CHAPTER II
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GENERAL EVALUATION OF THE M.M.P.I.

According to Tyler (1963) the characteristic that sets M.M.P.I. apart from most of the other tests of maladjustment, is the empirical method by which its scoring keys were constructed — that is, the original author used the data on the items in each scale rather than theory or common sense in deciding how they should be scored.

The M.M.P.I. consists of nine scales and four check scores:

1. Hypochondriasis Scale
2. Depression Scale
3. Hysteria Scale
4. Psychopathic deviate Scale
5. Masculinity-Femininity Scale
6. Paranoia Scale
7. Psychasthenia Scale
8. Schizophrenia Scale
9. Hypomania Scale

Check Scores:

1. O-Score
2. K-Score
3. L-Score
4. F-Score

The M.M.P.I. has 550 items in individual test, and 566 items in group test. The original instrument was developed for the clinical use only but slowly and gradually it was modified to be used for normal persons too, to study their personalities.
On analysing the data available with a Municipal Hospital from 1970 to 1975 following break-up of cases was revealed.

Table No. II.1 Breakdown, in percent of the cases treated in a local Municipal General Hospital for five year period (1970-1975 calendar year) (N=2995)

<table>
<thead>
<tr>
<th>Hysteria</th>
<th>Depression</th>
<th>Schizophrenia</th>
<th>Psychotic</th>
<th>Hypercho-</th>
<th>Psychopath</th>
<th>Misc. deviate</th>
</tr>
</thead>
<tbody>
<tr>
<td>52%</td>
<td>22%</td>
<td>10%</td>
<td>3%</td>
<td>3%</td>
<td>2%</td>
<td>%</td>
</tr>
</tbody>
</table>

This shows an overwhelming percentage of D, H, and S cases. The other cases together amounting to only 16%. Hence, the following scales were selected for adaptation because these will be the most useful for clinical purposes.

1. Depression Scale (D-Scale)
2. Hysteria Scale (H-Scale)
3. Schizophrenia Scale (Sc-Scale)
4. Lie Score (L-Score)
5. Validity Score (F-Score)

The characteristics of these three scales and two scores are discussed briefly in the following pages.

Depression Scale:

In neurotic depressive reactions, the individual reacts to some ordinary stress situation with more than the usual amount of sadness and dejection and often fails to return to normalcy after a reasonable period of time. The general appearance of the patient is one of dejection, discouragement...
and sadness. Gutheil (1959) Typically, there is a high level of anxiety and apprehensiveness, together with diminished activity, lowered self confidence, constricted interests and a general loss of initiative. According to Cattell and Scheir (1961) patients reveal low ego strength together with development of rigid conscience and a proneness to guilt feelings. Tendencies towards introversion and marked mood swings are common. The patient usually complains of difficulty in concentrating, although his actual thought processes are not slowed down. Often he experiences difficulty in going to sleep and during the night he may awaken and be unable to go back to sleep. In majority of the cases patients complain of somatic disturbances, tension, restlessness and vague hostility.

Following are the typical items of Depression Scale:

1. I am easily awakened by noise.
2. My judgement is better than it ever was.
3. I find it hard to keep my mind on task or job.
4. I wish I could be as happy as others seems to be.
5. I don’t seem to care what happens to me.
6. I cry easily.

Hysteria Scale:

It is one of neurotic defense in which symptoms of some physical illness appear without any underlying organic pathology. It is one of the most intriguing and baffling of all the psycho-pathological syndromes. This was thought to be woman’s disturbance, (related to womb). Freud demonstrated that though its cause is sexual disturbance,
It is manifested in both sexes. Freud used the term conversion hysteria to indicate that hysterical reactions were an expression of repressed and deviated sexual energy—that is, the psycho-sexual conflict was converted into a bodily disturbance. This dynamic concept of conversion has been largely retained in modern psychiatry, but many other types of psychological conflicts in addition to sexual conflicts are now seen as important factors contributing to the development of conversion reactions. However, with our increasing medical and psychiatric sophistication, extreme symptoms like lossy speech, blindness etc. and becoming scarce. However more and more vague aches and pains are developing but they are harder to diagnose as functional. Hysteria may simulate a wide range of organic illnesses and the specific symptoms that may occur are as under:

1. Sensory Symptoms: Blindness, deafness, loss of touch sensation etc. (anesthesia)
2. Motor Symptoms: Partial Paralysis, Tremors, tie, phonics, mutism etc.
3. Visceral Symptoms: Headache, choking sensation, coughing spells, belching, nausea etc.

Following are some of the items from Hysteria scale.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Code No</th>
<th>V/F</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>10</td>
<td>T</td>
<td>There seems to be a lump in my throat much of the time.</td>
</tr>
<tr>
<td>2</td>
<td>30</td>
<td>F</td>
<td>At times I feel like swearing.</td>
</tr>
<tr>
<td>3</td>
<td>47</td>
<td>T</td>
<td>Once a week or oftener I feel suddenly hot all over without constant cause.</td>
</tr>
</tbody>
</table>
Most of the time I feel blue.

