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SUMMARY



This chapter considers some of the major contributions of the psychodynamic approach to the assessment of persons. In it you will find examples of how psychologists in this orientation have approached personality assessment and the study of lives and tried to understand individuals seeking psychological help.

As the previous two chapters described, Freud's original theories have been modified and even transformed in many different directions over the years both by disciples and by revisionists. It therefore is not surprising to also find many variations in how psychodynamic ideas are applied to assess and understand people. This chapter begins by illustrating some of the earlier applications of the approach for the assessment of individuals and then considers some of the more recent developments.

The ideas and methods presented in this chapter are already a firm part of the field's historical past. They also remain important influences on much contemporary thought about personality, with only minor modification. For many other psychologists today, however, psychodynamic contributions provide foundations for quite new directions and substantial change, as you will see in later chapters.

GLOBAL PSYCHODYNAMIC ORIENTATION

Freudian psychology was especially exciting because it promised a way to understand and to treat each complex individual with the depth that he or she deserves. The preceding two chapters gave you a sense of some of the main concepts that underlie the psychodynamic approach to personality. Guided by these concepts, one tries to help the person to reveal unconscious motives, conflicts, and other dynamics. In this approach, the objective is to uncover disguises and defenses, to read the symbolic meanings of behaviors, and to find the unconscious motives that underlie action. In this way the clinician tries to find the distinctive qualities that characterize the individual.

The Core Beneath the Mask

Psychodynamic theorists recognized that a person's overt actions across seemingly similar situations often seem inconsistent. They felt, however, that these inconsistencies in behavior were merely superficial because beneath them were underlying motives that actually drove the person consistently over the years. The basic motives

persist across diverse settings, but their overt expressions are disguised. Therefore, the task is to find the person's fundamental motives and dynamics under the defensive distortions of the overt behavior. The challenge is to discover the basic core hidden behind the mask, to find the truth beneath the surface. But how?

Minimizing the Situation: In Search of Underlying Dynamics

Psychodynamically oriented psychologists hoped that dynamic patterns would, under ambiguous conditions, penetrate the person's defenses and reveal themselves. Therefore techniques were developed in which cues in the situation are kept vague and unclear. These beliefs about the importance of stimulus ambiguity guide assessment. If you experience such an assessment, you will not be asked detailed and structured questions. Instead, psychodynamic inquiries tend to be open-ended probes that leave your task unclear so that underlying motives and dynamics can emerge.

Such assessment tries to reconstruct the person's history. These historical reconstructions deal with the ways in which the person handled sexual and aggressive impulses during childhood at each psychosexual stage. Clues are also sought about traumatic experiences, defenses, and basic character traits.

The Case of Gary W.

Approaches to personality become most meaningful when applied to an actual person. In this text, each of the major approaches will be applied to the same individual. Gary W. is not an unusual person, except in the sense that everyone is unique. He is presented here as a case example of an essentially normal human being whose characteristics and history are neither dramatically bizarre nor especially exciting. Often case histories serve to illustrate rare and even esoteric qualities—the strange sex criminal, the twisted neurotic, the split personality. Our purpose in considering Gary, however, is not to display odd bits of abnormality, not to shock and titillate, but rather to make concrete the methods and ideas created to deal with personality. So that our concepts and techniques do not become too abstract, we must apply them to daily life and examine their relevance—and occasionally their irrelevance—for understanding the particular individual (and not just people in general). For this reason we have selected Gary as an ordinary person, one among hundreds of millions. Still, like all individuals, he is unique enough to surprise us occasionally, complex enough to defy pat explanations, troubled enough to encounter problems, and human enough to be confused about himself, at least some of the time, and even more often to confuse those who try to understand him.

As we proceed, you will get new information regarding Gary W. so that the contributions of different personality perspectives and data can be appreciated more fully. In later chapters Gary's case will be interpreted according to the different approaches available for studying personality. (As an exercise, you may find it interesting to apply each approach to yourself by writing down how you see yourself from that perspective.) Our first information about Gary will be limited to a few background facts that introduce him, provided when he was first seen by a psychologist.

Gary W. was born in Boston 25 years ago. He comes from an old New England family of moderate means. His father is a businessman; his mother described herself as a homemaker. Both parents are alive and are currently divorcing. Gary has an older and now married brother who is a successful physician.

After attending a private boarding school as an adolescent, Gary went to Hilson College. His record was good but not outstanding. On tests of intellectual ability, Gary's scores indicated he was of superior intelligence. After graduating he worked at various jobs for three years, part of that time abroad. He then returned to seek a master's degree in business. Currently he is in graduate school and still unmarried.

We have already noted that psychodynamic assessors often begin by trying to reconstruct the person's history. How did Gary handle sexual and aggressive impulses during childhood? What were his struggles at each psychosexual stage? What are his defenses and basic character traits? The following excerpts are taken from a psychodynamic report about Gary W., based on interviews and test situations that will be discussed later in this chapter, interpreted from a Freudian view.

Gary W.: The Psychodynamic View—Freudian Interpretation

Oedipal themes abound in the case of Gary W., although he has grown a long way toward resolving them. W. emotionally describes his feeling that his father was his "severest critic" and that he is his mother's favorite. He says that he no longer sees adults as all-knowing, and he refers to his father as mellowed and "out of it." He reports warmth and affection for his mother, although these feelings are mixed.

In his own sibling relationships, Gary seems to have displaced much of his rivalry with his father onto his older brother. W. describes great outbursts of anger vented on Charles with obvious intent to injure. He compares Charles with their father and says that the two are alike in many respects. He is on better terms with Charles since the latter was in a car crash in which he was hurt. (This in some respects parallels his present hostile condescension, rather than competitive hostility, toward the father who has proved himself a failure in business.)

A recent revival of the Oedipal situation occurred when Gary's girlfriend left him for his roommate. She may well have symbolized his mother to him more than is usual: She is older, was married before, and has a child from the previous marriage. After he had confessed his love to her, she told him that she had been seeing his roommate. W. felt humiliated and "wounded in my vanity," because these events went on "behind my back." His feelings are reminiscent of the chagrin felt by the little boy when he realizes his father's role vis-à-vis his mother. W. attempted to resolve his anger by recognizing that he was not in a position financially to marry her, whereas his roommate was. His apparent satisfaction that his

roommate after all has not married her, and that they may have broken up, also is consistent with the conceptualization that this relationship was filled with Oedipal themes.

The incomplete resolution of the Oedipal conflict is further evident in W.'s fear of injury and physical illness, in the depression that has followed a motorcycle accident (castration anxiety)—and in the distinction he makes between girlfriends ("good girls") and sex objects ("fast girls"). Incomplete identification with his father, whether a cause or a result of this unresolved situation, is apparent. His search for a strong male figure is evident in his reactions to the headmaster and teacher at boarding school, described respectively as "a very definite, determined sort of person" and "not the sort of man you could push around." He is quite openly disparaging of his father, albeit on intellectual grounds. (This tends to be W.'s typical style.)

