III  CHAPTER

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DESCRIPTION OF THE M.H.P.I. SCALES

The Minnesota Multiphasic Personality Inventory (MMPI) is designed to provide an objective assessment of some of the major personality characteristics that affect personal and social adjustment. The carefully constructed and cross-validated scales provide a means for measuring the personality status of literate adolescents and adults together with a basis for evaluating the acceptability and dependability of each test record. Nine scales were originally developed for clinical use of the test and were named for the abnormal conditions on which their construction was based. Since they have been shown to have meaning within the normal range of behavior, these scales have now come to be referred to by their abbreviations—Hs (hypochondriasis), D (depression), Hy (hysteria), Pd (psychopathic deviate), Mr (masculinity-femininity), Pa (paranoia), Pt (psychasthenia), Sc (schizophrenia), and Ma (hypomania) or by their code numbers (see the footnote) to avoid possibly misleading connotations. A large number of other scales have been subsequently developed from the same test items; Si (social introversion), is one that is commonly scored. There are also three Validation scales: L (lie), F (validity) and K (correction.)

*Code numbers: Hs(1), D(2), Hy(3), Pd(4), Mr(5), Pa(6)
Pt(7), Sc(8), Ma(9), Si(0)
(Dalhstrom and Welsh, 1960)
The aim of this research project is to adapt and analyse the applicability of MKM scales to Gujarati Culture. The following brief descriptions of the scales are intended as merely general guides to the meaning of the scales.

The overall validity of the profile should be the first concern and thus validity scales are considered first.

A. The Validity Scales

The question score (?) is a validating score consisting simply of the total number of items put in the 'cannot say' category, the size of this score affects the significance of other scores. Large question scores invalidate all other scores. In its own right the Question score is an indicator of personality factors, but no specific clinical material on it has been analysed.

The Lie Score (L): The L score of 15 items is also a validating score that measures the degree to which the subject may be attempting to falsify his scores by always choosing the response that places him in the most acceptable light socially. A high L score does not entirely invalidate the other scores but indicates that the values are probably higher than those actually obtained.

The content of the L scale involves aggressive feelings, bad thoughts, temptations and lack of control or conformity. These attributes are clear, unambiguous and generally socially favourable.
Thus the L scale has 9 items that do not appear on any other regular M.M.P.I. scales. Remaining statements are appear on at least one other scale and usually scored in the same direction.

The F Scale: The F score of 64 items serves as a check on the validity of the whole record. Many of the items deal with peculiar thoughts and beliefs. Others have to do with apathy, lack of interest in things or denial of social ties. A few deal with religion, attitudes toward the law, and a lack of comfortable control over impulses. A few pertain to adequacy of sleep and somatic concerns.

The K Scale: The K score of 70 items is used essentially as a correction factor to sharpen the discriminatory power of the clinical variables measured by the inventory. The K factor is to be thought of as a measure of test taking attitude, and is related to the L and F attitudes but is somewhat more subtle and probably taps a slightly different set of distorting factors. As such, K acts as a suppressor variable.

B. THE CLINICAL SCALES

1. The Hypochondriasis scale (Hs): This is the first scale of the M.M.P.I. with 33 items. It measures the personality characteristics related to the neurotic pattern of hypochondriasis. Hypochondriacs show an abnormal concern for their physical health. Even in the absence of a valid physical defect, their worries and preoccupations with physical
It can be seen that the items that differentiate hypochondriacs from normal subjects range over a variety of bodily complaints. They are not restricted to any particular part of the body or kind of function. They include generalized aches, pains, specific complaints about digestion, breathing, thinking, vision, sleep as well as peculiarities of sensation. Some of the items are related to general health or competence. The amount of overlap with other scales is large for this scale. 20 out of 33 items of this scale also appear on the scale of Hysteria and are scored in the same direction. For only one item, the scoring direction is reversed on the other scale. 4 items which overlap with Schizophrenia and one item with Paranoia are more bizarre in content than others. (Dalhstrom & Welsh, 1960).

2. The Depression Scale (D): The D scale (60), second of the clinical scales measures the depth of the clinically recognised symptom or symptom complex depression. The depression, may be the chief disability, or it may accompany, or be a result of, other personality problems. This mood state is characterized generally by pessimism of outlook on life and the future, feeling of hopelessness, or worthlessness, slowing of thought and action, and frequently by preoccupation with death and suicide. This scale together with the Hs and Hy
scales will identify greater proportion of those persons not
under medical care who are commonly called neurotic, as
well as individuals so abnormal as to need psychiatric
attention.

3. The Hysteria Scale: This scale of 60 items aids in
the identification of patients using the neurotic defences
of the conversion form of hysteria. Such symptoms may be
general systematic complaints, or more specific complaints
such as paralyses, contractures (writer’s cramp), gastric
or intestinal complaints or cardiac symptoms. They seem to
use physical symptoms as a means of solving difficult
conflicts or avoiding responsibilities.

In terms of its contents, many of the items on this
scale seem to be mutually contradictory. Broadly speaking,
the items fall into two categories: (a) somatic items and
(b) social facility items. The somatic items that appear
on this scale are more specific in bodily reference, such
as troubles of head, eyes, chest, etc. Some of the items
describe tensions, fears and worries. In contrast, a
number of items on this scale involve the denial of any
kind of troubles. These may be denials of inadequacies, of
basic impulses and of any sensitivity in social situations.

