Part I

BASIC CONSIDERATIONS

Chapter 1

HISTORY OF PERSONALITY ASSESSMENT

Personality assessment, as studied and practiced today, has evolved from long-standing recognition that people differ from each other in how they think, feel, and act and are generally disposed to behave in particular ways. Awareness of individual differences among people is almost as old as civilization itself, and the great literature of the world, from the Greek tragedies to modern fiction, contains vivid descriptions of men and women with distinctive personality characteristics. (Was there ever a meaner person than Dickens's Scrooge, or a more decent person after he underwent a change of heart?) Literary depictions of distinctive personality patterns predated by far the emergence of psychology as a recognized field of study, and attention to individual differences was brought early into the beginnings of formal psychological science and practice.

The advent of formal psychological science is customarily dated to the establishment of Wundt's laboratory in Leipzig in 1879 (see Fuchs & Millar, 2003). In 1883, James McKeen Cattell began working for Wundt as a graduate assistant and asked permission to do a doctoral dissertation on individual differences in reaction time. Being a nomothetic scientist interested in psychological processes, Wundt tended to look at differences among people as bothersome error variance, but he nevertheless acceded to Cattell's request. This was the beginning of a distinguished career for Cattell, in which he pioneered mental testing, generated widespread scientific interest in measuring individual differences with psychological tests, and became regarded as the father of assessment psychology (see Weiner, 2003).

Formal practical applications of psychological assessment also began over 100 years ago, when Alfred Binet was asked in 1904 to help develop a method for identifying intellectually limited children in the Paris public schools who were in need of special attention. In collaboration with Theodore Simon, Binet drew on prior research he had done on the nature of intelligence to construct the Binet-Simon scales, which in their expanded English version later became the well-known Stanford-Binet Intelligence Scale.

The early assessments of mental functions in the tradition of Cattell and Binet had relatively little to do with determining how people are likely to think, feel, and act. It was not until the 2nd decade of the twentieth century that events ushered in formal psychological testing to address individual differences in psychological adjustment and personality style. Later on, in the 1930s and 1940s, personality assessment received considerable impetus from the emergence of personality as a discrete field of study in psychology, the expanded needs for mental health services to the military during World War II, and the post-World War II formal doctoral training and Veterans Administration programs in clinical psychology.

4 Basic Considerations

Following a heyday as the major focus of clinical psychology that extended to the late 1960s, personality assessment passed through an era of both shrinkage and growth that continues to the present time. This introductory chapter reviews these historical developments and concludes with some observations on the implications of idiographic and nomothetic perspectives in personality assessment and on alternative terminology for categorizing different types of personality assessment measures.

EARLY EVENTS

A seminal event in the history of applied personality assessment was the 1917 entry of the United States into World War I and the concerns it generated about the susceptibility of front-line soldiers to traumatic stress reactions (known then as "shell shock"). For help in identifying psychologically fragile draftees, the War Department turned to Robert Woodworth, a prominent experimental psychologist who had studied with Cattell. In response, Woodworth started working on a checklist of probable symptoms of psychological disturbance, to be answered "Yes" or "No" (e.g., "Are you happy most of the time?"). The intent was to use this checklist as a screening device to deselect emotionally unstable draftees.

As matters turned out, the war ended before Woodworth finished constructing his measure, and it was never used for its original purpose. Following the war, however, Woodworth wrote about his checklist in a 1919 journal article and then published the list as the Personal Data Sheet (Woodworth, 1919, 1920). The Personal Data Sheet found civilian use as a measure of adjustment, and it was the first formal self-report personality assessment questionnaire to become generally available. Woodworth's measure was limited in scope, providing only a single score for overall level of adjustment and no other information about personality characteristics. His Personal Data Sheet nevertheless served as a model for later generations of similar but more complex checklists.

The first noteworthy advance over Woodworth's unidimensional measure was a multidimensional self-report personality inventory published by Robert Bernreuter in 1931. The Bernreuter Personality Inventory comprised scales for several different personality characteristics, including neurotic tendencies, ascendance-submission, and introversion-extroversion. Highly respected and widely used in its day, Bernreuter's measure was the forerunner of many currently prominent multidimensional personality inventories, including the Minnesota Multiphasic Personality Inventory (MMPI), the Minnesota Multiphasic Personality Inventory—Adolescent (MMPI-A), the Millon Clinical Multiaxial Inventory (MCMI), the Personality Assessment Inventory (PAI), and the NEO-Personality Inventory (NEO-PI). The individual histories of these self-report inventories are discussed in Chapters 6 through 10.

