Clinical Scoring Systems for Thematic Apperceptive Techniques

EDITED BY
SHARON RAE JENKINS
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Thematic Apperceptive
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A H A N D B O O K O F
Clinical Scoring Systems for
Thematic Apperceptive Techniques

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PREFACE

Sharon Rae Jenkins

The story—from Rumplestiltskin to War and Peace—is one of the basic tools invented by the human mind, for the purpose of gaining understanding. There have been great societies that did not use the wheel, but there have been no societies that did not tell stories.

Ursula K. LeGuin, 1979

When I am having difficulty understanding a therapy client’s problem, I usually want to ask for examples of the problem. Sometimes this works, but more often, the client’s response is hesitant and fragmented. A small change in wording is invariably helpful: “Tell me a story about a time when that happened.” What follows usually flows into a clear illustration of the problem and its context, antecedents, and sequelae. Omissions can be important, too. Taping the session would allow for post hoc analysis of the response using relevant scoring systems from this book.

As a field, psychology has been struggling for over half a century to integrate science and practice. As a culture, one challenge for American society from the beginning has been to integrate into a functioning social system peoples having very different nationalities, ethnic habits, and personal histories. Our technology-driven lives only increase in complexity, with resulting tensions toward social fragmentation straining all our integrative functions.

Storytelling is a quintessentially integrative function, as shown by studies of narrative memory. Stories bring people, ideas, and feelings together around campfires and research groups. Folktales build cultures; bedtime stories raise children. Stories show what people and their societies value and wish to communicate. Understanding stories helps us understand these things, which makes them useful for clinical work with clients who have trouble understanding themselves. This use of stories has a 70-year history.

The tensions in that history are in part the tensions between science and practice. The skilled clinician accrues a repertoire of analytic approaches over a lifetime of experience—but where is the objective evidence of reliability and validity? The researcher demonstrates associations between features of stories and people’s career choices and long-term health outcomes—but how is this relevant for an individual client? How can we make generalizations about individuality?

A fundamental hypothesis behind this book is that structured scoring systems for thematic apperceptive techniques (TATs) are one way to bridge the scientist–practitioner gap by enabling scientifically sound, efficient, and clinically informative examination of
clients' stories to answer focused clinical questions relevant to diagnosis, estimation of prognosis, and effective treatment planning. Testing this hypothesis requires a body of research using specific systems for clinically appropriate purposes. Such research has been difficult because the scoring manuals and practice stories necessary for both clinical and research use have not been available widely, if at all. This collection of scoring manuals makes available a selection of promising ones, and the summary chapters for each explain their best uses, evidence for validity and reliability, and priorities for future research.

This book should be in the library of every faculty member and clinical supervisor who is responsible for teaching courses in psychological assessment or supervising assessment students in clinical, counseling, school, or forensic psychology, whether in academic or practice settings, practicum sites, or internships. It may also be useful as an assessment course text. In chapter 2, procedures for learning how to score will be especially useful for that purpose, as its pedagogical principles generalize to data from other less structured assessment techniques. Practicing assessment psychologists will find the book a handy reference resource, given its coverage of common clinical problems. Researchers in these areas who are interested in storytelling techniques, especially thesis and dissertation students, will find it useful for identifying interesting research problems and choosing variables, as well as for training scorers. They may also turn to chapter 3 for broader suggestions for future research.

Any movement from general to specific, or vice versa, involves a leap of inference. The traditional clinical approach to story analysis has involved large leaps of inference—albeit highly educated—using abstract theoretical constructs and frameworks to structure the assessor's understanding of the stories and thus of the particular client. This approach allows for a highly detailed and individualized understanding of the person, but might make it difficult to see the client's commonalities with others. Yet if no generalizations can be made, how can we know whether what helped the last client might help this one? Structured scoring systems minimize leaps of inference by providing the assessor with detailed, specific descriptions of what to look for in each story: words, phrases, images, structural features, degrees of intensity. These scoring category criteria indicate what to do if the material described is found: assign a point or a scale rating, or make some other decision. One requirement of these descriptions is that they be sufficiently clear and detailed that most appropriately trained people, given the same rules for observation, will usually see the same thing in the same place. This requirement of interscorer reliability meets the scientific criterion for objectivity, that is, agreement on whether or not the phenomenon to be identified has in fact been observed.