4. The Psychopathic Deviate Scale (Pd): The Pd scale (50)
measures the personality characteristics of the amoral and
asocial subgroup of persons that are called psychopathic
deviants. The major features of this personality pattern
are repeated disregard for social customs and traditions, an inability to profit from punishing experiences as shown in repeated difficulties of the same kind and an emotional shallowness in relation to others, particularly in sexual and affectional display (of Dahlstrom & Welsh, 1960).

The contents of this scale are spread over a wide range of problems, the alienation of the person from his family, the extension of difficulties with school and with authorities. Some of the items involve frank admission of personal limitations, poor morale and sexual troubles. At the same time, there are items that involve denial of social shyness and assertion of social poise and confidence. Some of the items reflect parental or home difficulty.

5. The Interest Scale (MF): Masculinity-Femininity. This scale of 60 items measures the tendency towards masculinity or femininity of interest pattern. The subjects represent their masculine or feminine interests in terms of their values, attitudes, style of expression and preferences for jobs (Hathaway & McKinley, 1951).

The contents of this scale are heterogenous ranging over interests in kinds of work, hobbies, past times, social activities, religious preferences and family relationships. Some of the items of this scale are related to sexual problems. High score on this scale indicates a deviation of the basic interest pattern in the direction of the opposite sex for the subjects of both sexes.
6. **The Paranoia Scale (Pa):** This scale consists of 40 items and was developed to evaluate clinical pattern of paranoia. The concept of paranoia involves a set of delusional beliefs, frequently including delusions of reference, influence and grandeur. Although the persons showing these personality features may appear to be well oriented to reality and integrated in relation of one delusion with another in their belief structure, they may show misperceptions or misinterpretations of life situations (Hathaway & McKinley 1951). Here again it is believed that a very few paranoid patients have successfully avoided betraying themselves in the items of this scale.

Contentwise, some of the items are frankly psychotic items, that are consistent with the text book description of this disorder; mental peculiarities, delusional and referential material, and the belief that unwarranted pressure has been placed upon them. Some of the items are less clearly a part of this syndrome.

7. **The Psychasthenia Scale (Pt):** This scale of 48 items evaluates the neurotic pattern of psychasthenia, though the term psychasthenia is no longer in wide use. The personality features include: obsessive rumination, compulsive behavioural rituals, phobias, worrying, difficulties in concentrating, guilt feelings and excessive vacillation in making decisions. Other features include excessively high standards of morality, self critical or self debasing feelings and attitudes and assumptions of remote and unemotional aloofness from
personal conflicts.

The contents reflect a characterological basis, the items cover such things as anxiety and dread, low self-confidence, doubts about one's competence, undue sensitivity, moodiness and immobilization.

It is correlated to a negligible degree with other scales, except for the Sc scale. The basic personality pattern of the psychasthenic individual is relatively difficult to change, but sight and relief from general stress may lead to good adjustment.

8. The Schizophrenia Scale (Sc): (78): The psychotic pattern of Schizophrenia for which this scale was derived is heterogeneous and contains contradictory behavioural features. It is characterized by bizarre and unusual thoughts or behaviour. Most commonly, patients showing this psychiatric reaction are characterized as constrained, cold and apathetic or indifferent. Other people see them as remote and inaccessible. Delusion of varying degrees of organization, hallucinations, either fleeting or persistent and compelling, and disorientation may appear in various combinations. Inactivity, or endless stereotypy, may accompany the withdrawal of interest from other people or external objects and relationships (Dalhstrom and Welsh, 1960).

The scale is the longest one in the regular group (78 items). Items reflect the bizarre mentation, the social alienation, the peculiarities of perception, and the feelings of persecution in the classic description of Schizophrenia.
There are also items reflecting poor family relationships and the lack of deep interests which are part of the basic syndrome. The scale includes largest subsets of items dealing with sexual matters, difficulties in concentration and impulse control.

This scale distinguishes about 60% of observed cases diagnosed as Schizophrenia. It does not identify some paranoid type of Schizophrenia. Anyway, it is frequently expressed psychiatric opinion that Schizophrenia is not a clinical entity but a group of heterogeneous conditions.

9. The Hypomania scale (ma): This scale of 40 items measures personality factor characteristic of persons with marked over productivity in thought and action. The word Hypomania refers to a lesser state of mania. Although the real manic patient is the lay person’s prototype for the “insane”, the hypomanic person seems just slightly off normal.

The hypomanic patient has usually got into trouble because of undertaking too many things. He is active and enthusiastic. Contrary to common expectations, he may also feel depressed at times. His activities may interfere with other people through his attempts to reform social practice, and his disregard for social conventions. A fair percentage of patients diagnosed psychopathic personality are better called hypomanic (Hathaway and McKinley, 1937).
C. ADDITIONAL SCALES

The Social Introversion Scale (SI): The SI scale of 70 items aims to measure the tendency to withdraw from social contact with others. No appreciable sex differences were found for the standardization population.

The S.I. Scale is not a clinical scale in the strict sense of being chiefly for use with hospitalized patients. It is valuable for use with normals and has been widely used in counselling and guidance work.