

The MMPI-2

I. MMPI-2

A. Administration

- 1) give the booklet to the client and read the instructions to him/her
- 2) if the protocol is to be computer scored, be sure the client completely fills in the dots
 - a. not so much of a consideration if you are hand-scoring (which we are because we are not rich enough to computer score the protocols)
- 3) client doesn't have to complete the MMPI in 1 setting; they can take their time to complete it
- 4) it can be given in a group or individual format
- 5) items can be read or delivered via tape recorder
- 6) if the client cannot decide whether an item is true or false, tell him/her to choose what it is
MOST OF THE TIME
 - a. if they persist, I usually tell them to decide what it is 51% of the time

B. Scoring

- 1) make sure the client has answered all the questions
 - a. when you get the protocol back, just scan it to make sure nothing was omitted. If you find some, have them re-do the questions
- 2) then, put the scoring templates over the answer protocol and count the dots that appear in the windows
 - a. be sure to double check your counting
 - b. also double check the placement of the scoring template to be sure that it is in the correct position

IV. Interpretation of the MMPI-2

A. Scales give results in T-Scores

- 1) M of 50; SD of 10

B. Check the validity of the test administration

- 1) **Cannot Say Scale (?)**
 - a. **items left unanswered or double answered**
 - b. 1-2 are normal
 - c. Interpret with caution any protocol with 10 or more Cannot Say items
 - d. Do not interpret any protocols with more than 30 Cannot Say items
 1. you can go back and encourage your client to complete the items
 - e. Hypotheses for elevated scores
 1. Defensiveness
 2. Indecisiveness
 3. Fatigue, low mood
 4. Carelessness
 5. Low reading skill
 6. Perceived irrelevance of items
 - f. If the Cannot Say items fall primarily after item 370, you can interpret the Validity and Basic Scales, but not the Supplementary and Harris-Lingoes
- 2) **L Scale**
 - a. this scale attempts to detect a deliberate and unsophisticated attempt of the client to **present himself/herself in a favorable light**
 - b. 15 rationally-derived items deal with minor flaws and weaknesses most people are willing to admit
 1. *Examples:* 29. *At times I feel like swearing. (F)*
51. *I do not read every editorial in the newspaper every day. (F)*
 - c. scores are negatively related to educational level, socioeconomic level, and

psychological sophistication

T-Score > 65 = an overly virtuous presentation

T-Score 60-64 = an attempt to impress

d. T-Scores < 65 are indicative of individuals who:

1. trying to create favorable impression of themselves by not being totally honest
2. may be defensive, denying, and repressing
3. may be confused
4. may be self-controlled and manifests little or no insight into their motivations
5. show little awareness of consequences to other people resulting from their behavior
6. tend to overvalue their own worth
7. tend to be conventional and socially conforming
8. are unoriginal in thinking and inflexible in problem solving
9. are rigid and moralistic
10. have poor tolerance for stress and pressure
11. may be unsophisticated and are trying to make a favorable impression

12. profiles with T-Scores > 65 should not be interpreted as they are invalid

e. T-Scores between 56-64 are indicative of individuals who:

1. are more conforming than usual
2. have a tendency to resort to denial mechanisms

f. Normal Range: T45-55

g. T-Scores < 45 are indicative of individuals who:

1. probably responded frankly to the items
2. are confident enough about themselves to be able to admit minor faults
3. in some cases, may be exaggerating negative characteristics
4. are perceptive and socially reliant
5. are seen as strong and relaxed
6. are self-reliant and independent
7. can function effectively in leadership roles
8. communicate ideas effectively
9. may be described by others as cynical and sarcastic

h. caveat: ministers sometimes will have elevated L Scales because they truly do not do the behaviors

3) Infrequency Scale (F)

a. 60 items reflecting infrequently endorsed items

1. *Examples: 36. I have a cough most of the time. (T)*
78. I am liked by most people who know me. (F)

b. a measure of symptom exaggeration

1. faking bad

c. T-Scores > 100 are indicative of individuals who:

1. may have responded randomly to MMPI-2 items
2. may have responded either all True or all False
3. may have been faking bad responses
4. if hospitalized psychiatric patients, may manifest:
 - a) delusions
 - b) visual and/or auditory hallucinations
 - c) reduced speech
 - d) withdrawal
 - e) poor judgment
 - f) short attention span
 - g) lack of knowledge of reasons for hospitalization
 - h) psychotic diagnosis
 - i) some other signs of organicity

d. T-Scores 80-99 are indicative of individuals who:

1. may be malingering

2. may be exaggerating symptoms and problems as a plea for help
3. may be quite resistant to the testing procedure
4. may be clearly psychotic by the usual criteria
- e. **T-Scores 65-79 are indicative of individuals who:**
 1. may have very deviant social, political, or religious convictions
 2. may manifest clinically severe neurotic or psychotic disorders
 3. if relatively free of psychopathology, are usually described as:
 - a) moody
 - b) restless
 - c) dissatisfied
 - d) changeable, unstable
 - e) curious, complex
 - f) opinionated
 - g) opportunistic
 4. have endorsed items relevant to some particular problem area
 5. typically function adequately in most aspects of their life situations
- f. **Low scores on the F Scale (T < 50) are indicative of individuals who:**
 1. answered items as most normal people do
 2. are likely to be free of disabling psychopathology
 3. are socially conforming
 4. may have faked good
- g. T-Scores > 100 are generally invalid, but some profiles of psychiatric patients and recently admitted felons can be interpreted if VRIN is in the valid range

4) Infrequency Back (Fb)

- a. **assesses the endorsement of low frequency items on the latter part of the MMPI-2**
- b. measures the same constructs as the F Scale
- c. **T-Scores > 110**
 1. indicate an invalid protocol, especially if F Scale is > 110
- d. **T-Scores < 89**
 1. if F Scale T-Score is < 89, indicate a valid approach to the test
 2. if F Scale T-Score is > 89, do not interpret Content or Harris-Lingoes Scales
- e. Use the hypotheses for the F Scale when considering reasons for elevated scores, but also consider:
 1. a recording error
 2. client is responding randomly to items
 3. client is exaggerating existing symptoms
 4. client is faking a psychological problem
 5. client is malingering
 6. client has severe psychopathology
 7. client was tired of the test

5) K Scale

- a. measures of **test defensiveness**
- b. assesses the willingness of the client to disclose personal information and to discuss his/her problems
 1. *Examples:*
 83. *I have very few quarrels with members of my family. (T)*
 110. *Most people will use somewhat unfair means to gain profit or an advantage rather than to lose it. (F)*
- c. K score is used to adjust Hs, Pd, Pt, Sc, and Ma Scales
- d. **T-Scores > 65 are indicative of individuals who:**
 1. may have responded false to most of the items
 2. may have tried to fake good
 3. may be trying to give an appearance of adequacy, control, and effectiveness
 4. are shy and inhibited
 5. are hesitant about becoming emotionally involved with people
 6. are intolerant and unaccepting of unconventional attitudes and beliefs in

others

7. lack insight and self-understanding
8. are not likely to display overt delinquent behavior
9. if clinical scales are also elevated, may be seriously disturbed psychologically but have no awareness of it
10. if not seriously disturbed psychologically, may have above-average ego strength and other positive characteristics

e. T-Scores 56-64 are indicative of individuals who:

1. are being defensive and unwilling to acknowledge psychological distress
2. may exhibit denial and hysteroid defenses (especially in lower SES)

f. T-Scores 41-55 are indicative of individuals who:

1. maintain a healthy balance between positive self-evaluation and self-criticism
2. are psychologically well-adjusted
3. show few overt signs of emotional disturbance
4. are independent and self-reliant
5. are capable of dealing with problems in day-to-day life
6. exhibit wide interests
7. are ingenious, enterprising, versatile, and resourceful
8. are clear thinking and approach problems in reasonable and systematic ways
9. are good mixers socially
10. are enthusiastic and verbally fluent
11. take ascendant roles in relationships

g. T-Scores 35-40 are indicative of individuals who:

1. are experiencing severe distress that is being openly acknowledged
2. have poor self-concepts and are strongly self-dissatisfied, but lack either interpersonal skills or techniques necessary to alter the situation
3. may tend to be excessively open and revealing
4. in lower SES, may indicate a moderate disturbance
5. in higher SES, indicates more serious distress

f. T-Scores < 35 are indicative of persons who:

1. may have responded true to most of the items
2. may have faked bad
3. may be exaggerating problems as a cry for help
4. may exhibit acute psychotic or organic confusion
5. are critical of self and others and are dissatisfied with the self
6. are ineffective in dealing with problems of daily life
7. show little insight into their own motives and behaviors
8. are socially conforming
9. are overly compliant with authority
10. have a slow personal tempo
11. are inhibited, retiring, and shallow
12. are socially awkward
13. are blunt and harsh in social situations
14. are cynical, skeptical, caustic, and disbelieving
15. are suspicious about the motivations of others

6) F-K Index

a. F-K index is usually used to detect malingering, but the data do not necessarily support its use

1. consistently is the weakest predictor of malingering
2. continues to be used probably due to clinical folklore

b. **F-K > 9** suggests an invalid protocol due to symptom exaggeration (faking bad)

c. **F-K < -9** suggests an invalid protocol due to symptom minimization/ defensive responding (faking good)

d. some folks argue that you need to use a higher cutoff for a forensic population (e.g., 15 & -15 rather than 9 & -9)

- e. others split the difference and go with 12
 - 1. I argue that a conservative approach would be to use 12 as the cutoff
- e. F-K Index may not be valid with the MMPI-2 (and some authors argue that you should not use it with the MMPI-2)
 - 1. because the F scale was decreased by 4 points and the K scale remained the same

7) Item Response Inconsistency Scales: **TRIN** and **VRIN**

- a. each of these scales suggests that the client is not consistent in his/her answers or approach to the test
- b. **TRIN**
 - 1. is sensitive to people who have a **tendency to answer either true or false without careful consideration of how the question was asked**
 - 2. **T-Score > 80**
 - a) indicates an inconsistent responding to the items
 - b) client has a tendency to respond either true or false when pressed
 - c) the scale allows you to check the direction of the responses
 - 3. **T-Score 70-79**
 - a) is suspect and suggests a response set
 - 4. a high K Scale T-Score with a high Basic Scale T-Score and a low Raw TRIN score can be an indication that:
 - a) client was mostly answering false on the test
 - b) may not be psychopathology; just answering false
- c. **VRIN**
 - 1. reflects a general **tendency to disregard item content in the answers**
 - 2. **T-Scores > 80 indicate:**
 - a) inconsistent random responding; invalid protocol
 - 3. **T-Scores 70-79 indicate:**
 - a) possible invalid protocol due to inconsistent responding

C. Scale 1: Hypochondriasis (Hs)

- 1) 32 items which focus on **bodily concerns with a physiological basis or individuals who exaggerate bodily concerns**
 - a. *Examples:*
 - 53. *Parts of my body often have feelings like burning, tingling, crawling, or like "going to sleep."* (T)
 - 255. *I do not often notice my ears ringing or buzzing.* (F)
- 2) developed on a group of neurotic patients who showed an excessive concern about their health, presented a variety of somatic complaints with little or no organic basis, and rejected repeated assurances that there was nothing physically wrong with them
- 3) has no associated Harris-Lingoes Scales
- 4) **T-Scores > 65 (marked elevation) are indicative of individuals who:**
 - a. have excessive bodily concerns
 - b. may have conversion disorder or somatic delusions
 - 1. especially if T > 80
 - c. describe somatic complaints that generally are vague
 - 1. if the somatic complaints are specific, they tend to be epigastric in nature
 - d. complain of chronic weakness, lack of energy, and sleep disturbance
 - e. if medical patients, they may have a strong psychological component to their illness
 - f. are likely to be diagnosed as having somatoform, somatoform pain, depressive, or anxiety disorders
 - g. are not likely to act out in psychopathic ways
 - h. seem selfish, self-centered, and narcissistic
 - i. Have a pessimistic, defeatist, and cynical outlook toward life
 - j. are unhappy and dissatisfied
 - k. make others miserable
 - l. complain

- m. communicate in a whiny manner
- n. are demanding and critical of others
- o. express hostility indirectly
- p. are described as dull, unenthusiastic, and unambitious
- q. lack ease in oral expression
- r. generally do not exhibit much manifest anxiety
- s. seem to have functioned at a reduced level of efficiency for long periods of time
- t. see themselves as medically ill and seek medical treatment
- u. lack insight and resist psychological interpretations
- v. are not very good candidates for psychotherapy or counseling
- w. become critical of their therapist
- x. terminate therapy prematurely when the therapist suggests psychological reasons for symptoms or when the therapists are perceived as not giving enough attention and support

5) **T-Scores 58-64 (moderate elevation) are indicative of individuals who:**

- a. have some concern about bodily functioning
- b. are likely to be seen as immature, stubborn, and lacking drive
- c. scores in the lower end of this range are typical for individuals with physical handicaps and individuals with actual physical disease

6) Normal range **T-Scores 40-57**

7) **T-Scores < 40 (low scores) are indicative of individuals who:**

- a. are free of somatic preoccupation
- b. are alert, sensitive, and insightful
- c. are generally effective in their daily lives
- d. scores in this range are typical of individuals in helping professions

D. Scale 2: Depression (D)

1) 57 items reflecting the **feelings of discouragement, pessimism, and hopelessness, as well as the personality features of hyper-responsibility, high personal standards, and intrapunitiveness**

- a. *Examples:* 127. Criticism or scolding hurts me terribly. (T)
117. I have never vomited blood or coughed up blood. (T)
142. I have never had a fit or convulsion. (F)

2) scale developed on psychiatric patients with various forms of symptomatic depression

3) Harris-Lingoes Scales:

- a. subjective depression
- b. psychomotor retardation
- c. physical malfunctioning
- d. mental dullness
- e. brooding

