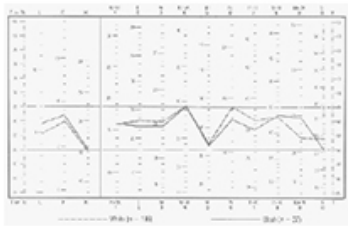
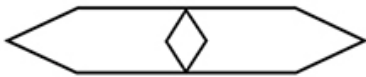

Administering and Taking a Psychological Test Battery

John Suler, PhD



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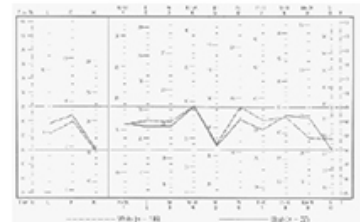
– Administering and Taking a Psychological Test Battery –

One obstacle in teaching graduate and undergraduate students about psychological tests is that the technical nature of the material may alienate many students. A practical experience in administering, scoring, and interpreting tests can overcome this problem. In addition, students have the unique opportunity to take the battery themselves while they role play an imagined person of their choosing.

I've found that working with a test battery is a valuable method of enlivening the student's interest in testing and enhancing their comprehension of how psychological tests work. A test score, such as IQ, is not seen as some mysterious, scientific fact etched in stone but as the product of a logical, systematic set of measurements that is subject to interpretation and error. The beauty of working with a test battery is that it reinforces the idea that any test score must be validated by other findings. It must be seen in context with other test scores because people are multifaceted, not reducible to any one measurement or scale.

My recommendation is that this exercise be reserved for graduate students and upper level undergraduate psychology majors. It is especially valuable for undergraduates who wish to attend a graduate program related to the mental health field. I emphasize to my undergraduate students that learning how to administer and score a test battery usually is reserved for graduate training. So, I advise them, take this exercise very seriously. And they do. I also emphasize that the purpose of the project is to help them understand psychological tests, but by no means will it result in any competency in testing skills. The purpose of the project is not to turn them into qualified testers.

Students truly appreciate this project. For almost everyone, it is the highlight of the course. Several students who were accepted into graduate psychology programs later told me that they were way ahead of the game in their graduate testing courses.



Learning Fundamental Concepts

In the first section of the course we learn about the fundamental ideas in psychometrics: the types of psychological tests, norms, reliability, validity, item analysis, etc. It is crucial for the test battery project that students understand these basic concepts. How do you know what a t-score of 80 on the MMPI means if you don't know what a t-score is? How do you know that "C" on the Rorschach indicates emotion unless you know something about criterion validity?

Learning the Tests in the Battery

In the second section, we learn the history and theory of each of the tests in the battery (WAIS, MMPI, TAT, Rorschach, Bender-Gestalt), as well as how to administer, score, and interpret the tests. I demonstrate in front of the class the techniques for administration, and supply them with handouts of case study data that we score and interpret together. I also supply them with handouts that contain specific instructions on how to administer, score, and interpret the various tests. These instructions are very simplified versions of well-known systems (e.g., Exner for the Rorschach).

In addition to discussing the tests individually, I also teach the students how to interpret the battery as a whole. I emphasize the importance of the synthetic thinking involved in the contextual validation of the hypotheses that emerge from the test battery data. A conclusion is most viable when there are consistent and mutually confirming patterns of evidence within and across the tests. I also emphasize that data from one test can be clarified and enriched by data from the other tests. The ultimate objective of the project, and of psychological testing, is to construct a holistic understanding of a person.

Role Playing for the Tests

Working with a partner from the class (who is chosen randomly), each student both administers and takes all of the tests. While responding to the battery, the student play-acts a role. The role may reflect a normal personality, or an individual suffering from some personality or cognitive dysfunction. It may be someone the student has known personally, a real or fictional character from literature or film, or a person created entirely from the student's imagination.

In preparation for this role, the student is required to write a paper that summarizes the characteristics and background information of the person he or she will be playing, as well as how that person should respond to the various tests. I provide a handout describing how to write this paper. The paper should predict, in as much detail as possible, the test scores that will be obtained by the enacted person. I provide comments, suggestions, and, of course, a grade for the paper. Throughout the testing, the student is encouraged to refer back to this paper as a guideline for playing the role. The partner may inquire about the background information, but the testee is instructed to play the role

throughout the testing rather than directly discuss the characteristics of the person being enacted or how that person will be scoring on the tests.

