Description of MMPI, MMPI-2, and MMPI-A Scales

SECTION 1: MMPI AND MMPI-2 SCALES

Validity Scales

Cannot Say Score (?). This score is not a psychometric scale but rather the number of items the individual omitted; it is used as an index of cooperativeness. If the test taker has deleted more than 30 items, the response record is probably insufficient for interpretation. This is particularly the case if the item deletions occur in the first 370 items. If the item deletions are at the end of the booklet (beyond Item 370), the validity and clinical scales can be interpreted, but the supplemental and MMPI-2 content scales should not be interpreted.

Lie Scale (L). In the MMPI-2, as in the original MMPI, the L scale is a measure of the individual's willingness to self-disclose personal information and to endorse negative self-views. Individuals who score high on this scale (T > 60) are presenting an overly favorable picture of themselves. If the L score is greater than 65, the individual is claiming virtue not found among people in general.

Subtle Defensiveness Scale (K). The K scale was developed as a measure of test defensiveness and as a correction for the tendency of some people to deny problems. Five MMPI scales are corrected by adding a portion of K to the total score: Hs, Pd, Pt, Sc, and Ma. The K scale appeared to operate for MMPI-2 normative test takers much as it did for the original MMPI subjects. Consequently, the K weights originally derived by Meehl were maintained in the MMPI-2. Slight changes in the norms for K in the MMPI-2 make the scale somewhat less elevated for higher socioeconomic status (SES) individuals than in the past. The slightly higher K score for the MMPI-2 normative sample does not raise the T scores for corrected scales (Butcher, 1990a). Low SES clients appear slightly lower on the K scale than do individuals from the normative sample. Some adjustment in the interpretation of profiles from test takers from very low socioeconomic or educational levels may be needed.

In the MMPI-2, practitioners can evaluate both K-corrected and non-K-corrected profiles if they desire, because non-K-corrected profiles are now available.

Infrequency Scales: F and F(B). The F scale was developed for the original MMPI as a measure of symptom exaggeration or the tendency to claim an excessive number of psychological problems. (See more extensive discussion in chapter 6.) Originally, the F scale contained 64 items. The F scale in the MMPI-2 contains 60 items. If the F score is approximately 30 raw score points, it is suggestive of a random response set.

An additional invalidity measure, the F(B) scale or Back Side F scale, was developed for the revised version of the MMPI to detect possible deviant responding to items located toward the end of the item pool. Some test takers may modify their approach to the items part way...
through the test and answer in a random or unselective manner. Because the items on the F scale occur earlier in the test, before Item 370, the F scale might not detect deviant response patterns occurring later in the booklet.

The 40-item F(B) scale was developed following the same method used for the original F scale, by including items that had low endorsement percentages in the normal population.

Consistency Scales: VRIN and TRIN. Two new validity scales have been introduced in the MMPI-2 and MMPI-A to assist the practitioner in evaluating the validity of the profile. These scales are based on the analysis of the individual's response to the items in a consistent or inconsistent manner.

The first scale, TRIN or True Response Inconsistency, is made up of pairs of items in which a combination of two “true” or two “false” responses is semantically inconsistent. For example, “I am happy most of the time” and “Most of the time I feel blue” cannot be answered in the same direction if the test taker is responding consistently to the content. The TRIN scale can aid in the interpretation of scores on the L and K scales, because the former is made up of items that are keyed “false” and the latter is made up of items all but one of which is keyed “false.” Thus, an individual who inconsistently responds “false” to MMPI-2 items will have elevated scores on Scales L and K that do not reflect intentional misrepresentation or defensiveness. An individual whose TRIN score indicates inconsistent “true” responding will have deflated scores on Scales L and K that do not reflect a particularly honest response pattern or lack of ego resources.

The VRIN scale may be used to help interpret a high score on F. VRIN is made up of pairs of (true–false; false–true; true–true; false–false) patterns. For example, answering “true” to “I am greatly bothered by forgetting where I put things” and “false” to “I forget where I leave things” is inconsistent. The scale is scored by summing the number of inconsistent responses. A high F score in conjunction with a low to moderate VRIN score rules out the possibility that the F score reflects random responding.

Clinical Scales
As explained in chapter 2, the clinical scales are virtually identical in MMPI and MMPI-2 in terms of item composition and psychometric properties. Their distributions and recommended cutoff points differ slightly because the T-score distributions are based on different samples and use a slightly different T-score generation procedure. Empirical correlates for the clinical scales are essentially the same in all three versions. It is important to emphasize again that not all correlates will fit all test takers who score in a particular range.

