

[Home](#)
 [Forensic](#)
 [CV](#)
 [Psychotherapy](#)
 [MMPI-2](#)
 [Books](#)
 [Blog](#)
 [Contact](#)

DEFINITIONS OF MMPI/MMPI-2 SCALES: SCALES OF VALIDITY AND BIAS

Measures of Completeness and Consistency

? Scale - Cannot Say (MMPI/MMPI-2). A tally of omitted items. High scores may be due to obsessiveness, defensiveness, difficulty in reading, confusion, hostility, or paranoia. It is important to look for a pattern that may exist in the items that are left blank. More than ten left unanswered may be of clinical significance. Twenty or more left unanswered should be considered significant.

TRIN - True Response Inconsistency scale (Butcher, Dahlstrom, Graham & Tellegen 1989). (MMPI-2) 23 pairs of items that are semantically inconsistent. High scores, 13 or more, have responded to the MMPI in a "yea-saying" test set, responding mostly "True". This can be also be High due to severe psychopathology. Low scores of 5 or less responded with a "nay-saying" test set, responding mainly "False."

VRIN - Variable Response Inconsistency scale (Butcher, Dahlstrom, Graham & Tellegen, 1989). (MMPI-2) 49 pairs of semantically inconsistent responses. This is possibly the best measure of random, or inconsistent responding. Scores of 13 or more would be considered invalid. This can also be High due to inconsistencies within the personality.

Self-Favorable Scales

L - Lie Scale (Hathaway and McKinley, 1951) (15 items). High: (> Raw 5). Tendency to create a favorable impression as a response bias, conventional, rigid, moralistic, repression, denial, and insightful. A high L can mean anything from a very well mannered normal wanting to give a good impression, to a compensated paranoid. A high L will submerge scales of obvious psychopathology, and inflate scales of healthy functioning such as the Ego Strength scale. Interview the person to see if they can truly walk on water. Low: (< Raw 3). Admitting to minor faults and shortcomings, independent, self-reliant.

K Scale - Defensiveness (McKinley, Hathaway & Meehl, 1948). (30 items) K is a subtle and valuable correction for defensiveness. K assumes psychopathology. If someone with a history of psychological problems scores high, then they are being defensive. However, a high K is also associated with high education and socio-economic status. That is, people who are highly educated and getting along well with other individuals, should score moderately high on the K scale. The K scale was derived from individuals who were hospitalized, clearly having serious psychological problems and yet producing normal profiles. They were being defensive by claiming that they had no psychological problems. High (>Raw 22). If there are signs of psychopathology in the history, then high K indicates defensiveness, insightlessness, intolerance, dogmatism, and being controlling. Very high scores are usually a sign of defensiveness. High scores are common with individuals who are well adjusted and well educated, and tend to be in control of their lives. Low (<T46). Guarded prognosis for any insight therapy since their ego strength is low; masochistic confessors, poor self-concept, distrustful, and angry. A very low K could often be the only indication of psychopathology on an MMPI profile.

S Superlative Self-Presentation Scale (Butcher and Han, 1995) (50 items); based on comparing the responses of male airline pilot applicants with the male MMPI-2 normative sample. Five subscales are; Belief in Human Goodness, Serenity, Contentment with Life, Patience and Denial of Irritability and Anger, and Denial of Moral Flaws. Highly correlated with the K scale. As with K, if the person is indeed high functioning, a high score accurately measures ego strength. If however, the person's history does not support claims of superior adjustment, and T>65, consider a faking to look good bias.

Mp- Positive Malingering Scale (Cofer et al. ,1949) (26 items). Developed by having college students take the MMPI under conditions, of fake good, fake bad and normal. It may measure a conscious attempt to give a favorable impression. Mp is highly correlated with Sd, L and S. Mp should only be used along with L and K. If T greater than 60, and L and/or K are also high, there is likely to be a conscious attempt to fake to look good.

Sd-Social Desirability Scale (Wiggins, 1959) (33 items); based on asking college students to respond to the MMPI as a person who has the general values of the American culture. Sd highly correlates with Mp and L, and only slightly with K. High scores, >T65, are associated with claims of assertiveness, confidence, and virtuousness.

