

Thematic Apperception Test (TAT)

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Thematic Apperception Test – (Part – 4)

Scoring systems

When he created the TAT, Murray also developed a scoring system based on his need-press theory of personality. Murray's system involved coding every sentence given for the presence of 28 needs and 20 presses (environmental influences), which were then scored from 1 to 5, based on intensity, frequency, duration, and importance to the plot. However, implementing this scoring system is time-consuming and was not widely used. Rather, examiners have traditionally relied on their clinical intuition to come to conclusions about storytellers.

Although not widely used in the clinical setting, several formal scoring systems have been developed for analyzing TAT stories systematically and consistently. Three common methods that

are currently used in research are the: Defense mechanisms manual (DMM)

This assesses three defense mechanisms: denial (least mature), projection (intermediate), and identification (most mature). A person's thoughts and feelings are projected in stories involved.

Social cognition and object relations (SCOR) scale

This assesses four different dimensions of object relations: Complexity of representations of people, affect-tone of relationship paradigms, capacity for emotional investment in relationships and moral standards, and understanding of social causality.

Personal problem-solving system—revised (PPSS-R)

This assesses how people identify, think about and resolve problems through the scoring of thirteen different criteria. This scoring system is useful because theoretically, good problem-solving ability is an indicator of an individual's mental health. Although the TAT is a projective personality technique that is based primarily on the psychoanalytic perspective, the PPSS-R scoring system is designed for clinicians and researchers working from a cognitive behavioral framework. The PPSS-R scoring system has been studied in a wide range of populations, including college students, community residents, jail inmates, university clinic clients, community mental health center clients, and psychiatric day treatment clients. Thus, the PPSS-R scoring system allows clinicians and researchers to assess for problem solving ability and social functioning in many types of

people, without being hindered by social desirability effects.

Similar to other scoring systems, with the PPSS-R TAT cards are typically administered individually and examinees' responses are recorded verbatim. Unlike other scoring systems, the PPSS-R only uses six of the 31 TAT cards: 1, 2, 4, 7BM, 10, and 13MF. The PPSS-R provides information about four different areas related to problem solving ability: Story design, story orientation, story solutions, and story resolution. These four areas are assessed by the 13 scoring criteria, 12 of which are rated on a five-point scale that ranges from -1 to 3.

Each of these scoring categories attempts to measure the following information:

- Story design measures the examinee's ability to identify and formulate a problem situation.
- Story orientation assesses the examinee's level of personal control, emotional distress, confidence and motivation.
- Story solutions assesses how impulsive the examinee is. In addition to evaluating the types of problem solutions that are provided, the number of problem solutions that examinees provide for each of the TAT cards is summed.
- Story resolution provides information on the examinee's ability to formulate problem solutions that maximize both short and long-term goals.

Examiners are encouraged to explore information obtained from the TAT stories as hypotheses for testing rather than concrete facts.

General interpretation

Interpretation of the responses varies depending on the examiner and the type of scoring used. It is common that the standard scoring systems are used more in research settings than clinical settings. Individuals can select certain scoring systems if they have the goal to evaluate a specific variable such as motivation, defense mechanisms, achievement, problem-solving skills, etc. If a clinician selects not to use a scoring system, there are some general guidelines that can be utilized. For example, the stories created by the individuals in response to the TAT cards are a combination of three things: the card stimulus, the testing environment, and the personality of the examinee. For each card, the individual must subjectively interpret the pictures which involves the individual taking their own experiences and feelings to create a story. Therefore, it is beneficial to look at the common themes in the stories' content and structure to help make conclusions. Murray states that in the stories built by the person being evaluated there is a hero with whom the subject identifies and to whom he attributes his own motivations. However, there are the characters that interact with this hero, and represent the real social and family environment of the person.

With interpretation of the responses, it is important for the clinician to consider some cautions to verify the information is as accurate as possible. First, the examiner should always be conservative when interpreting responses. It is important to

always err on the side of caution instead of making bold conclusions. The examiner should also consider all the data when using the TAT in a testing or evaluative setting. One response should not be given more importance over the other responses. Additionally, the examiner should take the individual's developmental status and cultural background into consideration when examining responses. All of these cautions should be considered when an examiner is using the TAT.