A second significant event in the early history of formalized personality assessment was also contemporaneous with World War I, but unrelated to it. Hermann Rorschach, a Swiss psychiatrist working in a mental hospital, became interested in using reports of what patients saw in inkblots as indicators of their mental state and personal dispositions. Rorschach's experimental testing of several hundred nonpatients and patients with various disorders resulted in the 1921 publication of *Psychodiagnostics* (Rorschach, 1921/1942). In this book, Rorschach presented guidelines for administering, scoring, and interpreting responses to a set of 10 inkblots that has subsequently become known as the Rorschach

Inkblot Method (RIM). Chapter 11 elaborates Rorschach's personal history and the subsequent embellishment of his method by Rorschach practitioners who followed in his wake.

Although much more complex than Woodworth's checklist, Rorschach's inkblots were similarly intended more as a tool for identifying disorder than for describing personality. Rorschach's *Psychodiagnostics* is subtitled "A Diagnostic Test Based on Perception," and he explicitly stated about his measure: "It is to be understood that the test is primarily an aid to clinical diagnosis" (Rorschach, 1921/1942, p. 121). Nevertheless, Rorschach did posit numerous relationships between certain inkblot findings and particular personality characteristics, and later generations of Rorschach clinicians and scholars developed his method into a rich source of information about how people are likely to perceive events, experience emotion, manage stress, and relate to other people (see Chapter 11).

Rorschach's approach to assessing people differed markedly from the methods used by Woodworth and by other developers of self-report inventories for measuring personality. The self-report method asks people to describe themselves (e.g., "I am a very sociable person" answered as "True" or "False") and then infers fairly directly from this response some personality characteristic or behavioral tendency (e.g., being an outgoing person who enjoys being around other people, or a reclusive person who is more comfortable when alone than when in the company of others). Rorschach instead asked people to report what inkblots might be and then, from the manner in which they performed this task, inferred certain behavioral dispositions (e.g., taking their manner of responding to the color in the blots as a clue to whether they were likely to be reserved or excitable in expressing emotions).

Based on Rorschach's approach, other personality assessment measures were developed in which the critical data similarly comprised not what people said about themselves, but how they performed on various tasks. Along with the inkblot method, three similar methods are commonly used today: (1) asking people to make up stories about pictures, as exemplified by the Thematic Apperception Test (TAT) discussed in Chapter 12; (2) having people draw figures and tell stories about what they have drawn, as is done with the Draw-a-Person, House-Tree-Person, and Kinetic Family Drawing tests described in Chapter 13; and (3) asking people to extend words or phrases into complete sentences, as illustrated by the Rotter Incomplete Sentences Blank (RISB) and the Washington University Sentence Completion Test (WUSCT) presented in Chapter 14.

EMERGENCE OF PERSONALITY PSYCHOLOGY

Personality assessment received its next important impetus from the emergence in the 1930s of personality psychology as a discrete field of study. Prior to this time, as recounted by Barenbaum and Winter (2003; see also Winter & Barenbaum, 1999), numerous articles and books referring to "personality" had been published. However, just as the early methods of personality assessment stressed disorder and diagnosis rather than personality description, the early personality literature was more concerned with deviant traits and abnormal conditions than with the nature of people.

The psychoanalytic theory of personality formulated by Sigmund Freud (1916–1917/1963) and his followers during the first third of the twentieth century was a significant exception (see Bornstein, 2003; Westen & Gabbard, 1999). These psychoanalytic perspectives

gained considerable popularity outside the academic community and greatly influenced psychological treatment methods, but they had little impact on what university faculty of the day believed or taught their students. When pre-1930 academic psychologists thought about personality processes, moreover, they tended to view them as subtopics within abnormal, social, or educational psychology, rather than as a separate field of study in their own right.