Academic psychology has had a 55-year history of such scoring systems for personality variables, most notably the human motivation scoring systems pioneered by David C. McClelland, John W. Atkinson, David G. Winter, and their colleagues, as discussed in more detail in chapter 1. The fact that there is a parallel 55-year history in clinical psychology is less well known, in part because the lengthy and detailed materials for using these systems have rarely been published. Phebe Cramer's 1991 book, The development of defense mechanisms (Springer-Verlag), is a notable exception. For my Faculty Development Leave from the University of North Texas, I set out to locate interesting systems for which there was both some evidence of interscorer reliability and some evidence for validity of a clinically useful nature, as described in more detail in chapter 1. Unfortunately, from the start my search was limited by my lack of adequate competence in languages other than English, which forced the omission of Vica Shentoub's highly recommended 1990 Manuel d'utilisation du TAT (Dunod).
Not only were there many more systems with publication records than I had guessed, but also there were so many that I had to set priorities for choosing among similar systems! Of the 37 clinically interesting systems that were initially identified and ultimately not included, 14 were dropped for lack of at least one solid published clinical validational study or evidence of one in progress, and seven did not report evidence of interscorer reliability. In some cases, more recent systems known to me had incorporated older ones, making pursuit of the latter unnecessary; seven were redundant with and superseded by a system that met more criteria better.

The next challenge was to find the originator and to explore the possibility of chapter authorship. In that, too, I was surprisingly successful, given the ages of some of the earlier authors. Melvin Feffer was pleased and flattered to hear from me in his retirement, he said, and he gave permission for me to revise and elaborate on the manual that he had thoughtfully archived at the Library of Congress American Documentation Institute. Sadly, he died before seeing the final product. Sidney Ornduff was in a somewhat similar situation with Reuben Fine, whose manual she obtained before his death and developed for the studies described in her contribution herein. The authors who present their work here are to be commended for rooting through files that were not always ready at hand, and that in some cases might have required Stygian labors for their retrieval from basement boxes of dissertations long past.

Of the nine systems that were pursued but are not included here, two authors could not be located or did not respond to communications. Four authors declined to have their systems included. Only three systems were lost due to the tidy habits of retired authors who had discarded their materials.

The systems included here are organized into four sections, presented in roughly chronological order of their first appearance in publication, as are the systems within each:

Perceptual-Cognitive: Edith Weisskopf, Richard Dana, Melvin Feffer, George Ronan and Margaret Gibbs, Barry Ritzler

Psychodynamic: Reuben Fine, Robert Holt, Bertram Karon, Steven Huprich, Frank Summers, David Harder and Deborah Greenwald

Social-Emotional: Margaret Singer and Lyman Wynne; Antoinette Thomas; Giuseppe Costantino and Robert Malgady; Hedwig Teglasi, Constance Locraft, and Kelly Felgenhauer; David Joubert; Michelle Hoy-Watkins and Valata Jenkins-Monroe

Needs and Concerns Focused: Louis Chandler, David Ephraim

Each system is discussed in more detail toward the end of chapter 1.

Although Weisskopf died some years ago, Max Prola had preserved a version of her scoring manual as an appendix to his dissertation. With the much appreciated help of Clifford Swenson and Chris Smith at Purdue University, I subsequently located her original manual and practice stories in the collection of her papers at the State University of West Georgia. I thank Myron House and Laura Henry at the University of West Georgia’s Special Collections for their assistance during a pleasant but busy afternoon in their archives.

For my personal history with TATs, I thank Richard Teevan, who chaired my undergraduate honors thesis at Bucknell University on achievement motivation and fear
of failure in groups. When I was ready to find a graduate school, Jacqueline Fleming welcomed my interest in Matina Horner’s research on fear of success, taught me the scoring system, and invited me to their research group. There I met Abigail Stewart, who coincidentally came to Boston University to teach in the same week that I arrived there as a student in the new personality program. She taught me her scoring systems and supervised my dissertation using human motivation variables and her own Self-Definition/Social Definition system. Much of chapter 2 grew directly from my experiences of learning to score through individual study with Fleming and in Stewart’s scoring groups.

When Carol Huffine recruited me to teach research methods courses at the California School of Professional Psychology, Berkeley/Alameda (CSPP-B/A), I was quite surprised to learn how differently my clinical psychology doctoral students approached TAT stories. It was disorienting not to have the focus of a structured scoring system’s organizing principles for looking at a story. And they saw things that they said were obvious, but I could not see them! Sometimes I was not alone in that, either—so much for interscorer reliability, which did not seem to bother them as much as it did me. That was my introduction to the clinical uses of TATs, which was sufficiently provocative to interest me in learning more by taking a postdoctoral clinical certificate at CSPP-B/A, where I subsequently studied assessment with Gerald Michaels, Jacqueline Singer, David Stein, and Susan Fair.

