
UNIT 4 OTHER MEASURES OF PERSONALITY

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4.0 INTRODUCTION

In this unit we will be discussing other measures of personality assessment. Self report questions and inventories are of great importance in personality assessment. These are being taken up in terms of definition and description of such tests and inventories and also we will be presenting the three important and major tests in this field namely MMPI, MCMI and NEO-PI. Following you will learn in this unit some of the major projective tests. In fact projective tests are extremely important to understand the psychodynamics involved in the person's behaviour. Many times we cannot get the needed information through interviews because of the inhibitions on the part of the person or client. In such cases projective tests are used which help the person to project his or her feelings on to the stimulus material, picture or ambiguous stimuli. In this category of Projective tests we will be presenting the Rorschach test and the Holtzman Inkblot tests. In this category of tests you will also learn the test named Thematic Apperception Tests both for adults and children.

4.1 OBJECTIVES

After going through the following unit, you will be able to:

- Define and describe self report inventories;
- Describe the MMPI, MCMI and NEOPI;
- Define projective tests;

- Explain the Rorschach test;
- Differentiate the two ink blot tests;
- Explain apperception; and
- Describe tests related to apperception such as the TAT and CAT.

4.2 SELF-REPORT QUESTIONNAIRES AND INVENTORIES

One way of measuring personality involves asking individuals to respond to a self-report inventory or questionnaire. Such measures (also known as objective tests of personality) contain questions or statements to which individuals respond in various ways.

Now we will examine the most extensively used and researched multidimensional test, used by psychologists to evaluate the diagnostics status of clients as well as to make personnel decisions about people.

4.2.1 Minnesota Multi Phasic Personality Inventory (MMPI)

The most widely used multi-trait self-report test is the MMPI. It was originally devised by Hathaway and McKinley (1943) to aid clinical psychologist in the diagnosis of psychological disorders. The developers believed that this test would be useful in evaluating the effectiveness of psychotherapy. They used an empirical strategy to construct MMPI. They administered hundreds of true-false items to several groups of people in mental institutions who had been diagnosed as having certain psychological disorders. These diagnoses have been determined through psychiatric interviews with the patients. By systematically carrying out empirical procedure on patient group with different psychiatric diagnosis, the test developers established 10 separate “clinical scales”. The test also had 4 “validity scales” that assess whether the person was careless, deceptive, or misunderstood the instructions in taking the test. The “lie scale”, for instance indicates the extent to which a person response in a socially desirable but untruthful way to statement in order to be viewed in a favourable manner (“I cant remember ever having a bad night’s sleep”).

An updated and restandardised version of MMPI was established in 1989. It is known as MMPI 2. This test has 567 items, as they were in the original inventory but is different in a number of ways. Items with sexist wordings and out moded content have been modified, items with objectionable content have been eliminated, and national norms that are more representative of the present population have been calculated. These significant modifications have enhanced the value of MMPI 2 and make it preferable over the original version of the test.

Two general approaches are used when interpreting MMPI data and these are:

- i) clinical and
- ii) actuarial.

In *clinical interpretation* an expert inspects each of the scale scores, notes the features of the profiles (clustering of certain high scale scores), and adds a mix of personal experience about individuals of each profile type to make inferences regarding the pathological problems and traits of the person.

When an *actuarial interpretation* is made, the psychologist (or computer) merely checks MMPI atlas that provide empirically established characteristics which describes each profile, class or code type.

The process of comparing the profile of a person with a large number of previous profile yields to an interpretation based on statistical base rates and norms (without an subjective evaluation by the psychologist).

Matching the person's profile with previous MMPI test takers also enables the clinician to determine the appropriate diagnostic category and course of therapy to be undertaken.

MMPI is by no means limited in usage to the clinical setting (Kunze and Anderson, 1984). It is also used to determine whether individuals have personality attributes that are either compatible or incompatible with a demand of a job for which recruitment is being made.

The MMPI has also been used extensively in studies concerning family dynamics, eating disorders, substance abuse, suicide, and readiness to intervention for rehabilitation (Butcher and Keller, 1984). It has also been one of the main sources of item for a number of other personality tests like Taylor Manifest Anxiety Scale (Taylor, 1953), the Jackson Personality Inventory (Jackson, 1974), and the California Psychological Inventory, etc.

