

**Section 2**  
**Personality Assessment**

## INTRODUCTION TO SECTION 2: PERSONALITY ASSESSMENT

Ilene C. Siegler

Duke University Medical Center

The chapters in this section deal with the assessment of personality. Objective measures of personality are discussed by Costa and McCrae and projective measures by Kahana. Gentry's chapter on issues in psychosomatic assessment discusses the nature of the relationships between psychological factors and physical illness. Each chapter contains reviews of the relevant literature, describes the clinical relevance and practical applications of the techniques reviewed, and provides suggestions for future research. However, the chapters are very different in terms of the degree of sophistication of assessment procedures described due to the widely varying degrees of existing literature in the three topic areas.

Costa and McCrae's chapter on objective personality assessment emphasizes that the study of personality in older persons rightfully belongs in the context of adult development. New data are presented which suggest that personality is relatively stable during the adult years; observed changes need to be separated into those due to cultural changes (cohort effects) and those due to maturation (age effects). Perhaps cohort norms rather than age norms make better sense in the assessment of older adults. However, an age group such as the elderly often spans two or more generations. Thus, seven to ten year cohorts useful for research purposes may have little translation value in practical terms. We do not yet know what the optimal range should be. Further, many investigators see cohort as a variable similar to age in that "cohort" merely points the way to the necessary specification of the "real" variables that are causing an effect.

Openness to experience in later life presents an important area for future research. While there has been much research concerned with cautiousness and rigidity, openness to experience provides the other side of what may be a bipolar phenomenon. The meaning and measurement of various indices of quality of life such as morale, life satisfaction, and happiness may also be important foci.

The data on midlife crisis presented by Costa and McCrae represent an important first step in providing an empirical test of current crisis-oriented adult development theory. The authors are careful to point out that their data pertain to men only. It should be recognized that sex differences as well as age and/or cohort by sex interactions may be important in personality assessment. It is clear that those who are now older adults have undergone socialization experiences that are clearly sex typed. Future studies that seek to explicate age differences between generations need to be aware of potential age by sex interactions. However, sex differences in old age may be less distinct in the future due to such factors as increases in life expectancy, the increasing employment rate of women, and a greater emphasis on smaller families.

Kahana's chapter on projective assessment techniques and their use with older persons is written in a practical vein. He argues that projective techniques are particularly appropriate for older adults in that factors such as social class, educational level, sensory deficits, and missing data can be evaluated during the assessment procedure and thus become useful data. Kahana points out an important gap in the research literature on the use of projective tests with older adults: the majority of the validation studies have examined the influence of cognitive and sensory factors on test performance, rather than the usefulness of projective techniques in conjunction with other measures of personality and adjustment. As do Costa and McCrae, Kahana emphasizes the positive aspects of personality and ego strength in later life and calls for a more humanistic psychology of old age.

Gentry's chapter on issues in psychosomatic assessment serves to orient both researchers and clinicians to the appropriate questions to be asked about the relationships between physical illness and symptomatology as well as psychological reactions and symptoms. His chapter points out issues in both the diagnosis and treatment of conditions common to older adults where physical symptoms are likely to be present. This is an area where psychologists have done little but have a major contribution to make.