Most of my clinical training with TATs has come from books by Magda Arnold, Leo Bellak, Phebe Cramer, William Henry, and Silvan Tomkins, with my clinical faculty and supervisors helping with the integrative functions of weaving the resulting observations into the rest of the data from the classical full battery assessment. I came to appreciate those authors’ depth of insight, while also wondering, on internship working with Kevin Riley, where they could possibly find the time to take this approach with all of their clients. Clearly, the haste of modern life would not make this easy. Arguably, one advantage of structured scoring systems is that they enable well-focused information gathering with relatively less time and cogitation.

Several senior clinician scientists have been generous with their time and encouragement for this project. Phebe Cramer’s 1996 book, *Storytelling, narrative, and the Thematic Apperception Test* (Guilford), was among my first sources of systems to pursue. Her willingness to spend time with me to offer suggestions about avenues to search and people to contact was essential to my rapid progress. Richard Dana became enthusiastic quickly, offering advice whenever I asked and sometimes before I was aware of needing it. His ambitions for the book inspired me. I thank Hedwig Teglasi for her 1993 book, *Clinical use of story telling* (Allyn & Bacon), another major reference source, and for her professional contributions to making TATs accessible to clinicians working with children, for our conversations, and for her enthusiasm for the work.

I am much indebted to Charles P. Smith for the careful structuring of his 1992 volume, *Motivation and personality: A handbook of thematic content analysis* (Cambridge University Press), which was the first inspiration for this project. Examining it closely shaped my thinking about how to organize this book and what features likely would help readers. His suggestions at an early stage proved strategically useful.

Virginia Demos and Chris Fowler lent their sensitive ears and inquiring minds to the early stages of my ideas for the project and its later development. Bonnie Strickland alerted me to articles of likely interest, and she and Marjorie Nott shared their home for workspace during my leave time. Bob Holt and Bert Karon were always ready to engage with the progress of the work. Irving Weiner and Drew Westen furnished stimulating ideas in writing, presentations, and conversations.
Important boosts in the search process came from Amanda Phillips, Gladys Croom, Stephanie Dudek, Clifford Swenson, Sandra Russ, Jack Gerber's Rorschach Discussion List, the Projectives Discussion List, Robert Garlan, Norm Abeles, Lee Zimmerman, and David B. Baker, director of the Archives of the History of American Psychology at the University of Akron. The assistance and hospitality of the library staff at the University of Massachusetts at Amherst's W.E.B. DuBois Library was invaluable to this guest user. The availability on their shelves of their entire collection facilitated the necessary hand search of tables of contents of the three major journals that published structured scoring systems in my pursuit of the many systems that evaded electronic indexing. My literature searches there formed the backbone of this volume.

The staff of the University of North Texas Interlibrary Loan merits special mention for handling the incoming stream of dissertations that might contain usable scoring systems. Among our Psychology Department staff, Lee Ward provided crucial support by decoding my edits, anticipating what I should have said, and formatting references with her expertise using American Psychological Association style; Phyllis Dever and Stacy Suits solved problems that, thanks to their timely intervention, never came to my attention.

Among my students, I thank Lauren Dobbs, Melissa Leeper, Luis E. Perez, Rachel White, and Derrick Carter for trusting me to guide their honors theses into potentially Herculean labors. Numerous scorers contributed suggestions and examples for the development of Ephraim's Psychocultural System, Feffer's Interpersonal Decentering, Huprich's Oral Dependency, Thomas's Affective Scale, and Weisskopf's Transcendence Index, as those authors have acknowledged. I appreciated their comments, additions, and elaborations as they pilot tested the appendix for chapter 2 on learning scoring. Diana Brown and Lizzie Woodruff were helpful in so many ways that I am sure I have not recalled them all, because they recognize how helpful unobtrusiveness can be.

At Routledge, I thank Susan Milmoe, my original editor, for her encouragement and support; Steve Rutter, her successor, for his patience with my creative approach; Nicole Buchmann, for her rapid responses at crunch time, also a time of transition for the organization; George Zimmar, Mimi Williams, Robert Sims, and the production staff at Taylor and Francis for seeing it through the final process; and Larry Erlbaum for his congenial hosting of the social hours at the Society for Personality Assessment meetings that helped me network to locate systems.

Finally, I thank Kwame Azalius Ross for the concept of accountability to the work.