Self-Unfavorable Scales

F Scale - Infrequency (Hathaway & McKinley, 1951) (60 items). Very high (>T99) possible random, exaggerated, or mis-scored profile. Very high

scores (T > 90) commonly found with psychotic patients. High scores (>T70), best measure of overall psychopathology, resentment, acting out, moodiness. Mostly elevations in the F scale are due to psychopathology; high item overlap with scale 8. Low scores (T < 45), possible fake good profile.

Fb - Back F scale (Butcher, Dahlstrom, Grahm & Tellegen, 1989). (MMPI-2) 40 items found after item 280. Developed like the F scale, it is made up of items that are endorsed less than 10% of the time by normals (but frequently by disturbed individuals). If Fb is above T99, and F is not high, then the individual may have randomly responded to the latter part of the test. This is more likely than the other possible interpretation, namely that the testee decompensated toward the end of the test from having taken such a long self-report.

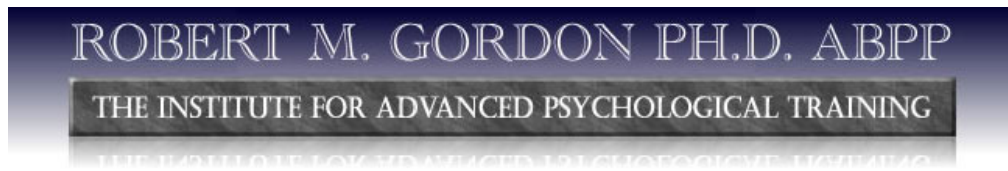
Ds Dissimulation Scale (Gough, 1954); (58 items); developed on true neurotics versus normals faking neurosis, Ds measures more exaggeration of neurotic symptoms, whereas F and Fb assesses more exaggeration of psychotic or severe symptoms. Scores greater than T65 suggest some exaggeration, and scores greater than T98 are most likely to be exaggerated.

F(p)- Infrequency-Psychopathology Scale (Aribisi and Ben-Porath, 1995a, 1995b); (27 items); the F scale was developed on normals who responded to items less than 10% of the time. The F(p) scale was constructed of items endorsed by 20% or less by two separate groups of psychiatric patients vs. the MMPI-2 sample. The F(p) is better than F or Fb in detecting feigning serious psychopathology. Scores between T71 and T113 may be exaggerated, unless the psychopathology is obviously severe; scores greater than T113 suggest exaggeration.

[Go to Basic Scales](#)

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 [CV](#)
 [Psychotherapy](#)
 [MMPI-2](#)
 [Books](#)
 [Blog](#)
 [Contact](#)

DEFINITIONS OF MMPI/MMPI-2: BASIC SCALES AND SUB-SCALES - 1 - 5

Consider "High" to be T65 or more on the MMPI-2. The higher a scale, the more the more pathological descriptors apply. Use the more benign descriptors with moderately high scores. Consider "low" to be about T40 and below. The correlations I refer to are based on my study of 200 patients, forensic and selection clients.

1 (Hs) Hypochondriasis - Hathaway & McKinley (1940). (32 items). High: Preoccupation about one's health, a tendency to exaggerate physical symptoms, demanding, whiny, immature, little psychological mindedness, poor prognosis for any kind of treatment. As with any personality scale, it does not rule out organic disease. But nor does disease rule out the psychological need to exaggerate and complain- which scale 1 measures very well. Warning: Do not ask a High 1 how he or she is feeling unless you have nothing better to do. Low: Healthy, insightful, optimistic. Correlates mainly with Hysteria (3) .79.

2 (D) Depression - Hathaway & McKinley (1942). (57 items) Very High: Often associated with Major Depression. High: Clinical depression, pessimism, guilt feelings. Low: Absence of depression, cheerful, competitive. This is still the best scale of clinical depression. Correlates .93 with Depression- Obvious, .90 with D1 Subjective Depression, .83 D4 Mental Dullness, and .77 with D5 Brooding.

DO Depression-Obvious - Weiner (1948). (39 items). High: Overly sensitive, somatic complaints, tension, worry poor concentration, withdrawn, sad. Low: Healthy and outgoing. Correlates .96 with D1 Subjective Depression, and .93 with Depression. DO is D without DS. That is, this scale is depression without any denial of symptoms. DO is the most pathological part of scale 2.

DS Depression-Subtle - Weiner (1948). (18 items) High: Denial of problems. Many people with depression will describe their symptoms but still say that they are not depressed. Depression often involves conflicts over anger or turning anger inward. Low: Hostile, poor impulse control, somatic complaints. Correlates -.60 with Wiggins Manifest Hostility, .50 with L, .49 with Repression, and .48 with K. This is not a measure of subtle depression, but rather a component of depression, i.e. denial. If depression or psychopathology is ruled out, a high score is an indication of healthy functioning.

