also a common observation to see Indian patients draw culturally relevant dressing elements such as the *pagdi* (turban), *topi* (cap) on the male or bangles, *bindi* and *mangalsutra* on the female.
- The person, most likely the female, may also be holding kitchen accessories like the spoon or cooking utensil which is a symbol of the gender roles specified by culture.
- The size and shape of the trunk of the body may also vary as drawn by the Indian patients as the physiological make up varies in the Indian subcontinent.
- Traditionally, it is common-practice to see patients from the rural background draw males with a hookah which has been a part of the normative traditional rural life.
- Human figures may also be drawn holding mobile phones which would generally be accepted given the normalcy of smartphones as part of everyone's life (*it would generally be expected in the younger population to draw so*). The same holds true for ipads and laptops.

Based on the clinical experience drawn, we have authored a book discussing these nuances in detail with every characteristic of the house, tree and person in *House Tree Person Test: Drawing Styles and Interpretation: An Indian Perspective*. This book is an additional resource to the HTP manual that can be used to better interpret and understand the underlying psychopathological risks in Indian patients. It is an attempt to bridge the need for Indian norms and interpretive standards that have been amiss in the clinical practice [3].

REFERENCES

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