This chapter provides an introduction to the theoretical concepts that underlie projective assessment and includes a brief history of projective testing. The current debates in the literature that surround projective assessment are outlined, and the limitations of projective tests are discussed in relation to research conducted into the reliability and validity of various projective tests. The criticisms levelled against these tests are balanced against arguments for their clinical utility. The prevalence of this form of testing in clinical practice, internationally and in South Africa, is briefly discussed, as is the use of this form of testing in adult and child populations. The use of these tests in forensic settings is also briefly addressed; however, research into the cross-cultural validity of this form of testing is a central focus of the chapter. Common problems relating to the cross-cultural use of these Westernised assessment measures are also outlined. A discussion of the fact that clinical practice often precedes research regarding adaptations in the use of tests is included, and clinical illustrations of adapted interpretations accounting for socio-economic and cultural variations are described. The necessity for socio-cultural awareness in mental health practitioners in relation to this form of testing is highlighted.

The scope of projective assessment

Projective assessment refers to the measurement of personality traits or characteristics, using instruments in which the stimulus is a task or activity that is vague or ambiguous. These tests allow for a less restricted response from the person being assessed than the limited choice of responses usually associated with objective personality measures, such as ‘yes’, ‘no’, ‘sometimes’ or a Likert scale. Typically, when using projective assessments, a task such as responding to an image, telling a story about a picture, completing an unfinished sentence or drawing a picture is presented to a person who is then required to generate a response, with minimal external guidance or constraints imposed on the nature of that response. The assumption that underlies these tests is that when a person is called upon to generate a response in the face of ambiguity, the person projects elements of her personal characteristics into her response (Meyer & Kurtz,
Most of these tests are premised largely on psychoanalytic theories of personality. Due to the unstructured nature of the tasks presented, most often the subject matter being assessed is unclear to examinees, which requires them to draw upon their own internal representations, schemas or internal working models in order to make sense of the stimulus. Thus, the responses constructed by the examinee can often reveal important psychological characteristics that can be measured and interpreted by the psychologist. Rather than being used for diagnostic purposes, projective tests are used to generate hypotheses about how examinees view themselves, others and the world. Projective tests should not be used in isolation, but rather as part of an assessment battery or group of tests, as projective test results are most usefully understood within the context of a person’s history and their other test responses, rather than through blind interpretation. It is important to note that according to the South African Health Professions Act No. 56 of 1974, any tests or measures that assess psychological constructs must be used, interpreted and controlled by psychologists. According to the Health Professions Council of South Africa (HPCSA), the administration of a projective test constitutes a ‘psychological act’, and due to the fact that these tests assess personality functioning, it is possible that a projective test could ‘in terms of its content or responses required, result in either embarrassment or anxiety to the test-taker’ (HPCSA, 2005, p.1); hence personality and diagnostic measures, in particular projective tests, are allowed to be used only by registered psychologists.

Most Master’s courses in clinical, counselling and educational psychology teach the use of projective assessment measures, with various universities placing emphasis on different tests, such as the Rorschach Inkblot Technique, the Thematic Apperception Test (TAT) and projective drawings. Most courses cover the administration, scoring and interpretation of these tests; the theoretical foundations upon which they are based; the clinical uses; and the diagnostic and prognostic indicators of the tests. Students are usually also expected to learn how factors such as anxiety, organicity, personality traits, culture and socio-economic status affect the measurement and interpretations of projective test results.

The history of projective testing

The first recorded projective techniques were based on word association, which was used by Galton and Freud in the late 19th century (Rook, 2006). Projective techniques were then developed for use in clinical psychology in the early 20th century, primarily for the purpose of personality assessment. However, other uses for these techniques were soon discovered. During the 1940s, they were adapted from their clinical settings for use in market research to determine buyer attitudes and opinions (Smith, 1954); however, this adaptation of clinical personality tests for use in market research was controversial and a number of reservations were voiced about the fact that these tests attempt to tap into areas of the psyche that people might rather leave concealed (Bellenger, Bernhardt & Goldstucker, 1976).

