BOOK REVIEW

UNDERSTANDING PERSONALITY THROUGH PROJECTIVE TESTING, by Steven Tuber, Lanham, MD: Jason Aronson, 2012, 241 pp., $65.00 (hard copy)

Reviewed by

Anthony D. Bram, PhD
Cambridge Health Alliance/Harvard Medical School; and Boston Psychoanalytic Society and Institute

In the current climate of clinical psychology training in which depth approaches to assessment and treatment are being deemphasized or eliminated (e.g., American Psychological Association Division 12 Presidential Task Force, 1999) in favor of symptom-focused methods, Tuber’s Understanding Personality Through Projective Testing is a welcome and refreshing antidote. Tuber’s volume follows in the tradition of classics on psychoanalytic psychological assessment such as Rapaport, Gill, and Schafer (1968); Schafer (1954); Allison, Blatt, and Zimet (1968); and Lerner (1998). As important and relevant as those texts continue to be, Tuber communicates his ideas and methods in a manner that is more accessible to contemporary graduate students, pre- and postdoctoral trainees, and early career psychologists who may have had less immersion in psychoanalytic theory than their predecessors in past decades. An experienced clinician, teacher, and supervisor, Tuber strives to write as if the reader is “sitting in my classroom, sharing the dialogue with me” (p. ix), and he is largely successful.

Tuber’s aims are to (a) present a developmental psychodynamic framework for understanding healthy and maladaptive personality and then (b) delineate how a battery of specific projective tests (Rorschach Inkblot Method [RIM], Thematic Apperception Test [TAT], Sentence Completion Test [SCT], and Animal Preference Test [APT]) are suited to illuminate these aspects of personality. Tuber’s introduction establishes that understanding patients phenomenologically is the pillar of his approach. Tuber’s thesis is that projective methods are a “refined set of tools to be a better phenomenologist” (p. 5), that is, to tap into a person’s internal, subjective experiences and meanings. He adds that such phenomenology must be integrated with a theory of personality that “links individual experience to the wider contexts of human adaptation” (p. 6). In the subsequent chapters, Tuber presents his developmental psychodynamic model and then moves to discuss how the various projective measures operationalize the model’s key constructs in a way that elucidates a patient’s phenomenological experience.

Correspondence concerning this article should be addressed to Anthony D. Bram, PhD, 363 Massachusetts Avenue, Lower Level #1, Lexington, MA 02420. E-mail: Anthony_Bram@hms.harvard.edu
In Chapters 2 and 3, Tuber elaborates six dimensions of personality conceptualized to be in reciprocal, dynamic interaction with one another, manifested in symptoms and adaptive or maladaptive functioning. Tuber acknowledges the incompleteness and “messiness” of his model (reflecting the messy complexity of real people), but he emphasizes its heuristic utility. These dimensions, which Tuber asserts can be assessed through projective measures (some in tandem with cognitive tests, which the author does not take up directly), include (a) “negative object relations” (negotiating developmentally and relationally based anxieties), (b) “positive object relations” (e.g., capacities for trust, aloneness, empathy/reflective function, altruism/loyalty), (c) affects, (d) defenses, (e) autonomous ego functions (e.g., sensation, concentration, memory, concept formation), and (f) capacity to play. Tuber delineates these complicated processes and their interactions with impressive clarity and concision. Tuber includes a series of figures to visually depict his model, although these add little to what is included in the text in terms of clarifying and synthesizing the elements of the model. As there is a need for more meticulous editing of the book overall (missing references, misspellings, etc.), it is unclear whether there were aspects of the model that were inadvertently omitted from the figures.

Tuber is at his best when he presents a succinct, evocative description of the complex processes by which object representations are internalized and subsequently shape experience. Tuber is remarkable in his ability to use plain language and analogies to evoke the experience of a baby or young child in navigating the various self-regulatory and relational challenges in development. For example, Tuber brings to life the infant’s experience of annihilation anxiety with an analogy to the adult experience of terror and panic associated with being lost while driving in darkness, alone on unfamiliar, winding roads. Tuber acknowledges the limitations of this analogy as the adult can consider alternative plans, whereas the baby who has not yet internalized reliable care “has no sense of time, no reliable past to hold on to, no sense of faith in a future. Their panic is endless, timeless, and therefore annihilating” (p. 16). Writing in such experience-near terms, Tuber brings home the psychological experience of annihilation anxiety. Psychological testing aside, Chapters 2 and 3 would be useful reading assignments in development courses for graduate students, child psychiatry and postdoctoral fellows, or psychoanalytic candidates.