D1 Subjective Depression - Harris & Lingo (1955). (32 items) High: Feeling depressed, sad and pessimistic. Low: Feeling cheerful and optimistic. It's the same as Depression-Obvious (.96).

D2 Psychomotor Retardation - Harris & Lingo (1955). (14 items). High: Withdrawn, lethargic and nonparticipative. Low: Admits to aggressive feelings, active and involved. Correlates .60 with Wiggins Social Maladjustment, and .56 with scale 0, Social Introversion.

D3 Physical Malfunctioning - Harris & Lingo (1955). (11 items) High: Preoccupation and complaints about poor health. Low: Indicates good physical health. Correlates .62 with both Wiggins Poor Health and Organic Symptoms, and .61 with scale 1- Hypochondriasis. The hypochondriacal-somatizing component of depression.

D4 Mental Dullness - Harris & Lingo (1955). (15 items). High: Tired, tense, poor concentration and memory, sad and low self-esteem. Low: Feels relaxed, interested in life and self-confident. This scale can be the only elevated scale of depression in a "masked" depression. These people complain of trouble concentrating on schoolwork or on the job. Correlates .92 with Depression-Obvious, .86 with Sc4 Lack of Ego Mastery-Conative, and .81 with Sc3 Lack of Ego Mastery-Cognitive.

D5 Brooding - Harris & Lingo (1955). (10 items). High: Ruminative, lethargic, overly sensitive and fears losing control of thought processes. Low: Feels happy and that life is worthwhile, energetic and self-confident. Correlates .91 with Subjective Depression, .90 with Wiggins Depression, and .86 Pd5 Self-Alienation.

3 (Hy) Hysteria - Hathaway & McKinley (1944). (60 items). High: Tendency to convert conflicts concerning dependency, sexuality or aggression,

and express them as physical symptoms. Psychologically immature, self-centered, narcissistic, and insightful. Superficially friendly and naive but manipulative (Read: Freud's "Studies on Hysteria," it is brilliantly written and still holds true.") There are neurotic and borderline levels of hysteria. Low: Overly constrictive, conventional and distrusting. An excellent scale that measures somatization, conversion reactions, denial, naiveté and manipulateness. Correlates .79 with Hypochondriasis, .60 with Hysteria-Obvious, .56 with Hy4 Somatic Complaints, .51 with Hysteria-Subtle, and .49 with Paranoia-Subtle.

HyO Hysteria-Obvious - Weiner (1948). (32 items) High: Physical complaints, poor concentration, lethargy, tension, sexual anxiety and depression. Low: Healthy, little anxiety and depression, happy home life and few if any sexual fears. Correlates .89 with Hy3 Lassitude-Malaise, .86 with Depression-Obvious, and .86 with Wiggins Organic Symptoms. The most pathological parts of scale 3.

HyS Hysteria-Subtle - Weiner (1948). (28 items) High: Naively trusting, socially outgoing, denies aggressive impulses, the repression component to the hysteria complex. Low: Hostile and distrusting. Correlates .87 with Hy2 Need for Affection, and .81 with K. As with Depression-Subtle, Hysteria-Subtle does not measure Hysteria, but defensiveness. Also as with D-S, a high Hy-S in the absence of psychopathology is a sign of healthy functioning, not defensiveness.

Hy1 Denial of Social Anxiety - Harris & Lingoies (1955). (6 items). High: Extroverted, talkative and not easily influenced by customs or conventions. Low: Introverted and highly influenced by social standards. Correlates .90 with Pd3 Social Imperturbability, -.79 with scale 0 Social Introversion, .74 with Hysteria-Subtle, and .64 with Ma3 Imperturbability. Hy1, Pd3 and Ma3 all are similar components of psychopathology. They represent the component of narcissistic insensitivity in Hysteria, Psychopathic Deviate and Hypomania. Outside the context of psychopathology, they simply mean extroversion.