According to Gary, his mother sees sex as something bad and nasty. This report, as well as his suggestion that his mother has undermined his father's masculinity, may represent wishes that his mother may not be responsive to his father. He himself may regard sexuality ambivalently—his sexual experiences seem to involve much parental rebellion, and he keeps his sex objects separate from his affections. When he speaks about sex, he talks crudely of "making it."

Gary's anxiety in social situations in general, and his fear of public speaking in particular, are further indices of his basic insecurity and his brittle defenses. He is concerned that he will be found lacking. The underlying castration anxiety is expressed symbolically in his comment that when he stands up to speak in public, he is afraid "the audience is ready to chop my head off," and when there is a possibility of debate, that he will be "caught with my pants down."

Gary shows some concern about homosexuality. He mentions it spontaneously when talking about friendship, and his descriptions of living in close proximity with other males include tension, friction, and annoyance. This anxiety is illustrated in his uncomfortable relationship to his current roommate. His first two responses to cards on the Rorschach are also interesting in this connection. Laughter accompanies the statement that two figures are "grinding their bottoms." The perception of animals rather than human figures further serves as a defense to reduce his anxiety. Paranoid tendencies appear in both the fantasy and interview material (for example, seeing "eyes" on the Rorschach) and suggest some projection of the homosexual conflict.

The battle being waged between impulses, reality, and conscience are evidenced by Gary's concern with control and his obsessive-compulsive traits. W. makes a tenuous distinction between passion and reason, rejecting the former and clinging to the latter. He extends this distinction to

interpersonal relations, drawing a line between "companionship" and "love." He reports an inability to empathize and form good object-relations. An example of repression of affect is W.'s difficulty in expressing anger. In this area, as in others, he tends to intellectualize as a way to systematize and control anxiety. His problems in expressing anger may also be reflected in his speech difficulties and in his verbal blocks, especially in public and social situations.

Instinctual elements arise to disturb the tenuous control gained by secondary processes. He complains that he sometimes gets drunk when he should be accomplishing things. He says he admires people with enough self-discipline not to drink, smoke, and sleep late. He speaks of trying to force himself not to do the things that he knows are bad for him and that interfere with his long-range objectives.

The need to control is also apparent in his performance and behavior on many of the psychological tests, where his approach is analytic rather than imaginative and his expressive movements are tight and controlled. (His attention to detail and his constant intellectualization of real feeling on the Rorschach, his hobby of insect study, and his admission that often "trivialities" bother him for a long time add up to a picture of restriction and repression in the service of anxiety reduction.) There is an anal retentive aspect of this need to control, which comes out rather clearly in his interaction with the assessor when he says testily, "Didn't you show that to me already—are you trying to squeeze more out of me?" A further compulsive trait is W.'s frequent counting and the way he rigidly breaks his ability self-ratings down into component parts and strives to ensure complete accuracy and coverage of whatever he is discussing about himself.

The need for control may circle back to castration anxiety. The two themes come together in W.'s fear of physical injury and in his fear of losing his brain capacity. The culmination of these two fears occurred when W.'s motorcycle failed him, and he is still preoccupied with this incident. He relates these fears more directly to the Oedipal conflict when, in the phrase association test, he links anger at his brother with fear of losing his mind.

Note that the focus in this report is on hypothesized underlying dynamics. It is implicitly assumed that sexual and aggressive motives and unconscious conflicts widely affect many behaviors. Statements about behavior tend to be relatively global and undifferentiated. The emphasis is on unacceptable impulses and defenses for coping with the anxiety they arouse. There is also an attempt to link current sexual and aggressive problems to relations with the parents and to Oedipal problems in early childhood.

This report provides a way of seeing meaning and unity throughout Gary's diverse behaviors. For example, his relations with his brother and with women became part of his larger efforts to cope with Oedipal problems. Indeed, a main attraction of psychodynamic theory is that it offers a systematic, unified view of the individual. It views him as an integrated, dynamic creature: When his underlying core personality is revealed, his seemingly diverse, discrepant behaviors become meaningful, and all fit into the total whole. It becomes easy to see why such an elegant conceptual system is attractive. But the key question for scientifically oriented students is: Do psychodynamic reports of the kind made about Gary provide accurate and useful insights?

Relying on the Clinician

Psychodynamic interpretations depend more on intuitions than on tests. The rules for relating behavioral signs to unconscious meanings are not spelled out and require clinicians to form their own judgments based on clinical experience and the "feel" of the case. The merit of such assessments depends on two things. First, it depends on the evidence supporting the techniques upon which the psychologist relies. Second, it depends on the value of clinical judgment itself. Because psychodynamic theories rest on the belief that the core of personality is revealed by highly indirect behavioral signs, evidence for the value of these indirect signs of personality is most important. We next review some of the main clinical methods that have been studied in the search for valuable signs of personality. Probably the most important of these methods are the projective techniques.

Dreams and Free Association

Free association and the analysis of dreams are the methods of personality study that come most directly from Freud's work. Both methods are used in the context of the patient-therapist meetings during psychoanalysis.

In free association, you are instructed to give your thoughts complete freedom and to report daydreams, feelings, and images, no matter how incoherent, illogical, or meaningless they might seem. This technique may be employed either with a little prompting or by offering brief phrases ("my mother . . ."; "I often . . .") as a stimulus to encourage associations (see *In Focus 4.1*).

Freud believed that dreams were similar to the patient's free associations. He thought the dream was an expression of the most primitive workings of the mind. Dreams were interpreted as fulfilling a wish or discharging tension by inducing an image of the desired goal. Freud felt that through the interpretation of dreams, he was penetrating into the unconscious.

PROJECTIVE METHODS AND INTERVIEWS

Free association and dream analysis, while remaining the basic tools of orthodox psychoanalytic therapy, have had only indirect impacts for the personality assessments

IN FOCUS 4.1 *Encouraging Free Association*

The following passages illustrate some typical instructions and responses in the process of encouraging free association during psychoanalytic interviews. The patient complains that she does not have any thoughts at the moment.

THERAPIST: It may seem that way to you at first, but there are always some thoughts there. Just as your heart is always beating, there's always some thought or other going through your mind.

PATIENT: Your mentioning the word "heart" reminds me that the doctor told my mother the other day she had a weak heart.

In a later interview the same woman became silent again and could not continue.

THERAPIST: Just say what comes to you.

PATIENT: Oh, odds and ends that aren't very important.

THERAPIST: Say them anyway.

PATIENT: I don't see how they could have much bearing. I was wondering what sort of books those are over there. But that hasn't anything to do with what I'm here for.

