The Use of Make-a-Picture Story Test Background Cards as Diagnostic Indicators in Comparison with Elevated MMPI Scales

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THE USE OF MAKE-A-PICTURE STORY TEST BACKGROUND CARDS AS DIAGNOSTIC INDICATORS IN COMPARISON WITH ELEVATED MMPI SCALES

by

Melissa Eddy Tatum

A Thesis
Submitted to the
Faculty of The Graduate College
in partial fulfillment
of the
Degree of Master of Arts

Western Michigan University
Kalamazoo, Michigan
August 1976
ACKNOWLEDGEMENTS

I wish to thank Dr. Malcolm Robertson, Dr. Chris Koronakos, and especially Dr. George Sidney, for their help and support throughout this project. Appreciation is also extended to both professional and support staff at the William Upjohn DeLano Memorial Clinic, who were extremely cooperative in facilitating my research. Finally, recognition is due to Ms. Judy Cohen, whose assistance and moral support were invaluable throughout.

Melissa Eddy Tatum
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MASTERS THESIS

TATUM, Melissa Eddy
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Western Michigan University, M.A., 1976
Psychology, clinical

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I. INTRODUCTION

Contemporary projective theory and its subsequent expansion and use as the basis for various psychological assessment instruments originated with Freud's concept of projection. He saw projection, in the broad sense, as a general perceptual process, whereby contemporary perception is organized, interpreted, and made meaningful to the perceiver through mediation by the memory traces of all previous perceptions. This phenomenological meaning of projection, in which all past experience influences present perception, is the most general principle upon which the use of projective techniques is based. Bellak (1971) reformulated and refined this concept as "apperceptive distortion."

The classical, or analytical, definition of projection resulted from American psychologists' somewhat more narrow interpretation of the Freudian concept. Projection was conceptualized as a defense mechanism, through which the ego, experiencing threat from internal, unacceptable wishes, thoughts, or impulses, avoids conscious awareness of such undesirable subjective phenomena by ascribing ("projecting") them to the objective world. This meaning of projection is perhaps the most widely known, but several other types of projection have been differentiated. Attributive projection
is the process of conscious or preconscious attribution of one's own inclinations, thoughts, behaviors, etc., to others; e.g., the individual's perceptions of others are filtered through the belief, "Since I think or behave in such and such a way, then it must be that others think and behave in that way also." Another type of projection is autistic projection, in which the individual's perception of the outside world is influenced primarily by his internal need state. For example, a person who is hungry may more readily perceive food in a Rorschach card. Finally, rationalized projection is said to be operative when the projective process is unconscious but the irrationality of the behavior resulting from the projection is evident to the individual, who then manifestly rationalizes the behavior.

Any of these types of projection may be elicited by projective tests, which measure externalization in all forms. The particular type of technique or test employed determines the depth with which projective processes are measured (Schneidman, 1949). Paper and pencil tests such as the Draw-A-Figure Test elicit responses which are mediated by ego-defensive processes; the subject may be consciously aware of the projective content of his test responses, and can defensively control much about the picture of himself which he presents through his responses. Ink-blot or other highly ambiguous tests, notably the Rorschach, tap psychodynamic material at the unconscious level, indicating the most
primary processes of individual apperception. Finally, picture-thematic tests such as the Thematic Apperception Test (TAT) operate across all levels of awareness: conscious, preconscious, and unconscious. The subject may feel that he is fully conscious of the significance of his responses and may attempt to depict himself in a certain way. However, preconscious and/or unconscious factors of which he is not aware operate to affect his responses. These factors lend significance to the responses of which he is unaware but which may be very evident to the examiner. Since picture-thematic tests depict human or human-like figures, they are likely to elicit perceptual responses relating to interpersonal or psycho-social relationships. Picture-thematic tests stimulate fantasies which incorporate material from the subject's own experiences, and in which unconscious as well as conscious impulses, defenses, and conflicts of the individual are expressed.

Murstein (1963) cited several assumptions which have been operative in the formulation of picture-thematic tests; some are well substantiated and others have been disputed. The accepted assumptions are: (1) that every response made in the test situation is meaningful; (2) that a test protocol is a sufficient sampling of a subject's personality dynamics to warrant forming judgments about it; and (3) that the strength of a need may be gauged from its manifestation directly, indirectly, or symbolically on a thematic test.
Two other assumptions which have been questioned are (1) that the subject is totally unaware of what he discloses about himself, and (2) that there is a parallel between behavior in the projective test situation and behavior in the social environment. The latter assumption has been largely disproved by several studies (Murstein, 1963). The former has been modified to recognize that projection, at least in part, is a function of the individual's willingness to disclose data from his private world.