4) **T-Scores > 65 (marked elevation) are indicative of individuals who:**

- a. display depressive symptoms
 - 1. especially if T-Score > 70
- b. feel blue, unhappy, and dysphoric
- c. are quite pessimistic about the future
- d. have self-deprecatory and guilt feelings
- e. may cry, refuse to speak, and show psychomotor retardation
- f. often are given depressive diagnoses
- g. report bad dreams, physical complaints, fatigue, weakness, and loss of energy
- h. are agitated and tense
- i. Are described as irritable, high-strung, and prone to worry and fretting
- j. lack self-confidence
- k. feel useless and unable to function

- l. give up easily
- m. feel like failures in school and work
- n. have lifestyles characterized by withdrawal and lack of involvement with other people
- o. are introverted, shy, retiring, timid, seclusive, and secretive
- p. are aloof and maintain psychological distance from others
- q. have a restricted range of interests
- r. withdraw from activities in which they previously participated
- s. are very cautious and conventional
- t. have difficulty making decisions
- u. feel overwhelmed when faced with major life decisions
- v. are overcontrolled and deny their own impulses
- w. avoid unpleasantness and make concessions to avoid confrontations
- x. because of high personal distress, are likely to be good candidates for psychotherapy and counseling
- y. may terminate therapy when the immediate crisis is over

5) **T-Scores 58-64 (moderate elevation) are indicative of individuals who:**

- a. are dissatisfied with something or with themselves but may not recognize this state as depression
 - i. mild degree of depression may not appropriately represent the situation
- b. may not be overly concerned about what is happening to them
- c. may have learned to adjust to a chronically depressed existence

6) Normal range: **T-Score 40-57**

7) **T-Scores < 40 (low scores) are indicative of individuals who:**

- a. do not experience much tension, anxiety, guilt, or depression
- b. feel relaxed and at ease
- c. are self-confident
- d. are emotionally stable and capable of effective functioning in most situations
- e. feel cheerful and optimistic
- f. have little difficulty in verbal expression
- g. are alert, active, and energetic
- h. are competitive and seek out additional responsibilities
- i. Are at ease in social situations
- j. seek out leadership roles
- k. create favorable first impressions
- l. are seen as clever, witty, and colorful
- m. may be impulsive and undercontrolled
- n. are show-offish and exhibitionistic
- o. may arouse hostility and resentment in other people

E. Scale 3: Hysteria (Hy)

- 1) 60 items some of which reflect **physical complaints and troubling disorders and others which reflect denial of problems and a lack of social anxiety**

- a. *Examples:* 44. *Once a week or oftener I suddenly feel hot all over, for no reason.* (T)
176. *I have very few headaches.* (F)

- 2) scale constructed on patients who exhibited some form of sensory or organic motor disorder for which no organic basis could be established.

3) Harris-Lingoes Scales:

- a. denial of social anxiety
- b. need for affection
- c. lassitude-malaise
- d. somatic complaints

e. inhibition of aggression

4) T-Scores > 65 (marked elevation) are indicative of individuals who:

- a. react to stress and avoid responsibility through the development of physical symptoms
- b. may report headaches, stomach discomfort, chest pains, weakness, and tachycardia
- c. have symptoms that may appear and disappear suddenly
- d. do not report severe emotional turmoil
- e. rarely report hallucinations, delusions, or suspiciousness
- f. lack insight concerning causes of symptoms
- g. lack insight about their own motives and feelings
- h. are psychologically immature, childish, and infantile
- i. if psychiatric patients, receive diagnoses of conversion disorder or psychogenic pain disorder
- j. are self-centered, narcissistic, and egocentric
- k. expect a great deal of attention and affection from others
- l. use indirect and devious means to get attention and affection
- m. do not express resentment and hostility openly
- n. tend to be emotionally involved, friendly, talkative, and alert
- o. have superficial and immature interpersonal relationships
- p. are interested in what other people can do for them
- q. occasionally act out in a sexual or aggressive manner with little apparent insight into their actions
- r. initially are enthusiastic about treatment
- s. view themselves as having medical problems and want medical treatment
- t. are resistant to psychological interpretations
- u. are likely to terminate treatment if their therapists insist on examining psychological causes of symptoms
- v. may be willing to talk about psychological problems as long as they are not conceptualized as causing their symptoms
- w. often respond well to direct advice and suggestion
- x. when involved in therapy, often discuss worry about failure at work and school, marital unhappiness, lack of acceptance, and problems with authority figures
- y. have histories of rejecting fathers

5) T-Scores 58-64 (moderate elevation) are indicative of individuals who:

- a. are likely to be exhibitionistic, extroverted, and superficial
- b. are naive, self-centered, and deny any problems
- c. they prefer to look on the optimistic side of life and avoid any unpleasant issues

6) Normal range: T-Scores 40-57

7) T-Scores < 40 (low scores) are indicative of individuals who:

- a. do not worry excessively about their health
- b. do not present somatic symptoms
- c. are constricted, conventional, and conforming
- d. are described as unadventurous, lacking industriousness, and having a narrow range of interests
- e. are cold and aloof
- f. may display blunted affects
- g. have limited social interests and participation
- h. avoid leadership responsibilities
- i. are seen as unfriendly, tough-minded, and hard to get to know
- j. are suspicious and have difficulties trusting others
- k. are realistic, logical, and level-headed in approach to problems

- l. are not likely to make impulsive decisions
- m. seem to be content with dull, uneventful life-styles

F. Scale 4: Psychopathic Deviate (Pd)

- 1) 50 items which assess a **lack of concern about most social and moral standards of conduct**

- a. *Examples* 54. *My family does not like the work I have chosen (or the work I intend to choose for my life work). (T)*
79. *I do not mind being made fun of. (F)*

- 2) scale developed on individuals who were referred to a psychiatric service for a clarification of why they had recurring troubles with the law even though they suffered no cultural deprivation and despite their possessing normal intelligence and freedom from other psychological disorders

- a. tried to get at the Conduct Disorder/Antisocial Personality Disorder folks
- b. not too sure they made it
 - 1. standardization with gangs?

- 3) Harris-Lingoes Subscales

- a. familial discord
- b. authority problems
- c. social imperturbability
- d. social alienation
- e. self-alienation

- 4) **T-Scores > 65 are indicative of persons who:**

- a. have difficulty incorporating values and standards of society into their lives
- b. may engage in social and antisocial acts, including lying, cheating, stealing, sexual acting out, excessive use of alcohol and/or drugs
 - 1. especially if T-Score > 75
- c. are rebellious toward authority figures
- d. have stormy relationships with their families
- e. blame family members for their difficulties
- f. have histories of underachievement
- g. tend to experience marital problems
- h. are impulsive and strive for immediate gratification of impulses
- i. do not plan their behavior well
- j. tend to act without considering the consequences of their actions
- k. are impatient; have limited frustration tolerance
- l. show poor judgment; take risks
- m. tend not to learn from experience
- n. are seen by others as immature and childish
- o. are narcissistic, self-centered, selfish, and egocentric
- p. are ostentatious and exhibitionistic
- q. are insensitive to the needs and feelings of others
- r. are interested in others only in terms of how they can be used
- s. are likable and create good first impressions
- t. have shallow and superficial relationships
- u. seem unable to form warm attachments with others
- v. are extroverted and outgoing
- w. are talkative, active, adventurous, energetic, and spontaneous
- x. are judged by others to be intelligent and self-confident
- y. have a wide range of interests but lack a clear direction
- z. tend to be hostile, aggressive, resentful, rebellious, antagonistic, and refractory
- aa. have sarcastic and cynical attitudes

- ab. may act in aggressive ways
- ac. if female, may expression aggression in more passive, indirect ways
- ad. may feign guilt and remorse when in trouble
- ae. are not seen as overwhelmed by emotional turmoil
- af. may admit feeling sad, fearful, and worried about the future
- ag. experience absence of deep emotional response
- ah. feel empty and bored
- ai. if psychiatric patients, are likely to receive antisocial or passive-aggressive personality disorder diagnoses
- aj. have poor prognosis for psychotherapy or counseling
- ak. may agree to treatment to avoid something more unpleasant
- al. tend to terminate therapy prematurely
- am. in treatment, tend to intellectualize excessively and to blame others for their difficulties

5) **T-Scores 58-64 (moderate elevation) are indicative of individuals who:**

- a. may be genuinely concerned about social problems and issues
- b. may be responding to situational conflicts
- c. may have adjusted to a habitual level of interpersonal and social conflict
 - i. if the conflict is situational, the score should return to normal levels once the conflict is resolved

6) Normal range: **T-Scores 40-57**

7) **T-Scores < 40 are indicative of individuals who:**

- a. tend to be conventional, conforming, and accepting of authority
- b. are passive, submissive, and unassertive
- c. are concerned about how others will react to them
- d. tend to be sincere and trusting in relationships
- e. have a low level of drive
- f. are concerned about status and security but tend not to be competitive
- g. have a narrow range of interests
- h. are not creative or spontaneous in their approach to problems
- i. are persistent in problem solving
- j. are moralistic and rigid in their views
- k. if males, may not have much sex drive
- l. are self-critical and dissatisfied with self
- m. accept advice and suggestions
- n. may become overly dependent on treatment
- o. seem to be afraid to accept responsibility for their own behavior

G. Scale 5: Masculinity-Femininity (Mf)

1) 50 items which were **intended as a measure of gender role development, including emotional reactions, interests, attitudes and feelings in which men and women differ**

- a. did not make it
- b. tends to measure androgyny, which also correlates with SES
- c. *Examples (male):*
 - 74. *I would like to be a florist. (T)*
 - 103. *I enjoy a race or a game more when I bet on it. (F)*
- d. *(female):*
 - 112. *I like dramatics (T)*
 - 120. *I frequently find it necessary to stand up for what I think is right. (F)*

- 2) scale constructed on men who sought psychiatric help to control their homoerotic feelings and to cope with problems of gender confusion
 - a. originally intended to be able to determine homosexuality (before it was thrown out as a diagnostic category)
 - 1. doesn't work

3) No Harris-Lingoes

4) Not usually interpreted clinically

5) Still, for men:

a. **T-Scores > 65 (marked elevation) are indicative of men who:**

1. may have sexual problems and concerns
 - a) especially if their scores are markedly higher than expected for their intelligence, education, and social class
2. may be experiencing conflicts in sexual identity and insecurity about masculine adequacy
3. may display clear effeminate behaviors
4. may lack stereotypical male interests
5. have aesthetic and artistic interests
6. are likely to participate in housekeeping and childrearing activities to a greater extent than most men
7. may have a more androgynous orientation
 - i. especially among more educated men
8. are seen as intelligent, capable, valuing cognitive pursuits, ambitious, competitive, and persevering
9. are clever, clear-thinking, organized, and logical
10. show good judgment and common sense
11. are curious, creative, imaginative, and individualistic in their approach to problems
12. are sociable and sensitive to others
13. are empathic, tolerant, and capable of expressing warm feelings toward other people
14. often are seen as passive and dependent in relationships
15. seem to be peace-loving persons who make concessions and avoid unpleasant confrontations
16. show good self-control
17. are not likely to act out in delinquent ways

b. **T-Scores 58-64 (moderate elevation) are indicative of men who:**

1. tend toward aesthetic interests such as art, music and literature
2. are rather passive and prefer to work through problems in a covert and indirect manner
3. this is the typical range for most college-educated males

c. Normal range: **T-Scores 40-57**

d. **T-Scores < 40 (low scores) are indicative of men who:**

1. are presenting themselves as extremely masculine
2. have stereotypical masculine interests
3. overemphasize strength and physical prowess
4. are described by others as aggressive, thrill-seeking, adventurous, and reckless
5. may show coarse, crude, vulgar talk and behavior
6. may be compensating for basic doubts about their own masculinity
7. are seen by others as having limited intellectual ability
8. have a narrow range of interests
9. are inflexible and unoriginal in their approach to problems
10. prefer action to thought
11. are practical and nontheoretical
12. are not comfortable dealing with feelings and emotions

6) For women,

a. **T-Scores > 65 (marked elevation) are indicative of women who:**

1. are not interested in appearing or behaving according to traditional female roles

2. have interests that tend to be stereotypically more masculine than feminine
 3. are active, vigorous, assertive, competitive, aggressive, and dominating
 4. are seen by others as coarse, rough, and tough
 5. are outgoing, uninhibited, and self-confident
 6. are easygoing, relaxed, and balanced
 7. are logical and calculated in their behavior
 8. are unemotional
 9. are seen as unfriendly by others
 10. among hospitalized psychiatric patients, tend to be diagnosed as psychotic
 11. it is unusual for women to score this high
- b. T-Scores 45-64 (normal and moderate elevation) are indicative of women who:**
1. are less traditionally oriented toward a feminine role
 2. have an interest in both masculine and feminine activities
- c. T-Scores 35-44 (low scores) are indicative of women who:**
1. are genuinely interested in traditional feminine interests and activities
 2. may be passive in their roles
- d. T-Scores < 34 (extremely low scores) are indicative of less educated women who:**
1. are presenting themselves as stereotypically feminine
 2. are coy, seductive, and appear helpless
 3. may be compensating for doubts about their own adequacy as women
 4. tend to be passive, submissive and yielding
 5. are described as constricted, sensitive, modest, and idealistic
- e. T-Scores < 34 (extremely low) are indicative of more educated women who:**
1. have a balanced view of gender role behavior
 2. see themselves as capable, competent, and conscientious
 3. are described by others as intelligent, capable, conscientious, forceful, considerate, easygoing, insightful, and unprejudiced