Reliable interpretation of projective test data was found to be problematic, and as the validity of projective tests began to be questioned their use declined sharply after the 1950s. The focus remained on the weaknesses of projective tests for
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decades, and it was only in the 1980s that they appear to have been ‘rediscovered’ (Catterall & Ibbottson, 2000). Projective assessments are now widely used in clinical practice, both internationally and in South Africa (Foxcroft, Paterson, Le Roux & Herbst, 2004; Piotrowski, Keller & Ogawa, 1993), and as improved statistical methods have developed, controversy regarding the utility and validity of projective testing has continued. The debates surrounding these measures revolve around the relevance of their psychoanalytic theoretical underpinnings and the sufficiency of empirical support (Erickson, Lilienfeld & Vitacco, 2007), in addition to concerns about cultural fairness (Foxcroft et al., 2004). According to Moletsane (2004), in terms of apartheid policies in South Africa psychological tests were designed according to racial groups, with very few then being appropriate for use with all South Africans. An example of a racially and culturally specific test developed during this time is the TAT-Z, designed for use with Zulu people. The limited number of tests normed for all racial and cultural groups in post-apartheid South Africa then led to the practice of psychologists using measures, amongst these projective tests, normed only on US or European samples, and then applying caution to the interpretation of results. Moletsane (2004, p.10) states that, due to the fact that ‘very few empirical studies have been undertaken into test bias, the testers are left with very little certainty about the validity and cultural appropriateness of the measures they use’. However, despite continuing debate about them in the academic community, the practitioner community continues to find projective techniques useful (Foxcroft et al., 2004; Pruitt, Smith, Thelen & Lubin, 1985).

Theoretical concepts underlying projective testing

The basic assumption underlying these measures is that when a person is presented with a number of ambiguous stimuli and is invited to respond to such stimuli, projection occurs and aspects of the examinee’s own characteristics and needs appear in the responses to the ambiguous stimuli (Anastasi & Urbina, 2007). The concept of projection was originally based on Freud's theory of projection, wherein he proposed that there are parts of ourselves we can’t accept or tolerate, thus, we ‘project’ those repressed thoughts and feelings onto other people and things. Projective tests are based on the well-recognised fact that when someone attempts to interpret a complex social situation he is apt to tell as much about himself as he is about the phenomenon on which his attention is focused. At such times, the person is off his guard, since he believes he is merely explaining objective occurrences. To one with ‘double hearing’, however, he is exposing certain inner forces and arrangements, wishes, fears and traces of past experiences. (Morgan & Murray, 1935, p.390)

However, as psychoanalytic theory has developed, Freud’s initial conception of projection as a defence mechanism has been broadened, and currently projective tests are thought to elicit both repressions, in the Freudian sense, that the examinee would consciously deny or disavow, and more everyday projections that are also often symbolically important, such as beliefs, feelings or action tendencies (Wagner, 2008). People are constantly projecting aspects of themselves
onto the outer world, usually without awareness, and so when presented with an unstructured task, a person similarly projects his or her personality onto the content and structure of the response. According to Wagner (2008) it is the unstructured nature of projective tests which allows for an infinite variety of responses that can sometimes reveal insights into examinees’ psychodynamics, and can also detect deviancy through responses that contradict reality (Wagner, 2008). An example of a response on the Incomplete Sentence Blank (ISB) that reveals elements of an examinee’s psychodynamics is: ‘A father always knows what is right and gets angry if you do wrong.’ An example on the ISB that depicts deviancy is: ‘I suffer because they put devices in my ears at night to give me orders.’ Wagner (2008) also considers ambiguity an important aspect of projective tests and states that a moderate amount of ambiguity is best, with highly structured or unstructured stimuli not lending themselves well to projections. Tests with recognisable, yet ambiguous, pictures seem to elicit the most meaningful projective responses.