This method of role playing serves two functions. First, it requires the students to study the tests more intensely in order to prepare for their roles. The role playing also overcomes an ethical problem. A genuine administration of personality and intelligence tests to a fellow classmate would be an intrusive violation of confidentiality. Role playing successfully bypasses this problem. It also turns out to be an educational and fun experience in itself.

Students are remarkably skilled in conveying their characters through the role plays. However, the role playing does create some difficulties. Although they consult the test manuals while taking the tests, students are not always able to respond exactly as they planned. One potential problem is that students may overact their roles, resulting in exaggerated scores (for example, t-scores on the MMPI depression scale that go off the top of the page). On the one hand, this helps the student interpreting the tests since these exaggerated scores obviously are driving home a point. Technically speaking, however, the scores are not interpretable. When discussed with the students, these issues become an important learning experience. I instruct the role-players ahead of time to be careful about exaggerated responding. If your character is depressed, don't indicate depression on EVERY item on the depression scale!

The Instructor's Role

The instructor will need to set aside 10 to 12 hours for the exercise. Working with their partners, most students are able to take and administer the tests in that amount of time, as well as begin work on the scoring and interpretation (some of this can be done at home). The instructor's primary role is to orchestrate and supervise these activities, coordinate the distribution and sharing of the test materials, and help pace the students. I devote the first few minutes of each session to discuss and review any issues that pertain to the whole class. During the exercise, I also encourage students to work in small groups to help each other with administration techniques, scoring, and especially the interpretation of the data.

The Character Description and the Testing Report

Students write two papers for the testing project. As mentioned earlier, the first is a description of the character they will play while taking the tests. This paper is due before the testing project begins. The second paper, written after the testing has been completed, is the test report summarizing the results. The following pages contain the guidelines for students on how to write these papers.

How Your Character Will Respond to the Test Battery

When you respond to the tests in the battery, you will be playing a role. It may be someone you know, a character from a book or movie, or a purely imaginary character that you create. Playing this role means responding to the various tests as if you were that person and also interacting with the tester as if you were that person. Beforehand, give careful consideration to what this person is like and how they will respond to the testing situation. The character may be a "normal" person with various characteristics, strengths, and flaws (shy, intelligent, artistic, controlling, etc.) or a person suffering from some kind of physical or psychological problem (depression, schizophrenia, cancer, brain damage, etc.). Try to bring a sense of realism and depth to the character.

In a short paper (2-3 typed pages) describe your character. Divide the paper into the following three sections:

1. A description (1/2 -1 page) of the person you will be playing: his/her personality, interpersonal relationships, intelligence level, skills, habits, lifestyle, occupation, brief history, symptoms (if any), etc. Also explain briefly why the person is being tested. Did someone refer the person for testing, such as a doctor, employer, teacher? Is the person in therapy or in a hospital and has been referred for an assessment? Did the person seek the testing on his/her own? Are they part of a research study?
2. A brief description of how the person will act during the testing session (i.e., how they interact with the tester, his/her mood and behaviors while taking the tests, etc.)
3. A brief description of how the person will respond to each test in the battery and how those responses reveal their personality and psychological problems.

Rorschach: use of color, form, shading, movement, etc.

WAIS: overall IQ, verbal versus performance IQ, strengths and weaknesses on subtests

MMPI: performance on validity scales; low and high scores on the clinical scales

TAT: dominant themes in the stories, ideas and emotions of the central characters in the stories, types of interpersonal relationships between the characters, the qualities of the stories told (i.e., formal analysis)

Bender-Gestalt: any errors indicating neurological brain problems?

Writing the Test Battery Report

This report will be a summary of your observations of the client during the testing, the responses given to the test stimuli, and your interpretations of those responses. The report should be typed, double-spaced, and 3 to 5 pages in length. Divide the paper into the following sections using these headings:

Background Information

Age, sex, occupation, living situation, educational background, and any other relevant information the person might have mentioned to you. Describe the reason why the client is being tested. Were they referred to you by a boss, another psychologist, a doctor? Did they come to a psychological clinic or hospital and is being tested as part of an intake procedure; are they part of a research study?