THERAPIST: One never can tell, and actually you're in no position to judge what has bearing and what hasn't. Let me decide that. You just report what comes into your mind regardless of whether you think it's important or not (Colby, 1951, p. 153).

conducted by most psychologists. These techniques have been used for research purposes (Antrobus, 1991; Klinger, 1977; Singer & Bonanno, 1990) and as parts of larger projects for the intensive assessment of individuals. They have not, however, been widely adopted in personality study. They are considered too time consuming and are believed to require extensive contact with the subject to establish a comfortable atmosphere before they can be used profitably. Most personality psychologists currently believe it is uneconomical to devote much time to gathering dream data and free-association material. While intrigued by these methods, many personality psychologists have been influenced more by projective tests.

Characteristics of Projective Techniques

The main characteristic of **projective methods** is the way in which the testing situation is usually structured so that the task is *ambiguous.* Typically, there are also attempts to *disguise the purpose* of the test (Bell, 1948; Exner, 1993), and the person is given *freedom to respond* in any way that he or she likes.

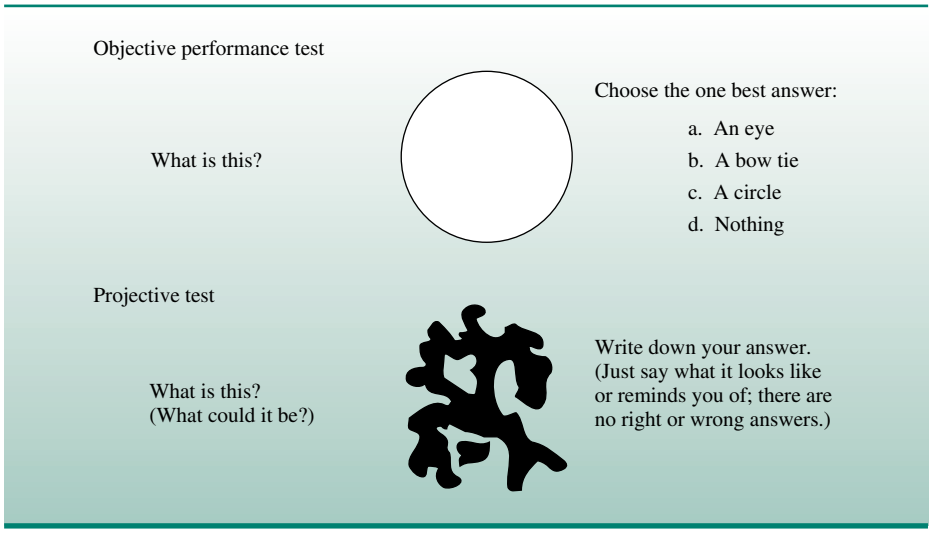
In projective testing, assessors present you with ambiguous stimuli and ask ambiguous questions. For example, they ask, "What might this be?" "What could this remind you of?" [while showing an inkblot] or say, "Create the most imaginative story that you can [showing a picture], including what the people are thinking and feeling,

what led up to this situation, and how it all comes out." Or they read words and ask you to "say the first thing that comes to mind."

The same stimulus materials with different instructions could be used nonprojectively by asking you to trace the blots, count the pictures, or spell the words in the association list. Similarly, almost any test item can be used projectively with appropriate instructions. Some stimuli, of course, lend themselves more readily than others to projective use, primarily because they more easily evoke a wide range of responses. Therefore, fairly vague stimuli such as inkblots, unclear pictures, barely audible sounds, clay, plastic materials, and paint have been favorites. Some differences between projective techniques and more objective, structured performance tests (such as tests of achievement and ability) are shown in Figure 4.1.

Projective techniques have been favored by psychoanalytically oriented assessors because they assumed that the "unconscious inner life" is at least partially revealed in responses to the projective test situation. The assumptions underlying projective tests reflect the influences of psychoanalytic theory: the emphasis on the unconsciously motivated nature of behavior, the importance of unconscious material, and the conception that the person has a central, enduring "core" or basic personality organization. This core personality is reflected more or less pervasively in the person's behavior, according to psychodynamic theory. And this core is most readily revealed through free responses in an ambiguous, nonthreatening situation of the kind created by projective tests (MacFarlane & Tuddenham, 1951).

Figure 4.1
Some Differences between an Objective Performance Test and a Projective Test
In objective performance tests, the person must choose between definite right or wrong answers. In projective tests, the stimulus and instructions are ambiguous, and the person has greater freedom to respond in accord with his or her interpretation of the stimulus.



Traditionally, projective techniques are presented with special efforts to disguise their purposes. This practice reflects the belief that projective data reveal unacceptable unconscious aspects of the person. Presumably the person has erected defensive maneuvers that prevent the expression of these impulses unless the defenses are relaxed. But although the general characteristics and purposes of projective tests are widely agreed upon, there is much uncertainty about the actual nature of the "projection" that occurs in response to these tests.

Probably the two most influential and popular projective techniques have been the Rorschach and the Thematic Apperception Test (TAT). A 1995 survey with replies from over 400 clinical psychologists across a variety of settings indicated that the Rorschach and TAT still remain among the most commonly used personality assessment procedures in everyday clinical practice (Watkins, Campbell, Nieberding, & Hallmark, 1995).

The Rorschach

Developed by the psychiatrist Hermann Rorschach in 1921, the **Rorschach test** consists of a series of inkblots on 10 separate cards (Figure 4.2). Some of the blots are black and white, and some colored. The person is instructed to look at the inkblots one at a time and to say everything that the inkblot could resemble or look like. The examiner then generally conducts an inquiry into the details of the person's interpretation of each blot.

Gary's Reactions to Two of the Rorschach Inkblot Cards

RESPONSE: This looks like two dogs, head-to-foot (laughs), licking each other.
That's about it, that's all.

INQUIRY ANSWERS (TO THE QUESTION "WHAT ABOUT THE INKBLOT MADE YOU THINK OF TWO DOGS?"): They're sort of fuzzy . . . kinda shapeless. It was the dark skin and the furry effect that made me think of it.

RESPONSE: Didn't we have this one already?
This could be an ogre laughing—his head thrown back and he's laughing, his eyes and mouth wide open.
These over here look like insects, tsetse flies in fact, with tiny, tiny legs, and small, delicate and rather beautiful wings.
That's it, that's enough.

INQUIRY ANSWERS: It's the shagginess and the hugeness, the massiveness of the shape. The wings over here, head here.

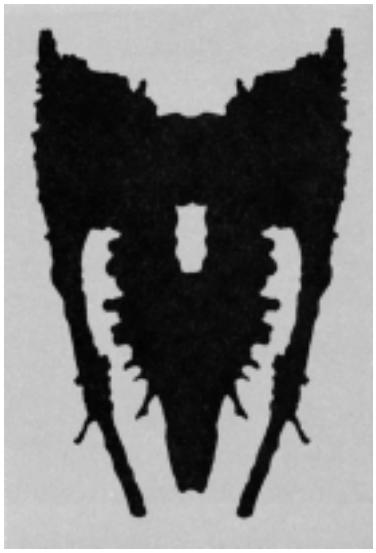


Figure 4.2
Inkblot Similar to Those in the Rorschach Test

Responses may be scored for location (the place on the card that the response refers to) and such determinants as the physical aspects of the blot (such as shape, color, shading, or an expression of movement) that suggested the response (Exner, 1993). The originality of the responses, the content, and other characteristics also may be scored and compared with those of other people of similar age. The interpreter may try to relate these scores to aspects of personality, such as creative capacity, contact with reality, and anxiety.