Scale 1: Hypochondriasis (Hs). High Scorers. Excessive bodily concern; somatic symptoms that tend to be vague and undefined; epigastric complaints; fatigue, pain, and weakness; lacks manifest anxiety; selfish, self-centered, and narcissistic; pessimistic, defeatist, and cynical outlook on life; dissatisfied and unhappy; makes others miserable; whines and complains; demanding and critical of others; expresses hostility indirectly; rarely acts out; dull, unenthusiastic, and unambitious; ineffective in oral expression; has longstanding health concerns; functions at a reduced level of efficiency without major incapacity; not very responsive to therapy and tends to terminate therapy when therapist is seen as not giving enough attention and support; seeks medical solutions to problems.

Scale 2: Depression (D). High Scorers. Depressed, unhappy, and dysphoric; pessimistic; self-deprecating; guilty; sluggish; somatic complaints; weakness, fatigue, and loss of energy; agitated, tense, high strung, and irritable; prone to worry; lacks self-confidence; feels useless and unable to function; feels like a failure at school or on the job; introverted, shy, retiring, timid, and secluded; aloof; maintains psychological distance; avoids interpersonal involvement; cautious and conventional; has difficulty making decisions; nonaggressive; overcontrolled; denies impulses; makes concessions to avoid conflict; motivated for therapy.

Scale 3: Hysteria (Hs). High Scorers. Reacts to stress and avoids responsibility through development of physical symptoms; has headaches, chest pains, weakness, tachycardia, and anxiety attacks; symptoms appear and disappear suddenly; lacks insight about causes of symptoms; lacks insight about own motives and feelings; lacks anxiety, tension, and depression; rarely reports delusions, hallucinations, or suspiciousness; psychologically immature, childish, and infantile; self-centered, narcissistic, and egocentric; expects attention and affection from others; uses indirect and devious means to get attention and affection; does not express hostility and resentment openly; socially involved; friendly, talkative, and enthusiastic; superficial and immature in interpersonal relationships; shows interest in others for selfish
reasons; occasionally acts out in sexual or aggressive manner with little apparent insight; initially enthusiastic about treatment; responds well to direct advice or suggestion; slow to gain insight into causes of own behavior; resistant to psychological interpretations.

**Scale 4: Psychopathic Deviate (Pd)**. **High Scorers.** Antisocial behavior; rebellious toward authority figures; stormy family relationships; blames parents for problems; history of underachievement in school; poor work history; marital problems; impulsive; strives for immediate gratification of impulses; does not plan well; acts without considering consequences of actions; impatient; limited frustration tolerance; poor judgment; takes risks; does not profit from experience; immature, childish, narcissistic, self-centered, and selfish; ostentatious and exhibitionistic; insensitive; interested in others in terms of how they can be used; likeable and usually creates a good first impression; forms shallow and superficial relationships and is unable to form warm attachments; extraverted and outgoing; talkative, active, energetic, and spontaneous; intelligent; asserts self-confidence; has a wide range of interests; lacks definite goals; hostile, aggressive; sarcastic, and cynical; acts out; antagonistic; aggressive outbursts, assaultive behavior; little guilt over negative behavior; may feign guilt and remorse when in trouble; is free from disabling anxiety; depression, and psychotic symptoms; likely to have personality disorder diagnosis (antisocial or passive–aggressive); prone to worry; is dissatisfied; shows absence of deep emotional response; feels bored and empty; poor prognosis for change in therapy; blames others for problems; intellectualizes; may agree to treatment to avoid jail or some unpleasant experience but is likely to terminate before change is effected.

**Scale 5: Masculinity–Femininity (Mf)**. **Men: Very High Scorers (T > 80).** Shows conflicts about sexual identity, insecure in masculine role; effeminate; aesthetic and artistic interests; intelligent and capable; values cognitive pursuits; ambitious, competitive, and persevering; clever, clear thinking, organized, and logical; shows good judgment and common sense; curious, creative, imaginative, and individualistic in approach to problems; sociable; sensitive to others; tolerant; capable of expressing warm feelings toward others; passive, dependent, and submissive; peace loving; makes concessions to avoid confrontations; good self-control; rarely acts out.

**Men: High Scorers (T = 70–79).** May be viewed as sensitive, insightful; tolerant; effeminate; showing broad cultural interests; submissive and passive. (In clinical settings, the patient might show sex role confusion or heterosexual adjustment problems.)

**Men: Low Scorers (T < 33).** "Macho" self-image, presents self as extremely masculine; overemphasizes strength and physical prowess; aggressive, thrill seeking, adventurous, and reckless; coarse, crude, and vulgar; harbors doubts about own masculinity; has limited intellectual ability; narrow range of interests; inflexible and unoriginal approach to problems; prefers action to thought; is practical and nontheoretical; easygoing, leisurely, and relaxed; cheerful, jolly, and humorous; contented; willing to settle down; unaware of social stimulus value; lacks insight into own motives; unsophisticated.

