IV CHAPTER

- Interpretation: The Clinical Scale
- General Interpretative Comments
- Dimensions of Variation
- Elevation
- Slope
- Scatter
- Scale 1(Hs)
- Relations with other scales
- Scale 2(D)
- Relations with other scales
- Scale 3(Hy)
- Relations with other scales
- Scale 4(Pd)
- Relations with other scales
- Scale 5(Mf)
- Relations with other scales
- Scale 6(Pa)
- Relations with other scales
- Scale 7(Pt)
- Relations with other scales
- Scale 8(Sc)
- Relations with other scales
- Scale 9(Ma)
- Relations with other scales
- Scale 0(SI)
- Interpretation: The validity scales
- The Q Scale, The L Scale, The F Scale, The K Scale
- The F-K index
General Interpretative Comments

Dimensions of Variation: M.M.P.I. profiles may be conceived of as varying on three dimensions: Elevation, Scatter and Shape.

Elevation: Historically, the first of these, elevation, was understandably emphasized as being of prime importance. More recently, however, clinicians have tended to de-emphasize elevation, and for good reasons. This is purposeful and stems from a recognition that the "meanings" of the various clinical scales are to a considerable extent a relative matter. Within limits a scale may be considered "up" or "down" to the extent that the score deviates from other scores in the profile. Although it would obviously be absurd to discount the general significance of elevation, interpretative precision is primarily a function of the examiner's knowledge of profile configurations.

Slope: A word should be said about slope as an important configurational characteristic of the total profile. In general, the clinical profiles of psychoneurotic persons tend to slope downward from left to right, while those of psychotics tend to slope in the opposite direction. Individuals with character problems tend to have profiles with peaks confined to the middle scale with a dropping off at either end. These are of course, merely modal observations and must be used cautiously.

Scatter: Profile scatter has usually been discussed in connection with what M.M.P.I. workers refer to as "phasicity"
which means approximately the same thing. In general, low scatter profiles give us less information than do profiles in which there is a marked interscale variability.

**Scale 1 (Hs)**

High scorers on this scale are sour on life, whiny, complaining and generally handle their hostile feelings by making those around them miserable. Frequently they use somatic complaints to control others. They tend to be cynical and defeatist, especially as regards others efforts to help them. They are highly skilled in frustrating and infuriating physicians, of whom they often engage a great number in succession. Elevation is associated with poor progress in psychotherapy. Even persons having moderate elevations on scale 1 tend to be seen as unambitious, lacking in drive, and stubborn, and narcissistically egocentric; they appear readily to develop a paranoid posture when pressured. In contrast, persons scoring low on scale 1 are described as alert, capable and responsible. Effectiveness in living is suggested by a low 1.

**Relation with Other Scales:** Elevation on scales 1 and 3 with an intervening valley at scale 2 form what has come to be called the "conversion V." Persons exhibiting this pattern are characterized by an extreme need to interpret their problems in living in a way that is both "rational" and socially acceptable. Many of them develop somatic displacements that permit a localization of the difficulty outside of the
personality; others develop psychological symptoms of a highly "reasonable," socially acceptable type. In any case, the real function of the symptom is obscured by hysteriod operations.

In general, an accompanying elevation on 3 attenuates the overtly pessimistic, complaining attitudes of the high 1 person, and where 3 is higher the operation of denial may even permit expressions of optimism.

With very high scores on scale 8, an elevation on scale 1 is often associated with somatic delusions.

With elevations on scales K, 1, and 3, and especially if F, 2, 7, and S are down, the individual is likely to be extremely defensive, presenting himself as exceedingly "normal" responsible, helpful, and sympathetic. Such persons are often threatened by any suggestion of weakness of unconventionality in themselves. Often they are markedly organized around ideals of service and contribution to others at the level of overt behavior. They do not tolerate well the role of "patient".

Scale 2 (D)

Scale 2 is the most frequent peak in the profiles of psychiatric patients. It tends to be fairly unstable, being highly sensitive to mood changes, and its meaning tends to vary depending upon the characteristics of the remainder of the profile. In general, it is the best single- and a remarkably efficient- index of immediate satisfaction, comfort, and security; it tells something of how the individual evaluates himself and his role in the world. High 2 people tend to be
silent and retiring, perhaps withdrawn, and are seen by others
as aloof, evasive, timid and more or less inhibited. Low 2 peo-
ples are active, alert, cheerful and outgoing and are likely to
be seen by others as enthusiastic, self-seeking, and perhaps
given to self-display. Occasionnally one sees a profile in
which 2 is the only elevated scale. Usually this will be a so-
called reactive depression, even when the person may deny
depressive feelings; particular attention should be given to
a cautious evaluation of the suicidal risk.