Several studies have established that the stimulus picture is the most important determinant of a response to the TAT, a conclusion which may be generalized to other picture-thematic instruments. The differentiating quality of a stimulus may be described with respect to two factors: structure and ambiguity. Structure refers to the arrangement or organic unity of the parts of the stimulus, while ambiguity refers to the degree of certainty about the meaning of the stimulus, especially when any of two or more interpretations is possible. The structure and ambiguity of the picture-thematic stimulus as well as its pictorial content interact with individual perceptual predispositions to elicit person-alized, psychodynamically meaningful responses to the stimulus.

The TAT and the Make-A-Picture Story Test (MAPS) are two picture-thematic projective instruments which are somewhat similar in underlying theory, clinical uses, and
interpretation, but which differ in the format of presentation to the test subject. In both tests, the subject is asked to tell a story about each of a series of stimulus pictures which consist of characters depicted in an environment. However, the MAPS differs from the TAT in that, for the TAT, the stimulus cards already show both background and characters, whereas in the MAPS, the subject is presented with unpopulated background cards and a number of separate character figures with which he may populate the scenes, thus creating his own picture.

The 22 background cards of the MAPS depict environments with various degrees of structure: definite structure, e.g., the Living Room; moderate structure, e.g., the Cave; and little structure, e.g., the Dream (Schneidman, 1951a). There are 67 figures, depicted with various facial expressions and in various poses. All but 3 (two animals and the Ghost) are distinctly human, and both sexes are represented, as well as different ages, styles of dress, ethnic groups, and fantasy figures. In the standard administration procedure for the MAPS, the subject is first given all the figures to look through, then is presented one background card at a time by the examiner, with instructions to place any one or more of the figures on the card as they might be in real life and then to tell a story about the scene thus created.

The MAPS test holds several advantages over the TAT. Test administration is facilitated because the MAPS format
helps to put the subject at ease in the testing situation by giving him something to manipulate. It also may arouse more interest in the test by introducing an extra element of creativity, in that the subject may create his own stimulus as well as tell a story about it. From the clinical viewpoint, this extra latitude is advantageous because the subject's response in dealing with it may provide more differentiated and personalized, and therefore more useful, test results. For example, observation of a subject's behavior in handling the test materials may greatly enrich the clinical information obtained through story content analysis.

Another potential advantage of the MAPS, pointed out by Schneidman (1947), is that it lends itself more readily to quantitative treatment, such as the identification of specific problem areas through objectively scorable signs. Schneidman subsequently developed such a set of signs, based on choice of figures, for the identification of schizophrenics. However, this system was developed using a relatively small sample of male schizophrenics and was not subsequently standardized on a larger group of both sexes, so its validity as a clinical tool is questionable.

Although the MAPS has been in existence for over 25 years and is still in clinical usage, relatively little other research has been done to substantiate or expand its clinical usefulness. The majority of the studies which have been done on the MAPS consisted of administration of the test to
different clinical populations in an attempt to gather some normative response data for each population. The groups included normal and schizophrenic male adults (Schneidman, 1948); disturbed adolescents (Joel, 1948); asthmatic children (Fine, 1948); aphasic male adults (Schneidman, Nielsen, & Schultz, 1949); hospitalized neurotic male adults (Conant, 1950); and hostile adults (Walker, 1950). These studies were summarized by Goldenberg (1951). All of the studies identified trends in the response patterns of the various groups, but did not attempt to develop systematically any set of problem-indicative signs. The trends were identified mostly in terms of figure choice and thematic story content, and little attention was paid to the projective value of the background cards.

The latter issue was dealt with by Charen (1954), who studied the interaction of background and characters in picture test storytelling, using the MAPS. Test subjects were given, in various combinations, two preselected backgrounds and five preselected sets of figures, in order to determine whether change in characters or change of backgrounds would influence the emotional tone and attitudes in stories told by subjects. Test results showed little difference in overall tone or attitude when the two backgrounds were interchanged for the same set of figures. Charen concluded, on the basis of his experimental evidence, that subjects make the characters, rather than the backgrounds, the
primary medium for projection in the MAPS.