Sharon Rae Jenkins
General Principles
Introduction
Why “Score” TATs, Anyway?

Sharon Rae Jenkins

Introduction

The Thematic Apperception Test—“the TAT” (Murray, 1943)—has a long, honorable, and well-argued 65-year history in psychological research and clinical assessment. In a recent surge of activity, several books have taken stock of that history (Douglas, 1993; Gieser & Stein, 1999; Robinson, 1992) or have reviewed important research and clinical applications (e.g., Aronow, Weiss, & Reznikoff, 2001; Costantino, Malgady, & Rogler, 2002; Cramer, 1991, 1996, 2006; Dana, 2005; Costantino, Dana, & Malgady, 2007; Kelly, 1996, 1997; Smith, 1992a; Teglasi, 1993, 2001). In response to the historical and cultural specificity of the original pictures, new picture sets have been developed, each with its own scoring system, four of which are described in this book. As there is only one “the TAT”—Henry Murray’s (1943) set of published picture stimuli—all of these and the associated scoring systems are here referenced collectively as thematic apperceptive techniques (TATs).

Clinical and counseling psychologists have long known the usefulness of TAT story protocols for those insights into how a client sees the world that can be gained through systematic idiographic interpretation (Aron, 1949; Arnold, 1962; Bellak, 1954; Henry, 1956; Shneidman, 1951; Stein, 1981; Tomkins, 1947). Academic researchers have made heavy use of similar stories with objective, structured scoring systems to measure human motivation and other personality characteristics (e.g., Atkinson, 1981; McAdams, 1980, 1985; McClelland, 1965, 1975, 1985a, 1985b, 1989; Smith, 1992a; Stewart, 1992; Winter, 1973). Unfortunately, clinicians and academic researchers seldom discuss these common interests, leaving a gap between the wide clinical application of TATs and the scientific evidence for their validity. Despite early attempts at integrating these views (e.g., Dana,
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1955a, 1959; Holt, 1978; Murstein, 1972; Zubin, Eron, & Schumer, 1965), further developments in clinical research historically have been slow. In academic psychology, Smith (1992a) collected empirically supported scoring systems for 14 of the most widely used narrative-based research measures of motivation and personality. Each is represented by a research summary, a detailed scoring manual, and practice stories with expert scoring that are designed to make a system self-teaching. There are also several integrative chapters on historical, conceptual, and methodological issues. That volume was the original model and inspiration for this one.

This book brings together the best available clinical scoring systems for TATs, presented in research summaries along with detailed scoring manuals and practice stories. Chapter 2 concerns how to learn and teach these systems. It is designed to enable clinicians, researchers, faculty, and supervisors to apply these systems efficiently and accurately. Chapter 3, on future directions, discusses needed clinical applications and research programs to encourage further research contributions. Like Smith (1992a), this one is essentially a user’s manual designed for professional self-teaching, training research teams, and classroom instruction.

Why Structured Scoring Systems?

The strengths of structured scoring systems lie in their flexibility, efficiency, generalizability, consistency, and objectivity. The strength of flexibility is that, like the Rorschach Ink Blots and unlike structured self-report scales, TATs are essentially data-gathering techniques that entail a two-step process. First, storytellers are shown a series of pictures and are asked to tell a story about each one, under standardized conditions (or in specified experimental situations). Second, and separately, useful information is gleaned from the resulting protocols. Structured self-report measures depend on conceptualization of the construct for the proper wording of items, which might not generalize across conceptualizations, theories, or cultures. In contrast, any theoretical perspective or data-analysis approach can be used with TATs once the stories have been gathered; the data are transparent to purpose. It is this second step that is evaluated for psychometric validity and reliability, as those terms are meaningless for narrative data. Anastasi (1988, p. 23) defined a psychological test as “an objective and standardized measure of a sample of behavior.” For structured self-reports, the measure is the sample, but for TATs, the objective and standardized measure is quite separate from the sample.

Unlike the Rorschach, which has a standard set of 10 card stimuli, the first step also allows flexibility for TATs, as a set of stimuli must be chosen. Although these are typically pictures, sentence cues have been used effectively in research (Jenkins, 1987, 1994; Smith, Feld, & Franz, 1992) and hold promise for clinical use with visually impaired persons. For some standard picture sets, the choice of stimuli and their order are fixed (see chapters 12, 29, 32, and 33 in this volume). For others such as the Murray TAT, some clinicians prefer to choose the pictures that seem most relevant to each client’s situation, in order to sample the client’s responses to similar nontest circumstances that hopefully will generalize to that specific life situation. This line of thinking—generalizing to specific circumstances—is unfamiliar, even alien, to most researchers.