Relation with Other Scales: Elevation with scales 1 and 3 is
modal in the psychoneuroses (the "neurotic triad"), in some
forms of which there is an additional spike on 7. With increas-
ing experience the examiner will be able to arrive at quite
precise diagnostic formulations within the class of neurotic
illnesses by attending to the patterning of scores on scales
1, 2, 3 and 7.

Peaks on 2 and 7 are exceedingly common in psychiatric
patients, reflecting the self-devaluation, intropunitiveness,
tension, and nervousness characteristic of this group as a whole.
Some 2-7 elevation is considered desirable in candidates for
psychotherapy, since this usually indicates internal distress
with motivation for change, as well as some introspective bent.
Extreme elevations, however, often mean that the individual
is so agitated and worried that he cannot settle down to the
business of psychotherapy, and other forms of therapeutic
intervention become necessary.

When elevations on 2 and 7 are accompanied by an
elevation on 3, the individual is likely to present docile.
markedly dependent interpersonal behaviour with a tendency to inspire nurturant and helpful attitudes in others. The poignant helplessness of these persons not infrequently causes even experienced therapists to engage in nonfunctional protective maneuvers. Clinically, this type of problem is usually seen in the context of an anxiety or phobic reaction of relatively severe proportions.

Schizoid and schizophrenic conditions are nearly always accompanied by some elevation on 2. In such cases, the disaffiliation and sullen distrustful anger of the schizoid will also be present in elevations on F, 4 and 8.

Scale 3 (Hy)

High 3 people are very likely to be extremely naive and self-centered in outlook. They are very demanding of affection and support and endeavor to get these by indirect but obtrusively manipulative means. Often they are highly visible and rather uninhibited in social relations, but such relations are carried on at a superficial, immature level. Some high 3 people act out sexually and aggressively in blatant fashion with convenient and often incredible inattention to what they are doing. They are, on the whole, people blindly without insight. Because they have strong needs to be liked, their initial response to treatment is apt to be enthusiastic. Sooner or later, however, they become intolerant of the inevitable challenges to their defenses, frequently make impossible demands on the therapist, and become generally resistive, often complaining that they are being
mistreated, that the therapist does not understand them etc. The person with an elevated 3 is unlikely to be seen as psychotic, regardless of what shows on other scales; the examiner should, therefore, be very wary about diagnosing psychosis when 3 is clearly elevated. Little of a reliable nature is known about low 3 people, but many of them seem to be socially isolated, cynical, and generally misanthropic.

Relations with Other Scales: The neurotic triad and conversion V configurations have already been considered. Elevations on K and 3 when F and 8 are low are characteristic of affiliative, constictedly overconventional people. These individuals show prominently in their relations with others an exaggerated striving to be liked and accepted. Characteristically they maintain an unassailable optimism and emphasize harmony with others, if necessary at the expense of internal values and principle. They are likely to become extremely uncomfortable in, and, therefore, to avoid, situations demanding angry response, independent decision, or the exercise of power. When such persons do show up in the clinic, which is infrequent, they are most resistant to considering that their difficulties may result from emotional conflict. It is also a remarkable fact that even in the face of catastrophic failure they often resolutely maintain that "things are going fine", defeated feelings seem to be intolerable to these people.

Scale 4 (Pd)

High 4 people are generally characterized by angry disidentification with recognized conventions; their revolt
may be against family or society or both. Many high 4s exhibit an apparent inability to plan ahead, if not a reckless disregard of the consequences of their actions, and unpredictability is a feature of their behaviour. Usually social relationships are shallow; the individual rarely develops strong loyalties of any kind. These people sometimes make a good impression at first, but on longer acquaintance their essential unreliability, moodiness, and resentment become apparent. They may justify their disregard of convention on the basis of being "above" mere propriety, reflecting the high value many of them place on themselves. High 4 is associated with inability to profit from experience, including psychotherapy; in adolescent delinquents with 4 peaks, therapy appears to be less effective in producing changes than does increasing age. Low scorers on 4 tend to be unconventional, rigid and overidentified with social status; frequently they manifest very low levels of heterosexual aggressiveness.