In shifting to specific projectives, Tuber devotes Chapters 4, 5, and 6 to a discussion of use of the RIM to assess the key personality domains. He begins with the premise that the RIM and other projectives are better suited to providing an accurate account of personality compared with self-report measures. He eschews the latter because responses are more subject to defensive distortion. Although to an extent I agree, I believe he dismisses too hastily and unequivocally the value of self-report instruments within a test battery: Grappling with the “messy” incongruities between self-report/explicit measures and projective/performance-based/implicit measures can actually enhance understanding of a person’s complexity (see Bornstein, 2002).

Tuber advocates for an approach to RIM administration that fosters a patient’s expression of fantasy, creativity, imagination, and capacity for play. His basic instructions are, “I am going to show you a card. There are no right or wrong answers. Why don’t you take a look at it, take your time, and tell me what this could be” (p. 55). Tuber posits that these instructions permit more freedom in responding compared with more widely practiced approaches that prompt patients to respond with what the inkblot looks like (Exner, 2003; Rapaport et al., 1968). Tuber acknowledges that his more permissive approach is likely to contribute to more false positives of seemingly pathological responses; thus, protocols need to be interpreted with this caveat in mind. Tuber delineates other ways that his administration differs from what most readers are likely accustomed
to, such as inquiring, “Anything else?” if Form is the only determinant provided and prompting an elaboration of movement responses with “as if . . .” (so if a patient responds, “People talking,” the examiner follows up with “talking as if . . .” to elaborate the “arrested fantasy” embedded in movement responses; Mayman, 1959). Tuber is persuasive that this administration is useful in accessing the relevant domains of personality. However, a downside of adopting this administration and the scoring system that Tuber suggests is the absence of adequate norms to guide interpretation of structural data. Acknowledging the longstanding controversy surrounding the RIM, Tuber downplays the RIM as a psychometric instrument. But recent (subsequent to Tuber’s writing) meta-analytic research indicates that many structural variables and indices from the Comprehensive System (Exner, 2003) have strong empirical support and are useful in interpretation (Mihura, Meyer, Dumitrascu, & Bombel, 2012). I would postulate that standardized administration that allows norm-based comparisons is not mutually exclusive from subsequent testing-the-limits procedures (e.g., including “as if?” inquiry) that can further access the psychoanalytic phenomenology that Tuber rightly deems so important to meaningful assessment.

Tuber takes the reader through structural aspects of RIM responses and connects them to key aspects of personality functioning. Specifically, he links patterns of location and integration of different areas of the inkblots to cognitive flexibility and problem solving, form level to assessment of reality testing, overelaborated (confabulated) and combinative (e.g., fabulized combinations) thinking to inferences about thought disorder, human movement responses and the Mutuality of Autonomy scale (MOA; Urist, 1977) to object relations, color responses and the degree of their form dominance to affect regulation, and shading responses and their form dominance to the experience and containment of anxieties. Tuber’s descriptions serve as an excellent introduction to the most clinically relevant RIM variables and the constructs assessed. It is worth noting that this conceptual discussion is pertinent regardless of whether one adopts Tuber’s recommended administration. For more experienced assessors, Tuber’s discussion of assessment of thought disorder may seem oversimplified: His classification of disordered thinking into “affective” (marked by confabulatory responses) and “cognitive” (marked by responses with illogical combinations) subtypes may be a useful heuristic, but in practice the data are often not so clear cut, and differential diagnosis of thought disorder is complex; at minimum, an acknowledgment of this and providing an appropriate reference (e.g., Kleiger, 1999) would have been a service to the reader.

