There are differences between personalities; and also within the same individual there are differences in behaviour depending upon the conditions. All these differences are revealed as personality differences on a test.

Personality is a style of life. According to Allport (1949) "Personality is the dynamic organization, within the individual of those psycho-physical system that determine his unique adjustments to his environment."

Survey of psychological researches in India reveal that although intelligence, achievements, aptitude tests have been constructed and standardized in Indian conditions, practically no work on multiphasic diagnostic inventories has been carried out. Hence the need for developing a clinical multiphasic diagnostic test was felt. Though Cattell's 16 P.F. Test and Minnesota Multiphasic Personality Inventory have been adapted to Indian conditions, they are in Hindi language. These are, present author undertook to develop M.M.P.I. in Gujarati language for Gujarati speaking population.

M.M.P.I. is a very important clinical tool to understand the personality of clinical as well as normal individuals. Present author selected M.M.P.I. on the basis of its utility in the U.S.A. It has been found to be the best clinical instrument which measures many clinical traits simultaneously. On analysing five years records of general
hospital, it was found that several mental disorders cover nearly 85% of the cases registered in the Out-Patients Department. Hence it was decided to adapt this study to those areas and two check scores only.

**PROBLEM:**

The present work is undertaken with a view to adapt and standardize three M.M.P.I. Scales namely Depression, Hysteria and Schizophrenia along with the useful validation scales L & F, for Gujarati speaking population.

**METHOD:**

The work was carried in four stages:

1. **Item Selection and Translation in Gujarati Language:**
   
   All items of Depression, Hysteria, Schizophrenia, L-score and F-score were separated from the main test and typed. These items were translated by two pairs, each comprising of a male and a female. The translations were compared and sitting together, the language was improved by making all the four sit in a group and discuss the translation. This translated version was handed over to two experts knowing Gujarati and English languages to go through and improve the language of translated version.

2. **Pilot Study:**
   
   At this level the translated version was administered to a sample of 36 students comprising of 18 males and 12 females. Each subject's responses were discussed with the subject in details to make sure that the items were not irrelevant to the...
subject's experiences and understanding. Nineteen items were removed because of their inapplicability and irrelevance in Indian cultural context.

(iii) Pilot Study:

Sample of 370 subjects comprising of 185 males and 185 females was selected from six colleges of Ahmedabad City. Item-out analysis was carried out to test the homogeneity of scale and the discriminating powers of each item. Thirty one items which showed low correlation with the entire test and/or low power of discrimination were removed from the test.

(iv) Final Standardization:

The remaining test comprising of 185 items was administered to the sample of 1500 males and females of six colleges of Ahmedabad city. The test was also administered to the 150 psychiatrically diagnosed Depression, Hysteria and Schizophrenia cases from a local General Hospital.

Findings:

(i) The data revealed significant differences between the mean scores of males and females but no significant difference between the mean scores of the different age groups.

(ii) Significant difference among the mean scores of clinically diagnosed Depression group, Hysteria group and Schizophrenia group is found. This proves high validity for diagnostic purpose.

(iii) Significant difference among the mean scores of clinically diagnosed groups and normal group sample reveals the high validity.
The coefficient of stability and coefficient of homogeneity have been computed for five MHP scales. Test-retest method show coefficient ranging from .765 to .899. Split-half reliability shows coefficient ranging from .80 to .90 for the different subscales. This shows consistency of the test.

**CONCLUSION:**

In order to interpret the obtained raw scores, two types of norms are calculated on a sample of 1500.

(i) Percentile have been calculated for the males and females separately.

(ii) Normalized T-Scores have been calculated for both males and females separately.

**PROFILES:**

Profiles on different scales for all three clinical groups have been prepared on the basis of T-Scores. While using the test for diagnostic purposes, individual's profile can be prepared on the basis of his percentile scores and/or T-Scores and then that can be compared with the profiles of the clinical groups.