Personality psychology emerged from this restricted focus and subfield status with the contributions of two major figures in the history of psychology whose work emphasized the individual uniqueness of people. Gordon Allport (1937) and Henry Murray (1938) asserted in landmark books that people should be studied and understood not as an assemblage of unrelated traits, each to be examined separately, but instead with holistic attention to all the interactive facets of their unique life experiences that make people the distinctive individuals they are (see Hall, Lindzey, & Campbell, 1998, chaps. 6, 7). The Allport and Murray texts, together with a text by Stagner (1937), were the first three books devoted to broadly conceived personality theory, and the impact of these volumes was largely responsible for turning personality into a major field of psychology with its own literature, courses of study, and research programs.

Murray's contribution to energizing personality psychology held special significance for personality assessment, by virtue of his developing the TAT as his favored measure for exploring the individual experiences and perspectives of people (see Chapter 12). Progress in personality psychology also created new opportunities for using personality assessment measures in research studies. With increasing awareness of the possible contribution of personality factors to variations in whatever phenomena they were studying, investigators after the 1930s became more likely to include measures of personality characteristics among their procedures.

WORLD WAR II AND THE EXPANSION OF CLINICAL PSYCHOLOGY

Just as in World War I, the participation of the United States in World War II, beginning in December 1941, created urgent needs for psychological services. The Office of Strategic Services (OSS), which was the predecessor of the Central Intelligence Agency (CIA), asked Murray to help them select people who could function effectively in secret missions overseas. Murray brought his background in personality assessment to bear in creating and overseeing a selection process for this purpose. More than 5,000 candidates passed through Murray's evaluation program, which was staffed by approximately 50 professional persons, mostly psychologists, and encompassed just under 100 different psychological tests and behavioral measures. Following declassification of their work after the war, the OSS staff published a detailed description of its methods and reviewed how the selection program had contributed to the war effort (Office of Strategic Services Assessment Staff, 1948; see also Handler, 2001).

On a much larger scale than the OSS selection program, psychologists were brought into the armed forces during World War II to assist in providing diagnostic and treatment services for military personnel. These services included personality assessment instruments in widespread screening of inductees for possible mental or emotional disorder, much as had been planned but never fully implemented during World War I. In contrast, before

World War II ended, "Hardly a male adult of military potentiality within the United States escaped psychological testing" (Reisman, 1974, p. 271).

As the Second World War progressed, mounting psychological casualties required assigning an increasing number of psychologists to military hospitals. Continuing need for veterans' mental and other health services following the war led the Veterans Administration (VA) to create a vast hospital system in which large numbers of staff positions for psychologists became available. Faced with a shortage of psychologists to fill these positions, the VA established a clinical psychology training program that provided paid supervised clerkships for graduate students. As an additional response to pressing needs for trained psychologists, the United States Public Health Service developed a training grant program of financial support for clinical doctoral students and their university departments.

With a beckoning job market, paid training positions, and available financial aid for entering an interesting and challenging profession, a tidal wave of students sought admission to graduate training programs in clinical psychology in the late 1940s and early 1950s. Some universities had been awarding occasional doctorates in clinical psychology for many years, but few of them prior to 1946 had any prescribed educational program for becoming a doctoral level clinical psychologist. In 1944, recognizing the need for a structured curriculum and a set of educational requirements for the professional preparation of clinicians, the American Psychological Association (APA) appointed David Shakow to chair a committee charged with addressing the matter. Shakow's committee and a later APA Committee on Training in Clinical Psychology that he also chaired formulated guidelines for a multiyear doctoral program of course work, clinical experience, and scholarly engagement. Commonly referred to as the Shakow Report and published in 1947, these guidelines have continued to shape graduate education requirements in clinical psychology since that time (APA, 1947; Shakow, 1965).

Evolving as a profession with eager students, ample financial support, a structured curriculum, and a good job market, clinical psychology expanded rapidly in the post-World War II era, and personality assessment flourished along with it. Although clinical students also received training in psychotherapy, the identity of clinical psychology in those days was vested largely in psychological assessment. Assessment formed the core of training in clinical psychology, and most doctoral programs included substantial course requirements in psychological testing. Diagnostic consultation was what clinical psychologists did for the most part, and their services were sought primarily as consultants who alone among mental health professionals could bring data from standardized tests to bear in facilitating differential diagnosis and treatment planning. These and other aspects of the emergence of clinical psychology as a profession are elaborated by Reisman (1974), Routh (1994), and Routh and Reisman (2003).