Finally, MMPI has been translated into 125 foreign languages is a testimony to its popularity and value as a clinical assessment technique (Butcher, 1984).

4.2.2 Millon Clinical Multiaxial Inventory (MCMI)

Another objective measure of personality is the Millon Clinical Multiaxial Inventory (MCMI) (Millon, 1987, 1997). Items of this test correspond more closely to the categories of psychological disorders currently used by psychologists than those on the MMPI. This makes the test especially useful to clinical psychologists, who must first identify individual's problems before recommending specific forms of therapy for them.

The recent third edition development of the MCMI-III adds the Grossman Facet Scales, a series of therapy guiding facet subscales, to the basic personality scales of the instrument. These fact scales identify the most salient clinical domains (e.g., interpersonal, cognitive) that characterise the patient taking the inventory. This information helps "personalise" and further "individualise" the MCMI test results by specifying those features that call for the therapist' attention in what is called "personalised therapy". But first, a few words about the basic MCMI-III and what distinguishes it as a clinical instrument.

The MCMI™ (Millon™ Clinical Multiaxial Inventory) is distinguished from other inventories primarily by its brevity, its theoretical anchoring, multiaxial format, tripartite construction and validation schema, use of base rate scores, and interpretive depth.

Each generation of the MCMI inventory has attempted to keep the total number of items small enough to encourage its use in all types of diagnostic and treatment settings, yet large enough to permit the assessment of a wide range of clinically relevant multiaxial behaviours.

At 175 items, the MCMI inventory is much shorter than comparable instruments. Terminology is geared to an eighth-grade reading level. The inventory is almost self-administering. The great majority of patients can complete the MCMI-III™ in 20 to 30 minutes, facilitating relatively simple and rapid administrations while minimizing patient resistance and fatigue.

Description: Based on Millon's theory of personality and psychopathology, the brief Millon Clinical Multiaxial Inventory-II (MCMI-II) instrument provides a measure of 22 personality disorders and clinical syndromes for adults undergoing psychological or psychiatric assessment or treatment. Specifically designed to help assess both Axis I and Axis II disorders, the MCMI-II instrument can assist clinicians in psychiatric diagnosis, developing a treatment approach that takes into account the patient's personality style and coping behaviour, and guiding treatment decisions based on the patient's personality pattern.

Scoring: The MCMI-II consists of 10 clinical personality pattern scales, 3 severe personality pathology scales, 6 clinical syndrome scales, 3 modifier indices, 1 validity index.

Reliability: The reliability of the MCMI II generally has been sound, with the Axis II scales showing the highest stability as predicted by Millon. Normal subjects also had noticeably higher stability coefficients than clinical subjects. Millon also tested the stability of high point and double-high-point configurations. He reports that high point codes are fairly stable over a month, with nearly two thirds of 168 subjects achieving the same scale high point. For double-high-point configurations, 25% achieve the same high scores with another 19% achieving the same two scales but in reverse order. Based on part of his normative sample, Millon reports quite high internal consistencies. The average of 22 clinical scales is .89, and the range is from .81 to .95.

Validity: Because of extensive item overlap, we cannot be sure of the factor structure of this instrument. But there are also overlaps based on the overlap of the constructs; that is, the personality disorders are by no means distinct entities.

Norms: Norms for the MCMI-II instrument are based on a national sample of 1,292 male and female clinical subjects representing a variety of DSM-III and DSM-III-R diagnoses. The subjects included inpatients and outpatients in clinics, hospitals, and private practices. The MCMI-II manual describes the distribution of gender, age, marital status, religion, and other factors within the sample.

The MCMI-II is used primarily in clinical settings with individuals who require mental health services for emotional, social, or interpersonal difficulties.

4.2.3 NEO- Personality Inventory (NEO-PI)

A third objective test, the NEO-Personality Inventory (Costa & McRae, 1989), is used to measure aspects of personality that are not linked to psychological disorders. Specifically, it tends to measure the "big five" dimensions of personality, as these dimensions appear to represent basic aspects of personality.

