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The Diagnosis of Character Types by Visual and Auditory Thresholds

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divided by random samplings into two groups of 125 and 369. A detailed analysis was made of the 369 cases. On the basis of this analysis a scoring system was devised and applied to the 125 cases. This yielded the following correlations: Entrance examination percentiles with grades .64, entrance examination percentiles with revised information blank scores .65, revised information blank scores with grades .58.

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THE DIAGNOSIS OF CHARACTER TYPES BY VISUAL AND AUDITORY THRESHOLDS

RONALD C. TRAVIS

(*ABSTRACT*)

Clinical methods of diagnosis in mental diseases are taking on more scientifically controlled aspects. Especially is this true in the so-called functional neuroses.

This study subjected to a certain type of measurement two groups of abnormal individuals, the schizophrenic group and the psychoneurotic. The classical clinical distinction between these two groups is that the schizophrenic is characterized by negativism, restriction of reactions, seclusiveness, emotional and mental deterioration and an introverted viewpoint; while the behavior of the psychoneurotic is characterized by suggestibility, expansion of reactions, overtness, and a correspondence between emotions, thoughts, acts and external conditions.

The method consisted in determining the auditory and visual thresholds of the patients, before reverie, during reverie and then shortly after reverie as a further check on the first determination. Briefly the visual apparatus was composed of a constant current light, the most of the rays being absorbed by ground glass screens interposed between the light and the observer. The intensity was further regulated by an iris diaphragm the opening and closing of which could be varied by a pointer on a scale of 0 to 28. A fixation light which was much smaller in area than the stimulus light was used to hold the observer's attention. The observer's head was held in a constant position by controls. A circuit and key was used for the response of the observer. The entire apparatus was in a light proof room.

The auditory apparatus consisted of an electrically driven tun-

ing fork (about 300 d.v.), a rheostat connected in parallel so that the greater resistance introduced in the circuit the greater would be the intensity of the sound in the receiver, and a response key for the observer. The receiver and key for the observer was in a distant relatively sound proof room.

The characteristic reaction of the schizophrenic to the conditions of the tests is that his threshold rises during the reverie period; while that of the psychoneurotic lowers during reverie on both tests. On the visual test 14 of the 20 schizophrenics showed a raised threshold, and 18 of the 20 showed a raised threshold on the auditory test. 17 of the 20 psychoneurotics showed a lowered threshold during reverie on the visual test, and 19 of the 20 showed a lowered threshold on the auditory test.

The lowering of the threshold in the case of the psychoneurotics and raising in the case of the schizophrenics seems to be brought about by a change in mental set, attitude, or behavior pattern from the periods before and after to the reverie period due to the nature of the instructions given. In other words the changes in the threshold is a function of the particular individual's reactions to the instructions. Neurologically this particular type of opposed reactions is attributable to central changes and not to peripheral physiological changes in the receptor itself. Sherrington has shown that the phenomena of inhibition, summation, greater variability of threshold values, and interference are referable to central factors and not to peripheral structures.

It was concluded that a rather reliable means of differentiating between the psychoneurotic and schizophrenic types of individuals had been found.

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A DEVICE FOR MEASURING THE DEGREE OF AESTHETIC SENSITIVITY

NORMAN C. MEIER

(*ABSTRACT*)

Individuals differ greatly in their responses to art situations. The exact nature of this sensitivity is not known but the findings of this investigation indicate that it is more acquired than innate. The highest degree of response comes from those that combine early childhood experience of correct esthetic types with later