TRENDS OVER TIME: SHRINKAGE AND GROWTH

The heyday of personality assessment as a central focus of clinical psychology extended from the post-World War II era to the late 1960s. The approximately 40 years since that time are usually regarded, with good reason, as an era of shrinkage in the field. Ironically, the post-1970 years were also a time of considerable growth in both scientific and professional aspects of personality assessment.

Years of Shrinkage

During the 1950s, when education in clinical psychology emphasized personality assessment and training programs usually included two or three required courses in testing, most graduate students were being trained in psychotherapy as well. In time, interest in conducting psychotherapy began to supplant diagnostic testing as a preferred career activity among clinical psychologists, and this development was hastened during the 1960s by the passage of certification and licensing laws that identified psychotherapy as a legitimate professional function of psychologists, independent of medical supervision (see Benjamin, DeLeon, Freedheim, & Vandenbos, 2003).

The 1960s was also a time when psychologists played leadership roles in advancing a wide variety of treatment modalities, including group and family therapy, behavioral methods, and community mental health approaches. With so much else for them to learn and do, clinical psychologists began to decrease the amount of time they devoted to mastering and practicing personality assessment. This shift in focus was spurred in part by the personal experience of many clinicians that newer roles offered more prestige, autonomy, and satisfaction than providing test results to be used by others in planning and providing treatment services.

Concurrently with these changes in the profession, the radical behavioral perspectives on psychology in the 1960s brought personality assessment under heavy scholarly attack. Leading social learning theorists like Mischel (1968/1996) and Peterson (1968) asserted in influential books that traditional personality assessment serves no useful purpose. There is no such thing as personality, according to these authors, and what people do is determined by the situations in which they find themselves, not by any abiding dispositions to behave in certain ways. Hence, they said, clinicians should stop trying to infer personality characteristics from test responses and concentrate instead on constructing test situations that provide representative samples of whatever behaviors are to be predicted.

From a much different theoretical perspective, humanistic psychologists around this time began to question the morality of using personality assessment instruments to classify people. These early humanistic perspectives on assessment derived mainly from the writings of Maslow (1962) and Rogers (1961), who contended that people can be understood only by learning how they experience themselves, and not by any external observations of what they say and do. From this humanistic perspective, moreover, classifying people according to personality traits or behavioral characteristics they share with other people was not only a waste of time, but also a dehumanizing procedure that strips people of their individual dignity and wrongfully presumes the right of one person to pass judgment on another.

Behaviorism and humanism challenged the pursuit of personality assessment in the 1960s not only directly, but also indirectly by derogating the entire field of personality psychology. As described by Carlson (1975), the negative perspectives that emerged from these sources contributed to a dark age for personality psychology, such that personality as an area of inquiry "virtually disappeared during the 1960s," largely due to "the burgeoning technology of behavior modification, and the celebrations of humanistic ideology" (p. 393).

This period of generally decreased interest in personality as an explanatory concept, combined with the expanded roles available to clinical psychologists and the behaviorist and humanistic labeling of personality assessment as irrelevant or improper, led many academic faculties to question the value of acquiring assessment skills. As a consequence, the utility

of personality assessment was often neglected in doctoral programs, along with the unique significance of assessment in the professional identity of clinical psychologists. Frequently typifying this neglect were reduced course offerings in personality assessment, minimal requirements for assessment competency, and limited opportunities or encouragement for students to become involved in assessment-related research (see Butcher, 2006; Childs & Eyde, 2002; Exner & Erdberg, 2002; Weiner, 2003).

As the twentieth century drew to a close, personality assessment was attacked from a third direction—this time not for being behaviorally irrelevant or humanistically improper—but for being unnecessary and financially uneconomical. This line of attack emanated mainly from health care managers who alleged that the cost of personality assessment outweighs its benefits in planning and implementing appropriate interventions. These allegations were used as a basis for limiting or disallowing financial reimbursement for personality assessments, an action that caused assessment psychologists considerable concern about losing income and having either to curtail their practice or find referral sources outside the health care industry (see Acklin, 1996; Stout, 1997).