Empirical evidence for the concept of projection

In 1989, McClelland, Koestner and Weinberger published an important review that has been extremely influential in the past three decades as it linked the controversial concept of projection to the learning and memory literatures. This field proposes a distinction between ‘explicit’ and ‘implicit’ memory. While explicit memory involves the conscious retrieval of information, such as names or childhood memories, implicit memory refers to memory that is only observable in behaviour, but that cannot be consciously brought to mind (Schacter, 1992). A great deal of research has been done on implicit memory and a number of different types of implicit memories have been identified, such as procedural memory – for example, driving a car – or associative memory, which refers to the formation of associations that guide mental processes outside of conscious awareness (Westen, 1999) – for example, priming by advertisements. In their review, McClelland et al. (1989) suggest that while most objective measures tend to assess ‘explicit’ needs – in other words, self-attributed needs and motives that a person acknowledges as being characteristic of his or her day-to-day functioning and experience – projective tests tend to assess ‘implicit’ needs, which are the needs and motivations that influence a person’s behaviour automatically, usually without her awareness that her behaviour is influenced by these motives (Bornstein, 2002). McClelland et al. (1989, pp.698–699) state that ‘conscious goal-setting is analogous to episodic recall: It involves a voluntary act. And implicit motives are more like semantic memory: They automatically influence behavior without conscious effort.’ Hence, behaviour or responses that are thought out and conscious reflect explicit memory, while behaviour and responses that are more spontaneous or unconscious reflect implicit memory (Weinberger & McClelland, 1990). Explaining why results on objective and projective measures of the same construct often differ, McClelland et al. (1989) noted that the explicit memory used to answer questions regarding the self and relationships on objective (self-report) measures tends to be filtered through analytic thought, and so reflects conscious constructions of the self and
others. In contrast, the implicit memory used to respond to more unstructured stimuli is ‘more often built on early, prelinguistic affective experiences, whereas self-attributed motives are more often built on explicit teaching by parents and others as to what values or goals it is important for a child to pursue’ (McClelland et al., 1989, pp.698–699). Hence, responses that elicit implicit memory tend to ‘provide a more direct readout of motivational and emotional experiences than do self reports’ (p.698). According to Bornstein (2002, p.50), when comparing explicit and implicit achievement strivings Weinberger and McClelland (1990) found that projective measures, such as the TAT, were a particularly effective predictor of ‘spontaneous achievement-related behaviour across a variety of situations and settings, whereas questionnaire measures of self-attributed achievement needs show greater predictive validity in situations where the person’s attention is focused on the achievement-related aspects of his or her actions’. Bornstein (2002) also found that by combining implicit (projective) and self-attributed (objective) dependency test scores, the overall accuracy of behavioural prediction was increased as the results managed to encompass both spontaneous and goal-directed dependent behaviour in different contexts and settings. Thus, the differences between results on objective and projective measures can be clinically useful. If both types of measures are used it appears that a more complete picture regarding the examinee’s personality structure and interpersonal style might be gained, allowing clinicians to make more accurate situation-specific predictions regarding an individual’s behaviour.

Connotations of the word ‘projective’

Since Freud (1920/1959) first wrote about the ‘projection’ of unwanted aspects of the self, tests that aim to gather information regarding these aspects of the self or personality have been called projective tests. For decades personality tests have been classified by psychologists as being either objective or projective. These terms have become entrenched in academic literature and psychological discourse; however, debate has recently begun around whether these terms are in fact accurate. According to Meyer and Kurtz (2006, p.223), ‘[i]n the interest of advancing the science of personality assessment, we believe it is time to end this historical practice and retire these terms from our formal lexicon and general discourse describing the methods of personality assessment’.

Meyer and Kurtz (2006) argue that the terms ‘objective’ and ‘projective’ are misleading and carry unfair connotations. Certain researchers and clinicians feel that the fact that the term ‘objective’ implies accuracy and a lack of bias has contributed to ‘projective’ tests being regarded as inferior forms of assessment. Meyer and Kurtz (2006) state that it is important to remember that although ‘objective assessments’ rely considerably less on the judgement of assessors to interpret the examinee’s response (as the response is usually one of a limited choice of responses and scored according to a pre-existing key), the judgement of the examinee is still a factor that needs to be taken into account. These tests rely on the examinee’s ability to negotiate the ambiguity inherent in the test
items, to evaluate herself, and to decide whether a characteristic describes her personality, and on her judgement regarding how honestly she should convey this information in her response. Meyer and Kurtz (2006, p.223) state that if the kind of self-report scales that are classified as objective actually were ‘objective’ in a meaningful sense of that word, then there would not be such a huge literature examining the various response styles and biases that affect scores derived from these instruments. In fact, the literature addressing the topic of response styles, malingering, and test bias in these measures appears larger than the literature on any other focused issue concerning their validity or application.

Meyer and Kurtz (2006) suggest that these forms of assessment should rather be called ‘self-report’ measures and that projective tests could be described by the term ‘performance-based’ tests.