Relations with Other Scales: Some elevation on 4 is a fairly stable feature in character disorders and the psychoses, reflecting a component of brooding resentment. A peak on 4 in the presence of a low 2, even when 4 is only moderately elevated, indicates an especially low probability of significant personality change occurring.

Elevation on scales 4 and 9 are frequent in the behaviour disorders. Such a pattern is nearly always associated with some form of acting out behaviour. The individual exhibits an enduring tendency to get into trouble with his
environment, usually only in a way that damages his own or his family's reputation; antisocial and criminal acts are not uncommon, however, arousal seeking and an inordinate need for excitement and stimulation characterize the 4-9 group as a whole.

When clear elevations on 4 and 9 are accompanied by a clear elevation on 6 as well, serious concern is warranted in regard to aggressive behaviour. This is especially true if scale 8 is also elevated. This pattern has been observed often in persons exhibiting sudden violence.

Peaks on 4 and 6 identify angry, sullen people who utilize excessively a transfer of blame mechanism. Typically they are rigidly argumentative and difficult in social relations, frequently being seen as obnoxious. They are poor candidates for treatment.

The foregoing is less true if scale 3 is also elevated. In general, elevations on both 3 and 4 identify markedly immature persons who tend outwardly to be conformists and who discharge their hostile rebellious feelings in indirect ways. Many of these people, for example, establish enduring relationships with marginal, acting-out individuals, thereby vicariously gratifying their own antisocial tendencies. The 3-4 pattern suggests fertile soil for dissociative phenomena.

When elevations on 5, 4 and 8 occur in the presence of a low 2, this is usually an aggressive, punitive individual who is most comfortable when inspiring anxiety and guilt in
others. Often such individuals drift into roles in which such behavior is socially sanctioned, or at least not manifestly condemned, e.g., the low enforcer, the overzealous clergyman, the school disciplinarian. The behaviors expected here range all the way from stern, punitive, cold disapproval to clinical sadism. When these individuals find themselves in situations in which their guilt and fear-provoking operations are blocked, they are likely to feel unprotected, anxious and uncomfortable. Many individuals diagnosed clinically as sociopaths exhibit this configuration.

Scale 5(MF)

In general, scale 5 is a measure of sophistication and aesthetic interest. Clear elevations are suggestive of non-identification with the culturally prescribed masculine or feminine role. For males, high scorers tend to be relatively passive individuals; some are definitely effeminate in manner. These men are seen as imaginative and sensitive and tend to have a wide range of interests. Low 5 males are easygoing, adventurous, perhaps somewhat "coarse". In some low 5 scorers, there is an element of compulsive masculinity; the individual's efforts to appear masculine seem overdone and inflexible, often taking the form of exhibitionistic display of physical strength and endurance. Not surprisingly, if such people enter treatment they are usually found to have very disturbing questions concerning their own identity and maleness.

For females, high scorers tend in general to be aggressive, dominating, and competitive; they are found in
large numbers in activities and occupations that are traditionally male. These women are typically confident, spontaneous, and somewhat uninhibited in those areas of living in which heterosexual implications are absent; they become anxious in situations which they are expected to adopt a feminine sexual role. Their interests tend toward the mechanical and scientific. Some elevation on MF may be considered normal in girls in their middle to late teens and in women from atypical cultural backgrounds. Low 5 females are passive, submissive, yielding, and demure—sometimes to the point of representing living caricatures of the feminine stereotype. Women who achieve extremely low T scores are usually highly constricted, self-pitying and faultfinding; they seem unable to tolerate pleasant experiences.