TAT data gathering permits flexible applications, but this strength must be balanced by efficiency. In fact, arguably it is the efficiency of structured scoring systems that makes the flexibility of TATs a strength. Like the Rorschach, TAT story protocols
provide a literal embarrassment of richness that is daunting for students and can be
exhausting for the expert. Hopefully the present volume will help to make the process
more efficient than it was when Fosberg (1949) proposed a minimum one-year aca-
demic course in projective testing alone (to be supplemented by continuing education
workshops), with three years of course work ideally recommended as adequate prepara-
tion for clinical assessment. Manualized structured scoring approaches permit efficient
analysis of these useful data sources by giving systematic decision rules for identifying
features of stories that are linked to specific theoretical constructs or characteristics of
the storyteller. Even a novice clinical assessment student may be able to use TAT data to
answer specific referral questions if an appropriate scoring system is available and the
student has attained the interscorer reliability standard (facilitated perhaps by chapter
2 in this volume). This efficiency allows for better focused psychological services to
more clients at lower cost.

This more structured and efficient approach to TATs makes possible the system-
atic study of clinically important processes, as valid story data can be gathered either
by traditional individual clinical assessment or via group administration, and by non-
clinicians (Smith et al., 1992). Pretenure faculty need not be discouraged from under-
taking research programs using TATs, because student assistants can be trained to score
large numbers of stories reliably (see chapter 2), thus enabling more rapid data analysis
and publication. Furthermore, once the data are in hand, several scoring systems can
be applied for different publications, provided only that the theoretically relevant cor-
relate variable data have been gathered. This feature permits graduate students to join
forces for economical cooperative data gathering, with each one scoring the TAT stories
using a different system.

This efficiency is not costly to the data, either. Unlike manualized psychotherapy
approaches, scoring manuals for assessment data are not intrusive. They do not change
the data that have been gathered, they only assist focused and strategic data analysis to
answer specific referral questions. New questions can be answered long after the data
have been gathered by simply applying another scoring system. The only limit to the
number of scores that can be extracted is the number of scoring systems currently avail-
able and the time available for using them. The only cost comes from the investment in
learning what to look for in stories; that process is transparent to the storyteller.

Generalizability to storytellers’ lives is an important strength of TAT data, regard-
less of the analytic approach. Emerging basic psychological and cross-cultural research
on narrative processes suggests that storytelling may be one crucial link between the
individual’s intrapsychic functioning and the construction of a life in a society (e.g., De
Vos & De Vos, 2004; LeVine, Strangman, & Unterberger, 1966; McAdams, 1997; McClel-
processes that connect perceptions, thoughts, and feelings to actions, knitting together
the psychological context and behavior in vivo.

Just how this works is not precisely clear as yet, but there is evidence (in this book and
others cited previously) that these processes and the stories that illustrate them provide use-
ful data that are quite different from the data yielded by most other forms of clinical assess-
ment. If we consider stories to represent samples of the storyteller’s imaginative thought
and inner experiences about situations similar to those in the pictures (McClelland, 1980),
then it is only a small step of modest inference to assume that what the client says in the
story resembles what the client might think or feel in similar real-life situations.

It is crucial to note—and is historically overlooked—that these experience samples might
generalize well to thoughts in real life, but this does not mean that they will necessarily predict well
to actions in real life! There are a host of reasons why people do not do everything that they are capable of thinking or saying. In fact, one noted weakness of structured self-reports is that people do not always do what they say they do, or will do (Mischel, 1968). Structured scoring systems improve generalizability by enabling the scorer to identify and classify specific features of stories that can be connected to parallel inner experiences—and perhaps overt actions—in vivo. This parallelism can be tested directly using collaborative assessment models (Fischer, 1994) or therapeutic assessment interventions (Finn, 2007; Finn & Tonsager, 1992, 1997).

The consistency of analysis gained from structured TAT scoring, like its efficiency, is a unique benefit (over and above the richness of the unscored stories) that further amplifies the usefulness of the data. The consistent interpretation of story data begins with stable and precise application of the system’s scoring rules, as evaluated by calculating interscorer agreement or intrascorer agreement over time. Once the system has been learned, it can be applied to the same stories—or to different ones—by the same or different scorers, the same way now and next year. This consistency is attained by having a standard frame of reference for understanding stories so as to generalize the same observations across different storytellers, which makes systematic research, as well as systematic clinical use, possible.

