The Diagnostic Efficacy of a Theoretically Derived Objective Scoring System for the Thematic Apperception Test

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RICHARD HENRY DANA

B.A., Princeton University, 1949
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Clinical diagnosis of mental illness has progressed in brief years from condemnation through fear, rumor and hearsay, to the use of psychological tests as a basis for treatment.

The Thematic Apperception Test, unlike its relative the Rorschach, has not yielded to research designed to provide an objective means of clinical diagnosis. Successful diagnosis has remained a product of clinical acumen, a combination of past experience and intuition. This clinical insight is largely not verbalized and, therefore, not communicable. As a consequence many complex scoring systems emerged to endow the TAT with objectivity. The richness of resultant personality information is recognized. However, this body of research is notable also for failure to provide enhanced TAT diagnostic utility.

One reason for clinical failure appears that these diverse methods for handling TAT material have developed in a conspicuous absence of theory germane to the projective instrument. This present study is a concrete illustration that the future of the TAT may lie in the development of a congruent theoretical frame of reference within which test results can be organized and interpreted. Several salient problems have been largely ignored in attempted theory construction:

1. An S-R approach to theory.
2. The fundamental relationship of person and environment as expressed in any performance or behavior and those changes in this relationship resulting from psychopathology.
3. Recognition of the characteristics of perceptual behavior which relate person and environment.
4. The actual composition of the stimulus-properties of the TAT cards.

Exploration of these four areas has resulted in the present development of the concepts of Personality Orientation and R-continuum. Personality Orientation is a label for the person-environment relationship and expresses the degree of resistance to the environment that the person exemplifies in his behavior. The operational definition of this concept, R-continuum, renders it amenable to experimental test. Thus, the R-continuum represents progressive increments of environment (stimulus) incorporated into behavior (response).

Five simple, objective scoring categories, which can be employed by naive scorers with very high reliability, were designed to integrate theoretical concepts with the stimulus-properties inherent in the TAT cards.

From three groups of subjects (50 normals, 50 hospitalized neurotics, 50 hospitalized psychotics), 750 TAT stories on five selected cards (II, III, IV, VI, VII) were collected.

It was hypothesized that the scoring system would significantly differentiate between groups, and the results of the study document the utility of the proposed theoretical concepts:

1. Clinical and normal groups are significantly differentiated, thus rendering the TAT potentially valuable as an objective diagnostic instrument.

2. Some description and measurement of mental illness is afforded by the scoring system.

When mental illness is considered as enhanced or minimized resistance to the environment, the similarity of Personality Orientation to the familiar concept of psychological distance becomes apparent. Some of the concomitants of mental illness are highlighted by the scoring categories: awareness of reality is diminished; experience can only be organized with difficulty if at all; the desire to give an acceptable account of oneself diminishes. These are all
attributes of a loss of psychic energy necessary for optimal individual resistance to the environment. At the same time personal, non-communicable, and often bizarre behavior accumulates. The degree to which this syndrome is present, as indicated by the scores on the separate categories, can be precisely evaluated. Differential diagnosis between normal, neurotic, and psychotic persons can thus become a legitimate function of an objective TAT scoring system.

28 tables, 75 references.
VITA

Richard Henry Dana was born on June 14, 1927 in Bronxville, New York. After graduating from Clifford J. Scott High School, East Orange, New Jersey, in 1944, he entered Princeton University. He completed three semesters of college and was drafted into the Army Signal Corps in 1945. Following discharge from the Army, he returned to Princeton University in February 1947 and completed his Bachelor of Arts degree, with honors, and Sigma Xi membership, in June 1949. He entered the Graduate College of the University of Illinois in September 1949. In February 1950 he was accepted in the Veterans Administration Training Program in Clinical Psychology which he completed in April 1953. He received the Master of Science degree in Clinical Psychology in February 1951.