H. Scale 6: Paranoia (Pa)

- 1) 40 items which **reflect both marked interpersonal sensitivities and a tendency to misinterpret the motives and intentions of others**
 - a. Examples: 361. *Someone has been trying to influence my mind. (T)*
286. *Most people inwardly dislike putting themselves out to help other people. (F)*
- 2) scale developed on patients showing primarily some form of paranoid condition or paranoid state
- 3) Harris-Lingoes Scales
 - a. persecutory ideas
 - b. poignancy
 1. susceptible to strong negative emotions
 - c. naivete
- 4) **T-Scores > 70 (extreme elevation) are indicative of individuals who:**
 - a. may exhibit frankly psychotic behavior
 - b. have disturbed thinking, delusions of persecution or grandeur, and ideas of reference
 - c. feel mistreated and picked on
 - d. feel angry and resentful

- e. harbor grudges
- f. utilize projection as a defense mechanism
- g. often receive diagnoses of schizophrenia or paranoid disorder
- 5) **T-Scores from 60-70 (marked elevation) are indicative of individuals who:**
 - a. have a paranoid predisposition
 - b. tend to be excessively sensitive and overly responsive to others' opinions
 - c. feel they are getting a raw deal out of life
 - d. tend to rationalize and blame others for their problems
 - e. are suspicious and guarded
 - f. display hostility, resentment, and an argumentative manner
 - g. are moralistic and rigid in opinions and attitudes
 - h. overemphasize rationality
 - i. if female, may describe sadness, withdrawal, and anxiety
 - j. if female, are seen by others as emotionally labile and moody
 - k. have a poor prognosis for therapy
 - l. rationalize excessively in therapy
 - m. in therapy, reveal hostility and resentment toward family members
- 6) **T-Scores from 50-60 (moderate elevation) are indicative of individuals who:**
 - a. have a paranoid orientation toward life
 - b. see the environment as demanding and not supportive
 - c. are very sensitive to what other people think of them
 - d. are suspicious of the motives of others
 - e. commonly feel angry and resentful
- 7) **T-Scores between 35-50 (normal range) are indicative of normal individuals who:**
 - a. are socially interested
 - b. face life's situations adequately
 - c. are seen as balanced, orderly, and reasonable
 - d. tend to be cautious, conventional, and self-controlled
- 8) **T-Scores between 35-45 (normal range) are indicative of individuals in a clinical population who:**
 - a. are seen as stubborn, evasive, and guarded
 - b. are likely to be self-centered, overly sensitive, and dissatisfied
 - c. have narrow interests
 - d. approach problems in flexible ways
- 9) **T-Scores < 35 (low scores) are indicative of individuals who:**
 - a. have narrow interests
 - b. tend to be insensitive to and unaware of the motives of other people
 - c. tend to be evasive, defensive, and guarded
 - d. may be shy, secretive, and withdrawn

I. Scale 7: Psychasthenia (Pt)

- 1) 48 items which reflect **generalized anxiety and distress, the avowal of high moral standards, self-blame for things that go wrong, and rigid efforts to control impulses**
 - a. *Examples:*
 - 304. Sometimes I become so excited that I find it hard to get to sleep. (T)
 - 321. I have no dread of going into a room by myself where other people have already gathered and are talking. (F)
- 2) scale constructed on patients showing obsessive worries, compulsive rituals, or exaggerated fears
- 3) No Harris-Lingoes scales
- 4) **T-Scores > 85 (extreme elevation) are indicative of individuals who:**

- a. have agitated ruminations and obsessions that no longer control anxieties

5) T-Scores > 65 (marked elevation) are indicative of individuals who:

- a. experience psychological turmoil and discomfort
- b. feel anxious, tense, and agitated
- c. are worried, fearful, apprehensive, high-strung, and jumpy
- d. report difficulties in concentrating
- e. often receive anxiety disorder diagnoses
- f. are introspective
- g. may report fears that they are losing their minds
- h. experience obsessive thinking, compulsive and ritualistic behavior and ruminations
- i. feel insecure and inferior
- j. lack self-confidence
- k. are self-critical, self-conscious, and self-degrading
- l. are plagued by self-doubts
- m. tend to be very rigid and moralistic
- n. have high standards of performance for self and others
- o. are perfectionistic and conscientious
- p. feel depressed and guilty about falling short of their goals
- q. are neat, organized, and meticulous
- r. are persistent and reliable
- s. lack ingenuity in their approach to problems
- t. are seen by others as dull and formal
- u. have difficulties making decisions
- v. distort the importance of problems and overreact to stressful situations
- w. tend to be shy and do not interact well socially
- x. are described as hard to get to know
- y. worry about popularity and social acceptance
- z. are seen by others as sentimental, peaceable, soft-hearted, trustful, sensitive, and kind
- aa. are described as dependent, unassertive, and immature
- ab. may have physical complaints centering on:
 - 1. the heart
 - 2. the gastrointestinal system
 - 3. the genitourinary system
 - 4. fatigue, exhaustion, insomnia and bad dreams
- ac. may be motivated for therapy because of the turmoil
- ad. are not responsive to brief therapy or counseling
- ae. show some insight into their problems
- af. rationalize and intellectualize excessively
- ag. are resistant to psychological interpretations of problems
- ah. may express hostility toward their therapists
- ai. remain in therapy longer than most patients
- aj. make slow but steady progress in therapy
- ak. discuss in therapy issues such as a difficulty with authority figures, poor work or study habits, and concerns about homosexual impulses

6) T-Scores 58-64 (moderate elevation) are indicative of individuals who:

- a. are generally punctual in meeting their obligations and may worry if unable to do so
- b. do not see themselves as anxious, nor do others see them as anxious

7) Normal range: T-Scores 40-57

8) T-Scores < 40 (low scores) are indicative of individuals who:

- a. are free of disabling fears and anxieties
- b. are self-confident

- c. are perceived as warm, cheerful, and friendly
- d. have a wide range of interests
- e. are responsible, efficient, realistic, and adaptable
- f. value success, status, and recognition
- g. are secure and comfortable with themselves
- h. are emotionally stable

J. Scale 8: Schizophrenia (Sc)

- 1) 78 items that **cover a wide range of strange beliefs, unusual experiences, and special sensitivities**

a. *Examples:* 355. *At one or more times in my life I felt that someone was making me do things by hypnotizing me. (T)*
 276. *I love my mother, or (if your mother is dead) I loved my mother. (F)*

- 2) scale constructed on psychiatric patients who were manifesting various forms of schizophrenic disorder

- 3) Harris-Lingoes Subscales:

- a. social alienation
- b. emotional alienation
- c. lack of ego mastery—cognitive
- d. lack of ego mastery—conative
- e. lack of ego mastery—defective inhibition
- f. bizarre sensory experiences

- 4) **T-Scores > 91 (extreme elevation) are indicative of individuals who:**

- a. are under acute, severe situational stress
- b. may have an identity crisis
- c. are typically not schizophrenic

- 5) **T-Scores 65-90 (marked elevation) are indicative of individuals who:**

- a. may have a thought disorder
 - 1. especially as T-Scores close in on ~80
- b. may be confused, disorganized, and disoriented
- c. may report unusual thoughts or attitudes, or hallucinations
- d. may show extremely poor judgment
- e. may be exaggerating deviance as a cry for help
- f. tend to have a schizoid life-style
- g. do not feel a part of their environment
- h. feel isolated, alienated, misunderstood, and unaccepted
- i. are withdrawn, seclusive, secretive, and inaccessible
- j. avoid dealing with people and new situations
- k. are described as aloof, shy and uninvolved
- l. experience apprehension and generalized anxiety
- m. may feel resentful, hostile, and aggressive
- n. are unable to express negative feelings
- o. typically respond to stress by withdrawing into daydreams and fantasy
- p. may have difficulty separating reality from fantasy
- q. are plagued by self-doubts
- r. feel inferior, incompetent, and dissatisfied
- s. may experience sexual preoccupation and/or sex role confusion
- t. are nonconforming, unusual, unconventional, and eccentric
- u. have vague and long-standing physical complaints
- v. may at times be stubborn, moody, and opinionated
- w. may at times seem to be generous, peaceable, and sentimental
- x. are described as immature, impulsive, adventurous, sharp-witted, conscientious, and high-strung
- y. may have a wide range of interests

- z. maybe creative and imaginative in approaching problems
- aa. have abstract and vague goals
- ab. seem to lack basic information required for problem solving
- ac. have poor prognosis for psychotherapy because of the long-standing nature of their problems and their reluctance to relate in meaningful ways to therapists
- ad. tend to stay in therapy longer than most clients
- ae. may eventually come to trust their therapist
- af. may require medical referral to evaluate the appropriateness of pharmacotherapy

6) **T-Scores 58-64 (moderate elevation) are indicative of individuals who:**

- a. think differently than others
 - 1. can represent creativity, an avant-garde attitude, or actual schizoid-like processes
- b. tend to avoid reality through fantasy and daydreams

7) Normal Range: **T-Scores 40-57**

8) **T-Scores < 40 (low scores) are indicative of individuals who:**

- a. tend to be friendly, cheerful, good-natured, sensitive, and trustful
- b. are seen as well-balanced and adaptable
- c. are responsible and dependable
- d. tend to be restrained in relationships
- e. avoid deep, emotional involvement with other people
- f. are submissive, compliant, and overly accepting of authority
- g. tend to be cautious, conventional, and conservative
- h. are practical and concrete in their thinking
- i. are concerned about success, status, and power
- j. are reluctant to place themselves in clearly competitive situations
- k. tend to be unimaginative and may have difficulty with persons who perceive the world differently

K. Scale 9: Hypomania (Ma)

1) 46 items which **assess the behavioral characteristics of a manic episode as well as over-ambitiousness, extroversion, and high aspirations**

- a. *Examples:* 122. *At times my thoughts have raced ahead faster than I could speak them. (T)*
167. *I find it hard to make talk when I meet new people. (F)*

2) scale constructed on patients in the early stages of a manic episode of manic-depressive disorder

- a. can't get a reliable assessment of folks with full-blown episodes

3) Harris-Lingoes Subscales

- a. amorality
- b. psychomotor acceleration
- c. imperturbability
- d. ego inflation

4) **T-Scores < 80 (extreme elevation) are indicative of individuals who:**

- a. exhibit behavioral manifestations of a manic episode, including:
 - 1. excessive, purposeless activities
 - 2. accelerated speech
 - 3. hallucinations
 - 4. delusions of grandeur
 - 5. emotional lability
 - 6. confusion
 - 7. flight of ideas

5) **T-Scores 65-79 (marked elevation) are indicative of individuals who:**

- a. are overactive

- b. have unrealistic self-appraisal
- c. are energetic and talkative
- d. prefer action to thought
- e. have a wide range of interests
- f. may have many projects going at once
- g. do not utilize energy wisely
- h. often do not see projects through to completion
- i. may be creative, enterprising, and ingenious
- j. have little interest in routine and detail
- k. tend to become bored and restless very easily
- l. have low frustration tolerance
- m. have difficulty in inhibiting expression of impulses
- n. have periodic episodes of irritability, hostility, and aggressive outbursts
- o. are characterized by unrealistic, unqualified optimism
- p. have grandiose aspirations
- q. have an exaggerated appraisal of self-worth
- r. are unable to see their own limitations
- s. are outgoing, sociable, and gregarious
- t. like to be around other people
- u. create good first impressions
- v. impress others as friendly, pleasant, enthusiastic, poised and self-confident
- w. have quite superficial relationships with other people
- x. eventually are seen by others as manipulative, deceptive and unreliable
- y. harbor feelings of dissatisfaction beneath an outward appearance of confidence and poise
- z. may feel upset, nervous, tense, anxious, and agitated
- aa. may describe themselves as prone to worry
- ab. may experience periodic episodes of depression
- ac. in psychotherapy, they may reveal negative feelings toward dominating parents, difficulties in school or at work, and a variety of delinquent behaviors
- ad. if female, may be rebelling against stereotyped female roles
- ae. if male, may be concerned with homosexual impulses
- af. have a poor prognosis for psychotherapy
- ag. are resistant to psychological interpretations
- ah. are irregular in therapy attendance
- ai. engage in a great deal of intellectualization
- aj. are likely to terminate therapy prematurely
- ak. repeat problems in a stereotypical manner
- al. do not become dependant upon therapists
- am. may make their therapists the targets of hostility and aggression

6) T-Scores 58-64 (moderate elevation) are indicative of individuals who:

- a. are active, outgoing, and energetic
- b. may find external restrictions on their activity level agitating and dissatisfying

7) Normal range: T-Scores 40-57

8) T-Scores < 40 (low scores) are indicative of individuals who:

- a. are characterized by low energy and activity levels
- b. appear to be lethargic, listless, apathetic, and phlegmatic
- c. are difficult to motivate
- d. may report chronic fatigue and physical exhaustion
- e. may report depression, accompanied by tension and anxiety
- f. are reliable, dependable, and responsible
- g. approach problems in conventional, practical and reasonable ways

- h. are conscientious and persevering
- i. may lack self-confidence
- j. are seen by others as sincere, quiet, modest, and humble
- k. tend to be somewhat withdrawn and seclusive
- l. see themselves as not being very popular
- m. tend to be overcontrolled and are not likely to express their feelings directly or openly
- n. if male, have home and family interests and seem willing to “settle down”
- o. if hospitalized psychiatric patients, have a more favorable prognosis than most other hospitalized patients

9) **T-Scores < 35 (extremely low scores) are indicative of individuals who:**

- a. are suffering from depression (despite the T-Score from Scale 2)

L. Scale 0: Social Introversion (Si)

- 1) 69 items which **reflect levels of social activity; high scores indicate more aversion to social activities while low scores indicate a willingness to participate in social activities**

- a. *Examples:* 70. *I am easily downed in an argument. (T)*
79. *I do not mind being made fun of. (F)*

- 2) scale constructed on samples of college students who scored at the extremes of the social introversion and social extroversion scale in the TSE (Thinking-Social-Emotional Introversion) Inventory