There were a number of limitations in Charen's study, however, which led the author of the present study to believe that Charen's results should not be considered conclusive with respect to the projective value of the MAPS backgrounds. One problem was the limited number and the nature of the backgrounds which were used. The backgrounds selected for the study, the Living Room and Stage, were apparently selected arbitrarily, and can probably be considered two of the more emotionally benign cards of the set. It is possible that if a larger set of backgrounds were used, including some potentially more emotionally tinged ones such as the Cave or the Dream, a greater change in emotional tone of stories would result with variation in backgrounds. Another shortcoming was that subjects had no choice in either the figures or the backgrounds about which they would tell stories; if more latitude were allowed, more variation might result. Finally, only normal subjects were tested; results could be much different for a clinical population.

The purpose of the present study was to reinvestigate the projective value of the MAPS backgrounds, by using a different approach designed to ameliorate some of the problems in Charen's study. Systematic, nonarbitrary selection of a larger experimental set of background cards was expected to produce more variation in amount of structure from card to card and in type of environment pictured (e.g., indoor/
outdoor, enclosed/expansive, etc.), and thus to produce more differentiated test results. It was also expected that if the test were administered to a sample from a clinical population, rather than to a group of normals, the more disturbed subjects would, because of their more overwhelming subjective concerns, use the backgrounds more discriminatively as a projective medium. For example, they might differentiate and respond to the "mood" or "affective set" of the various cards. Schneidman (Goldenberg, 1951) referred to this tendency among schizophrenics; the present study investigates whether the tendency exists among disturbed populations in general, regardless of specific diagnosis.

Possibly, the most important change in the present study is the introduction of the element of choice. It is possible that the lack of projective variability between backgrounds in the Charen study was partly a factor of disinterest in or lack of personal involvement with the two cards presented. Because much of the psycho-social material with which the MAPS deals is preconscious or conscious, it is hypothesized that if a disturbed subject were given a choice among a number of background cards, the card he chooses as well as the figures he chooses and the story he tells would reflect his subjective concerns and problems. These subjective concerns would also be expected to correspond with or appear as problem areas using another assessment instrument. This is a final distinguishing feature of the present study: MAPS
results were compared with Minnesota Multiphasic Inventory (MMPI) profiles, to investigate whether similar problems and concerns are disclosed by both tests.

The general hypothesis being investigated in this study was that a subject's psychological problem areas will be evident through subjective concerns, indicated by choice of MAPS background cards, as well as through his elevated MMPI scales. That is, the study attempted to substantiate the following proposition: that (1) if a subset of MAPS background cards is chosen such that if for each scale of the MMPI, one or two MAPS backgrounds which correspond with that scale are included in the subset, and (2) if the MAPS is then administered to a sample of disturbed subjects in such a way that subjects may arbitrarily choose three background cards about which they wish to tell a story, then (3) a subject will tend to choose MAPS background cards which correspond to the three most elevated scales on his MMPI profile.
II. METHOD

Preselection of MAPS Backgrounds

The investigator desired that the selection of the experimental set of Make-A-Picture Story (MAPS) cards be as nonarbitrary as possible. Therefore, 12 professional clinicians and interns were given the 22 MAPS background cards and were asked independently to choose, for each clinical scale (excluding scale 5) of the Minnesota Multiphasic Inventory (MMPI), 1 or 2 MAPS cards which to them seemed most evocative of the concept or "affective set" of that scale (see Appendix). Scale 5 was excluded because the personality dimension it describes is not a well-defined clinical problem area, and also because the scale is not well validated.

The criterion for establishing correspondence of a background card with an MMPI scale, and thus for inclusion in the experimental set, was that 50 percent or more of the raters assign the card to that MMPI scale. Fifty percent is not a statistically significant level; however, with this small a group of raters, it was highly improbable that significance could be reached for all scales. The lower criterion, while not significant, was chosen in order to allow selection of a set of cards while reducing somewhat the arbitrariness of selection.
Only three single-MAPS-card/MMPI-scale correspondences met the criterion. For five other scales, two-card combinations were used to meet the criterion; that is, for each of these scales, the summed "votes" for two background cards over the total number of raters formed a proportion which was greater than .50. For scale 7, no one card or two-card combination met the criterion, so two MAPS cards were chosen by the investigator to correspond to this scale on the basis of Schneidman's description of background card "pull" (1951a). The two cards chosen were in fact those most often selected by the raters to correspond with scale 7, although not enough to meet the criterion. The final experimental set of MAPS background cards is shown in Table 1.