Behavior During the Testing

How did the person act during the testing? How did they seem to feel about taking the tests? Any particular reaction to any particular part of the testing? Any interesting comments that they made?

Intellectual and Cognitive Abilities

Overall IQ, corresponding percentile (approximately), and corresponding intellectual category (normal, bright normal, etc.); verbal versus performance IQ and their comparison to general population; salient strengths and weaknesses in various cognitive abilities; how abilities compare to those of general population.

Personality and Interpersonal Style

Personality traits, needs and emotions, conflicts, personality strengths and weaknesses. How does the person interact with other people? What are his/her feelings about dealing with the people in his/her life (particularly family members and other close people)?

Diagnostic Assessment

Any evidence of psychological or physiological abnormalities (brain disorder, depression, anxiety, thought disorder, etc.)? What are the person's most significant psychological conflicts and defense mechanisms? You do not necessarily have to diagnose the person as having a specific disorder. They may be relatively "normal."

Summary

Summarize and integrate the above conclusions to present a "total picture" of the client. Use your conclusions to predict how the client may respond to a specific situation (a new job, entering school, dealing with other upcoming life situations). What recommendations can you make about the person? Respond to the referral question, if there is one.

For sections 2-5 you must cite specific test data to support the conclusions that you make about the client. Remember, the most valid conclusions are those that are supported by consistent patterns and findings from across the various tests in the battery. Pretend you are writing to a fellow psychologist who is going to check your findings and conclusions. Be technical and specific!

For section 6 (the summary), summarize and integrate your findings without referring specifically to the test data. Pretend you are writing this section for someone who is not necessarily sophisticated about psychological tests. Do not be technical, but do accurately describe the psychological make-up of your testee.

Along with the report, hand in all test data.

– A Simplified Manual for Interpreting the Test Battery Results –

Interpreting the WAIS Subscales

VOCABULARY: best index of language and general intellectual abilities, related to wealth of education and experience, affected by early deprivation; scores change little over time

INFORMATION: general knowledge, memory of information and facts; the ability to "pick up" information from formal and non-formal educational experiences, an index of long-term memory

COMPREHENSION: judgment, common sense, ability to problem-solve and reason in everyday situations, awareness of social standards

SIMILARITIES: verbal conceptual ability, verbal abstract reasoning, seeing abstract relationships, ability to see underlying principles.. Note difference between "concrete" versus "abstract" thinking

DIGIT SPAN: passive attention, focusing, receptiveness, distractibility, index of short term memory, easily disrupted by anxiety

ARITHMETIC: attention, concentration, mental juggling, cognitive manipulation, a more directed type of attention than DIGIT SPAN because it involves mental activity directed to a specific answer

PICTURE ARRANGEMENT: planning and anticipation, ability to see cause and effect, ability for sequencing, "what happens next". Emphasis is on these abilities in social situations.

PICTURE COMPLETION: appraisal of relationships, ability to see relationship of parts to the whole, visual perceptiveness, attention to detail, sensitivity to environment

BLOCK DESIGN: abstract (non-verbal) reasoning, ability to see relationship of part to whole, ability to synthesize and organize, visual-motor coordination, pattern recognition and duplication

OBJECT ASSEMBLY: visual organization, ability to see relationship of part to whole, visual-motor coordination, pattern recognition, not as abstract or conceptual a task as BLOCK DESIGN

DIGIT SYMBOL: visual-motor coordination, psychomotor speed and fluency

Steps in WAIS Interpretation

1. Look at overall IQ score. What range is it in? What percentile is it?
2. Compare Verbal IQ to Performance IQ (only a 10 point difference is significant)
3. Do an inter-individual profile analysis of the 11 subtest scores
4. Do an intra-individual profile analysis of the subtest scores (mean or vocabulary scatter method)
5. Look at unique responses and the pattern of responding within each subtest

Interpreting the MMPI Subscales

Control (validity) Scales (high scores may invalidate the test results)

? Scale

"Cannot say" If > 10% indicates defensiveness and MMPI is invalid

Lie Scale (L)

Faking good in an obvious way, denial, unrealistic self-concept, social desirability

Frequency Scale (F)

Infrequently endorsed (unusual or bizarre items). High scores may indicate: (1) faking bad, trying to look sick, malingering, (2) extreme distress leading to a "cry for help", (3) careless answering, confused about the test, (4) gross eccentricity, or the "fuck you" response.