Years of Growth

Fortunately for the field of personality assessment, the aforementioned challenges to its relevance, propriety, and utility did not prove fatal. The behavioral emphasis exclusively on environmental contingencies ran out of steam in time, as did disavowal of persistent personality characteristics and limiting explanations of behavior to situational factors. Thoughtful theorists commented on the shallowness of denying that people are disposed to think, feel, and act in certain ways (see Epstein, 1979; Millon, 1984), and research findings documented broad consistencies in individual differences and the longitudinal stability of many personality characteristics (see Roberts & DelVecchio, 2000).

In the face of these developments, many prominent proponents of radical situationism, including Mischel, eventually modified their position in favor of an interactive perspective that allowed for "dispositional constructs" to influence the likelihood that a particular action will be evoked by particular external circumstances (e.g., Mischel, 1973; see also Wright & Mischel, 1987). Mischel has continued to allow a place for personality assessment in determining why people behave as they do, by acknowledging the stable individual differences among people and "the psychological invariance that distinctively characterizes an individual and that underlies the variations in the thoughts, feelings, and actions that occur across contexts and over time" (Mischel, 2004, p. 1).

This reversal in the earlier behaviorist view that traditional personality assessment serves no useful purpose was accompanied by a corresponding shift in the focus of behavioral assessment. Instead of being limited to situational observations of representative samples of behavior, recommended procedures for behavioral assessment began to include interviews and self-report inventories as well. Moreover, specialists in behavioral assessment turned some of their attention from environmental contingencies to aspects of cognitive style and the kinds of feelings, fantasies, expectations, and beliefs that people bring with them into situations (e.g., Ciminero, Calhoun, & Adams, 1977; Kendall & Hollon, 1981).

As for humanistic concerns about neglecting individuality, this criticism of personality assessment gradually gave way to recognizing that there is nothing inherently prejudicial in conducting psychological evaluations. Accurate assessment of a person's assets and

limitations does not inevitably prove damaging to that individual, nor is there any necessary obstacle to psychological examiners paying just as much attention to how people differ from as well as resemble each other. To the contrary, great strides have been made by humanistic psychologists in developing assessment procedures that enhance rather than restrict attention to the unique needs of individuals. Notable among these enhancements are procedures for evaluating the implications of people's test responses and for molding the feedback of test findings into a therapeutic encounter for the person who has been examined (see Finn, 1996; Finn & Tonsager, 2002; Fischer, 1994, 2000).

Personality psychology as a field of study was rejuvenated along with personality assessment by the softening of the radical behaviorist position and the emergence of cognitive perspectives in psychology. No longer persuaded that psychological science should attend only to observable situational determinants of behavior and give no credence to inferred cross-situational characteristics of people, many researchers resumed studying individual consistencies in attitudes, motives, self-perceptions, and personality traits. As testimony to this renaissance in personality psychology, McAdams and Pals (2006) wrote, "Once an endangered scientific species, the concept of the personality *trait* now enjoys a privileged status among personality researchers and an increasingly prominent role in studies done in social, developmental, cultural, and clinical psychology" (p. 204).

With regard to the managed care allegations that personality assessment is neither useful nor economical, empirical evidence has indicated otherwise. An extensive literature documents the utility of properly conducted personality assessment in planning therapeutic interventions, monitoring their course, and enhancing their effectiveness. Moreover, follow-up findings have shown that appropriate applications of personality assessments in health care are likely to have the long-term effect of decreasing costs rather than adding to them (Butcher, 1997; Finn & Kamphuis, 2006; Kubiszyn et al., 2000; Maruish, 2004; Weiner, 2004).

Finally, of note, survey findings suggest that managed care has had less of a negative impact on personality assessment than was originally feared. A slight majority of survey respondents report a negative impact, but only small reductions in the percentage of cases in which they use personality assessment instruments, and less than a third report that managed care had a negative impact on their ability to diagnose clients accurately (Cashel, 2002). Other survey data indicate that managed care has been accompanied by only a slightly decreased frequency of comprehensive, multimethod personality assessments using full-length measures and that fewer than one-third (29%) of training directors of APA-approved doctoral programs believe that their training in psychological testing had been significantly affected by managed care (Belter & Piotrowski, 2001; Piotrowski, Belter, & Keller, 1998).