**Women: High Scorers (T > 70).** Rejects traditional feminine roles and activities; traditional masculine interests in work, sports, and hobbies; active, vigorous, and assertive; competitive, aggressive, and dominating; coarse, rough, and tough; outgoing, uninhibited, and self-confident; easygoing, relaxed, and balanced; logical and calculated; unemotional and unfriendly.

**Women: Low Scorers (T < 35).** Describes self in terms of stereotypical female role; doubts about own femininity; passive, submissive, and yielding; defers to males in decision making; self-pity; complaining and fault finding; constricted; sensitive; modest; idealistic.

**Scale 6: Paranoia (Pa).** **Extremely High Scorers (T > 75).** Blatantly psychotic behavior; disturbed thinking; delusions of persecution and/or grandeur; ideas of reference; feels mistreated and picked on; angry and resentful; harbors grudges; uses projection as defense; most frequently diagnosed as schizophrenia or paranoid state.

**Moderate Scorers (T = 65–74 for men; T = 71–74 for women).** Paranoid predisposition; sensitive; overly responsive to reactions of others; feels he or she is getting a raw deal from life; rationalizes and blames others; suspicious and guarded; hostile, resentful, and argumentative; moralistic and rigid; overemphasizes rationality; poor prognosis for therapy; does not like to talk about emotional problems; difficulty in establishing rapport with therapist.

**Extremely Low Scorers (T < 35).** Should be interpreted with caution. In a clinical setting, low Scale 6 scores, in the context of a defensive response set, may
suggest frankly psychotic disorder; delusions, suspiciousness, ideas of reference; symptoms less obvious than for high scorers; evasive, defensive, and guarded; shy, secretive, and withdrawn.

**Scale 7: Psychasthenia (Pt). High Scorers.** Anxious, tense, and agitated; high discomfort; worried and apprehensive; high strung and jumpy; difficulties in concentrating; introspective and ruminative; obsessive and compulsive; feels insecure and inferior; lacks self-confidence; self-doubting, self-critical, self-conscious, and self-derogatory; rigid and moralistic; maintains high standards for self and others; overly perfectionistic and conscientious; guilty and depressed; neat, orderly, organized, and meticulous; persistent; reliable; lacks ingenuity and originality in problem solving; dull and formal; vacillates; is indecisive; distorts importance of problems and overreacts; shy; does not interact well socially; hard to get to know; worries about popularity and acceptance; sensitive; physical complaints; shows some insight into problems; intellectualizes and rationalizes; resistant to interpretations in therapy; expresses hostility toward therapist; remains in therapy longer than most patients; makes slow but steady progress in therapy.

**Scale 8: Schizophrenia (Sc).** Very High Scorers \((T = 80-90)\). Blatantly psychotic behavior; confused, disorganized, and disoriented; unusual thoughts or attitudes; delusions; hallucinations; poor judgment.

High Scorers \((T = 65-79)\). Schizoid life-style; does not feel a part of social environment; feels isolated, alienated, and misunderstood; feels unaccepted by peers; withdrawn, seclusive, secretive, and inaccessible; avoids dealing with people and new situations; shy, aloof, and uninvolved; experiences generalized anxiety; resentful, hostile, and aggressive; unable to express feelings; reacts to stress by withdrawing into fantasy and daydreaming; difficulty separating reality and fantasy; self-doubts; feels inferior, incompetent, and dissatisfied; sexual preoccupation and sex role confusion; nonconforming, unusual, unconventional, and eccentric; vague, long-standing physical complaints; stubborn, moody, and opinionated; immature and impulsive; high-strung; imaginative; abstract and vague goals; lacks basic information for problem solving; poor prognosis for therapy; reluctant to relate in meaningful way to therapist; stays in therapy longer than most patients; may eventually come to trust therapist.

**Scale 9: Hypomania (Ma).** High Scorers \((T > 75)\). Overactivity; accelerated speech; may have hallucinations or delusions of grandeur; energetic and talkative; prefers action to thought; wide range of interests; does not use energy wisely; does not see projects through to completion; creative, enterprising, and ingenious; little interest in routine or detail; easily bored and restless; low frustration tolerance; difficulty inhibiting expression of impulses; episodes of irritability, hostility, and aggressive outbursts; unrealistic and unqualified optimism; grandiose aspirations; exaggerates self-worth and self-importance; unable to see own limitations; outgoing, sociable, and gregarious; likes to be around other people; creates good first impression; friendly, pleasant, and enthusiastic; poised and self-confident; superficial relationships; manipulative, deceptive, and unreliable; feelings of dissatisfaction; agitated; may have periodic episodes of depression; difficulties at school or work; resistant to interpretations in therapy; attends therapy irregularly; may terminate therapy prematurely; repeats problems in stereotyped manner, not likely to become dependent on therapists; becomes hostile and aggressive toward therapist.