Relations with Other Scales: Malcs: Elevation on 4 and 5 is a not uncommon configuration and indicates a Bohemian type of character (lately, "hippie") who leaves little doubt as to his nonconformity. Such people delight in defying and challenging convention and by their general behavior and appearance so indicate. Many overt homosexuals exhibit this pattern and are often not in the least reticent about discussing their sexual behavior with anyone who seems interested. The foregoing comments may not apply where the profile shows other peaks as well or where it is generally elevated. A low 5 with a high 4 points to a tendency toward flamboyant masculinity, as previously described; in teenagers this is often manifested as delinquency.
Females: A high 5 together with a high 4 is found among women who are rebelling against the female role. Generally speaking, the high 5 women's behaviour becomes more clearly deviant with increasing elevation on 4. Women whose profiles show a low 5 with an elevation on 4 are hostile, angry people who, however, are unable to express such feelings directly. Instead they resort to various masochistic operations that provoke other people to anger and rage, often taking satisfaction in pitying themselves because they have been mistreated; there is often an accompanying elevation on 6 that reflects the degree to which the transfer of blame elements in this pattern become involved in a generalized paranoid posture. These women are often extremely adroit in eliciting rage, and this is likely to create special problems in therapeutic management.

**Scale 6(Pa)**

This is one of the poorer MMPI scales, at least from the viewpoint of performing its intended function of detecting paranoid thinking. Many people who are clinically extremely paranoid show no elevation at all. It is true, however, that persons who do get definite elevations on scale 6 can nearly always be demonstrated to have paranoid ideation, if not frank delusions. To a lesser extent this is also true of persons who get extremely low scores on scale 6. The latter apparently are identified by virtue of being too cautious in what they say about themselves. Moderate elevation on 6 suggests an individual who adopts an intropunitive role outwardly but...
who expresses hostility by "arranging" events in which others are victimized (the "What did I do wrong?" syndrome). In general, high 6 scorers tend to be suspicious and brooding, to harbor grudges, and usually to feel that in some way they are not getting what is coming to them. In treatment they are rigid and rationalistically argumentative. With an elevated 6 it is frequently useful to look at the person's responses to individual items in the scale to differentiate between general characterological paranoia and the presence of clearly delusional thinking. Low 6 scorers tend to be stubborn and evasive, often feeling that dire consequences will follow upon their revealing themselves in any way. There may be, then, little essential difference between high and low scorers on 6; this, of course, leaves unexplained why they differ in their responses to the items in this particular scale.

Relations with Other Scales: Definite elevations on scales 6 and 3, regardless of the configuration of the profile as a whole, are usually indicative of paranoid schizophrenia.

Sometimes a moderate elevation on 6 occurs with an elevation on 3. This will usually be an individual who is blindly repressive in regard to hostile and aggressive impulses. Such individuals deny suspicious and competitive attitudes and comfort themselves by consciously perceiving the world in naively positive and accepting terms. They are, however, hard to get along with on more than a casual basis, since their underlying hostility, egocentricity, and ruthless power operations are likely to be apparent to a degree that
is inversely proportional to social distance.

The relationship between 6 and 4 has already been discussed.

Note on Paranoid Conditions: The examiner working in a clinical setting may occasionally have an individual referred for examination for what appears to be good cause in terms of suspected psychopathology but who nevertheless achieves a perfectly "normal" profile, validity scales included. In a very large proportion of such cases this will turn out to be some form of paranoid disorder.

Scale 7 (Pt)

High Scorers tend to be obsessionally worried, tense, indecisive, and unable to concentrate. Low scorers are usually relaxed, self-confident, and secure. Individuals having marked elevations on this scale almost always exhibit extreme obsessionalism, but this must be differentiated from the so-called compulsive defense system. Many rigidly compulsive people show no elevation at all, presumably because their rigid organization wards off any feelings of insecurity, concern about their own worth, etc.

Relations with Other Scales: The clinically very common 2-7 profile was discussed in connection with scale-2.

Scales 7 and 8 are highly correlated, but important implications concerning diagnosis and prognosis depend their relative heights. When 7 is higher than 8, regardless of the
height of 8, the situation tends to be more benign than when the reverse is true; the individual is still fighting his problems and defending himself with some effectiveness against the development of more fixed patterns of disturbed thought and behavior. When both scales are elevated above 75 and when 8 is relatively higher, this is often an established schizophrenic psychosis, especially if the neurotic triad is relatively low; even in those cases in which psychosis can be ruled out, the problem is likely to be a very refractory one, e.g., a severe, alienated character disorder.

