I. CHAPTER

- INTRODUCTORY

- A study of MMPI in Clinical practice
INTRODUCTORY

A STUDY OF M.M.P.I. IN CLINICAL PRACTICE

Revolutionary psychiatric requirements of World War II stimulated and gave marked impetus to inquiry regarding M.M.P.I., a relatively new instrument. For the screening, evaluation, reassignment and disposition of large masses of men within the military organisation in America could not be accomplished through the individual handling, traditional in clinical practice. Numerous valuable testing methods have been devised as Karl Meninger has stated "the practice of psychiatry without the assistance of modern psychological testing is as old fashioned and out of date as would be the practice of orthopedics without the X-ray".

It is only over a century that attempts were made for the study of personality using quantitative measurements and experimental techniques. The theories that were developed earlier were based on behavioural measurements. Some psychologists started testing theories developed earlier by clinical observations. Some of those who have developed personality theories based on psychometric techniques particularly using as their major tool factor analysis for the analysis of the data have used inductive hypothetico-deductive method. This technique provides a quick and reasonably objective analysis of many observations.

Among the most ambitious attempts to objectify the data of clinical psychiatry is the M.M.P.I developed by Hathaway and McKinley at the University of Minnesota. In a series of
publications they have described in detail the compilation
and validation of the test using manifold clinical media
and types of controls. The test has been widely introduced
to the armed forces, where it has been experimentally
utilized in a wealth of case material, and it is receiving
mention in neuropsychiatric literature with increasing
frequency.

A survey research report in psychology published in
1952 by ICSSR, New Delhi gives documented information
regarding the work done in India. Concentrated research
in the area of personality needs emphasis as it provides
firmer foundation for the therapists in better understanding
of pathology and the goal of treatment for self development.
The paucity of personality instruments and the inadequate,
if not the absence of data for the use in many of the
applied fields is being felt. Much of the data which are
available are drawn on student population from educational
institutions.

The Western concepts, theories and models have been
empirically accepted for the study of human behaviour.
Studies in cross cultural differences indicate the limitations
of the use of exotic models in understanding the behaviour.
Even the concepts may differ in their connotation depending
upon variation in culture. Hence there is a need to develop
techniques taking into account the cultural roots in
interpreting personality.
The major criterion for any test is its variability but validity is always relative to some end, and what the test measures should be checked knowing how well it measures. In the personality area there is as yet no agreed schema of fundamental personality dimensions. So for any given test, it is highly important to consider what the test aims at measuring.

With regard to what they measure, personality tests fall into two broad categories. Those which make an attempt to span the whole personality area in a systematic way and those which are concerned with some ad hoc objective. The former types are usually based on factorial studies and cannot be validated by any simple correlation procedure. The latter type may be restricted to a single measure, which further simplifies the problem of validity, but the essential point is that there is an available criterion to control the choice of test items and to measure the validity of the test.

The MMPI falls into the second group. It does not pretend to provide basic personality dimensions but to predict the currently accepted psychiatric categories. These may be basic in their own right, but this is beside the point. They have empirical validity, in that they are the basis of actual treatment. At the present stage of psychiatry, these categories are most meaningful from the diagnostic point of view and the problem of measurement is simplified by the possibility of definite if not perfectly reliable criteria. The problem of what is to be measured is a simple one for the M.M.P.I.
The implications of this have not always been understood. Because the test is one of the few multi-dimensional tests, some people thought of it as a useful test for a general survey of personality for which it was not designed. It may draw attention to possibly disabling degrees of mental disorders and indicate the form of such disorder, but whether the pattern of disorder tendencies has any significance when none of the scores fall outside the normal range is another matter altogether. Despite the extensive literature which has developed around this test, there is a paucity of evidence on this point.

It is this fact which has probably inspired the development of a variety of new scales. Only one of these is currently described in the manual although a reference is made to others. This S.I. scale, although not strictly a clinical scale is probably of more clinical significance than most other new scales. It also measures one of the two major general personality dimensions and the interest shown in it inclines one to the opinion that if the scores on a set of basic personality dimensions were available from the test, it would both add to the value of the test and contain the tendency to make use of the psychiatric scales outside the psychiatric area.

The M.M.P.I. seems to have been widely accepted as a criterion measure of psychopathology by researchers who want to measure psychological problems in a variety of non-psychiatric groups. But studies pointing to the need for revision or modification of the M.M.P.I. are scarce.
There are many reasons for the extensive use of the M.M.P.I. Its administration is relatively effortless, its scoring is objective, generally straightforward objective interpretative procedures are available and its validity as a criterion measure is comparatively well founded.

The M.M.P.I. is often mistakenly considered to be an all purpose personality assessment instrument that is sensitive to "normal range" personality attributes. Consequently, some researchers use the M.M.P.I. with groups for which a different instrument might be more appropriate. The standard clinical M.M.P.I. scales are measures of psychopathology, and not general personality. The M.M.P.I. should not be made to do what it is not designed to do.

The eight clinical scales and the three validity scales plus MF and S.I. are the best established and most widely used M.M.P.I scales.