The Thematic Apperception Test (TAT)

The **Thematic Apperception Test** or **TAT** was developed by Morgan and Murray in the Harvard Psychological Clinic research program during the 1930s, and it is still popular in clinical work. The test consists of a series of pictures and one blank card (see Figure 4.3). The cards are presented one at a time.



Figure 4.3
Picture Similar to Those in the TAT

If you take this test, you will be told that it is a story-telling test and that you are to make up a story for each picture: "Tell what has led up to the event shown in the picture, describe what is happening at the moment, what the characters are feeling and thinking, and then give the outcome." You are encouraged to give free reign to your imagination and to say whatever comes to mind. Typically, the length of time before the subject begins telling the story and the total time for each story are recorded.

As the name of the test suggests, it is expected that people will interpret an ambiguous stimulus according to their individual readiness to perceive in a certain way ("apperception"). Furthermore, the themes that recur in these imaginative productions are thought to reflect the person's underlying conflicts and problems. Special scoring keys have been designed for use with the TAT (Bellack & Abrams, 1997; McClelland et al., 1953; Mussen & Naylor, 1954). Usually the stories are not scored formally, however, and instead are used "clinically," the clinician interpreting the themes intuitively in accord with his or her personality theory (Rossini & Moretti, 1997).

Two of Gary's Stories from the TAT

Card depicting two men: Two men have gone on a hunting trip. It is dawn now and the younger one is still sound asleep. The older one is watching over him. Thinking how much he reminds him of when he was young and could sleep no matter what. Also, seeing the boy sleeping there makes him long for the son he never had. He's raising his hand about to stroke him on the forehead. I think he'll be too embarrassed to go ahead with it. He'll start a fire and put on some coffee and wait for the younger man to wake up.

Card depicting young man and older woman: This depicts a mother-son relationship. The mother is a strong, stalwart person. Her son is hesitating at the doorway. He wants to ask her advice about something but isn't sure whether it's the right thing to do. Maybe he should make up his own mind. I think he'll just come in and have a chat with her. He won't ask her advice but will work things out for himself. Maybe it's a career choice, a girlfriend. I don't know what, but whatever it is, he'll decide himself. He'll make his own plans, figure out what the consequences will be, and work it out from there.

The Interview

The oldest method for studying personality is the interview, and it remains the most favored for psychodynamic research and assessment (Watkins et al., 1995). Its usefulness as an assessment tool depends on many considerations, including how the interview is guided and structured and how the interviewee's responses are recorded, coded, and interpreted. Each of these steps requires attention to the same issues that apply to other methods that rely on the clinician's judgment, as was just discussed for projective techniques.

Psychodynamically oriented interviewers tend to structure their sessions like projective methods so that the interviewee has considerable freedom to respond and go in any direction. Questions usually are open-ended (such as "Tell me about yourself"), and the goals or purpose are left ambiguous. Probes, when they occur, are aimed at underlying motives (for example, "I wonder *why* you felt that. . . ."). Most of the talking is done by the interviewee.

In recent years, unobtrusive video and sound recording has made the interview a method that is more open to manageable scoring, coding, and data analysis. These procedures often can be made even more flexible by computerized programs. The interview, therefore, is being used with renewed interest in efforts to systematically improve psychodynamic assessment (Horowitz et al., 1989; Perry & Cooper, 1989), as discussed later in this chapter.

MURRAY AND THE HARVARD PERSONOLOGISTS: PIONEERS OF ASSESSMENT

The psychodynamic approach stimulated many innovations in personality assessment. One of the most extensive and imaginative efforts unfolded under the leadership of Henry A. Murray, Robert W. White, and their many colleagues at the Harvard Psychological Clinic in the 1940s and 1950s. This group, which became known as the **Harvard personologists,** provided a rare model for the intensive psychodynamic study of individual lives and devoted itself to the portrayal of persons in depth. The Harvard personologists were influenced strongly by Freud. They also were influenced by "biosocial" organismic views that emphasized the wholeness, integration, and adaptiveness of personality. They synthesized these influences into a distinct assessment style that became widely respected by other psychologists.

Studying Lives in Depth

The Harvard group focused on intensive studies of small samples of subjects. In one project (Murray et al., 1938), researchers studied Harvard college undergraduates over a period of many years and gathered data on their personality development and maturation at many points in their lives. The techniques included administering projective and other tests of many kinds at many different times. They also gathered extensive

Table 4.1
Examples of Topics Included in the Study of Lives by the Harvard Personologists

Personal history (early development, school and college, major experiences)
Family relations and childhood memories (including school relations, reactions to authority)
Sexual development (earliest recollections, first experiences, masturbation)
Present dilemmas (discussion of current problems)
Abilities and interests (physical, mechanical, social, economic, erotic)
Aesthetic preferences (judgments, attitudes, tastes regarding art)
Level of aspiration (goal setting, reactions to success and failure)
Ethical standards (cheating to succeed, resistance to temptation)
Imaginal productivity (reactions to inkblots)
Musical reveries (report of images evoked by phonograph music)
Dramatic productions (constructing a dramatic scene with toys)

SOURCE: Based on Murray, H. A., Barrett, W. G., & Homburger, E. (1938). *Explorations in personality.* New York: Oxford University Press.

biographical data on each person, obtaining their autobiographical sketches, observing their behavior directly, and conducting elaborate interviews with them. These methods probed ingeniously and thoroughly into many topics and most facets of their lives (see Table 4.1). The results often provided rich narratives of life histories, as in Robert White's *Lives in Progress* (1952), which traced several lives over many years.

Assessment Strategy: Diagnostic Council

The assessors in the Harvard clinical studies were experienced psychologists who interpreted their data clinically. Usually a group of several assessors studied each subject. To share their insights they pooled their overall impressions at a staff conference or "diagnostic council." These councils became a model for clinical practice. In them a case conference was conducted in detail and in depth about each individual. On the basis of the council's discussions, inferences were generated about each subject's personality. They inferred basic needs, motives, conflicts, and dynamics; attitudes and values; main character strengths and liabilities. Each piece of information served as a sign of the individual's personality and was interpreted by the council of assessors.

Selecting U.S. Spies: The OSS Assessment Project

This clinical strategy is illustrated in one of the important applied projects of the personologists—their effort to select officers for the supersensitive Office of Strategic Services (OSS) during World War II. OSS officers in World War II had to perform critical and difficult secret intelligence assignments, often behind enemy lines and under great stress. The personologists obviously could not devote the same lengthy time to

studying OSS candidates that they had given to Harvard undergraduates in the relaxed prewar days in Cambridge. Nevertheless, they attempted to use the same general strategy of global clinical assessment. For this purpose, teams of assessors studied small groups of OSS candidates intensively, usually for a few days or a weekend, in special secret retreats or "stations" located in various parts of the country. Many different measures were obtained on each candidate.