In Chapter 6, Tuber illustrates his approach to the RIM with an analysis of the protocol of a girl experiencing an acute posttraumatic reaction. He presents her protocol response-by-response and then provides a table of summary scores. Although in the text Tuber discusses the structure and content of each response and their bearing on interpretation, it would have been helpful to have also explicated the full scoring of each response, especially because some of the scores (e.g., Mayman’s form-level system, MOA, confabulations) will be unfamiliar to many readers. Nevertheless, Tuber’s RIM analysis is sophisticated and instructive. A highlight is his conducting what Schafer (1954) referred to as configurational analysis—involving consideration of the within-response constellation of content, determinants, form dominance, form level, and MOA scores—to inform inferences about object relations, defenses, and adaptation. Tuber also offers an empathic account of the challenges faced by his patient (and patients in general) in navigating the sequence of inkblots with shifting demands associated with card-to-card variations (e.g., in complexity of shape, color, achromatic color, and shading).
Turning to the TAT in Chapters 7 and 8, Tuber notes the “dark, dysphoric, and ambiguous scenes” depicted on the cards and specifies that it is a “storytelling task under morbid conditions” (p. 113). He describes that the stimulus value of the cards facilitates inferences about how, and how effectively, a person defends against the stirring of painful affect. In addition, Tuber emphasizes that a patient’s ability to describe accurately what is pictured, including attending to protagonists’ facial and postural cues, can inform about capacities to read social situations. Similarly, Tuber points to the real-life analogues of a patient’s ability to coherently link past, present, and future in telling TAT stories. Tuber’s approach to TAT interpretation involves careful attention to “disjunctions” (p. 121) within responses, for example, between common themes evoked by a particular card and the patient’s theme, between the affects described and the facial expressions depicted, or between affects of characters and temporal aspects of story (are feelings appropriately/realistically linked with antecedents?). Interestingly, Tuber offers his clinical observation that the capacity to coherently link past and present within TAT stories is a good prognostic sign for the ability to make use of insight-oriented therapy.

Also central to Tuber’s TAT interpretation is his clinical application of the Affect Maturity Scale (AMS; Thompson, 1986) and the Defense Mechanism Manual (Cramer, 2006) for scoring the narratives. Tuber discusses these scales as complementary, which concretizes his conceptual point that “the more mature the affect experience, the more subtle the need for defense” (p. 129). Tuber provides an overview of the AMS levels that represent how well developed and integrated the emotions are in each story. He does the same for the levels of defensive organization (denial, projection, and identification). Tuber’s summaries of these scales are clear but would have been enhanced by illustrations of TAT responses at each of the levels of the two scales. Tuber does provide a thorough analysis of a full TAT protocol in Chapter 8. He presents each story followed by his commentary: He shares not only his rationale for scoring of affect and defense levels but, most valuably, his thought processes as he grapples with the data, formulates, reformulates, and evaluates his hypotheses. In his TAT analysis, I especially appreciated his illustration of how attending to the patient’s syntax in storytelling can illuminate how affect can disrupt autonomous ego functioning.

Tuber includes the SCT and APT (Chapter 9) in the battery as a means to sample functioning under conditions less stressful than the RIM and TAT and to further elucidate core dynamic themes and conflicts. Tuber notes that the SCT and APT are subject to more defensive impression management compared with the RIM and TAT. But Tuber is able to use these methods, especially the SCT, as a means to further understand defensive processes. He describes an oral (rather than written) administration of the SCT and an approach to interpretation involving careful attention to response times, pauses, slippages in syntax, thematic perseverations, and other aspects of sequence. As my own assessment training did not emphasize SCT techniques, I found Tuber’s example involving analysis of all 50 sentence-completion stems to be eye-opening in terms of the fertility of the hypotheses that he was able to generate and test.

For many readers, Tuber’s discussion of the APT will serve as an introduction of this time-efficient technique that can often add useful data to batteries with children and adults. Administration involves asking the patient which three animals she would most and least like to be and subsequent inquiries about why. APT responses inform about identifications. Tuber shares that his own empirical research indicated that APT responses can be categorized into themes of aggression/power, autonomy/self-sufficiency, beauty, and capacity for nurturance. Tuber clarifies the nature of identifications by looking for clustering of responses within categories. Tuber advises special attention to responses of
the animals least liked to be, which “provide an arena for the safe presentation of parts of
the self and/or others one attempts to disown or disavow” (p. 167). He cites research
revealing that children’s disavowal of nurturing qualities on the APT is associated with
more behavior problems.