In describing the reversal of fortunes for personality assessment that began during the early 1980s, some authors noted that the bloom had never gone entirely off the psychodiagnostic rose (Millon, 1984; Weiner, 1983). Even with the expanding roles available to clinical psychologists, and despite challenges to the relevance and propriety of personality assessment, many personality assessors continued to find professional autonomy, respect, and satisfaction in functioning as expert consultants whose specialized skills could help resolve diagnostic dilemmas and point the way to effective interventions. As these expert diagnostic consultants discovered, there are many circumstances in which determining the kind of health care intervention likely to prove beneficial is a more challenging and prestigious activity than providing the intervention.

Having survived earlier challenges, personality assessment practice and research began to grow in the 1980s. A smaller percentage of clinical psychologists than before were involved in personality assessment and were devoting less of their time to it (i.e., the shrinkage). These percentage decreases were more than offset during the latter part of the twentieth century by sharply increasing numbers of doctoral level clinicians. Among these increased numbers of clinical psychologists, assessment remained the second most frequent service they provided in various settings, after psychotherapy, and survey respondents working in independent practice or in health care or government settings reported spending 15% to 23% of their time doing assessment (Phelps, Eisman, & Kohout, 1998).

In addition to growing along with the increasing numbers of clinical psychologists, personality assessment benefited from a post-1980 expansion of clinical psychology into diverse new settings that welcomed and appreciated psychological consultants. In health care, psychology's traditional focus on the diagnosis and treatment of mental disorders broadened to encompass assessment of personality characteristics associated with the origins and course of physical illness, adjustment to chronic disability, tolerance for medical and surgical procedures, and maintenance of a healthy lifestyle (see Boyer & Paharia, 2007; Friedman & Silver, 2007; James & Folen, 2005; Nezu, Nezu, & Geller, 2003; Sweet, Tovian, & Suchy, 2003). Psychologists became increasingly active in forensic, educational, and organizational settings in which personality evaluations could contribute to administrative decisions.

In the forensic area, personality test indications that a criminal defendant is out of touch with reality can be relevant to the court's determination of the person's competence or sanity, and personality characteristics that suggest psychic injury or that have implications for parental effectiveness can prove relevant in personal injury and child custody litigations (see Archer, 2006; Craig, 2005; Heilbrun, Marczyk, DeMatteo, & Mack-Allen, 2007; Ogloff & Douglas, 2003). In educational settings, personality assessment can help cast light on the needs and concerns of students showing conduct or learning problems (Braden, 2003). In organizational settings, personnel decisions related to fitness for duty or employee selection and promotion often hinge on personality characteristics that can be measured with psychological tests (see Borum, Super, & Rand, 2003; Hough & Furnham, 2003; Klimoski & Zukin, 2003). Whenever personality characteristics are relevant to decisions facing courts, schools, employers, or agencies of any kind, experts in assessing personality can make a valuable sometimes critical contribution. These practical applications of personality assessment are discussed further with respect to specific assessment instruments in Chapters 6 through 14 of this *Handbook*.

To summarize, a shrinkage in the prominence of personality assessment among the activities of clinical psychologists since the post-World War II era was accompanied by a substantial increase in the number of clinical psychologists. These increasing numbers, combined with expanded applications of personality assessment in diverse settings, generated consistent growth in the field beginning in the 1980s. As reflections of this growth, the membership of the Society for Personality Assessment doubled in size between 1980 and 2000, and a stable cadre of persons in both academic and practice positions identify themselves as assessment psychologists.

The growth and current vigor of assessment psychology is reflected as well in a burgeoning literature. In a review of published research articles on personality assessment measures over a 20-year period from 1974 to 1994, Butcher and Rouse (1996) found a

higher annual rate of publication in the 1980s and 1990s than in the 1970s and concluded, "Research in clinical personality assessment continues to be carried out at a high rate" (p. 103). In 1980, just one major journal was devoted to personality assessment—the *Journal of Personality Assessment* (*JPA*)—with occasional articles on assessment topics appearing in the *Journal of Consulting and Clinical Psychology,* the *Journal of Clinical Psychology,* and *Professional Psychology.* The *JPA* has since been joined by the *European Journal of Psychological Assessment* in 1984, *Psychological Assessment* in 1989, and *Assessment* in 1994; assessment-related articles also appear in *Clinical Psychology: Science and Practice,* begun in 1994. Each of these journals has expanded in size over the past 10 years, and numerous articles from them, together with dozens of texts and handbooks concerning personality assessment issues and instruments, are cited throughout the chapters of this *Handbook.*

CONCLUDING COMMENTS

In concluding this brief history of personality assessment, some comments are in order concerning two matters that are relevant to the following chapters: (1) the distinction between *idiographic* and *nomothetic* approaches to personality assessment, and (2) choosing apt terminology for categorizing personality assessment measures.