One of the most interesting innovations was the situational test. In this procedure, participants were required to perform stressful, lifelike tasks under extremely difficult conditions. For example, "The Bridge" task required building a wooden bridge under simulated dangerous field conditions and under high stress and anxiety. But such situational tests were not used to obtain a sample of the participant's bridge-building skills. Instead, the clinicians made deep inferences, based on the behavior observed during the task, about each individual's underlying personality. It was these inferences of unobserved attributes or dispositions, rather than the behavior actually observed in the sampled situation, that entered into the assessment report and became the bases for clinical predictions. In this fashion, behavior samples and situational tests were transformed into inferences about underlying dispositions.

To illustrate, in the *Assessment of Men* by the OSS staff (1948), the bridge-building situation was used to answer questions like these (p. 326):

> Who took the lead in finally crossing the chasm? And why did he do it? Was it to show his superiority? Why did each of the others fall back from the trip? Did they fear failure?

It is obvious that the chief value of this situation was to raise questions about personality dynamics that required an explanation on the basis of the personality trends already explored. If these could not supply a reasonable explanation, then new information had to be sought, new deductions made.

In the situational test, just as on the projective test, behavior was interpreted as a clue revealing personality. Although behavior was sampled and observed, the observations served mainly as signs from which the researchers inferred the motives that prompted the behaviors.

From Situational Tests to Psychodynamic Inferences

In the global clinical assessment strategy, the assessors form their impressions of the person on the basis of many data sources: performance on various projective and objective tests, the autobiography and total personal history, and reactions to thorough interviews. Several assessors study the same person and each generates his or her own clinical impressions. Later, at a conference, the assessors discuss and share their interpretations and pool their judgments. Gradually they synthesize their impressions and achieve consensus, jointly arriving at a conceptualization of each subject's overall personality structure and dynamics (like the psychodynamic conceptualization of Gary given earlier in this chapter). To predict the person's behavior in a new situation (for example, under attack behind enemy lines), they try to infer, from the personality they have hypothesized, how such an individual would probably react to the stresses of that situation. This global assessment model is schematized in Figure 4.4. It depicts the

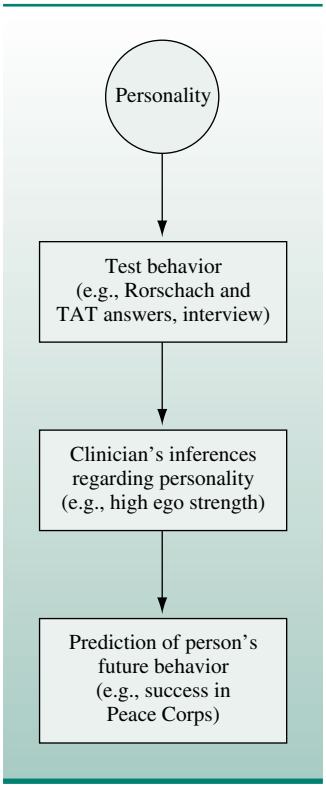


Figure 4.4
Global Psychodynamic Assessment The clinician infers the subject's personality from his test behavior and predicts his future behavior by judging how a person with that personality would probably react to specific future situations.

strategy of using test behavior to generate inferences about the underlying personality. The prediction of future behavior is based on judgments of how a person with that particular personality would probably act. The test behavior itself is used as a sign of the underlying personality.

Uncovering New Motives: The Multiple Determinants of Personality

The Harvard personologists also developed the TAT and used it as a method not only for clinical assessment, but also for research into a variety of motives. Perhaps most important for the advancement of psychodynamic theory, Henry Murray called attention to the finding that sex and aggression were by no means the only basic motives revealed by the study of fantasies in depth. His influential investigation, "Explorations in Personality" (1938), suggested that a comprehensive assessment of personality required taking account of the following points:

1. A multiplicity of human needs and motives is revealed by in-depth studies of lives. Although sex and aggression have retained an important place among the human motivations recognized by Freud's successors, additional motives and wishes may be hypothesized.

2. These additional motives are called **higher-order motives** because unlike such basic biological needs as hunger and thirst, they do not involve specific physiological changes (such as increased salivation or stomach contraction). Instead, they are seen as psychological desires (wishes) for particular goals or outcomes that have value for the individual. Many theorists have hypothesized a variety of higher-order motives, such as the organism's needs for competence (White, 1959), for achievement, and for stimulation. Table 4.2 shows examples of needs inferred by Henry Murray and associates (1938) in their classical listing. Many of these motives have been investigated in detail (e.g., Emmons, 1997; Koestner & McClelland, 1990); see, for example, *In Focus 4.2*.
3. Situational pressures (called "environmental presses" by Murray) exert important effects on personality that interact with the individual's needs in complex ways.
4. A broad strategy of assessment that uses many judges and multiple methods greatly enriches insights into the complexity of lives. It also reveals that many determinants influence personality development.

The Harvard model for studying personality stimulated many research programs that helped clarify and specify the types of nonbiological higher needs that Murray's group had identified. One good example was the motivation for competence—the need to be effective in its own right—described first by Robert White (discussed in Chapter 3), which plays a major role in current motivational theory (Dweck, 1990). Other examples of specific human needs studied include the *need for affiliation* (McAdams & Constantion, 1983), the *need for control* (Glass, 1977), and the need to endow experience with meaning, called *need for cognition* (Cacioppo & Petty, 1982), and diverse other goals, motives, and personal projects that drive people and motivate behavior (e.g., Emmons, 1997).

Table 4.2
Some Nonphysiological Human Needs Hypothesized by Henry Murray

Abasement (to comply and accept punishment	Humiliation avoidance
Achievement (to strive and reach goals quickly and well)	Nurturance (to aid or protect the helpless)
Affiliation (to form friendships)	Order (to achieve order and cleanliness)
Aggression (to hurt another)	Play (to relax)
Autonomy (to strive for independence)	Rejection (to reject disliked others)
Counteraction (to overcome defeat)	Seclusion (to be distant from others)
Defendance (to defend and justify oneself)	Sentience (to obtain sensual gratification)
Deference (to serve gladly)	Sex (to form an erotic relationship)
Dominance (to control or influence others)	Succorance (to ask for nourishment, love, aid)
Exhibition (to excite, shock, self-dramatize)	Superiority (to overcome obstacles)
Harm avoidance (to avoid pain and injury)	Understanding (to question and think)

SOURCE: Based on Murray, H. A., Barrett, W. G., & Homburger, E. (1938). *Explorations in personality.* New York: Oxford University Press.

IN FOCUS 4.2 *Research Application of the TAT: Assessing the Need for Achievement*

David C. McClelland and his colleagues (1953) investigated fantasies from stories told on the TAT. The motive of greatest interest to them was the need to achieve (**n Ach**), defined as competition with a standard of excellence.

