

MMPI (Minnesota Multiphasic Personality Inventory)



This work is licensed under a [Creative Commons Attribution-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-sa/4.0/).

MMPI: Development

Since its original development by Hathaway and McKinley in 1940, the MMPI has become the most widely used clinical personality inventory, with more than 10,000 published research references.

Rationale

- The Minnesota Multiphasic Personality Inventory (MMPI) is a standardized questionnaire that elicits a wide range of self-descriptions scored to give a quantitative measurement of an individual's level of emotional adjustment and attitude toward test taking.

MMPI: Clinical Scales

Scale 1: Hypochondriasis (Hs)

Scale 2: Depression (D)

Scale 3: Hysteria (Hy)

Scale 4: Psychopathic Deviate (Pd)

Scale 5: Masculinity-Femininity (Mf)

Scale 6: Paranoia (Pa)

Scale 7: Psychasthenia (Pt)

Scale 8: Schizophrenia (Sc)

Scale 9: Hypomania (Ma)

Scale 0: Social Introversion (Si)

CLINICAL SCALES

Scale 1. Hypochondriasis (Hs)

Scale 1 had 33 items & it was originally designed to distinguish hypochondriacs from other types of psychiatric patients.

High scorers on this scale show not only a high concern with illness and disease, but also are likely to be egocentric, immature, pessimistic, sour, whiny, and passive-aggressive.

Low scores suggest an absence of physical complaints and health-related concerns.

Scale 2: Depression (*D*)

Scale 2 comprises 60 items on the MMPI. these items are organized around the areas of brooding, physical slowness, subjective feelings of depression, mental apathy, and physical malfunctioning.

Moderate elevations on 2 might suggest a depression,

Low scores generally indicate not only an absence of depression, but that the person is likely to be cheerful, optimistic, alert, active, and spontaneous.

Scale 3 : Hysteria (*Hy*)

Scale 3 had 60 items was originally designed to identify patients who had developed a psychogenically based sensory or motor disorder.

High scorers are likely to have specific functionally related somatic complaints. They usually experience low levels of anxiety, tension,

Low scores might be consistent with persons who are narrow-minded, socially isolated, conventional, constricted, and controlled.

Scale 4: Psychopathic Deviate (*Pd*)

The purpose of Scale 4 (50 items) is to assess the person's general level of social adjustment.

High scorers typically have problems with persons in authority, frequent marital and work difficulties, and poor tolerance for boredom.. Extremely high scorers might be aggressive or even assaultive .

Scores below 45 reflect persons who are over controlled, self-critical, rigid, conventional, and over identified with social status..

Scale 5: Masculinity-Femininity (*Mf*)

This scale consist of 55 items & it was originally designed to identify males who were having difficulty with homosexual feelings and gender-identity confusion.

High scores for males have traditionally been interpreted as suggesting that they are likely to be undemanding, shy, emotional, curious, and creative, with a wide range of intellectual interests.

Low-scoring males will be domineering and impersonal. Their interests might be somewhat narrow, and they will lack originality.

Continue.....

High-scoring females would be endorsing traditionally masculine interests and activities.

Females with **low scores** on 5 scale will be tender; emotional; have a balanced view of gender-role behavior; express aesthetic interests; and be capable, competent.

Scale 6: Paranoia(*Pa*)

Scale 6 had 40 items was designed to identify persons with paranoid conditions or paranoid states. It measures areas such as ideas of reference, delusional beliefs, pervasive suspiciousness, feelings of persecution, grandiose self-beliefs, and interpersonal rigidity.

Extremely high scores on Scale 6 indicate persons who are highly suspicious, brooding, resentful, and angry.

Most persons with **low scores** on 6 are described as being quite balanced, lacking in a sense of conscience, self-centered, effectively in control of their emotions, and have a narrow range of interests.

Scale 7 : Psychasthenia (*Pt*)

The 48 items on Scale 7 were originally designed to measure the syndrome of psychasthenia. It consisted of compulsions, obsessions, unreasonable fears, and excessive doubts .

Elevations on Scale 7 suggest persons who are apprehensive, worrying, perfectionistic, and tense, and who may have a wide variety of superstitious fears.

Low scorers are likely to be relaxed, warm, cheerful, friendly, alert, and self-confident.

Scale 8: Schizophrenia (*Sc*)

Scale 8 had 78 items & it was originally designed to identify persons who were experiencing schizophrenic or schizophrenic-like conditions.

A high score suggests persons who have unusual beliefs, are unconventional, and may experience difficulties concentrating and focusing their attention.

Persons **scoring low** are likely to be cheerful, good-natured, friendly, trustful, and adaptable.

Scale 9: Hypomania (*Ma*)

The 46 items on Scale 9 were originally developed to identify persons experiencing hypomanic symptoms. These symptoms might include cyclical periods of euphoria, increased irritability, egotism, and expansiveness.

Extremely high scores are suggestive of a moderate manic episode.

Persons **scoring low** on Scale 9 are likely to have low levels of energy and activity.

Scale 0: Social Introversion (*Si*)

This scale was developed from the responses of college students on questions relating to an introversion-extraversion continuum. It was validated based on the degree to which the students participated in social activities.

High scores suggest that the respondent is shy, has limited social skills, feels uncomfortable in social interactions, and with-draws from many interpersonal situations.

Low scorers are described as warm, outgoing, assertive, self-confident, verbally fluent

Content scales

Anxiety	ANX	23
Fears	FRS	23
Obsessiveness	OBS	16
Depression	DPS	33
Health concerns	HEA	36
Bizarre mentation	BIZ	23
Anger	ANG	16
Cynicism	CYN	23
Antisocial practices	ASP	22
Type A	TPA	19
Low self-esteem	LSE	24
Social discomfort	SOD	24
Family problems	FAM	25
Work interference	WRK	33
Negative treatment indicators	TRT	26

MMPI: Validity Scales

Cannot say (?) scale

Lie (L) scale

F (Infrequency) scale

K (defensiveness) scale

Validity Scales.....

The L or lie scale consists of 15 items that indicate the extent to which a client is attempting to describe himself or herself in an unrealistically positive manner.

Thus, **high scorers** describe themselves in an overly perfectionistic and idealized manner.

Low scores suggest that clients were frank and open regarding their responses to the items.

Continue

The K scale was designed to detect clients who are describing themselves in overly positive terms.

High Scores on K

Scores that are much higher than would be expected (generally above $T=65$ or 70) given the person's history suggest that clients are attempting to describe themselves in an overly favorable light or deny their difficulties, or that they answered false to all items (nay-saying).

Low scores suggest a fake bad profile in which the person exaggerates his or her pathology

Continue

The F score is not a personality scale but serves as a check on the validity of the whole record.

If the **F score is high**, the other scales are likely to be invalid either because the subject was careless or unable to comprehend the items.

A low F score is a reliable indication that the subject's responses were rational.

Administration and Scoring

Administered individually or in groups

- not a “take home” test
- computerized version available

- ❖ Administration time is approximately 1 to 1.5 hours
- ❖ Scored by hand or computer
- ❖ Must be interpreted by qualified professionals
- ❖ For use with individuals 16 years and six years of schooling.
- ❖ Can break test session up into shorter segments

Administration and Scoring (cont.)

If only standard scales are required - administer first 399 items many supplementary scales are not available unless you give all 566 items

If hand scoring use scoring key appropriate to individual's gender. Use the K correction for this class

Interpretation is configural in nature and not dependent on any one scale



References:

Basham, R. B. (1992). Clinical utility of the MMPI research scales in the assessment of adolescent acting out. *Psychological assessment*, 4, 483-492.



Thank You