

DAP TEST

Authored by
mohammad looti

October 11, 2025

RECOMMENDED CITATION

mohammad looti (2025). *DAP TEST*. PSYCHOLOGICAL SCALES. Retrieved from <https://scales.arabpsychology.com/?p=43323>

DAP TEST (Draw A Person Test)

Primary Disciplinary Field(s): Clinical Psychology, Projective Assessment, Psychological Testing

1. Core Definition

The **DAP Test** is an abbreviated term for the **Draw A Person Test**, primarily associated with the interpretive method developed by Karen Machover, formally known as the Machover Draw A Person Test. It is classified as a projective psychological assessment instrument, meaning its goal is to evaluate an individual's personality structure, cognitive function, and emotional state by interpreting their unconscious projections onto an ambiguous stimulus--in this case, a drawing of a human figure.

The fundamental procedure of the DAP Test is remarkably simple: the examinee is instructed to "Draw a person" on a blank sheet of paper, typically using a pencil. This is often followed by a request to draw a person of the opposite sex and, sometimes, to tell a story about the drawn figure. Unlike objective tests that quantify explicit knowledge or measured traits, the DAP relies on the hypothesis that the graphic representation of the human form reflects the examinee's self-image, body consciousness, attitudes toward others, and internal psychological conflicts.

Interpretation hinges on analyzing minute details of the drawing, including structural elements (size, placement, line quality, symmetry) and content elements (facial expressions, accessories, clothing, and omissions). Due to its non-verbal nature, the DAP Test is frequently employed in clinical settings involving children, individuals with communication difficulties, or those resistant to more direct verbal assessment methods, providing a preliminary, qualitative gateway into the examinee's internal world.

2. Etymology and Historical Development

The use of figure drawing in psychology has roots extending back to the early 20th century. The precursor to the projective DAP Test was the **Goodenough Draw-a-Man Test**, developed by Florence Goodenough in 1926. Goodenough's instrument was designed specifically as a non-verbal measure of **intelligence** and cognitive maturity in children. Scoring was strictly objective, assessing the child's developmental age based on the number and accuracy of anatomical features included in the drawing, rather than interpreting personality traits.

The critical shift from a cognitive measure to a **projective assessment** occurred with the publication of Karen Machover's seminal work, "Personality Projection in the Drawing of the Human Figure," in 1949. Machover formalized the interpretive criteria that established the DAP as a tool for personality assessment. She introduced the core tenet that the figure drawn, especially the first figure, represents the artist's self-concept or body image, and that symbolic meanings

could be reliably derived from specific graphical details and distortions.

Following Machover's adaptation, numerous variations and refinements have been introduced to address the assessment's inherent reliability issues. These include the **Draw-A-Person: Screening Procedure for Emotional Disturbance (DAP:SPED)**, developed by Naglieri and Pfeiffer to provide a more standardized scoring system, and the kinetic variations, such as the **Kinetic Family Drawing (KFD)**, which focuses on interaction and movement rather than static representation. Despite these attempts at formalization, the test remains largely rooted in psychodynamic theory and subjective clinical interpretation.

3. Key Interpretive Characteristics

The interpretive process for the DAP Test involves a holistic examination of the drawing combined with a detailed analysis of specific elements. The clinician synthesizes these observations to formulate hypotheses about the examinee's psychological status.

Line Quality and Emphasis: The force, consistency, and fragmentation of the drawn lines are often analyzed as indicators of the examinee's energy level, anxiety, and psychological boundary definition. Heavy, reinforced lines might suggest tension or aggressive tendencies, while faint, broken lines may indicate timidity or low energy.

Spatial Placement and Size: The figure's position on the paper is interpreted relative to the examinee's perceived relationship with their environment. Placement high on the page is sometimes linked to striving or feelings of insecurity; low placement may suggest dependency or depression. Figure size is often linked to self-esteem, with very small figures potentially signaling feelings of inferiority or withdrawal.

Detail, Omission, and Distortion: Extreme attention to specific body parts or, conversely, their complete omission is central to the projective hypothesis. For instance, the overemphasis of the head or eyes might be interpreted as an intellectual focus or paranoid vigilance, respectively. Omission of hands or feet can be hypothesized to relate to difficulty interacting with the environment or feeling unstable.

Sexual Differentiation and Gender Identity: The relative treatment of the male and female figures (if both are requested) is analyzed to infer the examinee's attitudes toward their own gender role, relationships, and the opposite sex. The relative size, quality of detail, and perceived dominance of one figure over the other can offer clues regarding sexual conflicts or identification issues.

4. Significance and Clinical Applications

Historically, the **DAP Test** held significant prestige as one of the "Big Three" projective tests, alongside the Rorschach Inkblot Test and the Thematic Apperception Test (TAT). Its primary

significance lies in its utility as a rapid, low-demand screening instrument.

In clinical practice, the DAP Test is valuable because it circumvents many common barriers to assessment. Since it requires no verbal articulation or literacy, it can be easily administered to young children, individuals with neurological impairments, or those experiencing acute anxiety that inhibits speech. It offers a unique window into the examinee's immediate emotional state and can reveal conflicts that they may be unable or unwilling to express verbally.

Its application today is generally subsidiary. It is rarely used for definitive diagnosis but rather as an exploratory tool to generate clinical hypotheses. For instance, clinicians might use the DAP to identify areas of potential concern--such as intense body image preoccupation or signs of relational conflict--which can then be explored in greater detail using more objective and standardized assessment measures. It serves effectively as a qualitative ice-breaker, assisting in building rapport and framing the subsequent clinical interview.

5. Debates and Criticisms

The DAP Test is perhaps one of the most highly scrutinized and controversial instruments in contemporary psychological assessment. While highly regarded by some clinicians steeped in psychodynamic tradition, it is increasingly refuted by the majority of the scientific community due to substantial concerns regarding its psychometric properties.

The central pillar of criticism is the profound lack of demonstrated **reliability** and **validity**. Establishing inter-rater reliability has proven exceptionally difficult; given the highly symbolic and subjective nature of Machover's interpretive criteria, different clinicians often draw widely disparate conclusions from the exact same drawing, challenging the test's objectivity. Furthermore, empirical research has struggled to confirm the criterion validity--the assertion that specific drawing signs reliably correlate with specific psychological conditions (e.g., drawing oversized eyes reliably indicates paranoia).

Critics contend that interpretations are often based on anecdotal evidence, untested hypotheses, and confirmation bias, making the test scientifically tenuous. Many researchers argue that the interpretations are inherently too generalized, capturing little more than common artistic and developmental patterns rather than deep-seated psychopathology. Consequently, in settings prioritizing evidence-based practice (e.g., academic hospitals and empirical research centers), the DAP Test has largely been relegated to historical interest or used purely for qualitative exploration rather than diagnostic decision-making.

Further Reading

[Draw-A-Person Test \(Wikipedia\)](#)

Rorschach test (Wikipedia)

ARABPSYCHOLOGY.COM