The NEO-PI is a highly-regarded assessment of personality. Based on the Five-Factor model, the NEO PI-R measures the interpersonal, motivational, emotional, and attitudinal styles of adults and adolescents. It consists of 240 personality

items and 3 validity items, and is available in two forms. Form-S is designed for self-reports and Form-R is written in the third person for observer reports.

The NEO PI-R was designed to provide a general description of normal personality relevant to clinical, counseling and educational situations. NEO PI-R items and materials were designed to be easily read and understood. The five domains (factors) measured by the NEO PI-R provide a general description of personality, while the facet scales allow more detailed analysis. These five factors and their facet scales include:

Neuroticism (Anxiety, Hostility, Depression, Self-Consciousness, Impulsiveness, Vulnerability)

Extraversion (Warmth, Gregariousness, Assertiveness, Activity, Excitement-Seeking, Positive Emotions)

Openness to Experience (Fantasy, Aesthetics, Feelings, Actions, Ideas, Values)

Agreeableness (Trust, Modesty, Compliance, Altruism, Straightforwardness, Tender-Mindedness)

Conscientiousness (Competence, Self-Discipline, Achievement-Striving, Dutifulness, Order, Deliberation)

Reliability and Validity

Internal consistency coefficients range from .86 to .95 for domain scales, and from .56 to .90 for facet scales. Stability coefficients ranging from .51 to .83 have been found in three-year, six-year, and seven-year longitudinal studies of the original NEO-PI factors. The NEO PI-R has been validated against other personality inventories and projective techniques.

Use of NEO PIR

This test can be effectively used in counseling and clinical settings with adults as well as senior high school and college students. It is also very effectively used in business and industrial settings. This test is used in Psychological research, including studies in sport psychology and recreation.

<p>Self Assessment Questions</p> <p>1) Name some important personality inventories.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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2) How is MMPI-2 different from original MMPI?

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3) Briefly describe NEO-PI.

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4.3 INK BLOT TESTS

These are psychological tests in which a subject's interpretation of inkblots is analysed. This test is used in clinical psychology and psychiatry. The inkblots are used to determine what a person perceives in the highly ambiguous shapes.

4.3.1 Rorschach Psychodiagnostic Test

Swiss psychiatrist Hermann Rorschach first published the inkblot test in 1921. Rorschach displayed interest in inkblots from a young age and eventually developed a way to use them for psychological assessment.

Hermann Rorschach was born in Zurich, Switzerland, on Nov. 8, 1884. As a child, Rorschach earned the nickname "Kleck" due to his love "klecksography," a popular game among Swiss children that involved dropping ink on a piece of paper, and then folding the paper in 1/2 to create interesting designs.

Rorschach was an excellent student and ultimately became interested in psychiatry. He graduated in Medicine and worked under notable Swiss psychiatrists, Eugen Bleuler and Carl Jung. After graduation, Rorschach worked at various psychiatric institutions in Switzerland and Russia. He continued to develop his interests in psychoanalysis and Art therapy.

By 1911, Rorschach noticed that children playing klecksography varied widely in their inkblot interpretations. He then began informally studying how the mentally ill interpreted inkblots. Although others before him, such as Leonardo da Vinci, Justinus Kerner and Alfred Binet, had also experimented with inkblots, Rorschach was the first to develop a system to make the interpretation of inkblots a useful tool for psychological analysis.

During the inkblot test, the examinee is shown a series of 10 inkblots and asked to describe what he sees. It is assumed that the examinee will project his own personality and emotions onto the ambiguous picture, providing the examiner with insight into his unconscious mind.

Rorschach's set of 10 inkblots was first published in 1921 in a book entitled "Psychodiagnostik." His peers were skeptical about the ability of inkblot interpretation to assess personality accurately. Responding to this criticism, Rorschach continued his efforts to standardise testing procedures to make his inkblot test a useful psychological tool. However he could not see the use of this test as he died in 1922.

Reliability and validity

After Rorschach's death, at least 4 others attempted to standardise inkblot test administration. However, this only resulted in further confusion and inconsistency. In the late 1950s, American psychologist John Exner developed what became known as Exner's Comprehensive System, which consolidated these different approaches into one universal procedure.

Current Use

The Rorschach inkblot test continues to be the most popular projective test used today. However, critics of the inkblot test argue that the interpretation of an examinee's responses is highly dependent on the examiner's own personal judgment, and therefore not likely to be reliable among examiners. Alternatively, others contend that with proper use and training, the Rorschach can be reliably interpreted and therefore remains a useful psychological instrument.