Idiographic and Nomothetic Approaches to Personality Assessment

Psychologists have approached personality assessment from two different perspectives, commonly called the *idiographic* and the *nomothetic.* Idiographic perspectives reflect Cattell's previously mentioned interest in individual differences, which laid the groundwork for the field of assessment psychology. As delineated in the recommendations of Allport and Murray for using individual case studies as a way of understanding personality, idiographic assessment emphasizes ways in which people differ from each other and is focused on identifying each person's unique constellation of personality characteristics.

In contrast, nomothetic personality assessment emphasizes ways in which people resemble each other and is focused on personality characteristics and dimensions that are common to most people. Nomothetic perspectives can also be traced back to early twentieth-century research, when studies of traits and temperament were sufficiently numerous to warrant their being reviewed by Thurstone in 1916 and Allport in 1921. In short, then, nomothetic personality assessment is primarily process-focused, whereas idiographic personality assessment is primarily person-focused.

On the one hand, idiographic approaches to personality assessment have traditionally been more relevant to the purposes of practitioners than researchers. In clinical settings, practitioners conduct personality evaluations mainly to facilitate differential diagnosis and treatment planning for persons with psychological problems. To be effective and helpful in their work, clinical assessors must be closely attuned to the particular needs, capacities, and preferences of each person they examine. An examinee's resemblance to certain groups of people can provide useful information, as when a person being evaluated appears to be depressed. Nomothetically speaking, persons who are depressed are more likely than most people to commit suicide, which means that indications of depression are a risk factor in

evaluating suicide potential. Yet the vast majority of people who become depressed do not take their own lives, which means idiographically speaking that clinicians evaluating a depressed person's likelihood of becoming suicidal must take into account numerous aspects of his or her particular mental state and environmental circumstances, aside from indications of depression (see Yufit, 2005).

Nomothetic assessment, on the other hand, serves mainly the purposes of researchers rather than practitioners. Personality researchers assess people to learn about the normal and abnormal course of personality development, the types of genetic dispositions and life experiences that give rise to particular traits and coping styles, and what kinds of people tend to behave in certain ways. Such nomothetic research yields probabilistic statements that expand basic knowledge of personality processes. For nomothetic assessors, individual differences and deviations from the average detract from the generalizability of whatever relationships are suggested by the data and from the universality of whatever principles they appear to identify.

These differences between idiographic and nomothetic approaches to personality assessment notwithstanding, every individual's personality always consists of some ways that differ from and others that resemble the ways of most people. Hence clinicians despite their idiographic focus need to have a good grasp of normative expectations to recognize whether and to what extent an examinee is showing unique characteristics. Conversely, psychological processes cannot be fully understood without some grasp of which individuals, for what reasons, and under what circumstances are likely to deviate from normative expectation. Hence researchers despite their nomothetic focus need to go beyond viewing exceptions to the rule as error variance and seek explanations for why the behavior of certain people in certain circumstances differs substantially from normative expectations.

Terminology for Categorizing Personality Assessment Measures

Woodworth's Personal Data Sheet and the similar measures that it prompted became commonly known as "self-report inventories," which is an informative and accurate way of categorizing them. As noted, however, Rorschach's approach to assessment differed from Woodworth's and could not be considered a self-report method. Instead of relying on relatively direct inferences from what people reported about themselves, Rorschach relied on making relatively indirect inferences from how people reported what inkblots might be. In an influential article published in 1939, Frank suggested that personality tests like the Rorschach, in which the stimuli and instructions are relatively unstructured, induce a person to "project upon that plastic field . . . his private world of personal meanings and feelings" (pp. 395–402). Frank's suggestion resulted in Rorschach's test, together with picture-story, figure drawing, and sentence completion tests, becoming referred to as *projective* methods.

