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SUMMARY & CONCLUSIONS

INTRODUCTION

A critical review of published and unpublished research work reveals great dearth of multiphasic psychodiagnostic texts. Therefore, the need for developing a multidimensional test of personality in Indian conditions was considered essential.

Need for the Study:

The M.M.P.I. seemed to be especially interesting for intercultural studies.

(1) for the large amount of research on it in the West and also

(2) Because of the richness in its item pool, which was originally developed as a substitute for the psychiatric interview.

Hence it was decided to adapt and apply a test of foreign origin, viz. the M.M.P.I. instead of resorting to trial and error procedure that an original test constructor has to carryout. Since M.M.P.I. consisted of 566 items and contained nine clinical scales and four validity scales, practically it was impossible for a single researcher to work for standardization. Thus only adaptation and application to clinical condition have been undertaken.
Problem:-

To adapt M.M.P.I. to Gujarati speaking population and to tryout its applicability psychiatric conditions.

Method:-

The work was carried out in four stages:-

1) **Item translation**: The Gujarati translation of the M.M.P.I. was accomplished by using three bilinguals, translating independently and then conjointly to climiate the translation differences. The general strategy followed in the item translations was to limit the modifications and keep the item content as intact as possible.

2) **Pre-pilot study**: The first form was administered to ten volunteers from Gujarati students, professional communities obtained through personal contacts to ensure co-operation and to determine the subjects as bilinguals. Items that are found not to convey appropriate meaning were changed.

3) **Pilot study**: In order to find out objectively the internal consistency and discrimination power of the items, the first revised form was administered to 160 normal subjects.

It has been found that this test could be used only as an individual test and not as a group test because the test is very long and it needs explanation of many items. Thus it was decided to use this test only as an individual test for Gujarati population.
Item Analysis: Point Bi-serial correlation of coefficients have been computed in order to find out the internal consistency of the items. For determining the discrimination power of the items, Phi-coefficients of correlation have been computed. On the whole, out of 566 items, internally consistent items found to be discriminating between high and low criterion groups have been retained for the final form (322 items).

<table>
<thead>
<tr>
<th>Scales</th>
<th>No. of items in the present scale</th>
<th>No. of items in the original M.M.P.I.</th>
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<tr>
<td>Hs(1)</td>
<td>30</td>
<td>33</td>
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<tr>
<td>D (2)</td>
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<tr>
<td>Hy(3)</td>
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<td>Pd(4)</td>
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<td>Sc(8)</td>
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<td>Ma(9)</td>
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<td>Si(0)</td>
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<td>L</td>
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<td>15</td>
</tr>
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<td>F</td>
<td>51</td>
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<tr>
<td>K</td>
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</table>

(4) Applications: Using the purposive sampling technique, the final form of the M.M.P.I. was administered to 500 normal voluntary
subjects and 300 psychiatrically diagnosed cases of local Mental Hospital, Civil Hospital and Psychiatric clinics.

After scoring, analysis of the results has been carried out for 226 male normal and 214 female normal subjects along with 66 female psychiatric and 168 male psychiatric patients.

Findings:

(1) It has been found that there is a significant difference among the mean values of male normal and female normal subjects only on 4 scales, Hypochondriasis, Hystoria, MF and Pd.

(2) Significant difference among the mean values of clinically or psychiatrically diagnosed group and normal standardization sample reveals high validity.

(3) Significant differences among the mean values of clinically diagnosed cases of Schizophrenia (on scale 8) on one hand and other psychiatric diagnostic categories on the other hand prove that H.H.P.I. clinical scales are valid and for diagnostic purposes for Gujarati population.

The coefficient of stability and co-efficient of homogeneity have been computed. Test-retest method and method of rational equivalence show consistency in the test results.

Norms:

In order to interpret the obtained scores objectively and meaningfully normalized 'T' scores for both male and
female sample are given separately.

Profiles have been prepared on the basis of the 'T' scores.