Personality assessment

Personality = enduring predisposition to behave in a consistent way

I. Types of Personality Tests
   - Projective & objective

   A. Projective Tests
      - psychoanalytic/dynamic model
      - personality aspects are unconscious
      - ambiguous stimuli
      - test-taker “projects” own needs/desires onto stimuli

         Difficult for Ss to deduce “good” answer
         - avoids response bias problems
         - some problems with face validity

         - given & interpreted by trained person
         - scoring & interpretation are complex

   Positive aspects:
   1) low vulnerability to faking
   2) good test for psychosis (Rorschach)
   3) holistic, complex view of personality
   4) some are non-threatening & good for rapport

   Negative aspects:
   1) poor norms
   2) low reliability
   3) questionable validity
**Summary:**

- poor psychometric properties
- can help generate hypotheses

& support findings from objective tests
- can be useful in identifying psychosis

1. **Rorschach Inkblot Test**
   - set of inkblots
   - score responses by system
   - information on coping style, use of coping, creativity, psychosis
   - some research on validity

2. **Thematic Apperception Test (TAT) & (CAT)**
   - cards with ambiguous scenes
   - tell story: happening now, before, next, thinking & feeling
   - Pattern of responses suggests attitudes, needs, conflicts
   - often used qualitatively
   - not as reliable; subjective
   - used for suggesting ideas

3. **Incomplete Sentence Blank**
   - beginnings of sentences
   - qualitative analysis

4. **House-Tree-Person Test**
   - person draws three pictures
   - used qualitatively
   - often used with children
B. **Objective Tests**
- based on trait models of personality
- unambiguous information
- reliably interpreted
- quantifiable scores on various dimensions
- usually self-report

**Development procedures**

1. **Content Validation**
   - select items representative of the domain of interest

   Woodworth Personal Data Sheet
   - to screen WWI Army recruits
   - list of symptoms
   - problem with self-reports: malingering/faking bad

2. **Empirical Criterion Keying**
   - using external criteria
   - responses considered symptomatic of the criterion behavior
   - scored in terms of empirically-established behavior correlates
   - face validity is irrelevant
   - items scored according to what they predict not what they should predict

   Best example = MMPI
3. **Factor Analysis**
   - responses to large numbers of items reduced to few underlying dimensions
   - create scales to measure dimensions

   16PF test (Cattell)
   - Cattell started with 171 trait names
   - 100 adults were rated on these traits
   - results factor analyzed -> short list
   - 2nd group was rated on shorter list
   - final factor analysis identified 16 primary source traits

   Validation of these tests tends to be internal
   - sometimes lack strong evidence of external validity
   - ratings for 16PF may have been influenced by raters’ stereotypes rather than by personalities of those being rated

4. **Personality Theory**
   - use theory to identify components of personality
   - develop items that tap components
   - item development = empirical & theoretical

   Jackson Personality Inventory
   - based on Murray’s Manifest Needs

   Recent tests include all or most techniques
   - personality theory drives item writing, using content sampling
   - factor analysis purifies scales
   - contrasted groups check external validity
Response Sets
- self-report tests vulnerable to deception

Random responding - answering without regard to the item
Faking bad - exaggeration/falsification of a problem
Faking good - minimizing/denying a problem
Social desirability - answering in most acceptable way
Yea/Nay saying - tendency to answer either yes or no
Deviance = tendency to respond in an unusual way, regardless of the issue

Objective multi-trait scales

1. MMPI - 567 T/F items
   1943 (Hathaway & McKinley)
   - empirical criterion keying

   Criterion groups = psychiatric patients
   - hypochondriasis
   - depression
   - hysteria
   - psychopathic deviance
   - paranoia
   - psychasthenia
   - schizophrenia
   - hypomania

   Control group
“I frequently awaken hours before I would like”

<table>
<thead>
<tr>
<th></th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressed patients</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Normal controls</td>
<td>25%</td>
<td>75%</td>
</tr>
</tbody>
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Masculinity-Femininity scale added
- to identify homosexual males

Social Introversion scale also added

10 clinical scales
- scale elevation = diagnostic of disorder \( (T > 70) \)

Raw scores compared to normative data

3 “validity” scales
- detect response tendencies

L “lie” scale = cast self in positive light
F “frequency” scale = endorsement of low-probability items
  - < 10% of the normative sample
  - content is varied, usually very extreme
  - genuine patient might endorse some, but not all
    -> carelessness, exaggerating or faking bad, cry for help

K “correction” scale - subtle, more sophisticated defensiveness
- from hospitalized, psychiatric patients who had no elevated MMPI clinical scales
- use K to determine level of defensiveness
- then “correct” responses on clinical scales
- scales 1, 4, 7, 8, 9 are K-corrected
- also: how well person is coping
Refinement in interpretation
- initially, clinical scales labeled by problem
- elevation = diagnosis

Problems:
1. patients with diagnosis often had additional elevations
2. some “normals” might have elevations

Modified approach to interpretation
- clinical scales labeled by numbers
- interpretation = patterns of elevations “codetypes”
- the top 2 or 3 elevations
- manuals give descriptions for codetypes
- empirically based
- good for generating hypotheses about diagnosis

Subscales (Harris & Lingoes)
- additional aid for interpretation
- clinical scales are multi-dimensional
- score each elevated clinical scale by its component subscales

In interpretation
- examine validity scales first
- is profile valid or not?
**Problems with the MMPI**

1. **Normative sample**
   - married, white Minnesotans
   - rural/small-town
   - ≤ 8th grade
   - semi-skilled or skilled trade

2. **Problems in item content**
   - sexist language
   - religious content
   - offensive items
   - outdated content

3. **Outdated diagnostic concepts e.g., hysteria, homosexuality**

4. **Outdated content pool**
   - little coverage of personality disorders, alcohol/drug abuse, etc.


New norms = 2,600 normal individuals, representative from census
- new content (alcohol/drugs, suicidal ideation, Type A behavior)

Comparability with old MMPI = use codetype information & Harris-Lingoes subscales
+ new homogenous content scales
3 new validity scales

1. Fb (back F) = 40 low endorsement items
   - at end of test

2. VRIN = similar/opposite item pairs
   - if answered to be contradictory
   - random responding?
   - can help interpret high F
     high F/Fb & high VRIN = random responses
     high F/Fb & low VRIN = faking bad, serious psychosis/cry for help

3. TRIN = opposite item pairs
   - can detect yea/nay saying

Other multi-trait scales:
- MCMI (personality disorders)
- Child Behavior Checklist (childhood problems)
- Strong Vocational Interest Test

Single-trait self-report scales:
- measure just 1 personality dimension or type of pathology
- tend to be face-valid
- e.g., BDI, Suicide Probability Scale