Selection of Sample

Subjects were 25 unselected clients being seen for intake at a community mental health outpatient clinic. Of these, 15 were females and 10 were males. All subjects were told that the testing was part of usual intake procedure at the clinic, and all were given the MMPI and the MAPS. All but 3 were given the standard form of the MMPI; these 3 were discovered to have reading difficulties, and had to be given an abbreviated oral version of the MMPI, rendering their records unsuitable for the present study. Therefore, the final experimental sample consisted of 22 subjects: 13 females and 9 males.
Table 1

Subset of MAPS Background Cards Corresponding to MMPI Scales (as Selected by Clinical Raters)

<table>
<thead>
<tr>
<th>Scale</th>
<th>Card(s)</th>
<th>Percent^a</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (Hy)</td>
<td>Medical</td>
<td>91.6</td>
</tr>
<tr>
<td>2 (D)</td>
<td>Cemetery</td>
<td>66.6</td>
</tr>
<tr>
<td>3 (Hs)</td>
<td>Bedroom Nursery</td>
<td>66.6</td>
</tr>
<tr>
<td>4 (Pd)</td>
<td>Street</td>
<td>58.3</td>
</tr>
<tr>
<td>6 (Pa)</td>
<td>Doorway Forest</td>
<td>58.3</td>
</tr>
<tr>
<td>7 (Pt)</td>
<td>Cave Closet</td>
<td>41.7b</td>
</tr>
<tr>
<td>8 (Sc)</td>
<td>Landscape Dream</td>
<td>75.0</td>
</tr>
<tr>
<td>9 (Ma)</td>
<td>Living Room Stage</td>
<td>66.6</td>
</tr>
<tr>
<td>0 (Si)</td>
<td>Raft Attic</td>
<td>75.0</td>
</tr>
</tbody>
</table>

^aPercentage derived from the proportion: number of raters voting for the correspondence/total number of raters. Criterion for inclusion = 50 percent.

^bDid not meet criterion; these two cards were retained on the basis of Schneidman's description of background card "pull."

Procedure

Standard MAPS administration procedure was modified slightly, as follows: the subject was given the entire pre-selected set of background cards to look through, then was given the figures to sort out as he or she wished. The background cards were presented to all subjects in the same order, which was randomly determined. The subject was then
instructed to choose one background card and any figures he would like to place on the card as they might be in real life, and then to tell a story about the scene he had created. (The choice of background cards was the major way in which this version of the MAPS administration differed from the standard format.) This procedure was repeated twice, so the final record for each subject showed three cards with accompanying figures and stories. Choice of cards and figures was recorded on the MAPS Figure Location Sheet, and stories were tape-recorded for later verbatim transcription. Order of administration of MMPI and MAPS was varied from subject to subject. The MMPI's were scored and profiled by the investigator in the standard manner.
III. RESULTS

The relationship, across the nine Minnesota Multiphasic Inventory (MMPI) scales, between the number of subjects for whom a given scale was among the three most elevated (regardless of T score) and the number of subjects who chose the corresponding Make-A-Picture Story (MAPS) background card for that scale was determined by computation of a Pearson product-moment correlation coefficient. This coefficient (.599) was not significant at the .05 level. A Pearson coefficient was also computed between the number of subjects obtaining an elevation of 70T or greater on a given scale and number of subjects who chose one of the MAPS background cards corresponding to that scale. This coefficient (.12) was also not significant at the .05 level.

The phi coefficient was computed, for each individual scale, between the T-score value of all subjects' scale elevations (i.e., ≥ 70T or not) and choice or not of the corresponding card, and between relative position of scale elevation in subjects' profiles (i.e., whether scale was among three most elevated or not) and choice or not of the corresponding card (see Table 2). None of the phi coefficients was significant, except that for scale 2 (.4725) between T-score value of scale elevations and choice of cards, which was determined to be significant at the .05 level.
Table 2
Correspondence of MAPS Background Card Selection and MMPI Scale Elevations of Clinical Subjects

