

MAKE – A – PICTURE – STORY TEST (MAPS)

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Primary Disciplinary Field(s): Clinical Psychology; Projective Assessment

1. Core Definition

The **Make-A-Picture-Story Test (MAPS)** is a prominent projective assessment tool designed to reveal underlying personality dynamics, conflicts, motivations, and characteristic behavioral patterns in both normal and clinical populations. The test mandates that the subject act as a director, creating scenes by selecting and physically placing cardboard figures against various pictorial backdrops, followed by the narration of a comprehensive story about the resulting scene. This process encourages the projection of unconscious thoughts and feelings onto the test materials, providing rich qualitative and quantitative data for psychological analysis. Because the test involves both the physical arrangement of materials (akin to play therapy) and the narrative construction (akin to traditional projective storytelling), it offers a unique multifaceted approach to personality evaluation.

Unlike less structured projective methods, the MAPS Test provides standardized materials that, when combined by the subject, generate individualized thematic scenarios. The resulting narrative must address four key components: identifying the characters, describing their actions, detailing their feelings and thoughts, and providing a definitive resolution to the incident depicted. The combination of tactile manipulation and verbal storytelling makes the MAPS Test particularly engaging for subjects, granting them significant creative freedom in selecting the elements that best reflect their internal world, thereby facilitating the projection required for successful diagnostic insight.

2. Etymology and Historical Development

The MAPS Test was developed by the American clinical psychologist **E. S. Shneidman** in the mid-20th century as a synthesis of existing innovative projective techniques. Shneidman sought to create an instrument that would leverage the strengths of several established methods. Specifically, the MAPS Test integrates features from psychodrama, which involves enacting life events; the Thematic Apperception Test (TAT), which relies on generating stories from ambiguous pictures; and the World Test, a type of play test where miniature objects are used to construct a spatial representation of the subject's environment or internal state. By combining the figure selection and placement of the World Test with the narrative requirements of the TAT, the MAPS Test provides both spatial and narrative data for interpretation.

The development of the MAPS Test acknowledged the need for projective tools that could be administered across various age ranges, leading to the creation of different forms specifically tailored for administration to both children and adults. Its structure was intentionally designed to be

intriguing to subjects, enhancing cooperation and minimizing defensive responses due to the freedom afforded in selecting figures and backgrounds. Early applications, such as Shneidman's 1948 study, demonstrated its utility in making **differential diagnoses**, particularly in distinguishing schizophrenic patients from normal subjects based on objectively measurable differences in figure placement and material use.

3. Key Components and Materials

The physical materials of the MAPS Test are central to its efficacy, consisting of a standardized set of figures and backdrops designed to maximize the subject's options for scene construction. These materials provide the stimuli necessary for eliciting a wide range of thematic content and emotional responses, reflecting the subject's life experiences and psychological concerns.

The complete set of materials comprises **sixty-seven cardboard figures** and **twenty-one pictorial backdrops or stages**. The figures are intentionally diverse and include a wide variety of demographic representations to facilitate identification by the subject. The categories of figures, listed in decreasing order of quantity, encompass males, females, children, members of minority groups, legendary and fictitious characters, silhouettes, figures with blank faces, animal figures, and figures of indeterminate sex. This breadth allows the subject to project identities onto the figures, revealing internal representations of self, family, and others.

The twenty-one backdrops offer a spectrum of settings, ranging from **highly structured scenes** to completely **unstructured environments**. Structured scenes depict recognizable social and domestic contexts, such as a living room, a bedroom, a cemetery, a schoolroom, a nursery, a stage, and a clinic. Conversely, unstructured backdrops, such as a blank card or a depiction of clouds, necessitate greater reliance on internal fantasy and imagination to define the scene, thereby providing critical contrast in the analysis of the subject's cognitive and imaginative capacity.

4. Administration and Procedure

The administration of the MAPS Test is a structured yet flexible process designed to put the subject at ease while encouraging creativity and free association. The examiner begins by presenting the materials and typically uses a cue to encourage imaginative engagement, such as, "Now let's see how imaginative (or creative) you are." The twenty-one backgrounds are then presented one at a time to the subject.