- 3) No Harris-Lingoes Subscales

4) **T-Scores > 65 (marked elevation) are indicative of individuals who:**

- a. are socially introverted
- b. are very insecure and uncomfortable in social situations
- c. tend to be shy, timid, reserved, and retiring
- d. feel more comfortable alone, or with a few very close friends
- e. do not participate in many social activities
- f. may be especially uncomfortable around members of the opposite sex
- g. lack self-confidence; tend to be self-effacing
- h. are hard to get to know
- i. are described by others as cold and distant
- j. are sensitive to what others think of them
- k. are likely to be troubled by their lack of involvement with other people
- l. are quite overcontrolled and are not likely to display their feelings openly
- m. are submissive and compliant in interpersonal relationships
- n. are overly accepting of authority
- o. are described as serious and as having a slow personal tempo
- p. are reliable and dependable
- q. tend to have a cautious, conventional, and unoriginal approach to problems
- r. tend to give up easily
- s. are somewhat rigid and inflexible in their attitudes and opinions
- t. have great difficulty in making even minor decisions
- u. seem to enjoy their work and get pleasure from productive personal achievement
- v. tend to worry, to be irritable, and to feel anxious
- w. are described by others as moody
- x. may experience episodes of depression
- y. seem to lack energy
- z. do not have many interests

5) **T-Scores 58-64 (moderate elevation) are indicative of individuals who:**

- a. prefer to be alone or with a small group of friends
- b. have the ability to interact with others but generally prefer not to
- 6) Normal range: **T-Scores 40-57**
- 7) **T-Scores < 40 are indicative of persons who:**
 - a. are sociable and extroverted
 - b. are outgoing, gregarious, friendly, and talkative
 - c. have a strong need to be around other people
 - d. mix well at social gatherings
 - e. are seen as intelligent, expressive, and verbally fluent
 - f. are active, energetic, and vigorous
 - g. are interested in power, status, and recognition
 - h. seek out competitive situations
 - i. have problems with impulse control and may act without considering the consequences of their actions
 - j. are somewhat immature and self-indulgent
 - k. may have superficial and insincere relationships with other people
 - l. may be manipulative and opportunistic
 - m. may arouse resentment and hostility in others

M. Interpreting the Basic Scales

- 1) Use High Point Pairs
 - a. find the 2 scales with the highest T-Scores and interpret the combination
 - 1. have to be above 65
 - b. many books list interpretative paragraphs for high point pairs
 - 1. Groth-Marnat
 - 2. Gardner
 - c. Remember, these are generalizations about the typical individual who scores this way. You will need to tailor the paragraphs to fit your individual client.
 - 1. based on probability statements; may or may not apply to a single client
 - d. you should also interpret the individual scales, but the combining into code types yields some unique interpretive information
 - e. when multiple code types are interpreted in a single profile, the highest two point pair receives more weight than any lower pairs if there are any contradictions
 - f. if there are three or more scales above 65 and within a few T points of each other, divide the profile into as many two-point pairs as possible and interpret all of the pairs
 - g. following are the top 22 most frequent high point pairs and the interpretations for each pair

High Point Pairs

from Newmark, C. S., & McCord, D. M. (1996). The Minnesota Multiphasic Personality Inventory–2 (MMPI-2). In C. S. Newmark (Ed.), Major Psychological Assessment Instruments (pp. 1-58). Boston, MA: Allyn and Bacon.

1-2/2-1

Individuals with this high point pair tend to experience depression, worry, and pessimism, and endorse a large number of somatic complaints accompanied by a marked preoccupation with bodily functions. Symptoms are likely to include pain, weakness, and easy fatigability, and are most pronounced during periods of stress. They may present multiple somatic complaints or the symptoms may be restricted to one particular system. There is difficulty in externalizing emotions and therefore these clients feel uncomfortable in situations demanding anger, originality, or strength. Many of their angry and hostile feelings become introjected, resulting in heightened physiological reactivity. They tend to be passive-dependent in relationships and may harbor hostility toward others who are not perceived as offering enough attention or support. A history of drug and/or alcohol abuse should be considered. A rather sour, whiny, and complaining attitude is likely accompanied by skepticism and a great deal of cynicism

regarding treatment. Clients' motivation for change is quite weak, as they have learned to tolerate high levels of discomfort and because they refuse to consider physiological symptoms as signs of psychological stress. These clients consistently will seek medical attention in order to substantiate their somatic concerns. Although insight is likely to be quite limited, judgment is usually intact.

1-3/3-1

Individuals with this high point pair are generally immature, egocentric, and demanding, with hysteroid characteristics and repressive defenses. If there are elevations on Scale 2, then this implies that these repressive defenses are not working effectively. Such clients are prone to develop any of a variety of circumscribed conversion symptoms. Although these symptoms may be based in some actual organic pathology, they generally arise after protracted periods of tension in clients with a history of insecurity, immaturity, and well-established proclivity to physical complaints. They are likely to be quite demanding of attention and affection and will attempt to receive this through unobtrusively manipulative means. Rarely are such clients seen as psychotic. Denial is a major defense, as they manifest an overly optimistic and Pollyannaish view of their situation and of the world in general, and they may not show appropriate concern about their symptoms. Overcontrol is likely, as they will go to great lengths to inhibit the expression of hostile and aggressive feelings. This internalization of impulses occurs in almost every area except with the possibility of sexual acting-out behaviors. Many of these clients are especially vulnerable to narcissistic injury in heterosexual relationships. In psychotherapy, clients with this high point pair will want immediate concrete solutions to their difficulties and will terminate prematurely when the therapist fails to respond to their excessive demands for attention. Individuals with this high point pair lack insight into the nature of their behaviors and are very resistant to interpretations that could imply psychological explanations of their physical difficulties.

1-8/8-1

When there is an elevated F scale associated with this profile, one possible diagnosis is schizophrenia. Individuals with this high point pair are described as having difficulty handling stress and may show clearly delusional thinking regarding bodily functions and bodily illnesses. They harbor feelings of anger and hostility, but are unable to express these overtly for fear of retaliation from others. They either inhibit expression—almost completely resulting in the feeling of being “bottled up”—or they are overly belligerent, abrasive, and caustic in speech. Internalization of feelings may be represented via numerous somatic complaints and heightened physiological reactivity. Trust appears to be a crucial issue, resulting in limited social contacts and subsequent feelings of loneliness, alienation, isolation, and rejection. Clients with this high point pair have fundamental and disturbing questions concerning their own sexual identity and worth, and feel generally misunderstood and not a part of the general social environment. The possibility of some type of prepsychotic disorder also should be considered.

1-9/9-1

Clients with this high point pair are described as being rather tense, anxious, and experiencing a great deal of emotional turmoil. They expect a high level of achievement from themselves but lack clear and definitive goals. Much of their frustration occurs due to their inability to obtain their rather high levels of aspiration. The elevation on Scale 1 may be considered an indicator of basic passivity and strong needs for dependency which are being struggled against in counter-phobic denial fashion by hyperactivity and tremendous efforts to produce. Such individuals are basically passive-dependent and are trying to compensate for their perceived inadequacies. This high point pair also may be found among individuals with brain damage who are experiencing difficulty coping with their limitations and deficits. However, the diagnosis of cerebral dysfunction never should be made based solely on MMPI-2 high point pairs.

2-3/3-2

Individuals with this high point pair typically show immaturity, feelings of inadequacy and insecurity, and inefficiency in living. Depression as well as lowered activity levels, feelings of helplessness, and self-doubt are evident. Initiative is lacking in clients with this high point pair and they are likely to rely on others to take care of them. They are viewed by others as rather passive, docile, and dependent. Feelings of social inadequacy are evident, resulting in a tendency to keep social contacts to a minimum. Such clients especially avoid competitive situations where failure might occur. They also are quite uncomfortable with members of the opposite sex, and sexual

maladjustment, including impotence and frigidity, is common. Nevertheless, such individuals do elicit nurturant and helpful attitudes from others. Overcontrol is pronounced, as there is difficulty expressing angry and hostile feelings in a modulated, adaptive way. Instead clients with this high point pair deny experiencing these unacceptable feelings, but feel anxious and guilty when this denial fails. Somatic symptoms are present but often are inconsistent and changing. The prognosis in psychotherapy is guarded because these clients have learned to adjust to their somewhat chronic problems and have continued to function at low levels of efficiency for prolonged periods of time. Thus, their motivation for change typically is weak.

2-4/4-2

This high point pair is characteristic of two different types of clients. The most common is psychopathic individuals who have been caught in some illicit or illegal behavior and are subsequently being evaluated. The depression is a reaction to the constraints being placed on their behavior, such as being put in a prison or a hospital. This depression abates when escape from stress is effected or when the constraints are removed. Nevertheless, the presence of even this situational depression results in a slightly better prognosis than for individuals in similar circumstances who do not admit this affect. The most valid interpretation for these psychopathic clients would use primarily the correlates of Scale 4.

Other clients obtaining this high point pair are described as being extremely hostile, angry, and resentful. Marital and/or family turmoil is prevalent, resulting in intense dissatisfaction with their present life situation. Clients with this high point pair are immature, dependent, egocentric, and often vacillate between pitying themselves and blaming others for their difficulties. Impulse control problems are quite prevalent, as they exhibit an apparent inability to plan ahead if not a reckless disregard of the consequences of their behaviors. They may react to stress with excessive alcohol consumption and/or drug abuse. They experience a failure to appreciate the interpersonal side of life, have difficulty showing warmth, tend to resent authority figures and demands imposed on them, and may misinterpret the meaning of social events and relationships. Psychotherapeutic intervention will prove difficult, as numerous characterological difficulties exist, and the depressive features are chronic in nature and deeply ingrained into the character structure.

2-6/6-2

This high point pair suggests the probability of an early stage of a psychosis in a client who may be experiencing more severe emotional difficulties than the profile ordinarily would suggest. There is a reservoir of anger and hostility present that is not entirely masked by the depressed feelings. Unlike most depressed individuals who are unable to express their anger overtly, these clients usually are openly hostile, aggressive, and resentful towards others. They adopt a chip-on-the-shoulder attitude in an attempt to reject others before they are rejected. Also, they read malevolent meaning into neutral situations and jump to conclusions based on insufficient data. Paranoid trends are rather pronounced, sometimes to the point where paranoid ideation is psychotic in nature.

2-7/7-2

This high point pair is most common among psychiatric inpatients and suggests worry, depression, and pessimism with accompanying anxiety, tension, nervousness, and a pervading lack of self-confidence. Psychic conflicts may be represented in hypochondriachal tendencies and somatic complaints. Individuals with this high point pair are guilt ridden, intopunitive, generally fearful, and obsessively preoccupied with their personal deficiencies. The latter is in disturbing conflict with their typically perfectionistic and meticulous attitude and their strong motive for personal achievement and recognition. They have high expectations for themselves and feel rather guilty when they fail to achieve their goals. Individuals with this high point pair tend to respond to frustration with considerable self-blame and guilt. They worry excessively, are vulnerable to both real and imagined threat, and anticipate problems before they occur. Socially, they tend to be rather docile and dependent, and find it difficult to be assertive when appropriate. The prognosis in psychotherapy is excellent, as individuals with this high point pair appear motivated for help. However, if the elevation on either Scale 2 or Scale 7 is greater than a T score of 80, then the distress may be incapacitating. In such cases, psychopharmacological treatment should be considered before psychotherapy is attempted. The most likely diagnosis is some type of depressive or anxiety disorder.

2-8/8-2

This high point pair suggests depression with accompanying anxiety and agitation leading to a fear of loss of control of hostile and aggressive impulses. Suicidal ideation is likely and the potential for self-destructive behaviors is high. Individuals with this high point pair exhibit a marked psychological deficit as evidenced by a general loss of efficiency, periods of confusion, a retarded stream of thought, a stereotyped approach to problem solving, and noticeable difficulties with concentration. Occasionally, the clinical picture may include hysterically determined somatic symptoms of an atypical variety. Unlike the hysteric, however, individuals with this high point pair are typically unsociable, interpersonally sensitive, and suspicious. They complain of concentration and thinking difficulties and may show a formal thought disorder consistent with a schizophrenic disorder. The potential inherent in the intimacy for subsequent rejection results in their reluctance to become involved with others. This lack of meaningful involvement increases their feelings of despair, worthlessness, and low self-esteem. Individuals with this high point pair typically have a chronic level of adjustment that is of marginal quality; therefore, the prognosis for intervention and subsequent change is poor. Most individuals with this high point pair receive a diagnosis of either major depression, schizophrenia, or schizoaffective disorder.

2-9/9-2

This high point pair often reflects an agitated depression in which tension is discharged through heightened motor activity. Individuals with this high point pair are overly expressive affectively, are extremely narcissistic, and ruminate expressively regarding their self-worth. Although they may express concern about achieving at a high level, it often appears that they set themselves up for failure. Another interpretation is that these clients are denying underlying feelings of inadequacy and worthlessness and may be attempting to use a variety of manic mechanisms—such as hyperactivity, denial of poor morale, and overinvolvement with others—to avoid focusing on their depression. In other words, individuals with this high point pair are experiencing a hypomanic process that is no longer sufficient to obscure their depressive features, at least not on the MMPI-2. Both types of clients will appear tense and restless and will show irritability and ready anger at minor obstacles and frustrations.

In younger clients, this high point pair may be suggestive of an identity crisis characterized by a lack of personal and vocational direction as well as numerous existential concerns. In older clients, this high point pair may be a reaction to physical disability or reflect a melancholic depression.