Scale 8 (Sc)

High Scorers on 8 almost always feel alienated, misunderstood, and peculiarly not a part of the general social environment. They have fundamental and disturbing questions about their own identity and worth. They are somehow confused about how one goes about the business of being a socialized human being; many of these persons feel that they are hopelessly lacking something fundamental which is the key to successful relations with others. Among high 8s, they are many painfully withdrawn people who have little or nothing in the way of social relationships and who occupy themselves excessively with private autistic fantasy. Even with moderate elevations there is usually some difficulty in thinking and communication. These people seem to be in contact and seem to be talking sense, but one is vaguely aware that he is really not understanding very well what it is they are saying; they appear habitually to avoid making unequivocal
statements. A high score on 8 makes the prognosis for short-term psychotherapy relatively poor. Agitated neurotics, prepsychotics, and so-called pseudoneurotic schizophrenics score highest on 8.

Relations with Other Scales: The basic schizoid configuration involving elevations on F, 2, 4 and 8 and the important relationships between 7 and 8 have been described above.

Something further should be said about the person with peaks on both 4 and 8, a not infrequent combination. Typically such a person's problems stem from the early establishment of an attitude of distrust toward the world. These are people who, as children, acquired a set to perceive other people as hostile, rejecting, and dangerous. They also learned, however, that they could protect themselves and alleviate to some degree their painful anticipations of hurt by striking out in anger and rebellion. The pattern is continued into adulthood, the person being so rebellious and angry that his social behaviour continually reinforces his alienation from the group. Intervention into this vicious circle by way of psychotherapy is an extremely difficult operation.

When 8 and 9 are elevated together, it usually identifies an individual who handles his inability to relate, or his fear of relating, by distractability operations. The 8-9 pattern appears to be associated with a highly malignant psychopathological process, and its occurrence should be
viewed with extreme seriousness even where elevation is only moderate. These people are very difficult to work with psychotherapeutically because they cannot permit a focalization of issues; they never settle on anything long enough to allow a real coming to grips.

**Scale 9 (Ma)**

High scorers indicative of likelihood of maladaptive hyperactivity, irritability, and insufficient inhibitory capacity. Low scorers often exhibit listlessness, apathy, and lack of drive; almost always they are people lacking in self-confidence and a normal degree of optimism regarding the future. A very low score on 9 suggests serious depression even when scale 2 is not markedly elevated.

**Relations with Other Scales:** Although scales 2 and 9 are negatively correlated, the relationship is far from perfect, and one occasionally sees profiles with elevations on both. This seemingly contradictory pattern suggests three possibilities: (1) an agitated state in which the individual is painfully aware of intense pressure from hostile and other ego-alien impulses; (2) a condition of introspective preoccupation and heightened narcissistic self-absorption (this is occasionally seen in disturbed adolescents with "identity" problems); and (3) the presence of an organic brain lesion.

When 2 and 7 are down, a moderately elevated 9 frequently identifies an individual whose security operations are organized around interpersonal power or narcissistic
competitiveness. It is useful to distinguish the two, and 
K is sometimes helpful here. K is often elevated with 9 in 
managerial, autocratic, power-oriented individuals whose 
compulsive energy and planful organization provoke a somewhat 
overwhelmed deference and submission in others. These people 
often make excellent administrators, possibly because ambi-
guity, uncertainty, and indecision are intolerable to them. 
They insist upon being informed and feel most uncomfortable 
in situations in which they are not. As might be expected, 
they do not as a rule respond productively to the typical 
psychotherapeutic situation.

K is not usually elevated with 9 in competitive, 
narcissistic personalities. These individuals organize their 
lives around competitive self-enhancement and tend to be 
_extremely threatened whenever in a situation in which 
submissiveness or dependence are expected. They depend for 
their self-esteem on demonstrations of weakness in others 
and strength in themselves, and they exact a grudging, 
envious submission and respect from those with whom they 
interact. In women this frequently manifests itself in an 
exhibitionistic emphasis on physical attractiveness. If such 
a person enters psychotherapy the therapist may be treated 
to endless- and often quite fascinating-orgies of self-display, 
but his chances of having a successful therapeutic experience 
are not great.

Scale 0 (S1)

High scorers tend to be withdrawn, aloof, and anxious
in contact with people. Low scorers on O are sociable, warm people. Extremely low scorers suggest a certain flightiness and superficiality of relationships: these hail-fellow-well-met individuals have well-developed social techniques and very many social contacts, but they do not establish relationships of real intimacy. (J.N. Butcher 1969)
The standard MMPI profile includes four scales whose original purpose was to provide the clinician with a frame of reference for interpreting the "clinical" scales. In practice, each of these four scales has been found to have psychological correlates no less important clinically than those of the clinical scales, and their original function as validational devices has been all but overshadowed by their utility in providing information on certain crucial dimensions of personality.