Hy2 Need for Affection - Harris & Lingoies (1955). (12 items) High: Naively optimistic and trusting, denies hostile feelings, strong need for attention and affection from others, and avoids confrontations. Low: Critical and suspicious of others, and admits to hostile and vengeful feelings. Correlates .87 with Hysteria-Subtle, -.74 with Wiggins Authority Conflicts, -.73 with Prejudice, and .72 with Pa3 Naiveté. Mental health professionals often have as their highest MMPI scales moderate elevations in Hysteria and Paranoia. Their 36/63 code is often the cause of much speculation. However, the elevations are usually due to Hy2 and Pa3, which assess trust and optimism in normals. We would expect high trust and optimism in mental health professionals. Within the context of psychopathology, it's the idealizing side of splitting. Hysterics and Paranoids can highly idealize a person. Their intimacies can be very intense and passionate. However, at the slightest disruption of the idealized self-object merger fantasy (the discovery that the other person is not controllable and has independent thoughts and feelings), the idealization flips over to devaluation. These scales are based on a person's beliefs and not object constancy or empathy. (Shameless plug: read more about this in my book, "I Love You Madly.")

Hy3 Lassitude-Malaise - Harris & Lingoies (1955). (15 items). High: Vague somatic complaints poor concentration, poor appetite, feels depressed and an unhappy home environment. Low: Good health, energetic and satisfied. Correlates .89 with Hysteria-Obvious, and .83 with Depression. Hy3 is the depressive underbelly of Hysteria. The social extroversion of Hy1 is the superficial social flight from Hy-3 depression. The Hysteric would agree with Smokey Robinson's song, "I've got to dance to keep from crying."

Hy4 Somatic Complaints - Harris & Lingoies (1955). (17 items). High: Repression and conversion of affect, nausea, fainting spells, pain, and denies hostility. Low: Denies above physical complaints, and admits to hostile feelings. Correlates .85 with Wiggins Organic Symptoms, .78 with Hysteria-Obvious, and .71 with Hypochondriasis. This is the somatoform component of Hysteria. The high correlation with Organic Symptoms is associated with pseudoneurological symptoms.

Hy5 Inhibition of Aggression - Harris & Lingoies (1955). (7 items). High: Decisive, sensitive, and denies aggressive impulses. Low: Admits to hostile impulses, indecisive and insensitive. Correlates .56 with Hysteria-Subtle, .50 with K, and -.46 with Wiggins Authority Conflicts. Hysterics say that they do not get angry. They use projective identification to provoke your anger and vicariously identify with it.

4(Pd) Psychopathic Deviate - Hathaway & McKinley (1944). (50 items). High: Poor impulse control, disidentification with societal standards, authority conflicts, marital and family conflicts, inconsiderate, narcissistic, poor judgment, extroverted, self-confident, hostile, parasitic and externalizes blame. Low: Overly conventional and conforming, passive, trusting and non-competitive. Correlates .72 with Pd-O, .63 with Pd5 Self Alienation, .63 with Schizophrenia, and .60 with D1 Subjective Depression. Pd is a great characterological scale of narcissism, externalization of blame, exploitiveness, and hostility. The subscales for Pd are very important in understanding elevations in Pd. Elevations in Pd can be due to a hostile, exploitive and truly psychopathic mentality, or moderate elevations can be an extroverted normal going through a divorce, or a normal teenager. If Pd-O is greater than Pd, then the more pathological interpretations should be used. If Pd-S is higher than Pd, then the more benign interpretations should be used. It is helpful to also look at the content scales of anger, authority problems, family problems etc. to help understand

elevations in Pd.

PdO Psychopathic Deviate-Obvious - Weiner (1948). (28 items) High: Feels misunderstood, poor concentration, feels rejected by family, acting out, may have used alcohol excessively, depression, and sexual conflicts. Low: Healthy relationships, denies alcohol abuse and does not express regret about past misdeeds. Not someone to marry. Correlates .89 with Pd5 Self Alienation, .83 with Wiggins Depression, and .82 with Dependency. Pd-O is more pathological than Pd, while Pd-S, Pd1 and Pd2 are less pathological than Pd.

PdS Psychopathic Deviate-Subtle - Weiner (1948). (22 items) High: Social imperturbability, family conflicts, difficulties with intimate relationships and impulsive. Low: Conforming, compliant and shy. Correlates .56 with Pd, .38 with Hy-S, and .37 with Hy1 Denial of Social Anxiety. A rather independent subtle scale. These people function very well, but tend to have marital problems often due to the abuse or neglect they experienced within their family of origin.