Current use of projective assessments with children and adults

Many psychology graduate programmes include coverage of projective assessments or techniques (Cohen & Swerdlik, 2004), and according to Foxcroft et al. (2004) the most commonly used projective tests in psychiatric hospitals, psychotherapy centres, community clinics and private practice in South Africa are the Children’s Apperception Test (CAT) (Bellak & Abrahams, 1997; Murray, 1943), the Draw-A-Person Test (DAP) (Goodenough, 1926; Harris, 1963), the Rorschach (Exner, 1993; Rorschach, 1942) and the TAT (Bellak & Abrahams, 1997; Murray, 1943). Other frequently used projective tests include the Rotter Incomplete Sentence Test (RISB) (Rotter, Lah & Rafferty, 1992), the Kinetic Family Drawing (KFD) (Burns & Kaufman, 1972) and the House-Tree-Person Test (HTP) (Buck, 1985; Goodenough, 1926; Harris, 1963). While the Rorschach and the TAT are used with adult populations, the CAT and DAP are used with children. The RISB is used in both populations; however, it is important to note that the RISB was originally developed and validated as a measure of adult psychosocial functioning (Weis, Toolis & Cerankosky, 2008), and that the use of the RISB with clinic-referred children and adolescents may be problematic due to the fact that although there are three versions of the RISB (one for adolescents, one for university students and one for adults), the scoring manual and normative data refer only to university students (Weis et al., 2008). When the test was originally developed, Rotter et al. (1992, p.59) stated that if used on populations other than university students, practitioners should ‘exercise caution’ during interpretation.

The clinical use of projective tests in South Africa tends to be for the purposes of screening for socio-emotional problems, to corroborate diagnoses, to obtain information about clients’ personalities and to identify themes that may be addressed in treatment. The forensic use of projective assessments internationally and in South Africa, however, is more contentious, especially in the area of family court proceedings. While sometimes still used in forensic assessments, the reliability
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and validity of projective assessments have been questioned in numerous articles in both social science and law journals (Eaton, 2004; Emery, Otto & O’Donohue, 2006; Erickson, 2003; Erickson et al., 2007; Tippins, 2005; Tippins & Wittmann, 2005). It is acknowledged that psychologists provide a valuable service in legal proceedings, providing insight into the behaviours of those standing accused and their fitness to stand trial or their ability to distinguish between right and wrong, and through offering opinions in custody cases fraught with complex emotional issues. However, while contention and doubt exist as to the reliability and validity of projective assessments, caution is recommended with regard to the use of projective tests in forensic assessments. In the USA the Daubert ruling applies in all federal courts and most state courts, and holds that the judge is required to evaluate the substance of the expert testimony, closely scrutinising the expert’s method and qualifications before permitting the jury to hear it (Hoyt & Aalberts, 1997). Due to a lack of scientific evidence of reliability and validity, projective tests do not meet the Daubert requirements. In South Africa, the classification, possession, control and use of psychological tests and other devices used for assessing individuals is strictly controlled by two sets of legislation. The one set is that which includes the Constitution of the Republic of South Africa (Act No. 108 of 1996), the Labour Relations Act No. 66 of 1995 and the Employment Equity Act No. 55 of 1998. These Acts deal with matters of individuals’ rights, both generally and in the workplace. The second set of legislation is contained in the Health Professions Act, in which the scope of the profession of psychology and the responsibilities and functions of psychologists are addressed within the context of health care in the country (Mauer, 2000). With regard to psychological assessment in the workplace, Section 8 of the Employment Equity Act states: ‘Psychological testing and other similar assessments of an employee are prohibited unless the test or assessment being used – (a) has been scientifically shown to be valid and reliable; (b) can be applied fairly to all employees; (c) is not biased against any employee or group’ (Mauer, 2000, p.5). Projective tests do not meet these criteria; therefore it is not permitted to use them within a nonclinical setting.

Interpreting projective assessments

When analysing and interpreting projective data, there are two broad approaches. The first is a more objective approach and entails using a specific scoring technique or a scoring blank. The second approach is more subjective, and consists of either a content analysis or a more interpretive approach based on a theoretical framework, which is most often psychoanalytic. Sometimes a combination of a content analysis and an interpretive approach is used. With regard to objective scoring techniques, the most widely used scoring system for the Rorschach is the Exner (1993) system of scoring. For information on the scoring and interpretation of the TAT and projective drawings, see chapters 25 and 26 in this volume respectively. In relation to the more subjective methods of interpretation, content analysis is a well-documented method and entails an examination of the content of examinees’ responses in order to identify recurring themes. It is important to note, however,
that the subjective interpretation of responses to projective stimuli is regarded as problematic in terms of reliability and validity (Wiederman, 1999). According to Dawes (1994), the information received about a client beforehand and the beliefs that this information creates about the client in the clinician’s mind – for example, that the client is dependent – can bias a scorer’s subjective interpretation. Holding certain beliefs about a particular examinee can influence the scorer to pay more attention to responses that fit with these beliefs, and pay less attention to responses that don’t (Dawes, 1994). While subjective interpretation of responses on projective measures by experienced clinicians can lead to important insights into examinees’ functioning, the general use of clinical judgement rather than norms and statistics to interpret projective tests seems to have led to a belief that projective assessments are deficient and unreliable, as results can be different each time a test is given to the same person, or depending on who interprets the protocol. However, many practitioners continue to rely on projective testing. Hence, for research purposes especially, it is important for users of projective measures to use objective scoring techniques in order to achieve adequate reliability and validity.