They studied this need extensively by scoring achievement imagery in stories to TAT cards (see Figure 4.5). If, for example, the person creates stories in which the hero is studying hard for a profession and strives to improve himself, to compete against standards of excellence, and to advance far in his career, the story gets high n Ach scores. This technique has become an important way of measuring the motive to achieve. It is not employed widely with individuals in clinical assessment, but it has been used often in research (Atkinson, 1958) and yielded a rich network of meaningful relationships.

Projective themes and fantasies are interesting in their own right, but their relations to other behaviors tend to be complex and indirect. Thoughts and fantasies as measured through projective and story-telling techniques, such as the TAT, usually relate only modestly with measures of relevant overt behavior. For example, achievement concerns measured from TAT stories in which the character strives hard to achieve and compete against high standards of excellence predict, but only in limited ways, such other measures of achievement as grades or vocational achievements (McClelland, 1966; Skolnick, 1966). About 25% of the predicted relationships were supported, and many interesting associations have been found between achievement themes on the TAT and other measures, sometimes over long periods of time, although usually the findings are not strong. Such results are valuable for research and are of value in the study of group differences and broad trends. McClelland (1961), for example, has found intriguing relations between TAT achievement themes and many economic and social measures of achievement orientation in different cultures. His work suggests that careful measures of motives allow some impressive predictions of achievement performance and other important social behaviors (McClelland, 1985).

Applied to the individual case, however, we cannot assume that fantasy themes revealed on projective tests are reflected directly in the person's nontest behavior. Gary might show relatively little achievement striving on the stories he tells to the TAT; nevertheless, he might feel driven to achieve outstandingly in financial and business activities. Moreover, his achievement orientation in business might not be generalized to other areas. For example, he might show much less concern with achievement in intellectual pursuits and social relations.



Figure 4.5
A TAT Card Developed by David C. McClelland for Measuring the "Need to Achieve"

ASSESSING PSYCHODYNAMIC ASSESSMENT

The explorations of the Harvard personologists made it plain that research was needed to demonstrate the usefulness of clinical "judges." Do they actually agree in their independent interpretations of the underlying meaning of the behaviors they observe? How useful and accurate are their interpretations? These questions are especially important for psychodynamic assessment because they rely so heavily on interpretation.

Many different methods have been employed to study psychodynamic assessment (Mischel, 1968; Peterson, 1968; Rorer, 1990). Many psychologists insist that such assessments require individualized judgments of the meaning of the person's total personality configuration. This kind of assessment involves intuitive judgments about the underlying meaning of behavior patterns and their relations. Such global assessment requires experienced clinicians guided by theory as well as by intuition and draws on many data sources rather than on just one or two tests.

Assessing Projective Methods

In one direction, a great deal of research investigated the usefulness of the favored psychodynamic assessment method: the projective tests. For many years the field was full of workers eagerly trying to invent projective devices. This search for stimulus materials that would elicit rich data about personality resulted in a flood of techniques (Exner, 1993; Wiggins, 1973; Zubin, Eron, & Schumer, 1965).

While it has been relatively simple to invent projective devices, it has been extremely difficult to establish what they measure. The initial aim and hope was to create a "situationless" situation in which only the core or central aspects of personality would emerge (Frank, 1939). The data elicited by these techniques, however, instead of providing a royal road to the unconscious, seem to include a mixture of verbal responses, momentary states, bits of autobiography, and so on. Projective response, like most other behavior, is "subject to conscious control and distortion" and therefore does not necessarily provide a reflection of personality (Holmes, 1974, p. 328, 1992).

Just what is projected in response to the stimuli employed by projective devices is unclear (Murstein, 1963; Zubin, Eron, & Schumer, 1965). What the person's answers mean is open to diverse clinical interpretations and depends heavily on the theoretical preferences and subjective judgments of the interpreter.

Interjudge Reliability. Both scores and interpretations based on projective techniques usually depend extensively on the clinician's judgments about the meaning of the responses as signs of underlying traits in the subject. *Interjudge agreement,* called **interjudge reliability,** must be demonstrated whenever there are subjective judgments, as with projective data. Such reliability decreases to the extent that highly subjective interpretations are required by the judge. That is, reliability is likely to be low when judgments depend upon the intuitions of the interpreter. For example, "old man strangling boy on couch" in a TAT story might be categorized as reflecting underlying "psychopathic trends," "defense against repressed homosexuality," or "hostile acting-

out," depending on the interpreter's subjective judgments. Such interpretation may be influenced by projection on the part of the interpreter.

Manuals with explicit instructions for scoring help to increase agreement among judges. Agreement is also better when judges are trained with examples and sample scoring decisions so that they can learn to make similar judgments.

Accuracy and Usefulness. Generally, predictions based on personality inferences from projective data tend to be less accurate than those more easily available from cheaper and simpler data such as self-reports and background information from the person (Mischel, 1968; Peterson, 1968; Wiggins, 1973). Some researchers, while recognizing the practical limitations of projective testing, continue to be fascinated by the projective situation as a method for studying personality. They see such tests as the Rorschach as providing a kind of perceptual test or an interview setting. In these situations they seek to study persons clinically or to conduct research on the mechanisms of projection (Zubin, Eron, & Schumer, 1965). It is not clear just how most psychologists now use projective tests, but their popularity in everyday clinical practice remained strong when last surveyed (Wade & Baker, 1977). Unfortunately, this popularity is not well supported by research findings within a psychodynamic framework. As a comprehensive review of 50 years of work concluded in 1990: ". . . the huge literature on the psychodynamic interpretation of these instruments has shown their utility to be negative" (Rorer, 1990, p. 698).

Finally, regardless of the research results, many psychologists still use and rely on techniques like the Rorschach and the TAT, often employing them more like an interview than a standardized test. They point out that these devices simply provide a set of ambiguous stimuli to which the person reacts; clinicians then build their assessments in part on their interpretations of the dynamic meanings revealed by the test behavior.

There also has been some renewed research interest in projective methods, particularly in the Rorschach. Some of its advocates have discussed the processes that characterize the experience of people who take the Rorschach test. For example, Exner (1989) considered in great detail the cognitive processes employed by the typical subject interpreting an inkblot. The same psychologist also has developed a comprehensive system for scoring and interpreting test responses (Exner, 1986, 1993). For example, a pattern in which the respondent sees more shading in the blot than movement and has a high proportion of "morbid" perceptions (e.g., dead animals) is considered, in combination with other items, to be an indication of depression. Such interpretations have come under attack, however, for often being inaccurate (Carlson, Kula, & St. Laurent, 1997).

There also continue to be many more general problems, such as inconsistent agreement among coders on the scores that respondents should receive (Viglione, 1997; Wood, Nezworski, & Stejskal, 1996). Proponents of the Rorschach argue that no score can be interpreted in isolation and acknowledge that the Rorschach is best used in combination with other measures (Exner, 1996). In short, while often interesting and suggestive, most of the research on the Rorschach and other projective techniques is still not convincingly and consistently supported by statistical evidence. The results are enough to retain and encourage its devoted followers, but not to persuade its critics (Rorer, 1990).