Constant Scale (K)

A more subtle index of defensiveness, trying to look good, social desirability

High = defensive, suspicious, guarded, trying very hard to look good

Mod hi = ego strength, psychological health, feeling confident in oneself

Low = frank, open, honest, self-critical

Clinical Scales:

1. *Hypochondriasis (Hs)* : index of physical complaints

High = irritable, grouchy, complaining, self-focused, many physical complaints

Low = calm, relaxed, capable of handling stress

2. *Depression (D)*: Mood scale

High = apathetic, discouraged, negative feelings about oneself, depression, pessimistic

Mod hi = sometimes indicates person is just having a "bad day"

Low = confident, outgoing, optimistic

3. *Hysteria (Hy)*: admission of physical symptoms; denial of psychological stress

High = tendency to minimize psychological and social problems, repression, dependency, no recognition of interpersonal stress

4. *Psychopathic Deviate (Pd)* : index of oppositionality & asocial behavior

High = asocial, rebellious, difficulty with authority figures, impulsive, adventurous, argumentative, tendency to externalize blame (normal adolescents score hi)

Low = obedient to authority, passive, non-assertive

5. *Masculinity/Femininity (MF)*: endorsement of stereotyped opposite sex role characteristics
 Considered an outdated scale and possibly biased scale. For men:
 High = sensitive, passive, imaginative, insecure, artistic, educated, aesthetic interests
 LOW = independent, unpolished, unemotional, achievement oriented, assertive,
 Vice versa for women
6. *Paranoia (Pa)*: index of suspicion, defensiveness, problems with close attachments, hypersensitivity
 MOD HI scores may indicate healthy interpersonal sensitivity.
7. *Psychasthenia (Pt)*: Affective barometer, overt anxiety
 High = anxiety, ruminations, worry, guilt, distress, perhaps obsessive personality
 Low = easy-going, confident, calm
8. *Schizophrenia (Sc)* : index of "strange thinking"
 V high = extreme distress, cry for help. See F scale
 High = eccentric, unconventional, unusual thoughts and perceptions,
 preoccupations with fantasies and daydreams, possibly schizophrenia
 Mod hi = possible creative, unusual thinker
 Low = conventional, conforming, non-creative
9. *Hypomania (Ma)* : "Energy barometer", drive level (sexual and aggressive drives)
 High = high energy and activity level, restless, difficulty concentrating, distractible,
 competitive, grandiose, difficulty controlling ideas
 Mod hi = a person with a lot of energy, active, fast thinker
 Low = slowed thinking, slowed motor activity, possible depression (see D)
10. *Social Introversion (Si)*:
 High = interpersonal anxiety, withdrawn, aloof, shy, schizoid
 Low = confident, out-going, social

Some common profiles

High Hs, D, Hy = the "neurotic triad" (complaining, irritable, depressed, low self esteem, denial)

High Pa, Ma, Sc = the "psychotic triad" (suspicious, angry, blaming, strange thinking, no self control)

High Pd & Ma = angry, blaming others, aggressive, no self control, violent

Hi Pd, Lo Mf, Hi Pa = the "masochistic valley" ("woe is me"). Blaming the outside world, feeling like you've been mistreated, passive

Administering the Rorschach

Free Association

Make sure cards are in the proper order facing down. Sit side by side with the subject. Say: "Now we're going to do the inkblot test. I'll show you some cards with inkblots on them, and you tell me what they might be." If they insist on knowing more about the test, simply tell them: "It tells us how people perceive things."

Hand the card to the subject. Let them take it from you. Write down everything they say. If they ask you questions about what they should say or do, you can reply with: "It's up to you" or "Let's wait until we finish and I'll answer that then." Don't say anything else. Let them hand the card back to you when they are finished. Then hand them the next card without saying anything. If they say they can't see anything in an inkblot, say: "Hold onto it for a while. Something will come to you." If they only have one response to the first or second card, say: "People usually see more than one thing."