The Rorschach Plates

The stimulus materials for the Rorschach Psychodiagnostic Technique which was published originally in 1921, are ten 5 ½ by 9 ½ inch cards. Each card contains one bilaterally symmetrical, black-and-white (five cards), red-and-grey (two cards), or multicolored (three cards) ambiguous figures in ink blot against a white background. The cards are presented individually and viewed at no greater than arms length, but turning the card is permitted.

Examinees are told to report what they see in the report or what it might present. After all the cards have been presented the examiner may start over with card one and ask the examinee what features (shape, color, shading and so on) of the card determined the responses of the subject. Following this *enquiry* period, there may be a further period of *testing the limits* to discover whether the examinee can see certain things in the card.

A number of scoring methods for the Rorschach have been proposed, the most recent being Exner's (1991, 1993) comprehensive system. Every response given to a blot may be scored on several categories as given below.

Location : where it was seen-the whole blot(W), a common detail(B), an uncommon detail(Dd), or, if the white space on the card was used, WS, DS, or DdS.

Determinant : what aspect of the blot determine the response-form (F), color(C), shading-texture(T), shading-dimension(V), shading-diffuse(Y), chromatic color(C), achromatic color(C'), movement (M), or combinations of these.

Content: anatomy (An), blood (Bl), Clouds (Cl), Fire (Fi), Geography (Ge), Nature (Na), and so forth.

Popularity: whether the response is a popular (P) or an original (One).

The number of responses in each category and certain ratios computed from them guide the interpretation of the test protocol of the whole.

For example, several good “whole” (W) responses are considered indicative of integrated or organised thinking, where as color responses suggest emotionality and impulsivity; many detailed responses indicate compulsivity; white-space responses point to oppositional tendencies; and movement responses reveal imagination.

The ratio of the number of human movement responses to the number of color responses (experience balance) is said to be related to the degree to which a person is thought-minded rather than action oriented.

The ratio of the number of form responses to the number of color responses is an index of the extent to which the respondent is controlled by cognition rather than emotion.

Also important in evaluating Rorschach protocol is the accuracy of responses, that is, how well the responses fit the respective parts of the blots (good, poor, an indeterminate).

Delays in responding (Reaction Time) may be interpreted as anxiety, small number of color and movement responses as depression, and several shading responses as self-control. Many original responses having poor form and other indicators of confused thinking suggest a psychotic process.

One of the most reliable scores on the Rorschach, and a rough index of mental ability, is a simple count of the total number of responses to the ten ink blots.

Responses may also be interpreted in terms of content, but the process is very subjective. For example unreal characters such as ghosts and clowns are interpreted as indicative of an inability to identify with real people, and mask are interpreted as role playing to avoid exposure. Food is interpreted as dependency needs or emotional hunger, death as loneliness and depression, and eyes as sensitivity to criticism.

Considering the length of time required to administer and score the test, it is unsatisfactory when judged by conventional psychometric criteria. But still it remains popular among clinical psychologists and psychiatrists.

4.3.2 Holtz Ink Blot Technique

Holtzman Ink Blot Test (HIT)

The Holtzman Inkblot Technique (HIT) is a projective personality assessment test for persons ages five and above. The main purpose of this test is to assess personality structure of a subject. It is also used as a diagnostic test particularly assessing schizophrenia, depression, addiction and personality disorders.

This test requires a clinically trained examiner. The HIT should be administered and interpreted by a trained psychologist, psychiatrist, or appropriately trained mental health professional.

The HIT, developed by psychologist Wayne Holtzman and colleagues, was introduced in 1961. The test was designed to overcome some of the deficiencies of the Rorschach Inkblot Test.

The Holtzman is a standardised measurement with clearly defined objective scoring criteria. The HIT consists of 45 inkblots. The test administrator, or examiner, has a stack of 47 cards with inkblots (45 test cards and 2 practice cards) face down in front of him or her. The examiner hands each card to the subject and asks the test subject what he or she sees in the inkblot. Only one response per inkblot is requested. Occasionally, the examiner may ask the test subject to clarify or elaborate on a response.