With regard to the interpretation of projective assessments used with children, it is essential to be sensitive to developmental trends and to be aware of what would constitute an age-appropriate response or performance. For example, when using the DAP or Kinetic Family Drawings (KFDs), it is important to bear in mind the child’s age and current level of development when interpreting drawings. According to Vinter (1999) developmental trends, although highly sensitive to context, appear to emerge in drawing, whether it is the ‘what’ or the ‘how’ of drawing that is considered. It is also important to consider cultural influences when interpreting children’s drawings. See chapter 26 for more specific information with regard to children’s developmental age and cultural influences on drawing styles.

The benefits of using projective techniques

Projective techniques are versatile and are used within a wide range of applications, such as assessment, research and psychotherapy. Once respondents adjust to the initial surprise or embarrassment at what they are required to do, projective techniques can be more fun for respondents than cognitive assessments or self-report questionnaires, and are even sometimes used in order to establish therapeutic rapport with clients (Anastasi & Urbina, 2007). Projective tests can access feelings, perceptions and attitudes that might be more difficult to access using more direct questioning techniques, and can also be a rich source of new ideas for researchers (Catterall & Ibbotson, 2000; Oppenheim, 1992). While long questionnaires with little variety in response format can bore and demotivate respondents, projective techniques tend to generate respondent curiosity because they are intriguing (Catterall & Ibbotson, 2000). Cramer (2004) states that the value of storytelling has been rediscovered in psychology due to dissatisfaction with self-report questionnaires on psychological functioning. Projective techniques have been found to be particularly useful in accessing children’s and adolescents’ perceptions...
of their reality, as these groups can rarely be engaged in conversation regarding their intrapsychic conflicts. Sunderland (2004) states that children’s views and feelings find more complete representation through storytelling than through direct statement. Children tend to find more creative and spontaneous ways to communicate their feelings and their conflicts, and telling stories or drawing are often more effective methods of accessing these feelings (Brandell, 2000).

The disadvantages of projective tests

Some projective tests are used less often today because administration and scoring is time-intensive, and because the reliability and validity of these assessments is considered controversial. Projection plates of various kinds have been researched in more than a thousand psychological studies (Cramer, 2004), and while there have been a number of studies detailing the reliable use of these assessments (Costantino, Colon-Malgady, Malgady & Perez, 1991; Harris, 1963; Meyer, 2001; Riethmiller & Handler, 1997; Spangler, 1992; Weiner, 2005; Westen, 1991), there have also been a number of studies demonstrating the numerous pitfalls associated with projective testing, such as their sensitivity to context, the manner of administration and cross-cultural influences (Gregory, 2000; Grieve, 2003; Kaufman & Kaufman, 2001). Queries as to the cross-cultural applicability of projective tests are of particular relevance in South Africa; this issue will be discussed in more detail later in this chapter. Studies noting the variability of interpretations through lack of a uniform interpretation system have also been conducted (Ball, Archer & Imhof, 1994; Groth-Marnat, 2003; Hunsley, Lee & Wood, 2003; Jenkins, 2008; Rossini & Moretti, 1997; Teglasi, 2001). The Rorschach Inkblot Test, in particular, has been criticised for its lack of norms for subscales of the test. Despite the fact that global meta-analyses, which are mathematical combinations of all Rorschach test scores for a particular individual, show the Rorschach test to have a validity that may approach that of the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) (Hiller, Rosenthal, Bornstein, Berry & Brunell-Neuleib, 1999), several studies have found that due to this lack of norms for individual subscales, results gained on specific test scales can lead psychologists to overestimate examinees’ psychopathology (Shaffer, Erdberg & Haroian, 1999; Wood, Nezworski, Lilienfeld & Garb, 2003). Human figure drawings have also been criticised for their lack of norms, poor inter-rater reliability and failure to detect general psychopathology (Hunsley et al., 2003; Kahill, 1984; Lally, 2001; Riethmiller & Handler, 1997; Scribner & Handler, 1987).