The consistency of structured scoring systems enables two particularly helpful applications. First, admittedly at this writing some way in the future, the use of several scoring systems in combination can provide a consistent frame of reference for idiographic interpretation, much as the Rorschach Comprehensive System is now used. Second, this frame of reference might serve as a platform for comparison of clients’ scores with the clinician’s database of local norms and with existing research literature using samples from similar populations. Third, it enables evaluation of change over time in the individual client on the constructs of interest.

Consistency does not enforce uniformity, though. In-depth idiographic content analysis is not ruled out by structured scoring. It can be used along with specific scoring systems and can be enriched thereby. For example, suppose that a client has told three stories about achievement concerns (identified by the Psychocultural System) that involve characters in parent–child roles and negative affect (scored with the Affective Scale). The clinician might examine the specific nature of the concern and its apparent function in the relationship that produces negative affect, and in whom, for more precise discussion with the client.

Finally, although flexibility, efficiency, generalizability, and consistency are helpful in both clinical and research work, structured scoring systems allow for the objectivity that is the sine qua non of science in our field. This objectivity is exemplified first by the attainment of interscorer reliability between different observers applying the same scoring rules. Only individual scoring systems, not “the TAT,” can be evaluated for validity and reliability, making scientific evaluation of TAT data possible. 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, as discussed in this chapter. Furthermore, for TATs validity is specific to the method of obtaining scores from stories. (Curiously, it is conventional to call objective the structured self-report items commonly used in social and personality psychology to elicit respondents’ subjective perceptions and attitudes toward themselves and the world. The content of these items is certainly not objective in any meaningful way, as the experiences reported cannot be independently verified apart from the respondents’ introspection.)
Why This Book, This Way?

Numerous clinical scoring systems for TATs have been published in the last half century, but few have been available for use beyond the laboratories of the originators and their students. For reasons of length, journal articles typically include no more than a brief description of the scoring categories, which is not adequate for either clinicians or researchers to attain interscorer reliability. Many clinically useful systems are sufficiently complex and subtle to require for training a detailed scoring manual with several sets of stories to be scored for practice, along with expert scores and commentary on the more difficult ones. Working with these materials allows others—who may differ in theoretical orientation, clinical specialty, level of experience, institutional context, client population, and personality style—to replicate the scoring decision process accurately. Because such materials are rarely circulated widely, few of these systems have accumulated the amount of published empirical support that we would ideally like to see for clinical practice.

Furthermore, the more subtle the theoretical constructs, the more complex the system, and the higher its information yield, the more training material (and for some, such as the Adult Attachment Projective [AAP], supervised practice) is needed. A full range of examples and practice scoring materials helps the interested user learn the scoring procedures and contingencies of scoring decisions. A detailed, specific scoring manual provides the learner with the rule system for decision making that constitutes the statutory law that minimizes the leaps of inference that the scorer makes in the process of scoring decisions. The process of working through the practice scoring materials corresponds to the study of the case law, by which the scorer learns how to reason deductively from the rule system to its application across a range of specific instances. These instructive examples show the application of statutory principles and help the learner to make the occasional unavoidable inferences by internalizing a reasoning process similar to that used by the expert scorer. The use of a scoring group for establishing and maintaining interscorer reliability parallels other learning processes relying on the case-study method (Stenzel & Feeney, 1970), and is discussed in chapter 2.

The goals of this book are (1) to raise awareness about the availability and usefulness of TAT scoring systems for research, training, and clinical practice; (2) to provide the materials needed for learning and using the most useful available clinical systems; and (3) to facilitate their use by making independent learning and systematic research easier. The systems gathered here have the most extensive supportive research evidence among those for which the original authors or interested successors could be located, had preserved the needed materials, and were willing to contribute same to this volume. These systems and their training materials are presented for clinical use as well as to facilitate the development of the needed research literature. If this book does its job, it will enable such a wealth of research as to make itself outdated rapidly.

Each system is represented by a chapter that describes the system within its conceptual framework, summarizes the available research evidence, and suggests an agenda for future research that is designed to inspire graduate students and other researchers. Scoring manuals for most of the systems—those that are not proprietary to publishers and can be self-taught feasibly—are also included. Some have numerous practice stories with expert scoring, others only a few, depending on their availability.

The following sections set this work in its historical, cultural, and disciplinary context, first recounting a brief (and necessarily too general) history of structured scoring