3-4/4-3

Individuals with a 3-4 high point pair have been found to display different behaviors than individuals with a 4-3 high point pair. The relationship between Scale 3 and Scale 4 serves as an index of whether clients will overtly express or inhibit their socially unacceptable impulses—particularly anger, aggression, and hostility. If Scale 3 is higher than Scale 4, then a rather passive-aggressive expression of anger is likely. When aggressive actions do occur, individuals with this high point pair deny hostile intent and show a striking lack of insight. If Scale 4 is higher than Scale 3, clients are likely to appear overcontrolled and bottle up their anger for long periods of time. They then explode in a rage, periodically committing violent behaviors.

This high point pair reflects clients experiencing a chronic and stable character disorder and tending to be extrapunitive in their reactions to stress and frustration. Individuals with this high point pair handle conflicts by using provocation, manipulation, as well as blame, projection, and attempts at domination. Some of these individuals are free of disabling anxiety and depression, but somatic complaints may occur. Individuals with this high point pair typically experience marital disharmony, sexual maladjustment, and alcoholism. Interpersonal relationships usually are tenuous, though many establish enduring, though turbulent, relationships with marginal, acting-out individuals, thereby vicariously gratifying their own antisocial tendencies. Psychotherapeutic intervention proves difficult because such clients are apt to use psychotherapy for voicing complaints about others instead of concentrating on their own problems. Their motivation for help is typically weak and of questionable sincerity. Personality disorder diagnoses are most commonly associated with this high point pair.

3-6/6-3

Individuals with this high point pair are seen as angry, bitter individuals who are repressing their own hostile and aggressive impulses. They tend to deny any suspicious attitudes and comfort themselves with a naive and

rosy acceptance of things as they are. They perceive their relationships in positive terms and have difficulty understanding why others react to them the way they do. This no doubt contributes to significant marital turmoil. Their chronic feelings of hostility usually are directed toward members of their immediate family. Whenever this anger and hostility are recognized, individuals with this high point pair tend to rationalize so that these feelings appear reasonable, warranted, and justified. They are hypersensitive to criticism, experience considerable anxiety and tension, and frequently have somatic complaints. When Scale 6 is higher than Scale 3 by five or more T points, such clients strive for social power and prestige, even to the point of ruthless power manipulations. The possibility of paranoid or psychotic features should be evaluated in the latter group, even though such traits are relatively unusual for this high point pair. The prognosis for significant change is poor.

3-8/8-3

Individuals with this high point pair typically have major thought disturbances (if F is greater than or equal to 70) to the point of disorientation, difficulty with concentration, and lapses of memory. Regression and autistic overideation may be present, and thinking may become delusional in nature. Feelings of unreality and emotional inappropriateness are likely. Also evident is a moderate degree of psychic distress that may be discharged into somatic complaints, especially headaches and insomnia. Individuals with this high point pair are generally fearful, emotionally vulnerable, immature, and possess schizoid characteristics. They have an exaggerated need for attention and affection from others, but are quite threatened by intimacy and dependent relationships. They display intropunitive reactions to frustration and approach problems in a stereotyped manner. The most common diagnosis is schizophrenia, but somatoform as well as hysterical disorders should also be considered. Supportive psychotherapy seems to have some limited impact.

4-5/5-4

This high point pair is most common among men, and it suggests a chronic character disorder in clients appearing to experience minimal psychic distress. Any occurring depression or anxiety usually is situational in nature. Individuals with this high point pair have nonconforming and defiant attitudes and values as well as aggressive and antisocial tendencies. They exhibit emotional passivity and poorly recognized desires for dependency. Dependency conflicts may be acted out and create masculine protest types of behaviors as well as a variety of conduct disturbances. The guilt feelings and remorse about such actions may temporarily prevent further expression. However, their strong tendency to narcissistically indulge themselves and their lack of frustration tolerance probably will determine their behaviors. They tend to have sexual identity concerns and may, in fact, be preoccupied regarding homoerotic impulses. There is a fear of female domination. Females obtaining this high point pair usually are rebelling against cultural stereotypes of femininity and although they have strong needs for dependency, they fear domination by significant others.

4-6/6-4

Individuals with this high point pair are likely to accentuate their complaints by a tendency to be self-dramatic and hysteroid. They can be expected to be chronically hostile and resentful and to use projection and acting out as preferred defense mechanisms. Impulse control is likely to be deficient and ineffective, and difficulty will be encountered in any enterprise requiring sustained effort. Individuals with this high point pair tend to be narcissistic, dependent, and quite demanding of attention and sympathy, yet they will not reciprocate and resent demands placed on them. They are extremely sensitive to criticism, mistrust the motives of others, tend to brood and harbor grudges, and feel they are not receiving the appropriate treatment they deserve. A history of social maladjustment is likely. Individuals with this high point pair are often seen by others as irritable, sullen, argumentative, and obnoxious. Serious marital and sexual maladjustment is likely as well as excessive alcohol consumption and/or drug abuse. While the most likely diagnosis is some type of character disorder, the possibility of a borderline or psychotic disorder should be considered, especially if Scale 8 also is elevated. Individuals with this high point pair have difficulty in psychotherapy because denial is prominent and their basic mistrust of the motives of others precludes their acceptance of constructive criticism and attempts to help them. Furthermore, they will be reluctant to discuss emotionally laden topics for fear that dire consequences will follow if they reveal themselves in any way.

4-7/7-4

Individuals with this high point pair show numerous characterological difficulties as well as cyclical patterns of acting out followed by periods of guilt, regret, and remorse for having done so. This guilt is usually out of proportion to the actual acting-out behavior and frequently is accompanied by somatic complaints. While such clients appear to be overcontrolled, these controls are not sufficient to prevent recurrences of acting-out behaviors and gross insensitivity to the consequences. Episodes of acting out may include excessive alcohol consumption, drug abuse, and sexual promiscuity. Individuals with this high point pair find rules, regulations, and limits imposed by others to be quite irritating and anxiety provoking. Though quite concerned with their own feelings and problems, they are markedly callous and indifferent to the needs and feelings of others. Psychotherapy may prove effective, as such clients seek help when their guilt is most pronounced. However, the long-term prognosis is guarded.

4-8/8-4

Individuals with this high point pair are experiencing considerable distress in addition to irritability, hostility, suspiciousness, and even possibly ideas of reference. Projection and acting out in asocial ways are primary defenses. Whenever they commit crimes, they tend to be viscous, senseless, poorly planned, and poorly executed. The personality type is schizoid and these clients appear socially isolated and avoid close relationships because of fear of emotional involvement. Social intelligence is likely to be limited and serious difficulties can be expected in the areas of empathy and communication abilities. Individuals with this high point pair are moody, emotionally inappropriate, and cannot express emotions in a modulated, adaptive way. In their behavior, these clients are unpredictable, changeable, and nonconforming. Their educational and occupational histories are noted by underachievement, marginal adjustment, and uneven performance. Serious sexual identity concerns are present and excessive alcohol consumption and/or drug abuse is likely. Judgment tends to be poor and insight is extremely limited. Suicide attempts are relatively common. Others perceive individuals with this high point pair as rather odd, peculiar, different, and not seeming to fit into the environment. The diagnostic possibilities include a borderline disorder, schizoid personality, or schizophrenia. The latter is most likely when Scales 4 and 8 are elevated above a T score of 75. Psychotherapy is likely to be unproductive at worst and difficult at best.

4-9/9-4

Individuals with this high point pair show numerous characterological difficulties and are described as being impulsive and irresponsible in their behavior, and trustworthy, shallow, and superficial in relation to others. They have easy morals, are narcissistic and hedonistic, but temporarily may create a favorable impression because they are internally comfortable and free from inhibiting anxiety, worry, and guilt. However, they are actually quite deficient in their role-taking ability. Judgment is likely to be poor and they do not seem to benefit from past experiences. Their limited ability to intuitively sense the feelings of others persistently handicaps their development of an effective adult role. Individuals with this high point pair have fluctuating ethical values and are prone to continue activities so long that they exceed proprieties, neglect other obligations, and alienate others. They possess a marked disregard for social rules and convention, and engage in behaviors with little or no forethought. Alcoholism, legal difficulties, marital problems, and sexually acting-out behaviors are common. Individuals with this high point pair are unwilling to accept responsibility for their own behavior and construct emotionally satisfying but irrational explanations for their difficulties. They will rarely become involved in psychotherapy. The most likely diagnosis appears to be some type of character disorder, with antisocial personality the most common.

6-8/8-6

Individuals with this high point pair usually show evidence of a formal thought disorder and paranoid ideation compatible with a paranoid schizophrenic reaction (especially if F is greater than or equal to 70). They can be expected to suffer from moderate psychological distress, to be pervasively hostile and suspicious, and to experience delusions of persecution and/or grandeur and hallucinations. Regression, disorganization, and autistic associations are likely. Clients with this high point pair are often preoccupied with abstract or theoretical matters to the exclusion of specific concrete aspects of their lives. General apathy may be pronounced, affect seems blunted, and established defenses are lacking. Under stress, they are likely to withdraw and occupy themselves with secretive autistic fantasy accompanied by loss of capacity to recognize reality. Individuals with this high point pair are quite resentful of demands imposed on them and are described as moody, irritable, unfriendly, and negativistic. Conflicts regarding sexuality are evident. When individuals with this high point pair do not meet the traditional MMPI-2

criteria for schizophrenia, then the most likely diagnosis involves a paranoid psychosis or schizoid personality. Psychotropic medications are usually the treatment of choice for individuals with this high point pair.

6-9/9-6

Individuals with this high point pair are tense, anxious, and usually react to even minor obstacles and frustrations with irritability, jumpiness, and ineffective excitability. They respond to environmental stimuli in an emotional way and have difficulty with thinking and concentration. Grandiosity is a prominent feature and disorientation, feelings of perplexity, and confusion are noted. They suffer from ideas of reference and a pervading suspiciousness, which at times may take the form of paranoid mentation and even delusions. Individuals with this high point pair tend to ruminate and obsess but rarely translate their ideas into constructive behaviors. Also evident is considerable difficulty externalizing their obvious anger and hostility in socially acceptable ways. Periodic undercontrolled emotional outbursts will alternate with excessive restraint and control. In Scales F and 8 are also elevated, then a schizophrenic disorder is a possibility. Otherwise, some type of manic disorder, acute psychotic episode, or drug-induced psychosis should be considered. Medications appear to be the treatment of choice for individuals with this high point pair.

7-8/8-7

Individuals with this high point pair show chronic personality difficulties characterized by excessive worry, introspection, and overideational rumination. Passivity is pronounced and difficulty will be encountered in situations demanding anger, originality, and strength. Dependency is evident in individuals with this high point pair and they suffer from feelings of insecurity, inferiority, and inadequacy. They lack established defense patterns and tend to be quite nervous around others. A history with few rewarding social experiences is evident, as they lack poise, assurance, and dominance. Judgment is likely to be poor and some confusion evident, as their actions and planning reveal a lack of common sense. Rich fantasy lives are suggested, especially with regard to sexual matters, and they spend much time daydreaming. Serious sexual identity concerns exist as individuals with this high point pair feel inadequate in their traditional sex role and in heterosexual relations. They complain of concentration and thinking difficulties, suffer from excessive indecision, doubt, and vacillation, and may show a formal thought disorder. Psychological interventions are difficult because of the chronic ingrained nature of their conflicts and because of the difficulty in forming interpersonal relationships.

8-9/9-8

The majority of individuals with this high point pair show evidence of paranoid mentation and a formal thought disorder. Onset is typically acute and accompanied by excitement, disorientation, and general feelings of perplexity. Well-established autistic trends, delusions, and hallucinations are likely. Regression is manifested by retarded and stereotyped thinking and by emotional inappropriateness. Individuals with this high point pair tend to be narcissistic and infantile in their expectations of others, and become extremely resentful and hostile when their demands for attention are not met. They appear hyperactive, easily distractible, labile, and show grandiose thinking. They are quite unpredictable in their behavior and may act out unexpectedly. Psychotherapeutic intervention may prove extremely difficult because individuals with this high point pair are rather vague and evasive and tend to shift rapidly from topic to topic, so that addressing a specific issue is difficult. While the modal diagnosis for individuals with this high point pair is schizophrenia, manic disorders and drug-induced psychoses should also be considered.

2) Welch Code

- a. used in some medical settings as a shorthand method for passing on the information
- b. Change the scales from names to numbers (e.g., Hs = 1; D = 2, etc.)
- c. list the scales from highest to lowest
- d. when scales are within one T-Scale point, underline them
- e. indicate the elevation of the scale by placing these symbols at the right end of the scale that has that elevation
 1. 120+ = !!
 2. 110-119 = !