<table>
<thead>
<tr>
<th>MMPI Scale</th>
<th>Percent Choosing Corresponding Card</th>
<th>Phi</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Subjects with scale ≥ 70T&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Subjects with scale among 3 most elevated&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>1 (Hy)</td>
<td>5.5</td>
<td>4.5</td>
</tr>
<tr>
<td>2 (D)</td>
<td>16.7</td>
<td>18.2</td>
</tr>
<tr>
<td>3 (Hs)</td>
<td>16.7</td>
<td>4.5</td>
</tr>
<tr>
<td>4 (Pd)</td>
<td>22.2</td>
<td>13.6</td>
</tr>
<tr>
<td>6 (Pa)</td>
<td>16.7</td>
<td>4.5</td>
</tr>
<tr>
<td>7 (Pt)</td>
<td>11.1</td>
<td>4.5</td>
</tr>
<tr>
<td>8 (Sc)</td>
<td>11.1</td>
<td>13.6</td>
</tr>
<tr>
<td>9 (Ma)</td>
<td>16.7</td>
<td>9.1</td>
</tr>
<tr>
<td>0 (Si)</td>
<td>22.2</td>
<td>13.6</td>
</tr>
</tbody>
</table>

<sup>a</sup>Percentage derived from proportion: number of subjects with elevations ≥ 70T for this scale who chose a corresponding MAPS card/total number of subjects with any scale elevations ≥ 70T; n = 18.

<sup>b</sup>Percentage derived from proportion: number of subjects for whom this scale was among the three most elevated who chose a corresponding MAPS card/total number of subjects; n = 22.

<sup>c</sup>Significant at the .05 level.
IV. DISCUSSION

Statistical analysis indicated that a significant relationship does not exist between subjects' psychological problems as measured by the Minnesota Multiphasic Inventory (MMPI) and their choice of Make-A-Picture Story (MAPS) background cards as a projective medium. Subjects did not tend to choose more frequently than would be expected by chance the cards which corresponded either to the three most elevated scales in their MMPI profiles or to scales with elevations greater than or equal to 70T on their profiles. This was true for all scales across all subjects as well as for individual scales across all subjects. The lone exception was that a significant number of subjects who attained a scale 2 elevation of 70T or more also chose the Cemetery background, the card which was preselected to correspond with scale 2.

A number of possible explanations can be advanced for these findings. One is that the study's design may not have been adequate to differentiate any variability in stimulus value of the backgrounds. If a larger group of clinical raters were used in preselection of MAPS backgrounds, significant agreement about correspondence between scales and cards could possibly be attained. Such significant agreement might result in a set of cards which were more "representative" of
the MMPI scales.

A more parsimonious explanation, however, is that the MAPS background cards may be too ambiguous to be differentiable as stimuli for projection of specific emotions or problems, and therefore cannot be matched appropriately or consistently with MMPI scales. That is, the cards cannot be used as universal symbols because the meaning or emotions connected with them are highly personalized, varying from individual to individual. For example, the Forest background may be associated by one person with fear and apprehension about being lost, while another individual might associate it with pleasant emotions such as enjoyment of a family camping trip. Thus it is possible that significant agreement about scale/card correspondences would not be attained even if a much larger group of raters were used. The evidence suggests that while some background card "pull" may exist, as Schneidman (1951a) suggested, it is not consistent enough for card choice to be used as a psychodiagnostic sign. Such "pull" might account for the significant relationship found between scale 2 elevations of 70T or more and the corresponding card, the Cemetery.

Another reason for the negative finding of the study may be that the type of information resulting from the MMPI and that given by the MAPS are qualitatively too different to be comparable through quantitative analysis. The MMPI, in which the individual endorses items which pertain to himself, is
designed to provide information on particular personality dimensions and behavioral problem areas. The MAPS, in which the subject invests more personal effort and creativity, may provide a more holistic picture of personality and intra-psychic processes. Therefore, quantitative comparison of these two tests may be somewhat akin to comparison of apples and oranges.

Another issue involved in the comparison of these tests is that of qualitative versus quantitative analysis. Interpretation of the MAPS, as of other picture-thematic tests, has traditionally been qualitative in nature, depending largely on the subjective clinical judgment of the examiner. While the MMPI is scored and profiled quantitatively, its interpretation is also, in the final analysis, somewhat qualitative. The examiner uses his clinical judgment to form a diagnostic Gestalt from the configuration of individual scales in each subject's profile. Therefore, the strictly quantitative treatment of the tests in the present study may have resulted in too much loss of information for the comparative analysis to be of much value. Comparison of overall diagnostic impressions derived by several clinicians from the two tests might be more meaningful, though more difficult to analyze formally because of the subjectiveness of the impressions.

