

PERSONALITY ASSESSMENT

COURSE: PGDCP Paper-7, SEM II; Unit 2

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Personality Assessment

Many different tests are available to assess different areas of psychological functioning. Some tests assess a relatively wide range of abilities and areas of functioning (such as intelligence or general personality characteristics). Other tests assess a narrow range of abilities, particular areas of functioning, or specific symptoms (such as the ability to remember new information or the tendency to avoid social gatherings).



Personality Assessment

Various psychological tests assess different aspects of personality functioning.

- **Inventories**-In order to assess general personality functioning, a clinician may use an inventory—a questionnaire with items pertaining to many different problems and aspects of personality. An inventory can indicate to a clinician what problems and disorders might be most likely for a given person. Inventories usually contain test questions that are sorted into different scales, with each scale assessing a different facet of personality. The most commonly used inventory is the Minnesota Multiphasic Personality Inventory.
- Originally developed in the 1930s to identify people with mental illness, it was revised in 1989 to include norms of people from a wider range of racial, ethnic, and other groups and to update specific items.
- The MMPI-2 consists of 567 questions about the respondent's behavior, emotions, mental processes, mental contents, and other matters. The respondent rates each question as being true or false about himself or herself. The inventory generally takes between 60 and 90 minutes to complete. (There is also a short form, with 370 items.)

The inventory is available in three formats:

1. paper and pencil,
 2. an audiocassette recording, and
 3. a computer version.
- The MMPI-2 has been translated into many languages and is used in many different countries.
 - Responses on the MMPI-2 are sorted into two types of scales: validity scales and clinical scales. Validity scales assess whether the individual's responses are likely to be valid—that is, whether they represent an accurate self-report.
 - The validity scales assess the degree to which the respondent answers in order to appear psychologically healthier or more impaired than he or she actually is (as occurs with malingering or factitious disorder). If the score on any of the validity scales is extreme. Although the MMPI-2 does help a clinician or researcher to understand the nature of various clinical disorders, the results do not yield a specific DSM-IV-TR diagnosis.

- **Projective Tests**-Psychologists may also wish to assess facets of patients' personalities that are less likely to emerge in a self-report, such as systematic biases in mental processes. In a projective test, the patient is presented with an ambiguous stimulus and is asked to make sense of and explain the stimulus.
- The idea behind such a test is that the particular structure a patient imposes on the ambiguous stimulus reveals something about the patient's mental processes or mental contents. This is the theory behind the well-known Rorschach test, which was developed by Herman Rorschach (1884–1922). This test includes ten inkblots, one on each of ten cards. The ambiguity of the shapes permits a patient to imagine freely what the shapes resemble.

Rorschach tests and projective tests in general have been criticized for two related reasons

(1) They do not appear to be valid (that is, to assess what they are said to measure); and,

(2) They are not necessarily reliable (the assessment of a patient on one day is not necessarily the same as an assessment made on another day).

- John Exner (1974) addressed these criticisms by developing a systematic, comprehensive scoring system for the Rorschach test. This system has been tested extensively with a variety of populations, and it has been shown to be reasonably reliable (Sultan et al., 2006). Research shows that Exner's system also assesses psychosis reasonably well.

- Thus, although the Rorschach test may provide information regarding aspects of a patient's personality and mental functioning, it is not the only tool available to do so, and it has clear drawbacks.

- The Thematic Apperception Test (TAT), uses detailed black-and-white drawings that often include people. The TAT was developed by Christiana Morgan and Henry Murray (1935) and is used to discern motivations, thoughts, and feelings without having to ask a person directly. The patient is asked to explain the drawings in various ways: The clinician may ask the patient what is happening in the picture, what has just happened, what will happen next, or what the people in the picture might be thinking and feeling. Like the Rorschach test, the TAT elicits responses that presumably reflect unconscious beliefs, desires, fears, or issues.
- Responses on the TAT may be interpreted freely by the clinician or scored according to a scoring system. However, only 3% of clinicians who use the TAT rely on a scoring system .
- TAT has been criticized because responses to the drawings can be ambiguous. In particular, a clinician cannot distinguish between a patient's thoughts, feelings, or usual behavior and how the person wants to think, feel, or behave. This fundamental ambiguity calls into question the rationale for using the test, which is to understand the patient's mental processes and contents without having to ask about them directly.