In Chapters 10, 11, and 12, Tuber delves into the projective test data of a patient
struggling with depression associated with unsatisfying work and relationships. The
therapist’s referral question was rather broad, requesting “a richer portrait of [the pa-
tient’s] personality organization, especially the quality of his representations of self and
others” (p. 171). Tuber begins with the RIM, providing a summary table of structural
scores and verbatim responses (again, response-by-response scores would have been
helpful). This is a minor point, but it is a bit puzzling that the RIM administration did not
consistently adhere to the procedure of “as if?” inquiry to human movement responses that
Tuber had emphasized previously.

Tuber’s interpretation strategy for the RIM first involves examining summary scores,
which facilitates hypotheses to be confirmed or refuted with subsequent content and
sequence analyses. Tuber’s generation and refinement of hypotheses based on incongru-
ties between different sources of data provide a nice model for students, such as
hypotheses to make sense of the discrepancy between his patient’s Superior intellectual
functioning and RIM locations involving few Whole responses (given that patients with
higher intelligence tend to give more Wholes). Tuber also demonstrates how to think
about variability within particular variables. His patient’s MOA scores ranged from
healthier to more pathological levels, so Tuber raises important questions regarding other
indicators (determinant scores) within each response that help make more sense of each
MOA score. For example, are the seemingly healthy MOA scores indicative of strength
and relational capacity versus defensive immersion in fantasy? Tuber then moves into an
in-depth, card-by-card analysis of his patient’s responses, focusing on content and se-
quence but taking into account structural aspects as well. In the following chapters, Tuber
offers similarly detailed content and process analyses of his patient’s SCT, APT, and TAT
responses. Tuber provides a concise summary and integration of all of the findings,
although I imagine that, like me, many readers would be eager to see how Tuber
synthesizes it all in a test report.

Tuber’s opening a window into the intricacies of his inference-making process in this
detailed case offers a unique and valuable learning experience. My main concern about
Tuber’s analyses is that he is more comfortable than I am with presenting symbolic
inferences with a “language of certainty” (e.g., the percept “pliers” in a location where
others often see “hands” means that the patient associates interpersonal contact with pain;
see Weiner, 2000, p. 168). There is a risk that this could unwittingly contribute to
students’ feeling permission to be less disciplined than optimal in evaluating and reporting
inferences. Also, at times, I wished that Tuber would take his ideas a step further and
elaborate more explicitly and specifically how his inferences about personality might
inform treatment.

In the epilogue, Tuber shares advice about the interpersonal process of testing. Tuber
clarifies the diagnostician’s role and differentiates it from the more familiar clinical role of
therapist. Tuber speaks to dilemmas about balancing testing interventions that push for
elaboration versus those that aim to reduce anxiety. Tuber also calls attention to four continua,
on which examiners may vary: (a) hedger versus judger, (b) hysteric (overly reactive to the
patient) versus psychoanalyst (stereotypically cold and unresponsive), (c) empathic (overly
supportive and encouraging) versus inquisitorial (as if the patient is under investigation), and
(d) acting like a therapist versus an indifferent technician. Tuber points to the importance of
finding middle ground on each of these dimensions. What he might have added—although this might be a point for experienced diagnosticians who have established more of a baseline in this role—is that noticing countertransference pulls with a given patient along any of these dimensions can be valuable data. For instance, what might it tell us about a patient if I find myself being drawn into a more caretaking role than is typical for me in the testing situation? Tuber’s tone in the epilogue is one that students are likely to find reassuring, particularly his point about the inevitability of moments of feeling incompetent alongside a reminder of the learning curve in mastering this challenging role.

Tuber has made a meaningful and accessible contribution to the psychological testing literature at a point in time when useful and sophisticated psychoanalytic theory-driven approaches are at risk of being lost (Lerner, 2007). Tuber’s conversational style in communicating complex theoretical and technical ideas exudes passion for psychoanalytic theory and assessment, a generative spirit, and empathy for his patients, students, and readers. Tuber’s book offers hope that future generations of psychologists will appreciate the immense value in this way of thinking and working. Understanding Personality Through Projective Testing would be a highly worthwhile addition to reading lists in assessment seminars for advanced graduate students, interns, and postdoctoral fellows. The value of this book will be further enhanced by classroom time devoted to the thinking along with Tuber in his process of drawing inferences from the data in his detailed case illustrations.

References