The Administration of the HIT typically takes 50-80 minutes. The HIT is then scored against 22 personality-related characteristics.

The HIT can also be administered in a group setting. In group testing, 30-45 inkblots are projected onto a screen and test subjects provide written responses to each inkblot.

Holtz Ink Blot Technique (HIT) consists of two parallel forms of HIT (A and B) and has 45 blots each, and the examinee is limited to one response per blot. Each of the blots was selected on the basis of high split half reliability and an ability to differentiate between normal and pathological responses.

The HIT blots are more varied than those on the Rorschach: some are asymmetrical, and some have colors and different visual textures. The HIT can be scored on the 22 response categories developed by computer analysis of hundreds of test protocols. The percentile norms for these 22 scores are based on eight groups of people, normal and pathological, ranging in age from 5 years to adulthood.

The procedures for constructing and standardising the HIT were more like those for a personality inventory than other projective techniques, and hence its reliability is higher than that of Rorschach.

<p>Self Assessment Questions</p> <p>1) What is meant by ink blot tests?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>2) Describe the Rorschach Test.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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3) What is the criticism against the Rorschach Test?

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4) How is the scoring done on Rorschach cards?

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5) Describe Holtzman inkblot test. In what these are different from the Rorschach test?

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6) Describe the Holtzman Inkblot test and how is the scoring done for this test?

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4.4 APPERCEPTION TEST

Let us first understand what is apperception. It refers to the conscious perception with full awareness. It is the process of understanding by which newly observed qualities of an object are related to past experience. This term apperception was introduced by Leibniz, for the mind's reflective thinking and apprehension of its own states. Kant has put forward two types of apperception viz., (i) empirical apperception and (ii) transcendental apperception. While the former refers to the ordinary consciousness, changing self etc., the latter refers to consciousness that unifies experience as that of one subject and is thereby the foundation of both experience and thought.

Less structured than word associations and incomplete sentences but more structured than ink blots are pictures or other materials about which the respondent is asked to tell a story. The majority of these *Apperception Test* employ pictures of people, or animals as stimuli, but one (the hand test) is composed of pictures of hands and another (the Auditory Apperception Test) consists of auditory stimuli. Nearly all apperception test call for open ended response, but at least one (the Iowa Picture Interpretation) has a multiple choice format. Directions for the various picture-story tests are similar: the examinees are asked to tell the story about the picture, including what is going on at the moment, what led up to it, and what the outcome might be.

4.4.1 Thematic Apperception Test (TAT)

The test is based on Murray's Need theory, and is developed by Morgan & Murray (1935). TAT consists of 30 black and white picture cards (four overlapping sets of nineteen cards, each for boys, girls, men, and women) depicting people in ambiguous situations, plus one blank card. The usual procedure for administering the TAT begins by asking the examinee to tell a complete story about each of the 10 or so picture cards selected as appropriate for his or her age or sex. The examinees are asked to devote approximately 5 minutes to each story, telling what is going on now, what thoughts and feelings the people in the story have, what events have led up to the situation, and how it will turn out. For example, one of the pictures shows a young woman in the foreground and a weird old woman with a shawl over her head grimacing in the background. The following story was told by a young college woman in response to this picture:

This is the woman who has been quiet troubled by memories of a mother she was resentful towards. She has feelings of sorrow for the way she treated her mother; her memories of her mother plague her. These feelings seemed to be increasing as she grows older and sees her own children treating her the same way as she treated her mother. She tries to convey the feeling to her children, but does not succeed in changing their attitudes. She is living her past in her present, because the feeling of sorrow and guilt is reinforced by the way her children are treating her.

From stories such as this, a skilled examiner obtains information about the dominant needs, emotions, sentiments, complexes, and conflicts of the story teller and the pressures to which he/she is subjected. As revealed by this story, responses to TAT pictures can be especially useful in understanding the relationships and difficulties between a person and his or her parents.

When interpreting TAT stories, it is assumed that respondents project their own needs, desires and conflicts into the stories and characters. Interpretation of the stories is a fairly subjective, impressionistic process centering on an analysis of the needs and personality of the main character (*hero/heroine*), who presumably represents the examinee, and the environmental forces (*press*) impinging on the main character.