Combining Clinical Judges and Tests

In clinical practice, many psychologists tend to rely on a fairly standard battery of personality tests and techniques for the assessment of most problems. Perhaps, to obtain good results, the clinician has to draw on all these diagnostic aids. This set of procedures usually includes the Rorschach inkblots and often also the TAT and a standard personality questionnaire (the MMPI, discussed in Chapter 7). Many clinicians also ask the client to complete a series of unfinished sentences, to draw some pictures, and to participate in a short interview. Responses to all these tests then are interpreted clinically. Researchers have tried to analyze the relative contributions of the different parts of the total procedure as it is used in the clinic.

Kostlan (1954), for example, studied which of the most common data sources and data combinations allow the clinician to make the best personality inferences. He selected four popular sources of clinical information: the social case history, the MMPI, the Rorschach, and an incomplete sentence test (on which the person must finish such sentence stems as "I feel . . ."). Twenty experienced clinical psychologists were the judges, and each was assigned data for five outpatients at a psychiatric clinic. The study found that the minimal identifying facts on the fact sheet (age, marital status, etc.) provided inferences that were not surpassed in accuracy by judgments based on any other data source or combination unless the clinician also had the social case history. Thus only inferences from data that included the social history were more accurate than those from the identifying data alone.

Golden (1964) studied the gains when experienced clinicians combine the Rorschach, TAT, and MMPI tests as opposed to using them singly. He found that the accuracy of clinical inferences did not increase as a function of the number of tests used, nor were there any differences among tests or pairs of tests. In another study, none of the tests improved predictions available from biographical data alone, and student nurses predicted as well as clinicians (Soskin, 1959).

How well do experienced clinicians reach agreement with one another in the inferences that they derive from standard data sources? A classic study of clinical judgments examined the inferences made by expert clinicians from each of five sources (Little & Schneidman, 1959). The sources included the Rorschach, the TAT, a standard personality questionnaire, and case histories. Agreement among judges about personality dynamics was only slight. On the whole, the investigators found their results "distressing" (p. 26). No matter how fascinating inferences about personality dynamics may seem intuitively, they cannot be useful when expert judges cannot agree about them. Results like these have been the rule rather than the exception (Goldberg & Werts, 1966; Mischel, 1968; Peterson, 1968; Rorer, 1990).

Alternative Psychodynamic Interpretations of Gary W.

One concrete implication of these results is that the psychodynamic meaning of the same information may be interpreted quite differently depending on the specific theory and biases of the particular psychologist. This is especially likely when broad inferences are made about a person's deep, unobservable psychodynamics. For example, if

a disciple of Alfred Adler assesses Gary W., he may find evidence for an inferiority complex and sibling rivalry from the same observations that lead a Freudian to infer castration anxiety and an Oedipal complex. Likewise, in the same set of responses, Kohut's student may see Gary's fragmented self and his cry for empathic mirroring of his feelings.

Many psychologists now view such pluralism of alternative views as a welcome development. It encourages the frank recognition that the same "facts" about a person are indeed open to multiple interpretations from different perspectives. Each view may contribute a somewhat different vision of the individual from a different angle, and no one view is necessarily exclusively correct or absolute. Accepting this kind of pluralism, personality psychologists seek to be more open-minded, flexible, and eclectic in their approach, rejecting interpretations that insist on any single perspective to the exclusion of plausible alternatives.

The Complexity of Personality Judgments

In spite of many negative research findings on judgmental accuracy, many clinicians have faith in their judgments about psychodynamics. Is confidence about inferences related to their accuracy? Oskamp (1965) found that judges became more confident of their judgments as they received more information about a case. However, although self-confidence increased with information, accuracy did not. Moreover, clinicians may confidently agree with one another about the meaning of cues, even when the cues are not accurate indicators (Chapman & Chapman, 1969; Mirels, 1976).

In a well-designed study, psychodynamic formulations of the same cases were generated by two different teams of clinicians (DeWitt, Kaltreider, Weiss, & Horowitz, 1983). A third group of clinicians then tried to match the corresponding formulations from the two teams for each of the cases. The results again were disappointing. A clinician who studied the psychodynamic formulation of a given case by one team could not recognize that case from the psychodynamic formulation of the same case developed by the other team of clinicians. In other words, it was not possible to match accurately the psychodynamic formulations of the same case generated by the different clinicians.

CHALLENGES AND NEW DIRECTIONS

As you saw in the previous section, the results of psychodynamic assessment have been disappointing and, therefore, have challenged some of the main assumptions of the approach. They have also led to a number of interesting developments and promising new directions.

Studying the Judgment Process

The recognition that clinical judgments may be fallible and open to alternative interpretations has encouraged studies of the clinical judgment process itself. Researchers

began to examine how people infer and judge personality (Gollwitzer & Moskowitz, 1997; Weiner, 1990) and the processes through which people form impressions of one another and of themselves (Anderson, 1965, 1974; Nisbett & Ross, 1980; Ross & Nisbett, 1991). These investigations reveal some of the complexities of the information processing that underlie social judgments in general and clinical inferences in particular.

In one interesting direction, Kahneman and Tversky (1973, 1984) have identified a number of rules or heuristics that guide—and sometimes may misguide—intuitive predictions, not just in professional clinicians, but in all of us. One rule, called the **availability heuristic,** refers to the relative availability, salience, or accessibility of events in the judge's mind. This heuristic leads us to think that the greater the availability of an event cognitively (mentally), the more likely it will occur in reality: The more easily we think of something, the more frequent we believe it to be. As a result, people who major in music may overestimate the number of music majors; New Yorkers may believe that almost everyone comes from New York; and those who think and talk a lot about mental illness may tend to overestimate the frequency of its occurrence in the population. A number of other judgment mechanisms have been identified by Tversky (1977) and by Nisbett and Ross (1980; Ross & Nisbett, 1991) that make it easier to understand how clinicians may feel very confident even when they are objectively quite inaccurate.

But many psychologists continue to blame the shortcomings of the particular clinicians, judges, or research. They do not believe the findings necessarily undermine the general psychodynamic approach (Erdelyi & Goldberg, 1979; Silverman, 1976; Westen, 1990). Consequently, most clinical psychologists (Watkins et al., 1995) still employ methods like the Rorschach and the TAT, rely on their intuitions, and continue to apply psychodynamic concepts to the analysis of individuals, hoping that better research in the future will provide better justification (Watkins et al., 1995).