The influence of socio-economic status and culture

In 1956, Rothney and Heimann documented the fact that Wedemeyer had achieved atypical and meagre Rorschach reports from 136 navy enlisted men of average intelligence, and that this was attributed to the fact that the examiner was female. Rothney and Heimann (1956) also described a study conducted by
Robin, Nelson and Clark, which found that the content of Rorschach responses is in part a function of current perceptual experience (the physical setting prior to which or in which testing occurs). Robin et al. (in Rothney & Heimann, 1956) compared the responses on the Rorschach of a group of US examinees who waited prior to testing in a room displaying either anatomical and medical photographs, or ‘sexy’ pictures, or in a room with bare walls. The study found that sexually related responses increased to an almost significant level for the first two groups, when compared to the third group who sat in a room with bare walls. Ehrenreich (1990) also found that socio-economic status can influence responses on the TAT. Differences were found between the responses of individuals from middle and lower socio-economic circumstances with regard to patterns of dependency and locus of control, with a lower socio-economic status being associated with more dependency and a more external locus of control. These kinds of findings have highlighted the need to take into account the culture and socio-economic status of examinees and the context in which testing takes place.

According to Bornstein (2002) it is important to conceptualise psychological assessment as a dynamic interpersonal process, in which assessment results are interpreted within the context in which they were obtained. This context includes the physical setting; the interpersonal milieu within which testing occurred; the language, and current and past cultural and socio-economic status of the examinee; and the wider societal environment. This statement is particularly relevant for South Africa, with its multilingual and multicultural population and history of apartheid. According to Foxcroft (2002, p.5), ‘[p]sychological testing was brought to Africa in the colonial era, and is not something that is indigenous to Africa and its peoples’. Hence Moletsane (2004) has voiced uncertainty about the use of measures developed internationally, and the validity and reliability of decisions about individuals that are based on these techniques. This is especially pertinent with regard to the projective tests commonly used in South Africa, the majority of which were developed internationally. The fact that tests are used on people who did not form a part of the norm group is problematic and renders the results questionable. The limited empirical certainty about the extent to which tests used in South Africa are culturally applicable and valid, and the lack of local research regarding test bias, have been recognised by the South African Professional Board for Psychology (Matthews & Bouwer, 2009), and for the past few years the Board has been encouraging psychologists to research the cultural bias associated with psychological tests and make the necessary adaptations (HPCSA, 2005).

Some research on the use of projective tests with African populations within South Africa has begun – for example, Matthews and Bouwer’s (2009) study on the use of the TAT with South African adolescents. This study addressed a pitfall of the TAT when used cross-culturally with South African adolescents, in that ‘psychologists presenting projection plates to adolescent clients in South Africa frequently obtain little more than one-liners from standard procedures, raising doubts about viability and reliability of the technique’ (Matthews and Bouwers, 2009, p.231). Matthews and Bouwers developed a revised method of questioning and probing, called dynamic assessment (DA), that did not compromise the projective value of responses. The results of this study suggested that the use
of DA with South African adolescents appeared to access deeper and broader projections in the form of richer stories. Moletsane and Eloff’s (2006) study on the use of the Rorschach with black learners in South Africa also involved adjusting procedures used when administering the Rorschach Comprehensive System (RCS) to young South African learners. The study found that when standard procedures for conducting the RCS were used, half of the participants failed to provide the number of responses required for interpretation in terms of the Rorschach system. The adjustments made to the administration procedure considered possible inhibiting factors, and the response rates of participants increased significantly.