The frequency, intensity and the duration of the story are all taken into the account in the interpretation. The following TAT responses are considered indicative of mental disorders of various kinds:

- slowness or delays in responding may indicate depression;

- stories by men that involved negative comments about women or affection for other man may point to homosexuality;
- over cautiousness and preoccupation with details are suggestive of obsessive compulsive disorder.

Although the usual methods of scoring and interpreting TAT stories are highly impressionistic, scores determined by one of the more systematic procedures are fairly reliable and can be interpreted in terms of norms based on standardisation studies (Bellack, 1993). Asking a person to tell stories about pictures would also seem to have potentially greater validity than asking for responses for ink blots. The content of TAT stories is influenced by the particular environmental context in which the test is taken, and the test does not always differentiate between normal and mentally disordered person (Eron, 1950),

The TAT has been used with a range of ethnic and chronological age groups, and various modifications have been constructed for Blacks, children, and older adults.

4.4.2 Senior Apperception Technique (SAT)

The 16 stimulus pictures on this test, which was designed specifically for older adults, reflect themes of loneliness, uselessness, illness, helplessness, and lowered self-esteem, in addition to positive and happier situations. As in the case of the Gerontological Apperception Test (Wolk and Wolk, 1971), a similar instrument, responses to the pictures on the Senior Apperception Technique reflect serious concerns over health, getting along with other people and being placed in a nursing or retirement home. Both tests have been criticized for inadequate norms and possible stereotyping of the elderly.

4.4.3 Children Apperception Test (CAT)

The Children's Apperception Test (CAT) is a projective personality test used to assess individual variations in children's responses to standardised stimuli presented in the form of pictures of animals in common social situations.

The main purpose of CAT is to assess personality, level of maturity, and, often, psychological health of the children. The theory is that a child's responses to a series of drawings of animals in familiar situations are likely to reveal significant aspects of a child's personality. Some of these dimensions of personality include level of reality testing and judgment, control and regulation of drives, defenses, conflicts, and level of autonomy.

The CAT, developed by Bellak and Bellak (1949), is based on the adult Thematic Apperception Test. The TAT, created by psychologist Henry A. Murray uses a standard series of 31 picture cards in assessing perception of interpersonal relationships. The cards, which portray humans in a variety of common situations, are used to make children tell stories about relationships or social situations. The obtained responses are analysed and the personality of the child is delineated which may consist of dominant drives, emotions, sentiments, conflicts and complexes. The examiner summarizes and interprets the stories in light of certain common psychological themes.

In creating the original CAT, animal figures were used instead of the human figures depicted in the TAT because it was assumed that children from three to ten years of age would identify more easily with drawings of animals.

The original CAT consisted of ten cards depicting animal (CAT-A) figures in human social settings. The Bellaks later developed the CAT-H, which included human figures, for use in children who, for a variety of reasons, identified more closely with human rather than animal figures. A supplement to the CAT (the CAT-S), which included pictures of children in common family situations, was created to elicit specific rather than universal responses.

Like the TAT and the Rorschach inkblot test, the CAT is a type of personality assessment instrument known as a projective test. The term projective refers to a concept originated by Sigmund Freud. In Freud’s theory, unconscious motives control much of human behaviour. Projection is a psychological mechanism by which a person unconsciously projects inner feelings onto the external world, then imagines those feelings are being expressed by the external world toward him or herself.

As opposed to cognitive tests, which use intellectual and logical problems to measure what an individual knows about the world, projective assessments such as the CAT are designed to be open-ended and to encourage free expression of thoughts and feelings, thereby revealing how an individual thinks and feels.

The CAT, which takes 20–45 minutes to administer, is conducted by a trained professional, a psychologist, in a clinical, research, or educational setting. The test may be used directly in therapy or as a play technique in other settings.

<p>Self Assessment Questions</p> <p>1) What do you mean by apperception?</p> <p>2) Describe the Thematic Apperception Test.</p> <p>3) What theory is TAT based on?</p>

4) What are the other apperception tests available?

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5) Discuss the Children Apperception Test.

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6) Discuss Senior Apperception Test.

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7) On what criteria are the stories interpreted on TAT cards?