One factor in the experimental design which may have acted as a confounding variable was the presentation of MAPS
cards in the same order to all subjects. This was done to hold constant the influence of a card's relative position in the set on its choice by subjects. Relative position did appear to have some influence, since 50 percent of the subjects chose the first card presented, although the corresponding scale was among the three most elevated for only 14 percent of the subjects. Lack of relativeness between the scale and the card, as previously discussed, was undoubtedly a factor in this result; but it is probable that the card's position of first in the stack also influenced the frequency with which it was chosen.

In conclusion, it appears that while a background card acts as a stimulus for the selection of figures and production of a story in the MAPS test, the card has little value in and of itself as a projective medium. It would seem important in interpreting the MAPS that the background, the figures, the projective content of the story, and the subject's test-taking behavior be considered a psychological Gestalt. If the potential projective meaning of each of these individual factors along with the significance of the reciprocal interaction of all the factors are taken into consideration in interpreting a test protocol, the maximum amount of information about the individual's personality and intrapsychic processes may be obtained.
APPENDIX

MMPI/MAPS Matching Questionnaire

These 22 cards (titles listed below) are background cards for the Make-A-Picture Story (MAPS) test. Please look through them and then choose, for each scale of the MMPI listed below, the MAPS card which to you is most evocative of the concept or the "affective set" of that scale. (MMPI scale 5 is excluded.) I have included for each scale a few phrases descriptive of typical individuals obtaining high elevations on that scale (taken from Good & Brantner, The Physician's Guide to the MMPI, 1961).

For example, to do this task for scale 2 (Depression), you might imagine yourself as a depressed person; then choose a card which seems to you most expressive of that person's overall mood, possible behaviors, preoccupations, etc. You might also choose a card on the basis of its stimulus value; e.g., for scale 2, which card would be most likely to evoke a story with depressive thematic content, and so on for each scale. Do not match any one card to more than one scale, but you may choose either one or two cards for each scale.

This matching task is completely subjective; there are no right or wrong answers. I am hoping to obtain some inter-rater consistency among choices. These data are to be used in subsequent thesis research, so your careful attention to this task will be appreciated.

Thank you for your time.

Melissa Tatum
### MAPS Cards

<table>
<thead>
<tr>
<th>Living room</th>
<th>Bathroom</th>
<th>Bedroom</th>
<th>Nursery</th>
<th>Shanty</th>
<th>Raft</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
<td>Dream</td>
<td>Blank</td>
<td>Stage</td>
<td>Doorway</td>
<td>Cave</td>
</tr>
<tr>
<td>Medical</td>
<td>Bridge</td>
<td>Closet</td>
<td>Schoolroom</td>
<td>Camp</td>
<td>Cemetery</td>
</tr>
<tr>
<td>Attic</td>
<td>Forest</td>
<td>Cellar</td>
<td>Landscape</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MMPI Scales

- **Scale 1—Hypochondriasis**: (undue concern about health, vague physical complaints, seeking sympathy)
- **Scale 2—Depression**: (pervasive unhappiness, discouragement, self-dissatisfaction, self-criticism, dejection)
- **Scale 3—Hysteria**: (use of conversion symptoms to avoid stress or conflict; may be general systemic or specific)
- **Scale 4—Psychopathic deviate**: (absence of deep emotional response, inability to form relationships, asocial or antisocial behavior, "acting-out")
- **Scale 6—Paranoia**: (suspiciousness, ideas of reference or persecution, oversensitivity, egotism)
- **Scale 7—Psychasthenia**: (anxiety, phobia, obsessive/compulsive tendencies in thought or behavior)
- **Scale 8—Schizophrenia**: (bizarre or unusual thought or behavior; alienation)
- **Scale 9—Mania**: (overproductivity in thought and action)
- **Scale 0—Social introversion**: (avoidance of social contact, social discomfort, shyness)
REFERENCES


Schneidman, E. S. Manual for the make a picture story method. Projective Techniques Monographs, 1951 (No. 2). (a)

Schneidman, E. S. Thematic test analysis. New York: Grune & Stratton, 1951. (b)