The 7 scale: This is not a scale in the usual sense, consisting simply of the number of items to which the individual has not answered "true" or "false". No significance is attached to raw scores of 30 or below, but in those fairly rare cases in which the score exceeds 30, and especially where it approaches 100 or more it becomes essential to take into account its attenuating effect upon the clinical profile and to attempt to discover the source of the individual's "cannot say" propensity.

Generally speaking, if reading difficulties can be ruled out, moderate 7 elevations are indicative of obsessional processes, often with elements of extreme intellectualization and not infrequently involving highly idiosyncratic interpretation of items. One familiar manifestation of this type of process is seen in the legalistic overcautiousness of some
paranoid patients who, if permitted, may leave unanswered the majority of the items. Individuals who are severely impaired psychiatrically often have marked elevated T scores on the basis of being unable to perform the decision-making task.

Many patients with high T scores can be persuaded to respond to a definitive way to the neglected items, and it is a good idea to make the attempt routinely. Failing this, it is often instructive to score all neglected items in the significant direction and to compare the profile derived on this basis with the original, noting particularly any occurrences of incongruity which might result from a nonrandom selection of items left unanswered.

**The L Scale:** A raw score of 5 or more is suggestive of rigidity, if not of conscious deception. In the general population, scores above 6 occur with persons who, for one reason or another, have pathologically intense needs to present a good front. It is interesting that high scores have been found actually to predict underachievement. Indeed, a high score in an individual of mature background may be associated with judgement deficiencies and should be further investigated in this light.

**The F Scale:** A very high T score suggests the following possibilities: (1) error by the examiner in scoring the test; (2) failure to understand the items, (3) lack of co-operation the patient having purposely responded in a random and
haphazard fashion; (4) distortion due to confusion, delusional thinking, or other psychotic processes; or (5) distortion due to the wish to put oneself in a bad light or falsely to claim mental symptoms. (See below under P-K Index)

With a very high T score, the profile is counted as invalid. A high score indicates unusual or markedly unconventional thinking. It frequently appears in sullen, rebellious personalities of the schizoid or antisocial type. Young people struggling with problems of identity and the need to define themselves by exhibiting nonconformity frequently score high on this scale. The profiles in such cases is usually valid. Occasionally individuals who are intensely anxious and pleading for help may get very high F scores that are bona fide and do not represent psychotic distortions; in such cases the profile would be markedly elevated but interpretable. F appears to be positively correlated with the severity of the illness in a clinic population. Individuals with moderately elevated F scores are described as moody, changeable, dissatisfied, opinionated, talkative, restless, and unstable. Low scorers are often described as sincere, calm, dependable, honest, simple, conventional, moderate, honest, simple and having narrow interests.

The K scale: High K scorers are people who cannot tolerate any suggestion that they are insecure, they have difficulties in social relations, or they may not have their lives well ordered and controlled. They are intolerant and unaccepting of unconventional or nonconformist behaviour.
in others, markedly concerned about their own social value, relatively without insight concerning their effect upon others. In a clinical situation, they show much hesitation and a great desire to ensure confidence and approval. Moderate elevations on K are found in individuals described as enterprising, ingenious, resourceful, social, reasonable, enthusiastic, and as having wide interests. Some elevation is seen as desirable prognostically as successfully treated patients appear to show some rise on K. Generally speaking, prognosis tends to be poor with extreme scores in either direction. A low K is usually accompanied by caustic manners, suspicion of the motivations of others, exaggeration of the ills of the world. Low K scorers have been described as awkward, cautious, peaceable, high strung, cynical, dissatisfied and individualistic. In terms of K correction on other scales, one should be aware that the patient who gets an elevation on the scale 8 by virtue of his having a high K is not the same kind of person as one who gets a high 8 by claiming or admitting 8-type problems and symptoms.

The F-K index: The ratio of F to K has been used as an indication of "faking" good or bad, and somewhat more successfully in the latter case than in the former. When F minus K (in terms of raw score) is positive and greater than 11, it is suggestive of a conscious attempt to look bad or to exaggerate illness (malingering), particularly if the absolute scores on the two scales are low. When the index is negative and exceeds 12, it suggests a deliberate effort to look and to deny emotional problems.