Over time, it became common practice to differentiate the so-called projective methods from self-report inventories by referring to the latter as *objective* methods. This distinction between objective and projective measures is misleading because it implies that if one type of measure is objective (and hence scientific and dependable), the other type of measure must be subjective (and hence less scientific and dependable). In truth, self-report inventories are not entirely objective, nor are projective tests entirely subjective. Self-report items often involve subjectivity with respect to how persons being examined interpret them. Asked to

answer "Yes" or "No" to statements like "I get angry sometimes" and "I am happy most of the time," examinees must determine for themselves the benchmarks for deciding how frequent "sometimes" and "most of the time" are, and what extent of ire or joy constitutes being "angry" or "happy."

As for the so-called projective measures, all of them involve some elements of objectivity in either their instructions or stimuli. In Rorschach testing, people are asked to indicate where in the inkblots they saw each of their percepts, which is an unambiguous instruction. Most of the TAT pictures have unambiguous stimulus elements, such as a clear depiction of a boy and a violin in Card 1, and the instructions for figure drawing and sentence completion methods are quite precise about what examinees are expected to do (e.g., draw a figure, complete these sentences), even though open-ended with respect to how they should do it. Ambiguity is thus a dimensional and not a categorical characteristic of personality assessment instruments, and none of them is totally objective or subjective. Self-report inventories and performance-based measures vary in ambiguity, and they differ among themselves as well as from each other in the extent to which the test stimuli and the examinee's task are ambiguous.

With these considerations in mind, many personality assessors have recommended replacing the self-report/objective and projective/subjective distinction with less valued-laden categorizations of personality assessment measures (see Meyer & Kurtz, 2006). As one generically accurate possibility, these two types of test could be referred to as being "relatively structured" or "relatively unstructured" measures. A more denotative distinction has been suggested by the Psychological Assessment Work Group (PAWG), a task force appointed by the Board of Professional Affairs of the American Psychological Association. In its final report concerning the utility of psychological assessment methods, the PAWG group separated tests into two groups: self-report instruments, which function on the basis of what people say about themselves, and performance-based measures, which are based on how examinees are observed to perform tasks that are set for them (Meyer et al., 2001).

In accord with the PAWG recommendation, the chapters that follow categorize personality assessment methods as self-report instruments or performance-based measures. This distinction has important implications for the personality assessment process, because self-report and performance-based methods have some potential advantages and limitations relative to each other. With respect to the advantages of self-report measures, the best way to learn something about people is usually to ask them about it. If you want to know if someone feels anxious, you ask, "Are you feeling anxious?" If you want to know if a person is using drugs, you ask, "Do you use drugs?" If you want to know if a person had a happy childhood, has ever been arrested, or is satisfied with his or her sex life, you ask. How people answer direct questions about such matters is more likely to provide definitive information than indirect impressions based how they perform certain tasks.

On the other hand, the information provided by self-report instruments is limited to what people are able and willing to say about themselves. What people can say about themselves depends on how fully aware they are of their own characteristics. What they are willing to say about themselves depends on how prepared they are to be open and truthful. Limited self-awareness or reluctance to disclose can detract from the dependability of the self-descriptions people provide when they are being interviewed or are filling out a

self-report inventory. In a review of empirical findings concerning this potential shortcoming of self-reported assessments, Dunning, Heath, and Suls (2004) came to the following conclusion:

> The views people hold of themselves are often flawed. The correlation between those views and their objective behavior is often meager to modest, and people often claim to have valuable skills and desirable attributes to a degree that they do not. (p. 98)

Performance-based measures, because of the indirect methodology they employ, can often circumvent this limitation of self-report instruments. As a trade-off for sometimes generating less certain and more speculative inferences than a direct inquiry, the indirect approach is often more likely than self-report inventories to reveal personality characteristics that respondents do not fully recognize in themselves or are hesitant to admit when asked about them directly (see Bornstein, 1999; Greenwald et al., 2002; Schmulke & Egloff, 2005). In light of the relative advantages and limitations of self-report and performance-based assessment methods, many contemporary authors recommend an integrative approach to personality assessment that employs both kinds of measures (see Beutler & Groth-Marnat, 2003; Meyer et al., 2001; Weiner, 2005). The nature of these two types of test and the benefits of integrative personality assessment are discussed further in Chapter 2, which elaborates the personality assessment process.

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