The Inquiry

After they go through all ten cards, say: "Now I want to go back through the cards again. I'll read what you told me you saw and then I want you to help me to see it as you did. In other words, I want to know where you saw it, and what there is that makes it look like that, so that I can see it just like you did. Understand?" For each card, read back the subject's response. For example: "For this card, you said.... Exactly what made it look like that?"

In the "inquiry" you are trying to find out exactly where the person saw what they saw. Be sure to inquire about every object the person mentions. Be sure to carefully circle the area on the location sheet. You are trying to determine if the person was reacting to:

- Shapes or forms in the inkblot (usually they are, and you probably won't have to inquire about this)
- Movement (human, animal, or inanimate - again, if movement is present, it is usually obvious)
- Color (including black)
- Shading (including texture)

It's important to inquire about whether they were using color or shading. It is not always obvious. However, do not use these words or any words similar to them. Never say such things as "Did the color make it look like a butterfly?" or "Did the shading make it look like that?" Be on the lookout for the person using adjectives or for other hints that there might be color or shading. For example:

"You said the animal looked pretty. What made it look pretty?"

"You said the animals were hurt. What made them look hurt?"

When in doubt, say: "I'm not sure I see it the way you did. What made it look like a ...?"

An example of how the Rorschach might look:

Free Association

- II. 1. LL two people holding onto a bowl.
They're wearing tight animal skins.

- 2. These up here are unusual,
rare monkeys.

Inquiry

Here they are, these are arms and legs.
And here's the bowl (wooden?). It looks grainy. (tight animal skins?). These lines here, they look like tight pants.

The monkeys are up here, hanging down, here are the tails and bodies (unusual, rare?) They're red, red monkeys are rare.

Summary or Rorschach Scoring

Location: W = whole Dd = small or unusual detail D = large detail s = white space

Determinants:

- Form (or shape) = F Color = C
- Human movement = M Shading = Y (normal), T (texture), C' ("black")
- Animal movement = FM Form quality = + (good form) or - (poor form)
- Inanimate movement = m (see Exner manual for good and poor form responses)

Contents: H = human Hd = human detail A = animal Ad = animal detail

Popular response = P

Special Score = *

A special score is any response that indicates unusual or deviant styles of thinking. This includes illogical combinations of things or beings (things that don't exist in the real world), as well as the use of strange expressions or words.

- "This looks like a dinosaur riding a motorcycle."
- "This looks like a butterfly with a man's head."
- "It's a genie-bopper."
- "This could be a blood cocktail."

How scores might look:	Loc.	Determinants	Cont.	Pop.	Special
a very simple response:	Dd	F(+)	H	P	
a fairly complex response:	D	F.C.FM (-)	Ad		*
a very complex response:	Ws	F.C.M.FM (+)	H,A,	P	*

Blends are complex responses that contain THREE or more determinants.
If the person turns the card to see something, use V, >, or < to point to the top of the card

Interpreting the Rorschach Scores

R Total # of responses. Normal range is 17–27

Low = intellectual deficits, slowed cognitions; or suspicious, guarded, depressed

High = productive thinking, intelligence

V hi = (more than 35) runaway thinking, poor cognitive control, obsessive

P Total number of popular responses. Normal is 3–8

Low = unconventional, stubborn, eccentric, creative, or psychotic

Med = ability to see the normal and conventional

High = overly conventional thinking, conforming, other-directed, defensive, guarded

Special Scores (*). Normal is 1 or 2

3–5 special scores = unusual thinking, eccentric, or creative

more than 5 = bizarre thinking, possible psychosis

W Number of whole responses. Normal range is 4–10. See the W:D ratio.

Unless it is a simple whole response (e.g., "bat") whole responses tend to indicate the ability to plan, see relationships, or synthesize things, creativity, abstract thinking, efforts to achieve.

D Number of large detail responses. Normal range is 9–18. See the W:D ratio.

Large details indicate commonsense, seeing the obvious, practical thinking, "sticking to the facts."

Dd Number of small/unusual detail responses. Normal range is 0–3

High = obsessive thinking, preoccupation with trivia, vigilance, or paranoia

S Number of white space responses: normal is 0–2

High = stubborn, oppositional, angry, passive–aggressive, or the ability to see the unusual.

