# Thematic Apperception Test (TAT)

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## Thematic Apperception Test – (Part – 3)

### Psychometric characteristics

Thematic apperception tests are meant to evoke an involuntary display of one's subconscious. There is no standardization for evaluating one's TAT responses; each evaluation is completely subjective because each response is unique. Validity and reliability are, consequently, the largest question marks of the TAT. There are trends and patterns, which help identify psychological traits, but there are no distinct responses to indicate different conditions a patient may or may not have. Medical professionals most commonly use it in the early stages of patient treatment. The TAT helps professionals identify a broad range of issues that their patients may suffer from. Even when individual scoring procedures are examined, the absence of standardization or norms make it difficult to compare the results of validity and reliability research across studies. Specifically, even studies

using the same scoring system often use different cards, or a different number of cards. Standardization is also absent amongst clinicians, who often alter the instructions and procedures. Murstein explained that different cards may be more or less useful for specific clinical questions and purposes, making the use of one set of cards for all clients impractical.

## Reliability

Internal consistency, a reliability estimate focusing on how highly test items correlate to each other, is often quite low for TAT scoring systems. Some authors have argued that internal consistency measures do not apply to the TAT. In contrast to traditional test items, which should all measure the same construct and be correlated to each other, each TAT card represents a different situation and should yield highly different response themes. Lilienfeld and colleagues countered this point by questioning the practice of compiling TAT responses to form scores. Both inter-rater reliability (the degree to which different raters score TAT responses the same) and test–retest reliability (the degree to which individuals receive the same scores over time) are highly variable across scoring techniques. However, Murray asserted that TAT answers are highly related to internal states such that high test-retest reliability should not be expected. Gruber and Kreuzpointner (2013) developed a new method for calculating internal consistency using categories instead of pictures. As they demonstrated in a mathematical proof, their method provides a better fit for the underlying construction principles of TAT, and also achieved adequate Cronbach's alpha scores up to .84

## Validity

The validity of the TAT, or the degree to which it measures what it is supposed to measure, is low. Jenkins has stated that "the phrase 'validity of the TAT' is meaningless, because validity is specific not to the pictures, but to the set of scores derived from the population, purpose, and circumstances involved in any given data collection." That is, the validity of the test would be ascertained by seeing how clinician's decisions were assisted based on the TAT. Evidence on this front suggests it is a weak guide at best. For example, one study indicated that clinicians classified individuals as clinical or non-clinical at close to chance levels (57% where 50% would be guessing) based on TAT data alone. The same study found that classifications were 88% correct based on MMPI data. Using TAT in addition to the MMPI reduced accuracy to 80%.

**Alternate considerations**

Despite the conflicting information about the psychometric characteristics of the TAT, proponents have argued that the TAT should not be judged using traditional standards of reliability and validity. According to Holt, "the TAT is a complex method of assessing people, which does not lend itself to the standard rules of thumb about test standards [. . .]" (p. 101). For example, it has been argued that the purpose of the TAT is to reveal a wide range of personality characteristics and complex, nuanced patterns, as opposed to traditional psychological tests that are designed to measure unitary and narrow constructs. Hibbard and colleagues examined several considerations about traditional views of reliability and validity as they apply to the TAT. First, they noted that traditional views of reliability may limit the validity of a measure (such as occurs with multi-faceted concepts in which

characteristics are not necessarily related to each other, but are meaningful in combination). Further, Cronbach's alpha, a commonly used measure of internal consistency, is dependent on the number of items in scale. For the TAT, most scales use only a small number of cards (with each card treated like an item) so alphas would not be expected to be very high. Many clinicians also discount the importance of psychometrics, believing that generalizability of the findings to a given client's situation is more important than generalizing findings to the population