The primary task requires the subject to select and place figures against one of the backdrops, arranging them as they would appear in real life. Once a scene has been established, the subject is instructed to tell a detailed story. The instructions emphasize that the story must fully account for the characters involved, describe their current activities, reveal their emotional and cognitive states

(what they are thinking and feeling), and, crucially, provide a clear **resolution** to the incident depicted. The examiner records the entire story verbatim and meticulously marks the precise placement of the figures on a specialized recording device, enabling the exact reconstruction of the scene for later analysis.

Following the narration of each story, the examiner engages in a series of targeted inquiries. These questions focus on any characters the subject appears to have identified with, exploring their sex, age, and personality. The examiner also inquires about the story's title, addresses any ambiguities or unclear portions, and ensures that all initial instructions--especially the requirement for a clear resolution--have been fulfilled. Furthermore, the examiner carefully notes the subject's initial **reaction time** before placing the first figure, as well as any figures that were selected and subsequently rejected, as these non-verbal behaviors provide valuable objective data about conflict and cognitive processing.

5. Methods of Interpretation

The interpretation of the MAPS Test employs a dual analytical framework, combining traditional subjective evaluation with rigorous objective scoring, which contributes to the test's clinical robustness. This comprehensive approach allows the clinician to interpret both the manifest content of the narratives and the latent behavioral patterns exhibited during the assembly process.

The first method involves a **qualitative analysis** of the stories, similar in general type to the interpretive techniques used with the TAT. This process involves a deep examination of the themes, emotional tones, language patterns, character relationships, and defensive mechanisms revealed in the narrative content. The qualitative approach seeks to understand the subject's internal experience, recurring conflicts, and prevailing interpersonal dynamics as projected onto the created scenes and accompanying stories.

The second method involves **objective scoring**, which quantifies various observable behaviors and choices made during the assembly process. Factors subjected to objective scoring include the subject's choice of specific figures, the physical placement of figures relative to one another and the background, the context in which figures were utilized, the selection of backdrops, and the measured reaction times. These objective factors are meticulously examined to interpret the subject's goals, desires, conflicts, values, and ego ideal. Key indicators scrutinized in this analysis include, but are not limited to, an excessive number or variety of figures, **perseveration** (the consistent reuse of the same figure), crowding or bizarre placement of objects, the use of the blank side of figures, the superimposition of figures, and excessive reaction time, all of which may signify underlying psychological distress or characteristic coping styles.

6. Applications and Significance

The MAPS Test possesses significant utility across clinical, diagnostic, and research settings due to its unique combination of expressive freedom and structured materials. Its comprehensive nature allows it to address several psychological questions that traditional verbal interviews or single-modality projective tests might miss.

One primary application lies in **revealing personality dynamics** and assisting in **differential diagnoses** for both normal and abnormal subjects. Research, such as Shneidman's work in 1948, demonstrated that the test could objectively differentiate patient groups; for instance, schizophrenic patients often exhibited characteristics like the isolation of figures, inappropriate use of materials, and a high incidence of religious themes, which differed significantly from control groups. Furthermore, the test has proven valuable in studying specific social and psychological issues. The inclusion of figures representing various **minority groups** makes the MAPS Test particularly effective for studying intergroup tensions and attitudes toward diversity.

Beyond diagnostics, the MAPS Test can be employed to estimate a subject's **capacity for abstract thinking**. This is typically achieved by instructing the subject to assort the figures into conceptual categories, providing insight into their cognitive organization and flexibility. Finally, the test is a versatile **research instrument**, having been applied to reveal normal personality differences and to study specific clinical phenomena, including hostility among mental patients (Walker, 1951), the dynamics of neurotics, disturbed adolescents, homosexual individuals, asthmatic children, and suicidal mental patients. The ability to objectively quantify several behavioral elements alongside narrative interpretation makes the MAPS Test a robust tool for empirical psychological investigation.

7. Further Reading

[Projective Test \(General Overview\)](#)

[Thematic Apperception Test \(TAT\)](#)

[Psychodrama](#)

[Walker, A. J. \(1951\). The MAPS test in the study of hostility among mental patients.](#)