Moderate Scorers \((T > 65, \leq 74)\). Overactivity; exaggerated sense of self-worth; energetic and talkative; prefers action to thought; wide range of interest; does not use energy wisely; does not see projects through to completion; enterprising and ingenious; lacks interest in routine matters; becomes bored and restless easily; low frustration tolerance; impulsive; has episodes of irritability, hostility, and aggressive outbursts; unrealistic and overly optimistic at times; shows some grandiose aspirations; unable to see own limitations; outgoing, sociable, and gregarious; likes to be around other people; creates good first impression; friendly, pleasant, and enthusiastic; poised and self-confident; superficial relationships; manipulative, deceptive, and unreliable; feelings of dissatisfaction; agitated; views therapy as unnecessary; resistant to interpretations in therapy; attends therapy irregularly; may terminate therapy prematurely; repeats problems in stereotyped manner; not likely to become dependent on therapists; becomes hostile and aggressive toward therapist.

Low Scorers \((T < 35)\). Low energy level; low activity level; lethargic, listless, apathetic, and phlegmatic; difficult to motivate; reports chronic fatigue and physical exhaustion; depressed, anxious, and tense; reliable,
responsible, and dependable; approaches problems in conventional, practical, and reasonable way; lacks self-confidence; sincere, quiet, modest, withdrawn, and secluded; unpopular; overcontrolled; unlikely to express feelings openly.

Scale 0: Social Introversion (SI). High Scorers (T > 65). Socially introverted; more comfortable alone or with a few close friends; reserved, shy, and retiring; uncomfortable around members of opposite sex; hard to get to know; sensitive to what others think; troubled by lack of involvement with other people; overcontrolled; not likely to display feelings openly; submissive and compliant; overly accepting of authority; serious; slow personal tempo; reliable and dependable; cautious, conventional, and unoriginal in approach to problems; rigid and inflexible in attitudes and opinions; difficulty making even minor decisions; enjoys work; gains pleasure from productive personal achievement; tends to worry; is irritable and anxious; moody; experiences guilt feelings; has episodes of depression or low mood.

Low Scorers (T < 45). Sociable and extroverted; outgoing, gregarious, friendly, and talkative; strong need to be around other people; mixes well; intelligent, expressive, and verbally fluent; active, energetic, and vigorous; interested in status, power, and recognition; seeks out competitive situations; has problems with impulse control; acts without considering the consequences of actions; immature and self-indulgent; superficial and insincere relationships; manipulative and opportunistic; arouses resentment and hostility in others.

MMPI-2 Supplemental Scales

Addiction Acknowledgement Scale (AAS). This scale assesses the extent to which the individual has endorsed content relevant to alcohol or drug use and abuse.

Addiction Proneness Scale (APS). This scale assesses the tendency for the individual to have lifestyle characteristics associated with the development of alcohol and drug abuse problems. High scorers endorse items reflecting hedonistic, irresponsible, and impulsive behavior.

MacAndrew Scale-Revised (MAC-R). High scorers have been found to be prone to developing problems of addiction such as alcohol or drug abuse, pathological gambling, or other addictive problems.

Anxiety (A). Individuals scoring high on this scale are viewed as anxious, tense, obsessional, and generally maladjusted.

Repression (R). Individuals scoring high on this scale tend to be overcontrolled. They deny problems and tend to gloss over personal frailties. They are seen as constricted and inhibited.

Ego Strength (Es). This scale assesses the ability of the individual to tolerate stress and to benefit from treatment.

Responsibility (Re). This scale addresses the extent to which the individual holds attitudes of social responsibility.

Overcontrolled Hostility (O–H). This scale assesses the personality style of overcontrolled hostility or the possibility that the individual represses conflict to the extent that explosive behavior could occur.

Keane Posttraumatic Stress Disorder (PTSD). This scale assesses the symptoms of the syndrome of posttraumatic stress disorder.

Marital Distress Scale (MDS). This scale assesses marital relationship problems.

MMPI-2 Content Scales

Anxiety (ANX). High scorers on ANX report general symptoms of anxiety including tension, somatic problems (i.e., heart pounding and shortness of breath), sleep difficulties, worries, and poor concentration. They fear losing their minds, find life a strain, and have difficulties making decisions. They appear to be readily aware of these symptoms and problems, and they are willing to admit them.

Fears (FRS). A high score on FRS indicates an individual with many specific fears. These specific fears can include blood; high places; money; animals such as snakes, mice, or spiders; leaving home; fire; storms and natural disasters; water; the dark; being indoors; and dirt.

Obsessiveness (OBS). High scorers on OBS have tremendous difficulties making decisions and are likely to ruminate excessively about issues and problems, causing others to become impatient. Having to make changes distresses them, and they may report some compulsive behaviors, such as counting or