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4.5 LET US SUM UP

Self-report assessment techniques are of two general types: single trait tests and multidimensional tests. The former measure a particular aspect of personality, while as the latter, measures several aspects of personality at once and thus provides a more comprehensive assessment of the respondent's make-up. The MMPI, the most commonly used multi trait scale for diagnostic purpose. Self-report are objective in that people have minimal freedom in responding to test items and scoring procedures are not influenced by personal or theoretical bias. Potential problems inherent in self-report tests include deliberate deception(faking good or bad), social desirability bias, and response sets. Projective techniques, like inkblot tests and apperception tests, attempt to probe unconscious aspects of personality by having people project their feelings, needs, and values into their

interpretation of ambiguous stimuli. Such tests have less likelihood of respondent deception and are sensitive to unconscious features of personality dynamics. Apperception tests have been modified for elderly group as well as for children.

4.6 UNIT END QUESTIONS

- 1) Discuss the relevance of MMPI-2 as a diagnostic tool.
- 2) What are the modifications done on TAT?
- 3) Give a comparative account of Rorschach with TAT.
- 4) Discuss the Apperception concept and the related tests.
- 5) What are the uses of Apperception Tests.
- 6) What are the unique features of Children's Apperception Test?

4.7 GLOSSARY

- Millon Clinical Multiaxial Inventory :** An objective test of personality specifically designed to assist psychologists in diagnosing various disorders.
- MMPI :** A widely used objective test based on empirical keying.
- NEO Personality Inventory (NEO-PI) :** An objective measure of personality designed to assess individual's relative standing on each of the "big five" dimensions of personality.
- Rorschach Test :** A widely used projective of personality in which individuals are asked to describe what they see in a series of inkblots.
- Thematic Apperception Test (TAT) :** A psychological test used to assess individual differences in several different motives (e.g., achievement motivation, power motivation).

4.8 SUGGESTED READINGS AND REFERENCES

Butcher, J.N. (1984). Current developments in MMPI use: An international perspective .In J.N. Butcher & C. D. Spielberger (Eds.) Advances in personality assessment (vol.4).Hillsdale, NJ: Earlbaum.

Butcher, J.N. & Keller, L.S.(1984).Objective personality assessment. In G.Goldstein & M.Hersen (eds.),Handbook of psychological assessment. New York: Pergamon Press.

References

Anastasi, A. (1968).Psychological testing. London: Macmillan Company.

Baron, R.A. (2005).Psychology. Pearson Education, Delhi, India.

Ciccarelli, S.K., & Meyer, G.E. (2009). Psychology. South Asian Edition. Pearson, New Delhi.

Dahlstorm, W.G., Welsh, G.S. & Dahlstorm, L.E. (1975). An MMPI handbook (vol. 2). Research applications. Minneapolis: University of Minnesota Press.

Exner, J. E. (1993). The Rorschach: A comprehensive system: Vol. 1. Basic foundations (3rd. ed.). New York : Wiley.

Gough, H.G. (1987). The California Psychological Inventory administrator's guide. Palo Alto, CA: Consulting Psychological Press.

Hathaway, S.R. & McKinley, J.C. (1943). Manual for the Minnesota Multiphase Personality Inventory. New York: The Psychological Corporation.

Jackson, D. N. (1974). Jackson Personality Inventory Manual. Port Huron, MI: Research Psychologists Press.

Kunce, J. T. & Anderson, W. P. (1984). Perspectives on uses of the MMPI in non-psychiatric settings. In P. McReynolds & G.J. Chelune (eds.), Advances in psychological assessment (vol. 6, pp. 41-76). San Francisco: Jossey-Bass.

Morgan, C.D., & Murray, H. A. (1935). A method for investigating fantasies: The thematic Apperception Test. Archives of Neurology and Psychiatry, 34, 289-306.

Taylor, J. A. (1953). A personality scale of manifest anxiety. Journal of Abnormal and Social Psychology, 48, 285-290.

Freeman, F.S. (1962). Theory and practice of psychological testing. New York: Holt, Rinehart and Winston (Indian Edition).

Hjelle, L.A., Ziegler, D.J. (1992). Personality theories. Basic assumptions, research, and applications. 3rd ed. McGraw Hill.

Singh, A.K. (1997). Tests, measurements and research methods in behavioural sciences. Bharti Bhawan, Patna.