Other South African studies have not focused on adaptation of tests, but rather on examining the use of certain projective tests as is with a South African population. Makunga and Shange’s (2009) study on whether projective drawings can provide a reliable method of exploring the worlds of black bereaved children in KwaZulu-Natal found that the emotional indicators on Human Figure Drawings (HFDs) reflected symptoms that are generally known as characterising bereaved individuals. According to Makunga and Shange (2009, p.27), results showed statistically significant differences between the two groups on four indicators in HFDs (big figure; teeth; monster/grotesque; hands cut off) and on two indicators in the Self Portraits (slanting figure and hands cut off). The KFDs and the children’s Own Choice Drawings could not statistically differentiate the two groups, but were found to be useful with regard to gaining insight into the family dynamics of those in the bereaved group. Douglas’s (2010) study into the use of KFDs with regard to attachment classifications with children in care in Johannesburg found that the KFD can be a helpful tool in the classification of children’s attachment patterns, and can provide insight into children’s current emotional functioning. Douglas’s (2010) study aimed to examine the convergent validity between the KFD and a storytelling/narrative task and their associated scoring systems, in an effort to extend the research on measures of attachment employed during middle childhood, specifically within a South African context. According to Douglas (2010, p.25), ‘[t]he kinetic family drawing was scored using both the Kaplan and Main (1986) system and the Family Drawing Global Rating Scale (FDGRS) (Fury, Carlson & Sroufe, 1997); and the story telling/narrative task was scored using the Attachment Story Completion Task (ASCT) modified by Granot & Mayseless (2001)’. The study found that the Kaplan and Main scoring system requires a workshop and/or revision to improve inter-rater reliability and validity of the attachment-based measure, and that improved inter-rater reliability and validity can be achieved through the combined use of the Kaplan and Main scoring system and the FDGRS to assess children’s family drawings. The attachment classifications that resulted from the combined classification from the Kaplan and Main scoring system and the FDGRS were shown to be highly significant to those yielded from the ASCT when using the Fisher’s Exact Test ($p \leq 0.0001$). While this study is currently being prepared for publication, most South African studies have been conducted for either honours or Master’s research dissertations and have not found their way into mainstream publications. However, it is hoped that future research in South Africa will focus on expanding this area of study and that publication will be encouraged.
Despite the fact that significant differences in the way that people from different cultural groups and groups of varying social status process information cognitively and emotionally have been documented on instruments such as the Rorschach (Krall et al., 1983), the TAT (Ehrenreich, 1990) and the DAP (Koppitz, 1968), research investigating cross-cultural differences on projective tests is relatively scarce, and the use of these tools internationally, without any standardised modification, continues (Anastasi & Urbina, 2007). In addition, most cross-cultural research appears to have occurred with groups of varying cultures outside of South Africa. A number of methodological weaknesses have also been found in these cross-cultural studies, where the effects of variables such as educational level, IQ, language and socio-economic status have not been taken into account, making it difficult to determine whether the differences found among varying cultural groups are due to real personality differences or to bias in the way the test is constructed (Van de Vijver & Tanzer, 2004).

Bias due to culture and language that occurs during the use of projective tests takes many forms. It includes administration bias, where language differences create communication problems with regard to instructions (Van de Vijver & Tanzer, 2004). Bias in cross-cultural testing situations may also arise from ethnocentric interpretations, where the examiner does not understand an aspect of an examinee’s culture and the influence that this may have on her perception and interpretation of a particular projective stimulus (Banks, Ge & Baker, 1991). A common example of this within an African context relates to the issue of fertility. According to Dyer (2007), parenthood motives in African countries differ from those of parents in Western countries. In African countries ‘children secure conjugal ties, offer social security, assist with labour, confer social status, secure rights of property and inheritance, provide continuity through reincarnation and maintaining the family lineage, and satisfy emotional needs’ (Dyer, 2007, p.69). Hence the meaning of desiring a baby could be interpreted very differently, depending on cultural attributions.

Tester effects are another potential source of administration bias, in that the mere presence of a person from a different culture can have a significant effect on respondents’ behaviour (Singer & Presser, 1989). This is particularly pertinent in South Africa, given the country’s history of racial tension. When conducting testing this needs to be carefully considered as, according to Foxcroft, Roodt and Abrahams (2001), the relationship between the examiner and the person being examined represents a power relationship in which the examiner holds most of the power; thus the client can be considered to be in a vulnerable position. Also, Van de Vijver and Tanzer (2004) state that projective techniques, questionnaires and interviews are the most likely to be affected by phenomena such as social desirability with regard to response styles, where examinees may censor their responses in order to appear socially acceptable to the examiner. In South Africa, with our history of racial tension, tester effects are particularly relevant, and it is likely that examinees will express more positive attitudes than they may normally do towards a particular cultural group if the examiner is from that group (Reese, Danielson, Shoemaker, Chang & Hsu, 1986). In this regard, the impact of meta-stereotypes also needs to be taken into account.
Meta-stereotypes can be defined as ‘the stereotypes that members of a group believe that members of an out-group hold of them’ (Finchilescu, 2005, p.465). Thus, how an examinee perceives the tester is thinking about the examinee may also influence the examinee’s behaviour.

Another difficulty facing the users of projective measures in South Africa is acculturation (Van de Vijver & Tanzer, 2004), which refers to the degree to which an individual begins to adopt the cultural characteristics of a new culture, usually the dominant culture in her place of residence. The effects of acculturation have been examined in populations internationally and it has been found that while recent immigrants to a country tend to display similar emotional patterns to their culture of origin, second- and third-generation or other highly acculturated individuals tend to display the characteristics of the new culture within which they are living (Liem, Lim & Lien, 2000). In South Africa, increasing urbanisation and Westernisation have resulted in many individuals adopting norms and beliefs of a variety of cultures, making it difficult for examiners to know which cultural context to use when interpreting results.