F Number of form responses. See F+ %

+ Number of form responses that were good form (check manual). See F+ %

Indicates the ability to perceive reality correctly (good reality testing), socialized thinking

– Number of form responses that were poor form (check manual). See F+ %

Indicates the inability to perceive reality correctly ("poor reality testing"), unconventionality, eccentricity, and possible psychosis. A few – responses is normal and may indicate individuality or creativity.

- F+ %** The sum of all (+) responses divided by R. Normal range is .70–.90
 High = rigid, sacrifices creativity, overly conforming
 Med = good reality testing, sees the world as others do, socialized thinking
 Low = poor reality testing, eccentric, or psychotic
- M** Number of human movement responses. Normal range is 2–4
 High = sophisticated and mature thinking, intelligence, creativity
 Low = low intelligence, impoverished thinking
- FM** Number of animal movement responses. Normal range is 1–4
 High = primitive drives and needs, high need for gratification of impulses, intense fantasy life
- m** Number of inanimate movement responses. Normal is 0–2. High = stress, anxiety (similar to C')
- C'** Number of "black" responses. Normal is 0–2. High = stress, anxiety (similar to m)
- Y** Number of shading responses. Normal is 0–2
 High = stress, anxiety (similar to m and C') but especially related to feelings of helplessness and loss of control
- T** Number of shading responses involving texture. Normal is 0–2
 High = stress, anxiety (similar to m and C'), but especially related to feeling lonely, isolated, and lacking contact comfort
- C** Number of color responses. Normal is 3–8
 High = high awareness and/or expression of emotions
 Low = repression of emotions
 If color precedes form in more than 2 responses (or form is absent) it indicates poor control over emotions and impulsive behaviors.
- # Blends** Number of responses containing 3 or more determinants). Normal, 3–7
 Low = constriction of thinking, guarded, suspicious, or depressed
 High = capacity for complex thinking, fluid thinking
 V Hi (more than 10) = runaway thinking, disorganized thinking
- W:M** Number of W responses: Number of M responses. Normal is 2:1 or 3:1
 High on M side = tends to underachieve given intellectual abilities
 Medium = achievement strivings in accordance with intellectual abilities
 High on W side = tends to overachieve, intellectual abilities do not match achievement needs

W:D Number of W responses: Number of D responses. Normal is 1:2 or 1:3
Hi on D side = takes easy way out, avoids risks, conventional thinking
Hi on W side = strives hard to organize, make sense of things, "put things together"

A% Number of animal responses divided by R. Normal is .35–.45
Low = avoiding the obvious, stubborn, unconventional
High = taking easy way out, restricted thinking, suspicious, immature, dependent

H+Hd:A+Ad # human responses: # Animal Responses. Normal is 1:2 or 1:3
High on H side = other-directed, conforming, dependent, concerned about others
High on A side = isolated, withdrawn, shy, introverted, social fears

Contents (number of content categories). Normal is 6–10
Low = restricted thinking, low intelligence, or depression
High = fluid or productive thinking, intelligence
V Hi (over 14) = overly complex thinking, run-away thinking, poor control over thinking

Sequence Analysis:

Look at the sequence of all the scores running from the beginning to the end. Are there any patterns? For example, how do scores at the beginning compare to those at the end? Are there differences in scores to color versus non-color cards? How does the person "sign in" and "sign out" (i.e., the first and last responses)? What might these differences mean?

Response Analysis:

Look at the individual responses themselves. Do you see any themes that repeat? Are there any unusual or telling responses that reveal something about the individual's personality or life experiences?



Administering and Interpreting the TAT

Instructions to the Testee:

"I'm going to give you some cards with pictures on them. For each card, make up a story. Describe what is happening in the card, what events came before what you see in the card, and what events follow. Also try to describe the thoughts and feelings of the characters."

If the person forgets some part of these instructions (past, present, future, or thoughts and feelings of the characters), remind them on first three cards. After that, do not remind them any more. Write down everything the person says for each story, word for word.

Administer 10 Cards:

Everyone gets cards 1, 2, 4, 13MF

Males get cards 6BM, 7BM, 8BM

Females get cards 3GF, 6GF, 7GF

Plus 3 additional cards of your choice (select those that might be particularly useful for that person)

Content Analysis (the aspects of the story itself):

Emotional tone of the story (positive, negative, happy, sad, exciting, frustrating, adventurous, etc.)