Agreement for Less Inferential Judgments

In spite of such results undermining psychodynamic interpretations, careful research has shown that personality judgments can be linked clearly and significantly to such independent information as the person's own self-reports (Funder, 1987; Funder & Colvin, 1997; Jackson, Chan, & Stricker, 1979). These relations usually are found when the judges make simple ratings about the degree to which the person has particular personality traits (such as friendliness or aggressiveness, Chapter 6). While these findings provide little support for highly indirect global inferences about the individual's underlying psychodynamics (Mischel, 1968; Peterson, 1968; Rorer, 1990), they do show that judges can agree about what people are like. Agreement tends to be good as long as the judgments are descriptive (for example, "is conscientious") and do not require complex, indirect inferences about underlying motives or causes (see *In Focus 4.3*).

Consensual Thought Units in Psychodynamic Case Formulations

In recent years, psychologists in the psychodynamic orientation also have developed new ways to improve and demonstrate the usefulness of judgments relevant to clinical

IN FOCUS 4.3 *The Hazards of Interpretation: The Case of Dora Revisited*

Progress in science often is described as consisting of a series of breakthrough successes in a steady stream. In reality, many failures and mistakes tend to unevenly pave the way for the next success. Freud's famous case of Dora illustrates a failure in early psychoanalysis, but one from which much was learned for future progress.

Dora (really Ida Braun) was an 18-year-old suffering from signs of "hysteria," including an inexplicable cough, when Freud treated her in Vienna in the fall of 1900. In what became one of Freud's most notable failures, she terminated treatment after 11 weeks. Hanna S. Decker, a historian, shed new light on this case in 1990 in a book that places the case in its personal and historical context. In this reexamination of Dora's life, we see not only Dora, but turn-of-the-century women in Viennese society in their status as social inferiors. They were expected to conform rigidly to Victorian norms, and their lives were shaped largely by the men to whom they were related, not by their own qualities. In this historical context, Decker interprets the symptoms of hysteria as one of the few ways that women could express their pent-up anger and resentment at their victimization by both family and society.

Dora's mother was obsessive about cleanliness and order in the home and provided a cold, remote model. Although Dora originally was deeply devoted to her father, she became resentful as he became involved with a neighbor's wife, Mrs. K. Dora's life reached a crisis at age 15 when she reported to her parents that Mrs. K's husband was making sexual advances to her. Mr. K attributed these accusations to Dora's erotic fantasies. She became even more desperate when, to her amazement, her own father accepted this explanation. Now she felt that her father was "giving her" to Mr. K in return for allowing his affair with Mrs. K to continue.

Freud tried to deal with this case in 1900, when he had little therapeutic experience and had not yet grasped the complexity of the relationship between patient and therapist. He thus may have inadvertently added to Dora's despair by interpreting her feelings as reflecting unconscious attraction to Mr. K. This interpretation was one that Dora was quite unprepared to accept and "resisted" by fleeing from further therapy with Freud.

Decker's revisit to *Freud, Dora and Vienna, 1900* helps point out the hazards and complexities of psychoanalytic interpretation. It calls attention to a danger that many analysts themselves recognize increasingly. One cannot safely assume that a patient's resistance to an interpretation reflects only his or her unwillingness to accept unconscious impulses and conflicts. Psychoanalytic interpretations are by no means immune to the biases of the historical moment and even to the emotions and motivations of the analyst. Therefore, it is essential for the analyst to try to take those pressures and limitations into account seriously (Decker, 1990) by being alert to personal and cultural biases.

concerns. For example, it is easier to achieve consensus among clinicians if more specific and concrete descriptors are used as units in the case formulation. With this goal, specific *thought units* were coded from psychodynamic case formulations (Horowitz et al., 1989). Clinical judges watched videotaped interviews conducted by clinicians working with patients in brief psychodynamic therapy sessions. The judges viewing the tapes were encouraged to consider a number of topics in their own dynamic formulations. They were instructed to focus only on the most essential information, limiting their reports to one page after watching the tapes. They then discussed the case with one another for 30 minutes (somewhat like the Harvard personologists) and, if they wished, could rewrite their formulations.

The researchers identified the basic thought units that were mentioned often in these formulations and on which there was greatest agreement among the judges. An example of such a thought unit is "she wishes to accommodate others," based on such observations as her own self-description. These "consensual thought units" then were integrated into a composite case formulation. Such formulations describe the patient's treatment motivation (for example, to avoid divorce), the main difficulties experienced, self-perceptions, family background, and the like.

The formulations developed in this step-by-step, specific fashion made it possible to achieve a reasonable degree of agreement among judges. They also provided encouraging steps for achieving some accuracy in making specific predictions, such as the types of problems likely to be most distressing for a particular patient. The formulations, for example, allowed other raters to significantly predict some of the interpersonal problems that would be discussed later in treatment. Studies like this begin to show that agreement may be achieved in psychodynamic formulations if the clinicians are careful to use only specific descriptors on which there is good consensus. Consensus tends to be greatest when the units describe observed behavior, including what the patient says, while avoiding speculations about its possible underlying meaning.

SUMMARY

1. Psychodynamically oriented psychologists attempt to study personality in depth and try to eliminate situational interferences. They hope to bypass defenses and reach basic dynamics and motives. Guided by psychoanalytic theory, the traditional focus has been on reconstructions of early history, particularly the early handling of sexual and aggressive impulses. Inferences are made regarding personality in global, dynamic terms.

2. In the psychodynamic approach, the Rorschach and the TAT (Thematic Apperception Test) are projective tests that have been especially popular. The Rorschach consists of a series of complex inkblots. The subject says what the inkblots resemble or look like to him or her. The TAT consists of a series of ambiguous pictures for which subjects are asked to make up a story.

3. The main characteristics of projective techniques are that they are presented as ambiguous tasks for the subject; the purpose of the test is disguised, and the person is free to respond as he or she wishes. Clinicians then may interpret the meaning of the answers in accord with their theories and intuitions, trying to infer the person's psychodynamics and personality from his or her responses. The most favored method of assessment, however, probably remains the interview, which psychodynamically oriented clinicians usually structure like a projective method, giving patients as much freedom as possible to express themselves.

4. The clinician is a central instrument in psychodynamic assessment. Harvard personologists have provided a model for the intensive clinical study of individuals. Trained assessors collected diverse data on each subject and, in council, made inferences about the individual's personality dynamics.

5. The study of achievement motives as expressed through TAT stories has been carefully developed. Research on the need for achievement as expressed in TAT themes has yielded an extensive network of correlations.

6. Several procedures have been devised to help interpret projective test responses. It is especially important to demonstrate interscorer consistency—the degree to which different judges arrive at the same

interpretive statements from the same test data. Manuals with clear instructions and practice training help increase agreement among judges.

7. Surprisingly but consistently, studies on the effect of clinical training do not show a clear advantage for trained judges in making global judgments. Research also indicates that the information from various clinical tests does not enable the experienced clinician to make more accurate predictions than he or she could have made from biographical data. Experienced judges may not agree with one another in their inferences about personality dynamics even when they are using the same test data from the same individual.

8. In an effort to achieve better consensus among clinicians, *thought units* were devised to define certain common feelings, such as "she wishes to accommodate others." Together with a patient's treatment motivation and circumstances, these thought units can help make a case formulation more systematic for research.