Often I feel as if there were a tight band about my head.

I am worried about sex matters.

Schizophrenia Scale:

The term schizophrenia was introduced by a Swiss psychiatrist Bleuler in 1912. Formerly it was called Dementia Praecox. Bleuler thought that the disorder was characterised primarily by lack of coherence in associative and thought processes, emotional blunting and an inward orientation away from reality. The term schizophrenia is now used to include a group of Psychotic reactions in which there are fundamental disturbances in reality relationships and in emotional and intellectual processes. Although the specific symptoms vary greatly from one individual to another, the types of symptoms in schizophrenia may be summarised as under: (Report of World Health Organization Study Group on Schizophrenia 1959).

1. **Withdrawal from reality:**
   A loss of interest in and concern with the people and events in patient's world.

2. **Autism:**
   A condition characterized by preoccupation with inner fantasies and private modes of thought.

3. **Emotional blunting and distortion:**
   Shallowness of affect and emotional reactions which are inappropriate to the situation or the event which elicit them.
4. **Delusions and hallucinations:**
Delusions of influence and persecution are very common. Auditory hallucinations in which patient hears voices talking about him are also very common.

5. **Anomalies of behaviour:**
Peculiarities of movements, gestures, postures, and expressions, such as silly giggling, mutism and various repetitive motor acts.

6. **Disorganization and lowering of inner controls:**
Reflection in thought disturbances, such as inability to pursue a sustained train of thought, deterioration in habits of personal hygiene, and lowering of moral standards.

Following are some of the items from Schizophrenia scale:

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Code No.</th>
<th>T/F</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15</td>
<td>T</td>
<td>1. I think of things too bad to talk about.</td>
</tr>
<tr>
<td>2</td>
<td>76</td>
<td>T</td>
<td>2. I wish I could be as happy as others seem to be.</td>
</tr>
<tr>
<td>3</td>
<td>121</td>
<td>T</td>
<td>3. I believe I am being plotted against.</td>
</tr>
<tr>
<td>4</td>
<td>168</td>
<td>T</td>
<td>4. There is something wrong with my mind.</td>
</tr>
<tr>
<td>5</td>
<td>179</td>
<td>T</td>
<td>5. I am worried about sex matters.</td>
</tr>
<tr>
<td>6</td>
<td>291</td>
<td>F</td>
<td>6. I do not often notice my ears ringing or buzzing.</td>
</tr>
</tbody>
</table>

**Lie-Score:**

This scale is one of the four validation scales of the M.M.P.I. It consists of 15 items. The content of this scale involves
aggressive feelings, bad thoughts and lack of conformity. These attributes are clear, unambiguous and socially undesirable. Most of the people would not like to accept the existence of such thoughts, and actions, although their operation is almost universal. Therefore, "No" type of responses to these items clearly represent the lying tendency on the part of the patients. As such this scale measures the degree to which the subject may be attempting to falsify his scores by always choosing the response that places him in a socially desirable situation.

Of the 15 items in this scale six items appear in one or more other scales also while nine items are specific to this scale only.

Following are some of the items from L-Score.

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Code No.</th>
<th>F/T</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>45</td>
<td>F</td>
<td>I do not always tell the truth.</td>
</tr>
<tr>
<td>2</td>
<td>75</td>
<td>F</td>
<td>I get angry sometimes.</td>
</tr>
<tr>
<td>3</td>
<td>120</td>
<td>F</td>
<td>My table manners are not quite as good at home as when I am out in company.</td>
</tr>
<tr>
<td>4</td>
<td>165</td>
<td>F</td>
<td>I like to know some important people because it makes me feel important.</td>
</tr>
</tbody>
</table>

Validity Score:

This scale is also for validation purpose. This validity scale is based upon 64 items that serve "as a check on the validity of the whole record". If the validity score is high, the other scores are likely to be invalid because:
Either the subject was careless

OR

The subject was unable to comprehend the items.

OR

Someone made extensive errors in transferring the data on the record sheet.

A low validity score (F-Score) is a reliable indication that the subject's responses were rational and pertinent.

Following are some of the items from F-Score.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Code No.</th>
<th>T/F</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>14</td>
<td>T</td>
<td>I have diarrhea once a month or more.</td>
</tr>
<tr>
<td>2</td>
<td>31</td>
<td>T</td>
<td>I have nightmares every few nights.</td>
</tr>
<tr>
<td>3</td>
<td>49</td>
<td>T</td>
<td>My family does not like the work I have chosen (or the work I intend to choose for my line work).</td>
</tr>
<tr>
<td>4</td>
<td>75</td>
<td>F</td>
<td>I get angry sometimes.</td>
</tr>
<tr>
<td>5</td>
<td>123</td>
<td>T</td>
<td>I believe I am being followed.</td>
</tr>
<tr>
<td>6</td>
<td>202</td>
<td>T</td>
<td>I believe I am a condemned person.</td>
</tr>
</tbody>
</table>