Positive or negative outcomes in the story?

Central figure: feelings, attitudes, values, motivations, etc.

Other characters: feelings, attitudes, values, motivations, etc.

Consistent themes concerning masculine/feminine characters

Passivity/activity of characters

Interpersonal relationships among the characters (i.e. how they interact with and feel about each other).

Do the characters represent different aspects of the person telling the story?

Do the characters represent significant others in this person's life?

Obstacles and barriers to the character's plans and intentions?

Are there any consistent symbols being used in the story?

What is ignored or forgotten: past, future, thoughts or feelings of the characters; objects ignored

Does the person introduce anything that is not on the card?

The General Rule: Look for consistent patterns/themes across the cards

One simple way to do this is to go through all the stories and circle the "feeling" words, or the adjectives describing the characters and their situations, or the verbs/action words. Do you see any pattern emerging? Also, look at the section on "Typical TAT themes." Does your person's stories follow the typical themes, or are they unique?

Formal Analysis (aspects of how the person told the story):

Length of the story; attention to details

Organization (coherent, logical, erratic, repetitive, etc.)

Story richness (creative, common, boring, vague, undeveloped, etc.)

Dwelling on a theme: obsessive, preoccupied

Language and vocabulary used (simple, complex, emotional, etc.)

Latency in responding (unusually long or short time to start story)

Speed of talking

Affect while telling story (giggling, depressed, bored, blushing, etc.)

Body language while telling story (stiff, relaxed, twitching, etc.)

Defensive or suspicious while taking test?

Non-compliance (does not follow instructions, refuses cards)

Slips of the tongue

Indecision about parts of the story

Does the person make references to him/herself?

Does the person make comments about their own thought processes?

The General Rule: Look for consistent patterns/themes across the cards

Responses usually are:

100 words long

3 minutes in length

20 seconds in latency

Think about whether the stories indicate:

Reality, the way things really are in the person's life

A Wish, what the person wishes for in their life

A Fear, what the person fears might be true in their life, even though it may not be true

The Bender-Gestalt Test

Instructions: *"I have nine cards with designs. I want you to copy the designs onto this piece of paper."*

Place the blank paper in front of the testee, then place each card, one at a time, in front of the testee. Give the cards in order: A, 1, 2, 3 ... 8. When the testee finishes copying a card, remove it and place down the next card. Do not allow the testee to rotate the position of the paper or the cards. When the testee completes all nine cards, take the paper away, place down another blank piece of paper, and say:

"Try to remember as many of the patterns as you can, and draw them onto this piece of paper."

Scoring: Two or three minor errors are normal. More than three minor errors may indicate a brain problem. Three or more very obvious errors indicate a more serious brain problem. Examples of obvious errors include the following:

Distortion of shape (poor-shaped circles or angles; substitution of angles for curves and vice versa; dots changed to circles, disproportionate size of parts; substitution of lines for dots, etc.):

Fragmentation (parts of design are missing; failure to cross lines):

Rotation (entire figure is rotated more than 45 degrees; includes inability to maintain straight horizontal lines on 1 and 2):

Perseveration (repetition of whole figure or part of it, including too many dots or circles)

Use of space (all of designs are crowded together, or person needs more than one piece of paper to complete all nine designs. Indicates poor planning and anticipation, and possible organic problem).

Time to complete the designs: usually 5–7 minutes. Less than that indicates hastiness and carelessness. More indicates rigidity, compulsiveness, over-control, and possible organic problem.

Visual memory: From memory testees usually recall 4–6 of the designs. More than that indicates good visual memory. Less than that indicates poor visual memory and possible organic problems.

Testing the Limits: Ask testee about errors on the original drawings of the nine patterns. Show the testee their error as compared to the card. Ask: "Does what you drew look like this pattern?"

If testee says "yes," then their visual perception is dysfunctional (a "receptive" disorder). If testee says "no, they look different, I just couldn't draw it exactly," then their perceptual functions are normal but motor functions are dysfunctional (an "expressive" disorder).

Personality Traits: Some personality traits can be detected on the Bender. For example, people who count the dots on designs to make sure they have the right number in their drawing are probably compulsive people.

