

Bender-Gestalt Test

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The **Bender Visual Motor Gestalt Test**, or simply the **Bender-Gestalt test**, is a psychological test first developed by child neuropsychiatrist Lauretta Bender. The test is used to evaluate "visual-motor maturity", to screen for developmental disorders, or to assess neurological function or brain damage.

Bender-Gestalt Test

Diagnostics

ICD- 94.02 (<http://icd9cm.chrisendres.com/index.php?>

9-CM srctype=procs&srctext=94.02&Submit=Search&action=search)

MeSH D001538

The original test consists of nine figures, each on its own 3 × 5 card. The subject is shown each figure and asked to copy it onto a piece of blank paper. The test typically takes 7–10 minutes, after which the results are scored based on accuracy and other characteristics.

Bender first described her Visual Motor Gestalt Test in an 1938 monograph entitled: *A Visual Motor Gestalt Test and Its Clinical Use*. The figures were derived from the work of the famous Gestalt psychologist Wertheimer. The Bender-Gestalt test as it is now often called, was typically among the top five tests used by school and clinical psychologists for decades. It measures perceptual motor skills, perceptual motor development, and gives an indication of neurological intactness. It has been used as a personality test and a test of emotional problems.

The impetus for the clinical use of the Bender Gestalt came in the late 1930s when Max L. Hutt, an Instructor at the Educational Clinic of City College of New York became interested in developing a non-verbal projective personality test. The advantages of such an instrument would eliminate problems with language as well as prevent the test subjects from consciously screening their responses and the reproduction of the nine Bender Test Figures by test subjects could be accomplished in as little as ten minutes.

Reasoning that providing a test subject with several sheets of blank paper, a pencil, and explaining that "you are going to be shown some cards, one at a time, with a simple design on each of them and you are to copy them as well as you can. Do it any way you think is best for you. This is not a test of artistic ability, but try to copy the designs as well as you can" would confront the subject with an ambiguous problem to solve. With no further instructions and the response of "do it in any way you think is best" to any questions, the subject was forced to interpret the task and proceed in a manner that was consistent with the individuals accustomed personality style.

Hutt subsequently developed a series of "test factors" with suggestions as to the personality characteristics with which they might be associated.

However, nothing regarding this preliminary work was published and it remained out of the main stream of Educational Psychology, which at that time was virtually limited to intelligence, ability and vocational interest testing.

However, with the United States entering into World War II in 1941, Hutt was commissioned in the U.S. Army and assigned as a consultant in Psychology to the Surgeon General's Office in Washington. The Army was experiencing a need to quickly train and deploy both Psychiatrists and Psychologists to meet the vastly increased need of professionals to diagnose and treat the emotional problems that develop in the stress of wartime military duty.

Hutt's first assignment was to train Psychologists as clinicians and he established classes at Brooke Army Hospital in San Antonio, TX. There he introduced the Bender-Gestalt Test to classes of inducted and commissioned psychologists who in prior years had experience in educational clinics, schools, and mental institutions. In 1945 he published and distributed a mimeographed "Tentative Guide for the Administration and Interpretation of the Bender-Gestalt Test" which had, in the previous three years, been widely adopted and utilized in the U.S. military. The clinicians trained by Hutt and now discharged and continuing the practice and teaching of Clinical Psychology in civilian life made the Bender-Gestalt one of the most widely utilized psychological tests.

Hutt published several articles regarding the Bender Gestalt subsequently: "The Case of Gregor," *J. proj. Tech.*, 1949, 13 443-446.; "Revised Bender Visual-Motor Gestalt Test in Weider, A. (Ed), *contributions toward medical psychology*. N.Y. Ronald Press, 1950; "*Interpretation of a Bender-Gestalt Record*" in *Shneidman, E. S. (Ed) Thematic Test Analyses*, N.Y. Grune and Stratton, 1951.

In 1959, Hutt met with a former student and recent Army Officer and Psychologist, Dr. Gerald J. Briskin, who had served during the Korean War and who had made considerable use of the Bender-Gestalt during his military service. Briskin had acquired extensive experience with that test in treating and diagnosing brain damage and stress related psychological and psychiatric disorders.

Their discussions and exchange of clinical findings led to the decision to bring their joint extensive experience with the Bender Gestalt in one definitive volume and that led to the publication of "The Clinical use of the Revised Bender-Gestalt Test, N.Y. Grune and Stratton, 1960.

Subsequently, Elizabeth M. Koppitz adopted several of the Hutt and Briskin scoring factors in her subsequent work, "The Bender-Gestalt Test for Young Children, N.Y. Grune and Stratton, 1964

The test has been used as a screening device for brain damage. Bender herself said it was "a method of evaluating maturation of gestalt functioning children 4-11's brain functioning by which it responds to a given constellation of stimuli as a whole, the response being a motor process of patterning the perceived gestalt."

Originally published by the American Orthopsychiatric Association, it was purchased in the 1990s by Riverside Publishing company and released with a revised qualitative scoring system as the Bender-II under the direction of Dr. Gary Brannigan and Dr. Scott L. Decker. The Bender-II contains 16 figures versus 9 in the original. The new or revised scoring system for the Bender-II was developed based on empirical investigation of numerous scoring systems. The Global Scoring System was, tangentially related to Bender's original scoring method and a revision of a system devised by Brannigan in the 1980s, was selected based on reliability and validity studies, as well as its ease of use and construct clarity. Elizabeth Koppitz, a clinical child psychologist and school psychologist (who worked most of her career in the Mount Kisco schools in New York), developed a scoring system in the 1960s devoted to assessing the maturation of visual-motor skills in children, remaining true to Bender's aim for the test, and popularized its use in the schools. For decades, the Koppitz version, known as the Bender-Gestalt Test for Young Children, was one

of the most frequently used scoring systems for the Bender-Gestalt in the United States. After Koppitz' death in the early 1980s the use of the method held its popularity until the mid1990s when it was withdrawn from the market as a result of publishing company consolidations.

Steve Mathews and Cecil Reynolds (a friend of Koppitz for some years near the end of her life) were eventually able to locate the publishing rights to the Koppitz version of the Bender-Gestalt, and these rights were subsequently acquired by Pro-Ed Publishing Company of Austin Texas, who then retained Cecil Reynolds to revise the Koppitz version. It was released under Reynolds' authorship in 2007 by Pro-Ed as the Koppitz-2: The Koppitz Developmental Scoring System for the Bender-Gestalt Test. A portion of the proceeds of all sales of the Koppitz-2 go to the American Psychological Foundation to support the Koppitz scholarships in child clinical psychology

It is important to note that when the test-taker has a mental age is less than 9, brain damage, a nonverbal learning disability, or an emotional problem, an error can occur in the results of the test.^[1]

More specific information on the Bender-Gestalt II can be found in the link below or by visiting the website of Riverside Publishing: http://www.assess.nelson.com/pdf/9-95644_BenderII_ASB1.pdf

References

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