3. 100-109 = **
 4. 90-99 = *
 5. 80-89 = “
 6. 70-79 = ‘
 7. 60-69 = -
 8. 50-59 = /
 9. 40-49 = :
 10. 30-39 = #
 11. < 29 is to the right of the # sign
 12. *Example:* **4*75‘3’8‘126/9#0
- f. if you have no scores in a given range, just list the symbols one after another
- g. repeat the process for the validity scales
1. *Example:* **4*75‘3’8‘126/9#0 “K’L’/F#
- h. when reporting the Welch Code, put it either in the area in which you report the test scores or at the bottom of the personality section

N. Content Scales

- 1) On the MMPI, the scales were derived empirically (statistically). Questions whose answers differentiated between diagnostic groups were used to form the scales (which were then named after the diagnostic groups). Little consideration was given to scale overlap.
 - a. the same score can be obtained by individuals who endorse different kinds of information
- 2) Content scales were developed to look more specifically at the type of information generated by a specific across the usual clinical scales
- 3) **ANX–Anxiety**
 - a. designed to tap into symptoms of anxiety
 - b. **T-Scores > 65 are indicative of individuals who:**
 1. feel nervous, worried and apprehensive
 2. have problems with concentration
 3. complain of sleep disturbance
 4. feel uncomfortable making decisions
 5. report feeling sad
 6. feel that life is a strain
 7. are pessimistic
 8. lack self-confidence
 9. feel overwhelmed by the responsibilities of life
 10. if female, may appear irritable/hostile
 - c. **T-Scores > 40 are indicative of individuals who:**
 1. are not likely to report symptoms of anxiety or depression
 2. are decisive and are able to meet the demands of daily life
- 4) **FRS–Fears**
 - a. designed to indicate an individual with many specific fears
 - b. **T-Scores > 65 are indicative of individuals who:**
 1. are fearful and uneasy most of the time
 2. report specific fears and phobias
 - c. **T-Scores < 40 are indicative of individuals who:**
 1. are not generally fearful
 2. do not report multiple fears/phobias
- 5) **OBS–Obsessiveness**
 - a. designed to catch the obsessions in OCD
 - b. **T-Scores > 65 are indicative of individuals who:**
 1. show great difficulty making decisions
 2. are rigid and dislike change

3. engage in compulsive behavior
4. fret/worry/ruminate over trivial things
5. have intrusive thoughts
- c. **T-Scores < 40 are indicative of persons who:**
 1. do not have difficulty making decisions
 2. do not sweat the small stuff
 3. can handle changes in their routine

6) DEP-Depression

- a. designed to catch depressive thoughts
- b. **T-Scores > 65 are indicative of individuals who:**
 1. feel depressed or despondent
 2. feel fatigued and lack interest in activities
 3. are pessimistic and hopeless
 4. are recently preoccupied with thoughts of death or suicide
 5. cry easily
 6. are indecisive and lack confidence
 7. feel guilty
 8. have a number of health concerns
 9. report feeling lonely
 10. are uncertain about their future and find their lives empty and meaningless
 11. if female, appear resentful and demanding
 12. incarcerated criminals have high DEP scores, but this is probably a situational factor, not a personality factor
- c. **T-Scores > 40 are indicative of individuals who:**
 1. not likely to report symptoms of depression
 2. have energy
 3. are decisive and confident

7) HEA-Health Concerns

- a. designed to assess the physical complaints of individuals
- b. **T-Scores > 65 are indicative of individuals who:**
 1. deny good physical health
 2. are preoccupied with bodily functioning
 3. feel worn out or lack energy
 4. report a variety of specific somatic symptoms, including gastro-intestinal problems, neurological problems, sensory problems, cardiovascular symptoms, and respiratory problems
 5. worry about their health and catching disease
 6. feel they are sicker than most people
- c. **T-Scores < 40 are indicative of individuals who:**
 1. claim to be in good physical health and report no specific somatic symptoms
 2. do not feel any sicker than other people

8) BIZ-Bizarre Mentation

- a. this scale is designed to assess psychotic thought processes
- b. **T-Scores > 65 are indicative of individuals who:**
 1. have psychotic thought processes
 2. may report auditory, visual, or olfactory hallucinations
 3. may report feelings of unreality
 4. feel other people say bad things about them
 5. believe others are trying to harm them
 6. believe others can read their minds or control their behaviors
- c. **T-Scores < 40 are indicative of individuals who:**
 1. report no psychotic processes, hallucinations, delusions, or unreal feelings

9) **ANG–Anger**

- a. assesses anger control problems
- b. **T-Scores > 65 are indicative of individuals who:**
 - 1. feel angry and hostile most of the time
 - 2. are seen by others as irritable, grouchy, impatient, and stubborn
 - 3. may feel like swearing and smashing things
 - 4. may have temper tantrums
 - 5. may lose control and be physically abusive toward others
 - 6. may express anger in passive, indirect ways
- c. **T-Scores < 40 are indicative of individuals who:**
 - 1. deny feeling generally angry or hostile
 - 2. claim to not lose control and act abusively

10) **CYN–Cynicism**

- a. designed to detect the misanthropes among us
- b. **T-Scores > 65 are indicative of individuals who:**
 - 1. see others as dishonest, selfish, and uncaring
 - 2. are suspicious about the motives of others
 - 3. are guarded and untrusting in relationships
 - 4. may be hostile and overbearing
 - 5. may be demanding of themselves but resent even mild demands placed on them by others
 - 6. do not appear friendly or helpful
 - 7. feel that people use each other and are only friendly for selfish reasons
 - 8. incarcerated criminals have high CYN scores
- c. **T-Scores < 40 are indicative of individuals who:**
 - 1. express generally positive perceptions of other people
 - 2. are trusting in relationships
 - 3. are not seen as hostile and overbearing
 - 4. are typically friendly and helpful to others

11) **ASP–Antisocial Practices**

- a. assesses problematic behaviors, especially in school
- b. **T-Scores > 65 are indicative of individuals who:**
 - 1. are likely to be in trouble in school or with the law
 - 2. believe that there is nothing wrong with getting around the laws as long as the laws are not broken (or they are not caught)
 - 3. incarcerated criminals tend to have high ASP scores
 - 4. enjoy hearing about the escapades of criminals
 - 5. have a generally cynical attitude toward others
 - 6. resent authority
 - 7. if male, they may express anger and hostility by swearing and having temper tantrums
 - 8. if female, may express anger and hostility less directly
 - 9. may be seen by others as more dishonest, inconsiderate, and not helpful
 - 10. report stealing things, other problem behaviors, and antisocial practices during their school years
- c. **T-Scores < 40 are indicative of individuals who:**
 - 1. have no trouble in school or with the law
 - 2. are not particularly resentful of authority

12) **TPA–Type A**

- a. assesses the characteristically Type-A behaviors
- b. **T-Scores > 65 are indicative of individuals who:**
 - 1. are hard driving, fast moving, and work-oriented
 - 2. never feel they have enough time to get things done

3. do not like to wait or be interrupted
4. are frequently hostile, irritable, and easily annoyed
5. tend to be overbearing and critical in relationships
6. tend to hold grudges and want to get even
7. if female, tend to be restless, tense, and suspicious

c. T-Scores < 40 are indicative of individuals who:

1. are not particularly competitive, driven, or fast moving
2. do not feel a great time pressure in getting things done
3. are not seen by others as being critical or easily annoyed

13) LSE–Low Self-Esteem

a. assesses the client's opinion of himself/herself

b. T-Scores > 65 are indicative of individuals who:

1. have poor self-concept
2. anticipate failure and give up easily
3. are oversensitive to criticism and rejection
4. have difficulty accepting compliments
5. are passive in relationships
6. have difficulties making decisions
7. have many worries and fears

c. T-Scores < 40 are indicative of individuals who:

1. are self-confident and expect to succeed
2. are decisive
3. are not sensitive to criticism or rejection
4. do not report worries or fears

14) SOD–Social Discomfort

a. assesses comfort levels in social situations

b. T-Scores > 65 are indicative of individuals who:

1. are shy and socially introverted
2. would rather be alone than with other people
3. dislike parties and other group activities
4. do not initiate conversations

c. T-Scores < 40 are indicative of individuals who:

1. are socially extroverted and sociable
2. enjoy parties
3. are easily able to initiate conversations

15) FAM–Family Problems

a. assesses intra-familial difficulties

b. T-Scores > 65 are indicative of individuals who:

1. describe considerable discord in current family or family of origin
2. describe their families as lacking in love, understanding, and support
3. resent the demands and ignore the advice from their families
4. feel angry/hostile toward their families
5. see marital relationships as involving unhappiness and a lack of affection
6. describe family members as nervous and having quick tempers

c. T-Scores < 40 are indicative of individuals who:

1. describe their families in generally positive terms
2. see families in general as loving, understanding and supportive
3. deny feelings of anger and resentment toward their families
4. do not see marital relationships as involving unhappiness and a lack of affection

16) WRK–Work Interference

a. scale assesses attitudes and behaviors likely to contribute to poor work

performance

b. T-Scores > 65 are indicative of individuals who:

1. report a wide variety of attitudes/behaviors that are likely to contribute to poor work performance
2. may be questioning their career choices
3. say their families have not approved of their career choices
4. express negative attitudes about co-workers
5. have a poor self-concept
6. are obsessive and have troubles concentrating
7. have difficulties making decisions and show poor judgment
8. feel tense and fearful
9. report that they are not able to work as they once were
10. report feeling tired of work, lack energy, and are sick of what they have to do
11. give up easily and shrink from facing a crisis

c. T-Scores < 40 are indicative of individuals who:

1. do not report attitudes/behaviors that inhibit work performance
2. seem to be ambitious/energetic
3. express positive attitudes towards co-workers
4. seem comfortable with career choices
5. can concentrate and make decisions without undue difficulty
6. can work effectively

17) TRT–Negative Treatment Indicators

a. assesses attitudes toward psychotherapy

b. T-Scores > 65 are indicative of individuals who:

1. have negative attitudes about physicians and mental health professionals
2. feel that no one can understand them
3. believe that they have problems that they cannot share with anyone else
4. give up easily when problems are encountered
5. feel unable to make changes in their lives
6. are poor problem solvers
7. often show poor judgment
8. prefer pharmacotherapy to psychotherapy
9. have a difficult time making decisions

c. T-Scores < 40 are indicative of individuals who:

1. have generally positive attitudes about physicians and mental health workers
2. believe others can understand them and share problems with others
3. do not give up easily when they encounter problems
4. feel capable of making significant changes
5. show good judgment and are good problem solvers

O. Supplementary Scales

- 1) assist in the interpretation of the basic scales
- 2) augment the coverage of clinical problems and disorders

3) Es–Ego Strength

a. Barron, 1953

- b. developed to assess whether a person is likely to respond well to therapy

c. empirically derived

1. 17 clients who had clearly improved in therapy were compared to 16 clients who were unimproved

- d. used to assess ability to manage stressful situations and adaptability
- e. 52 items
- f. may be redundant with Pt Scale

g. **T-Scores > 65 are indicative of persons who:**

- 1. are stable, reliable, resourceful and tolerant
- 2. can tolerate confrontation within the therapy setting

h. **T-Scores < 40 are indicative of persons who:**

- 1. have low self-esteem and poor self concept
- 2. have difficulties managing daily affairs
- 3. are withdrawn, inhibited and mild mannered
- 4. have good treatment intentions but do not act on them
- 5. have a poor prognosis for therapy outcome

4) **Mac-R--MacAndrew Alcoholism-Revised Scale**

- a. developed to predict alcoholism
- b. compared 200 male alcoholics to 200 non-alcoholics presenting for treatment
- c. 49 items
- d. has been expanded to include substance abuse and addictive personalities
- e. **T-Scores > 65 are indicative of persons who:**
 - 1. may have an addictive personality
 - 2. have a strong likelihood of substance abuse
 - 3. have character flaws that could lead to either social deviance and criminality or alcohol and drug abuse
 - 4. incarcerated criminals tend to have elevated MAC-R scores
 - 5. high scores on this scale are predictive of delinquent activities
- f. **T-Scores 55-65 are indicative of:**
 - 1. somewhat suggestive of substance abuse
 - 2. however, there are many false positives in this range
- g. **T-Scores < 55 are indicative of:**
 - 1. a contraindication of a substance abuse problem.

5) **APS--Addiction Potential Scale**

- a. Weed, Butcher, McKenna, & Ben-Porath (1992)
- b. 39 items that were endorsed differently by substance abusers compared with both nonclinical and psychiatric inpatient samples
- c. no item contains obvious reference to substance abuse
- d. see the MAC-R for T-scores

6) **AAS--Addiction Acknowledgment Scale**

- a. Weed, Butcher, McKenna, & Ben-Porath (1992)
- b. 13 items that were selected because of their obvious content relation to substance abuse supplemented by internal consistency procedures
- c. more face-valid than the APS
- d. see the MAC-R for T-scores
 - 1. however, because the items for this scale were selected for their face validity, the absence of an elevation on this scale cannot be taken as a negative indicator of substance abuse
 - 2. bottom line: elevations are indicative of some sort of substance abuse problem; lack of elevation does not mean there is no problem

7) **A--Anxiety Scale**

- a. Welsh 1956
 - 1. based on a factor analytic study of the basic validity and clinical scales of the MMPI
 - 2. it is the first factor that comes out
- b. 39 items

c. T-Scores > 65 (marked elevation) are indicative of individuals who:

1. are anxious and uncomfortable
2. have a slow personal tempo
3. are pessimistic, apathetic, unemotional, shy, and retiring
4. lack confidence in themselves
5. are hesitant and vacillating
6. are inhibited and overcontrolled
7. are influenced by diffuse personal feelings
8. are defensive
9. rationalize and blame others for their problems
10. lack social poise
11. are conforming and compliant with authority
12. have a high commitment to feminine values
13. are confused and disorganized under stress
14. are motivated in therapy once trust has been established

d. T-Scores 58-64 (moderate elevation) are indicative of individuals who:

1. are reporting a significant degree of anxiety and distress
2. are usually motivated for treatment due to levels of distress

e. Normal range: T-Scores 45-57

e. T-Scores < 44 (low scores) are indicative of individuals who:

1. lack anxiety or uncomfortableness
2. are active, vigorous, expressive, colorful and verbally fluent
3. are frank and outspoken, friendly, and informal
4. who assume the ascendant role in relationships
5. are persuasive
6. are efficient, capable, clear thinking, versatile and resourceful
7. are self-confident
8. are competitive and value success and achievement
9. have an increased need for power, status, and recognition
10. manipulate others
11. have a decreased impulse control
12. have a low delay for gratification
13. prefer action to thought
14. act without considering the consequences

8) R-Repression Scale

a. Welsh 1956

1. based on a factor analytic study of the basic validity and clinical scales of the MMPI
2. it is the second factor that comes out

b. 37 items

c. T-Scores > 58 (moderate and marked elevations) are indicative of individuals who:

1. are submissive, unexcitable, conventional, and formal
2. are clear thinking
3. are painstakingly careful
4. lead a cautious lifestyle and strive to avoid unpleasantness
5. are unwilling to discuss their behavior and any problems they may have

d. Normal range: T-Score 45-57

e. T-Scores < 44 (low scores) are indicative of individuals who:

1. are outgoing, energetic, expressive, uninhibited, and informal
2. have an enthusiasm for living
3. tend to be emotional, excitable, aggressive, shrewd and dominant

9) **O-H--Overcontrolled Hostility**

- a. Megaree, Cook, Mendelsohn, 1967
- b. contrasted answers made by violently assaultive prisoners with answers made by nonviolent prisoners
- c. provides a measure of an individual's capacity to tolerate frustrations without retaliating
- d. **T-Scores > 65 are indicative of individuals who:**
 - 1. report fewer angry feelings and decreased verbal hostility
 - 2. are more socialized and responsible
 - 3. respond to provocation appropriately most of the time
 - 4. occasionally display exaggerated aggressive responses
- e. **T-Scores < 40**
 - 1. not much data
 - 2. may indicate chronic aggressive or individuals who are quite appropriate in the expression of their aggression

10) **Do--Dominance Scale**

- a. Gough, McClosky, & Meehl, 1951
- b. 30 items
- c. assesses an individual's tendency to be ascendant and controlling in interpersonal relationships
- d. constructed by contrasting groups of high school or college aged individuals who were nominated by peers as being high or low in dominance of social relationships
- e. **T-Scores > 65 are indicative of individuals who:**
 - 1. are poised, self-assured and take social initiative
 - 2. are persevering, resolute, and display leadership skills
 - 3. are confident in their ability to cope with environmental demands
- f. **T-Scores < 40 are indicative of individuals who:**
 - 1. are submissive, unassertive, and easily influenced by others
 - 2. are lacking in self-confidence and feel inadequate in handling their problems
 - 3. have difficulties being assertive
 - 4. criminals tend to have low Do scores

11) **Re--Social Responsibility Scale**

- a. Gough, McClosky, Meehl, 1952
- b. 30 items which assess concern for social and moral issues
- c. scale constructed on 50 college males and 50 college females in the Greek system, 123 social science students, and 221 9th grade students who were divided into responsible and irresponsible groups
- d. **T-Scores > 65 are indicative of individuals who:**
 - 1. have a deep concern over ethical and moral problems
 - 2. have a strong sense of justice
 - 3. set high standards for themselves
 - 4. reject privilege and favor
 - 5. place excessive emphasis on carrying their share of duty
 - 6. have trust and confidence in the world in general
 - 7. high scores on this scale indicate that the individual is less likely to be involved in criminal activity
- e. **T-Scores < 40 are indicative of individuals who:**
 - 1. are unwilling to accept responsibility for their behaviors
 - 2. have low integrity
 - 3. are less rigid and more carefree
 - 4. are spontaneous
 - 5. deny social value systems in favor of idiosyncratic values

- 6. are in the process of changing their value system or religion
- 7. criminals also have low Re scores

12) **Mt–College Maladjustment**

- a. Kleinmutz, 1960
- b. 41 items designed to discriminate between emotionally well-adjusted and maladjusted college students
- c. constructed on 40 adjusted students compared to 40 maladjusted students
- d. **T-Scores > 65 are indicative of individuals who:**
 - 1. are ineffectual, pessimistic, anxious and worried
 - 2. have a tendency to procrastinate
 - 3. have somatic complaints
 - 4. feel that life is a strain
- e. **T-Scores < 40 are indicative of individuals who:**
 - 1. are optimistic, conscientious, and relatively free of emotional discomfort

13) **PK–Post Traumatic Stress Disorder Scale**

- a. Keane, Malloy, & Fairbank, 1984
- b. 60 items that measure PTSD symptoms
- c. scale constructed by comparing male VA patients with various Axis I diagnoses who had PTSD symptoms to male VA patients with various Axis I diagnoses who did not have PTSD symptoms
- d. need to have other measures to help in identifying subgroups of men and women suffering from PTSD
- e. still being refined

14) **PS–Post Traumatic Stress Disorder Scale**

- a. Schlenger & Kulka, 1987
- b. 46 items measuring unwanted disturbing thoughts, lack of emotional control, and feeling misunderstood and mistreated
- c. scale constructed by comparing 60 male Vietnam vets with PTSD to 60 male Vietnam vets without PTSD
- d. still being refined
- e. **T-Scores > 65 are indicative of individuals who:**
 - 1. have intense emotional distress and anxiety
 - 2. have sleep disturbances
 - 3. experience guilt and depression
 - 4. report unwanted disturbing thoughts
 - 5. fear a loss of emotional and cognitive control
 - 6. feel misunderstood and mistreated
- f. **T-Scores < 40 are indicative of individuals who:**
 - 1. do not report emotional distress, anxiety, guilt or depression
 - 2. do not report unwanted disturbing thoughts
 - 3. do not fear a loss of cognitive or emotional control
 - 4. do not feel misunderstood or mistreated

15) **GM–Masculine Gender Role and GF–Feminine Gender Role**

- a. Peterson, 1989
- b. GM scale consists of 47 items that were endorsed in the scored direction by a majority of males but only 10% (or less) of females
- c. GF scale consists of 46 items that were endorsed in the scored direction by the majority of females but only 10% (or less) of males
- d. 9 of the 47 GM items and 16 of the 46 GF items are on the MF scale
- e. **T-Scores > 65:**
 - 1. GM–male
 - a) high self confidence
 - b) strong persistence

- c) wide interests
 - d) lack of fears
- 2. GM–females
 - a) high self-confidence
 - b) honesty
 - c) willingness to try new things
 - d) lack of worries
- 3. GF–male
 - a) religiosity
 - b) avoidance of swearing and cursing
 - c) frankness in pointing out faults of others
 - d) bossiness
 - e) poor control over their temper
 - f) susceptibility to abuse of alcohol and other non-prescription drugs
- 4. GF–female
 - a) religiosity
 - b) problems with substance abuse
- f. High GM & Low GF
 - 1. stereotypical masculinity
- g. High GF & Low GM
 - 1. stereotypical femininity
- h. High GF & High GM
 - 1. androgyny
- i. Low GF & Low GM
 - 1. undifferentiated orientation
- j. **THIS SCALE IS STILL CONSIDERED EXPERIMENTAL IN NATURE; INTERPRET WITH CAUTION**

16) Subtle & Obvious subscales

- a. Weiner & Harmon, 1948
- b. looked at faking good and faking bad protocols
 - 1. in terms of subtle vs. obvious questions on Scales 2, 4, 6, & 9
- c. subtle items:
 - 1. those clinical scale items that do not seem to relate to the construct that is the focus of measurement
- d. obvious items:
 - 1. those clinical scale items that do seem to be related to the construct being measured
- e. created for D, Hy, Pd, Pa, and Ma scales
- f. others argue that the standard validity scales work better to determine faking good and faking bad

P. Harris-Lingoes Scales

- 1) Harris & Lingoes, 1955
- 2) created from the clinical scales
 - a. since clinical scales were created empirically, there is a lot of item heterogeneity
 - b. H-L scales were created based on the content of the items
 - c. are the most comprehensive of the content-type scales derived for the MMPI
- 3) used for scales 2, 3, 4, 6, 8, 9
- 4) most useful when elevated scores
 - a. do not seem to match the overall profile
 - b. when scales are marginally elevated
- 5) typically, do not interpret if there are no elevated clinical scales

a. however, I want you to interpret for this class

6) Subjective Depression (D₁)

a. T-Scores > 65 are indicative of individuals who:

1. feel unhappy, blue, or depressed most of the time
2. lack the energy to cope with everyday life
3. are not interested in what goes on around them
4. feel nervous or tense much of the time
5. have difficulties concentrating and attending
6. have poor appetite and difficulty sleeping
7. brood and cry frequently
8. lack self-confidence
9. feel inferior and useless
10. are easily hurt by criticism
11. feel uneasy, shy, and embarrassed in social settings
12. tend to avoid interactions except for relatives and close friends

b. T-Scores < 40 are indicative of individuals who:

1. feel happy and satisfied
2. are interested in and stimulated by their environments
3. deny tension, difficulties in concentration/attention, poor appetite, sleep disturbance, and frequent brooding or crying
4. are self-confident
5. are socially extroverted
6. like to be around other people and are at ease in social situations

7) Psychomotor Retardation (D₂)

a. T-Scores > 65 are indicative of individuals who:

1. are characterized as immobile and withdrawn
2. lack the energy to cope with everyday activities
3. avoid other people
4. deny hostile or aggressive impulses at times

b. T-Scores < 40 are indicative of individuals who:

1. describe themselves as active and involved
2. have no difficulty getting started on things
3. view everyday life as interesting and rewarding
4. admit having hostile and aggressive impulses at times

8) Physical Malfunctioning (D₃)

a. T-Scores > 65 are indicative of individuals who:

1. are preoccupied with their own physical functioning
2. deny good health
3. report a wide variety of specific somatic symptoms that may include weakness, hay fever or asthma, poor appetite, nausea or vomiting, and convulsions

b. T-Scores < 40 are indicative of individuals who:

1. present themselves as being in good physical health
2. do not report a wide variety of specific somatic

9) Mental Dullness (D₄)

a. T-Scores > 65 are indicative of individuals who:

1. lack the energy to cope with the problems of everyday life
2. feel tense
3. complain of memory or judgment difficulties

b. T-Scores < 40 are indicative of individuals who:

1. view life as interesting and worthwhile
2. feel capable of coping with their problems
3. deny tension
4. deny difficulties in concentration, memory, and judgment

10) Brooding (D₅)

- a. **T-Scores > 65 are indicative of individuals who:**
 - 1. brood, ruminate, and cry much of the time
 - 2. lack energy to cope with their problems
 - 3. may have concluded that life is no longer worthwhile
 - 4. feel that they are losing control of their thought processes
- b. **T-Scores < 40 are indicative of individuals who:**
 - 1. feel happy most of the time
 - 2. feel that life is worthwhile
 - 3. deny a lack of energy, brooding, or frequent crying

11) Denial of Social Anxiety (Hy₁)

- a. **T-Scores > 65 are indicative of individuals who:**
 - 1. are socially extroverted
 - 2. feel comfortable interacting with others and feel comfortable talking with other people
 - 3. are not easily influenced by social standards and customs
- b. **T-Scores < 40 are indicative of individuals who:**
 - 1. are socially introverted
 - 2. are shy and bashful in social situations
 - 3. find it difficult to talk with others
 - 4. are greatly influenced by social standards and customs

12) Need for Affection (Hy₂)

- a. **T-Scores > 65 are indicative of individuals who:**
 - 1. have strong needs for attention and affection from others and fear that those needs will not be met if they are honest about their feelings and attitudes
 - 2. express naively optimistic and trusting attitudes towards others
 - 3. claim to see others as honest, sensible, and reasonable
 - 4. deny having negative feelings about other people
 - 5. try to avoid unpleasant confrontations whenever possible
- b. **T-Scores < 40 are indicative of individuals who:**
 - 1. have very negative, critical, and suspicious attitudes toward other people
 - 2. see others as dishonest, selfish, and unreasonable
 - 3. admit to negative feelings toward other people
 - 4. perceive that others are treating them badly

13) Lassitude Malaise (Hy₃)

- a. **T-Scores > 65 are indicative of individuals who:**
 - 1. feel uncomfortable and not in good health
 - 2. feel weak, fatigued, or tired
 - 3. report difficulties in concentrating and sleeping
 - 4. feel unhappy and blue
 - 5. report that their home environments are unpleasant and uninteresting
- b. **T-Scores < 40 are indicative of individuals who:**
 - 1. report being comfortable and in good health
 - 2. do not have difficulties in concentrating, sleeping, or poor appetite
 - 3. feel happy and satisfied with their life situations

14) Somatic Complaints (Hy₄)

- a. **T-Scores > 65 are indicative of individuals who:**
 - 1. present multiple somatic complaints
 - a) pain in the heart and/or chest
 - b) fainting spells, dizziness, or balance problems
 - c) nausea and vomiting
 - d) poor vision

- e) shakiness
 - f) feeling too hot or too cold
 - 2. express little or no hostility toward other people
 - b. **T-Scores < 40 are indicative of individuals who:**
 - 1. do not report somatic complaints
 - 2. admit to hostile and aggressive impulses
- 15) **Inhibition of Aggression (Hy₂)**
- a. **T-Scores > 65 are indicative of individuals who:**
 - 1. deny hostile and aggressive impulses
 - 2. report they are not interested in reading about crime/violence
 - 3. are sensitive about how others respond to them
 - b. **T-Scores < 40 are indicative of individuals who:**
 - 1. admit to hostile and aggressive impulses
 - 2. express interest in reading about crime/violence
 - 3. are not concerned about how others view them
- 16) **Familial Discord (Pd₁)**
- a. **T-Scores > 65 are indicative of individuals who:**
 - 1. describe their home and family situations as quite unpleasant
 - 2. describe their current families and/or families of origin as lacking in love, understanding, and support
 - 3. feel their families have been critical
 - 4. feel their families refuse to give them adequate freedom and independence
 - b. **T-Scores < 40 are indicative of individuals who:**
 - 1. describe their home and family situations in very positive terms
 - 2. see their families as offering love, understanding, and support
 - 3. describe their families as not being overly controlling or domineering
- 17) **Authority Problems (Pd₂)**
- a. **T-Scores > 65 are indicative of individuals who:**
 - 1. resent societal and parental standards and customs
 - 2. admit to having been in trouble in school or with the law
 - 3. have definite opinions about what is right and what is wrong
 - 4. stand up for their own beliefs
 - 5. are not greatly influenced by the standards and values of others
 - b. **T-Scores < 40 are indicative of individuals who:**
 - 1. tend to be very socially conforming and accepting of authority
 - 2. do not express personal opinions or beliefs openly
 - 3. are easily influenced by other people
 - 4. deny having been in trouble in school or with the law
- 18) **Social Imperturbability (Pd₃)**
- a. **T-Scores > 65 are indicative of individuals who:**
 - 1. present themselves as comfortable and confident in social situations
 - 2. like to interact with others
 - 3. experience no difficulty in talking with others
 - 4. have strong opinions about many things and are not reluctant to defend these opinions vigorously
 - b. **T-Scores < 40 are indicative of individuals who:**
 - 1. experience a great deal of discomfort and anxiety in social situations
 - 2. do not like to meet new people
 - 3. find it difficult to talk in interpersonal relationships
 - 4. do not express personal opinions and attitudes openly
- 19) **Social Alienation (Pd₄)**

a. T-Scores > 65 are indicative of individuals who:

1. feel alienated, isolated, and estranged
2. believe that other people do not understand them
3. feel they get a raw deal out of life
4. feel lonely, unhappy, and unloved
5. blame others for their own problems and shortcomings
6. are self-centered and insensitive to the needs and feelings of others
7. act in inconsiderate ways toward others

b. T-Scores < 40 are indicative of individuals who:

1. feel that they belong in their social environments
2. see other people as loving, understanding, and supportive
3. find interpersonal relationships gratifying
4. are willing to settle down; find comfort in the routine

20) Self-Alienation (Pd₅)

a. T-Scores > 65 are indicative of individuals who:

1. describe themselves as uncomfortable and unhappy
2. do not find daily life interesting or rewarding
3. verbalize regret, guilt, and remorse for past deeds, but are vague about the details
4. find it hard to settle down
5. may use alcohol excessively

b. T-Scores < 40 are indicative of individuals who:

1. present themselves as happy and comfortable
2. find daily life stimulating and rewarding
3. are willing to settle down
4. deny excessive use of alcohol
5. do not express regret, remorse, or guilt about past misdeeds

21) Persecutory Ideas (Pa₁)

a. T-Scores > 65 are indicative of individuals who:

1. view the world as a threatening place
2. feel misunderstood and unfairly treated
3. feel that others have unfairly blamed or punished them
4. are suspicious and untrusting of others
5. in extreme cases, have delusions of persecution

b. T-Scores < 40 are indicative of individuals who:

1. feel understood and fairly treated
2. are able to trust others
3. do not project blame for problems and shortcomings

22) Poignancy (Pa₂)

a. T-Scores > 65 are indicative of individuals who:

1. see themselves as more high strung and more sensitive than others
2. say they feel more intensely than others
3. feel lonely and misunderstood
4. look for risky and/or exciting activities to make themselves feel better

b. T-Scores < 40 are indicative of individuals who:

1. feel accepted and understood
2. do not present themselves as more sensitive than others
3. avoid risky or dangerous activities

23) Naivete' (Pa₃)

a. T-Scores > 65 are indicative of individuals who:

1. express extremely naive and optimistic attitudes about others
2. see others as honest, unselfish, generous, and altruistic

3. present themselves as trusting
4. say they have high moral standards
5. deny hostile and negative impulses

b. T-Scores < 40 are indicative of persons who:

1. have rather negative and suspicious attitudes towards other people
2. see others as dishonest, selfish, and untrustworthy
3. admit to some hostility/resentment toward others who make demands on or take advantage of them

24) Social Alienation (Sc₁)

a. T-Scores > 65 are indicative of individuals who:

1. feel mistreated, misunderstood, and unloved
2. feel that others are trying to harm them
3. describe their family situations as lacking in love
4. report that their families treat them more as children than as adults
5. feel lonely and empty
6. admit they have never had a loving relationship with anyone
7. report hostility and hatred toward family members
8. avoid social situations and interpersonal relationships whenever possible

b. T-Scores < 40 are indicative of individuals who:

1. feel understood and loved
2. report having rewarding emotional involvements with other people
3. describe their family situations in positive terms
4. deny feelings of hatred and resentment toward family members

25) Emotional Alienation (Sc₂)

a. T-Scores > 65 are indicative of individuals who:

1. report feelings of fear, depression, and apathy
2. some times may wish they were dead
3. may exhibit sadistic and/or masochistic needs

b. T-Scores < 40 are indicative of individuals who:

1. deny feelings of fear, depression, and apathy
2. feel that life is worth living
3. deny sadistic or masochistic needs

26) Lack of Ego Mastery, Cognitive (Sc₃)

a. T-Scores > 65 are indicative of individuals who:

1. feel that they might be losing their minds
2. report strange thought processes and feelings of unreality
3. report difficulties in concentration and memory

b. T-Scores < 40 are indicative of individuals who:

1. probably have no reason to fear a loss of control of their thought processes
2. do not admit to strange or unusual thought processes
3. do not admit to feelings of unreality
4. do not report difficulties in concentration and memory

27) Lack of Ego Mastery, Conative (Sc₄)

a. T-Scores > 65 are indicative of individuals who:

1. feel that life is a strain
2. admit to feelings of depression and despair
3. have problems coping with everyday problems
4. may worry excessively and respond to this worry by withdrawing into fantasy and daydreaming
5. have given up hope that things will get better

6. may wish they were dead at times
- b. **T-Scores < 40 are indicative of individuals who:**
 1. feel that life is interesting and worthwhile
 2. have the energy to cope with everyday problems
 3. deny feelings of depression, excessive worry, and suicidal ideation

28) Lack of Ego Mastery, Defective Inhibition (Sc₅)

- a. **T-Scores > 65 are indicative of individuals who:**
 1. feel that they are not in control of their emotions and impulses and are frightened by this loss of control
 2. tend to be restless, hyperactive, and irritable
 3. may have periods of laughing and crying that they cannot control
 4. may report episodes during which they did not know what they were doing and later could not remember what they had done
 - a) these are typically outside of any type of blackouts caused by substance abuse
- b. **T-Scores < 40 are indicative of individuals who:**
 1. deny concern about a loss of control of their emotions and impulses
 2. do not admit to restlessness, hyperactivity, or irritability
 3. do not admit to periods of activity they could not control and that later they could not remember

29) Bizarre Sensory Experiences (Sc₆)

- a. **T-Scores > 65 are indicative of individuals who:**
 1. experience feelings that their bodies are changing in strange and unusual ways
 2. report skin sensitivity, feeling hot or cold, voice changes, muscle twitching, clumsiness, problems in balance, ringing or buzzing in ears, paralysis, and/or weakness
 3. admit to hallucinations, unusual thought content, and ideas of external influence
- b. **T-Scores < 40 are indicative of individuals who:**
 1. deny bodily changes, feelings of depersonalization, and other strange experiences

30) Amoralty (Ma₁)

- a. **T-Scores > 65 are indicative of individuals who:**
 1. perceive other people as selfish, dishonest, and opportunistic, and because of these perceptions feel justified in acting in similar ways
 2. seem to derive vicarious satisfaction from the manipulative exploits of others
- b. **T-Scores < 40 are indicative of individuals who:**
 1. deny that others are selfish, dishonest, and opportunistic and find such behaviors unacceptable in themselves
 2. deny receiving vicarious gratification from watching others be exploitative

31) Psychomotor Acceleration (Ma₂)

- a. **T-Scores > 65 are indicative of individuals who:**
 1. experience acceleration of speech, thought processes, and motor activity
 2. feel tense and restless
 3. feel excited or elated without cause
 4. become bored easily and seek out risk, excitement, or danger as a way of overcoming the boredom

5. admit to impulses to do something harmful or shocking
- b. **T-Scores < 40 are indicative of individuals who:**
 1. are calm and placid
 2. deny hyperactivity, restlessness, or tension
 3. are satisfied with a life situation that many others might judge to be dull or boring

32) Imperturbability (Ma₃)

- a. **T-Scores > 65 are indicative of individuals who:**
 1. deny social anxiety
 2. feel comfortable around other people
 3. have no problem in talking with others
 4. profess little concern about or sensitivity to the opinions, values, and attitudes of others
 5. feel impatient and irritable towards others
- b. **T-Scores < 40 are indicative of individuals who:**
 1. feel uncomfortable around other people
 2. have problems talking with others
 3. are easily influenced by the opinions, values, and attitudes of others
 4. deny resentment, impatience, and irritability towards others

33) Ego Inflation (Ma₄)

- a. **T-Scores > 65 are indicative of individuals who:**
 1. have unrealistic evaluations of their own abilities and self-worth
 2. are resentful when others make demands on them, particularly if the persons making the demands are perceived as less capable
- b. **T-Scores < 40 are indicative of individuals who:**
 1. have realistic notions about their own self-worth, or may even be extremely self-critical
 2. deny resentment towards others who make time demands upon them

34) Shyness/Self-Consciousness (Si₁)

- a. **T-Scores > 65 are indicative of individuals who:**
 1. are shy around others, easily embarrassed, ill at ease in social settings, and uncomfortable in new situations
- b. **T-Scores < 40 are indicative of individuals who:**
 1. do not feel shy or embarrassed around others and feel at ease in social settings

35) Social Avoidance (Si₂)

- a. **T-Scores > 65 are indicative of individuals who:**
 1. have a great dislike and avoidance of group activities and being in crowds
 2. avoid contact with other people
- b. **T-Scores < 40 are indicative of individuals who:**
 1. do not dislike or avoid group activities and crowds

36) Alienation–Self and Others (Si₃)

- a. **T-Scores > 65 are indicative of individuals who:**
 1. have low self-esteem and self-confidence, are self-critical, question their own judgment, and feel incapable of determining their own fate
 2. are nervous, fearful, and indecisive
 3. are suspicious of others
- b. **T-Scores < 40 are indicative of individuals who:**
 1. are confident in themselves and their abilities and feel as if they have a hand in determining their own fate

2. believe in the good intentions of others.

Q. Koss-Butcher Critical Items

- 1) items distinguish clinical samples from non-clinical samples
 - a. no scoring templates for these
 - b. clinical utility
 - c. critical items test outside the range of the typical clinical evaluation
 - d. can be used as a short-form evaluation
- 2) **Acute Anxiety Scale**
 - a. items: 2 (F), 3 (F), 5 (T), 10 (F), 15 (T), 28 (T), 39 (T), 59 (T), 140 (F), 172 (T), 208 (F), 218 (T), 223 (F), 301 (T), 444 (T), 463 (T), 469 (T)
- 3) **Depressed Suicidal Ideation**
 - a. items: 9 (F), 38(T), 65 (T), 71 (T), 75 (F), 92 (T), 95 (F), 130 (T), 146 (T), 215 (T), 233 (T), 273 (T), 303 (T), 306 (T), 388 (F), 411 (T), 454 (T), 485 (T), 506 (T), 518 (T), 520 (T), 524 (T)
- 4) **Threatened Assault**
 - a. items: 37 (T), 85 (T), 134 (T), 213 (T), 389 (T)
- 5) **Situational Stress Due to Alcoholism**
 - a. items: 125 (F), 264 (T), 487 (T), 489 (T), 502 (T), 511 (T), 518 (T)
- 6) **Mental Confusion**
 - a. items: 24 (T), 31 (T), 32 (T), 72 (T), 96 (T), 180 (T), 198 (T), 299 (T), 311 (T), 316 (T), 325 (T)
- 7) **Persecutory Ideas**
 - a. items: 17 (T), 42 (T), 99 (T), 124 (T), 138 (T), 144 (T), 145 (T), 162 (T), 216 (T), 228 (T), 241 (T), 251 (T), 259 (T), 314 (F), 333 (T), 361 (T)

R. Lachar-Wrobel Critical Items

- 1) **Anxiety and Tension**
 - a. items: 15 (T), 17 (T), 172 (T), 218 (T), 223 (F), 261 (F), 299 (T), 301 (T), 320 (T), 405 (F), 463 (T)
- 2) **Depression and Worry**
 - a. items: 2 (F), 3 (F), 10 (F), 65 (T), 73 (T), 75 (F), 130 (T), 150 (T), 165 (F), 180 (T), 273 (T), 303 (T), 339 (T), 411 (T), 415 (T), 454 (T)
- 3) **Sleep Disturbance**
 - a. items: 5 (T), 30 (T), 39 (T), 140 (F), 328 (T), 471 (T)
- 4) **Deviant Beliefs**
 - a. items: 42 (T), 99 (T), 106 (F), 138 (T), 144 (T), 162 (T), 216 (T), 228 (T), 259 (T), 314 (F), 333 (T), 336 (T), 355 (T), 466 (T)
- 5) **Deviant Thinking and Experiences**
 - a. items: 32 (T), 60 (T), 96 (T), 122 (T), 198 (T), 298 (T), 307 (T), 316 (T), 319 (T), 427 (T)
- 6) **Substance Abuse**
 - a. items: 168 (T), 264 (T), 429 (F)
- 7) **Antisocial Attitude**
 - a. items: 27 (T), 35 (T), 84 (T), 105 (T), 227 (T), 240 (T), 254 (T), 266 (F), 324 (T)
- 8) **Family Conflict**
 - a. items: 21 (T), 83 (F), 125 (F), 288 (T)
- 9) **Problematic Anger**
 - a. items: 85 (T), 134 (T), 213 (T), 389 (T)
- 10) **Sexual Concern and Deviation**
 - a. items: 12 (F), 34 (F), 62 (T/F), 121 (F), 166 (T), 268 (T)
- 11) **Somatic Symptoms**
 - a. items: 18 (T), 28 (T), 33 (F), 40 (T), 44 (T), 47 (F), 53 (T), 57 (T),

59 (T), 101 (T), 111 (T), 142 (F), 159 (F), 164 (F), 175 (T), 176 (F),
182 (T), 224 (F), 229 (T), 247 (T), 255 (F), 295 (F), 464 (T)

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