Ethical issues to consider before using projective tests in the South African context

Ethical testing practices are highlighted in the International Guidelines for Test Use developed by the International Test Commission (ITC, 2001). According to these guidelines, ethical assessment practices require that the examiner ‘use tests appropriately, professionally, and in an ethical manner, paying due regard for the needs and rights of those involved in the testing process, and the broader context in which the testing takes place’ (2000, p.6). However, according to Foxcroft et al.’s (2004) survey, clinicians using projective tests within the South African context have expressed concern regarding ‘the adequacy of the training that practitioners receive in projective tests and also the cultural appropriateness of some projective tests’ (p.134). Hence, the need to pay due regard to the broader social and cultural context is especially significant within the South African context, where sensitivity to examinees’ cultural backgrounds and values is required during all phases of assessment – namely, test selection, administration, interpretation and reporting phases of the testing process (Foxcroft, 2002).

As postmodernism has developed and emphasised the possibility of multiple truths, objectivity in assessment has been questioned. Given this paradigmatic shift, Bornstein (2002, p.60) has suggested that the heuristic value of test data can be increased ‘if the dynamics of the testing situation are scrutinized (or even manipulated) instead of being statistically controlled (or worse, ignored)’. In other words, it is essential to acknowledge that testing cannot be absolutely objective, and for results to reflect as closely as possible the examinee’s reality, examiners need to acknowledge and take into account the effects of the examinee’s and examiner’s subjectivities, the effects of culture and language and the effects of the broader context of testing. Foxcroft (2002) states that
examiners should never presume to know how best to assess or interpret aspects of human functioning without first having knowledge of the lived world of the examinee. This implies adopting an emic approach to testing, which is one in which thought and behaviour are examined using criteria that are related to a specific culture, as opposed to using criteria that are presumed to be universal, which is representative of an etic approach (Foxcroft, 2002).

Using projective assessments within the South African context

There are a number of ways in which practitioners can approach projective testing that may improve the ethical respectfulness and methodological soundness of results. The first of these is to be aware of the limitations of tests with regard to their cross-cultural use. According to Moletsane (2004), cross-cultural assessment is difficult to conduct and requires special reflection to ensure appropriate interpretation. Next, it is important to ensure that when testing, the practitioner has a thorough knowledge of the client’s current and previous social and cultural context. This can be done through immersing oneself in the examinee’s world (Foxcroft, 2002). According to Foxcroft (2002, p.13), ‘[t]he learning that I have gained ... is that being well prepared and being sensitive to the test-taker’s community and cultural background lies at the very heart of following ethical testing practices in multicultural contexts, in Africa and elsewhere in the world’. This immersion can be accomplished through visiting the examinee’s broader environment—for example, their village, township, workplace, hospital or shelter—or through asking about it. Ivey, Ivey and Simek-Morgan (1997) recommend using community and family genograms in order to gain greater understanding of the cultural factors involved in individual and family development within particular families and cultures. According to Van de Vijver and Tanzer (2004), the use of informants with a good knowledge of the local culture and language helps to deal with both construct and method bias in cross-cultural assessment. It is also important for the examiners to be well trained in the administration and interpretation of tests in order to decrease method bias (Van de Vijver & Tanzer, 2004), and to be very familiar with the specific test intended for use and with common patterns of tester–testee interactions, as then any differences in interaction that occur can be examined and taken into account.

Another important way to approach projective testing in a more ethical and methodologically sound manner is to be aware of the influence of the examiner. It can be helpful to acknowledge that a difference in culture and language may make it more difficult for an examinee to understand instructions or express himself clearly. Establishing a strong rapport before attempting projective testing can also minimise tester effects, as examinees may then feel free to clarify aspects that they do not understand or feel that the examiner does not understand. The use of interpreters should also be handled with thought and sensitivity. Despite extensive training, interpreters are often still faced with difficulties in fully capturing expressions and meanings across languages (Foxcroft, 2002).
Conclusion

Projective assessment in South Africa remains controversial and yet clinically popular, as it invites dynamic expression of thoughts, feelings and conflicts, acknowledging the complexity of individual psychology. In this chapter the points have been highlighted that projective tests seem to be most effectively conducted within a battery of other tests, such as intelligence and self-report or objective personality measures, and that results are best interpreted within the particular individual’s context. While it is hoped that future research in South Africa will focus on the cross-cultural applicability of these tests, in order to use the tests in the most ethical manner possible, it is recommended that awareness of the influences of culture, history and context are foremost in practitioners’ minds when deciding to use or administer a projective test, or interpret the results.

References