Pd1 Familial Discord - Harris & Lingoies (1955). (9 items). High: Home is unpleasant, lacking in love and understanding. Low: Family situation is loving and understanding without being overcontrolling or domineering. Correlates .86 with Wiggins Family Problems, and .69 with Sc1 Social Alienation. An important scale, since many people have elevations in Pd due to situational stress because of problems with parents or spouses (the scale does not differentiate between problems from the family of origin or the family of procreation). The Wiggins Family Problems scale is much better than Pd1, and the Family Problems content scale at measuring family distress. Those with high scores were often the scapegoats from their families of origin, and they may have an unconscious need to repeat feeling or being victimized in other intimate relationships.

Pd2 Authority Conflict - Harris & Lingoies (1955). (8 items). High: Resentful of standards, opinionated and rebellious. Low: Conforming and accepting of authority and not overly opinionated. Correlates -.44 with Repression, and only .40 with Pd. This is not really an authority conflict scale. Wiggins Authority Conflicts scale is a much better scale. The two are not even correlated. The scale should be called "Resentment."

Pd3 Social Imperturbability - Harris & Lingoies (1955). (6 items). High: Denial of social anxiety, exhibitionistic, loquacious and opinionated. Low: Social anxiety, shy and conforming. Correlates .90 with Hy1 Denial of Social Anxiety, -.86 with Wiggins Social Maladjustment, -.83 with Si Social Introversion, and .65 with Ma3 Social Imperturbability. This is the social insensitivity in Pd. These people can be described as friendly, but you wouldn't share your feelings with them. Hy1, Pd3 and Ma3 assess insensitivity within the context of psychopathology, but extroversion in normals.

Pd4 Social Alienation - Harris & Lingoies (1955). (13 items). High: Alienated, estranged, feels misunderstood, unhappy and unloved, externalizes blame, overly sensitive, self-centered and inconsiderate. Low: Has a sense of belonging, sees significant others as loving and understanding, and has satisfying social relationships. Correlates .81 with Pd5, .79 with Pd-O, .79 with D5 Brooding, .78 with Welsh Anxiety, and .77 with Wiggins Depression. Pd4 is the second most pathological Harris and Lingoies subscale for Pd, after Pd5.

Pd5 (Self-Alienation - Harris & Lingoies (1955). (12 items). High: Depressed, difficulty in concentrating, guilt feelings and remorse over past deeds, and may use alcohol excessively. Low: Able to settle down to a comfortable happy life. Correlates .89 with Pd-O, .87 with Wiggins Depression, .87 with D5 Brooding, .86 with Welsh Anxiety, and .84 with D1 Subjective Depression. This is the most pathological Harris and Lingoies subscale of Pd. "Self-Alienation" is a confusing label. It should be called, "Brooding and apathy."

Mf Masculinity-Femininity - Hathaway and McKinley (1956). (56 items). High: (For Males) Passive, aesthetic and artistic interests, intelligent, sensitive to others, tolerant and has good controls. If very high - possible sex role identity conflicts. (For Females) Rejects the stereotypic female role, has masculine interests in work and hobbies, and may be aggressive and dominating. Low: (For Males) Limited intellectual ability, narrow range of interests, practical, aggressive, and has traditional male interests. (For Females) Passive, submissive, constricted and sensitive. Not correlated to any scales of psychopathology. Masculinity-Femininity reliably comes up as an independent factor of MMPI items. Mf is only slightly correlated to the new Gender Role scales on the MMPI-2. This is the weakest basic MMPI-2 scale. Highly educated sensitive males usually score high. The best part of this scale is the subscale Mf1 Narcissism-Hypersensitivity which has been omitted on the MMPI-2.

Mf1 Narcissism-Hypersensitivity - Serkownek (1975). (MMPI 18 items). High: Extremely sensitive, easily hurt, self-centered, narcissistic, lacks self-confidence, concerned over sexual matters, and anger towards family. Low: Self-confident, not overly sensitive, denies hostile feeling towards family, and sees others as sensitive and reasonable. Correlates .77 with Dependency, .75 with Welsh Anxiety, .73 with Wiggins Poor Morale, .71 with Wiggins Depression, and .70 with Pd4 Social Alienation. Mf1 accounts of most the psychopathology in Mf. One of my favorite scales. It can be the only scale elevated in a subtle profile. It assesses the oversensitivity aspect of narcissism. Martin and Finn (Martin, 1993) factor analyzed the MMPI-2 Mf scale, resulting in 7 factors. The norms make it difficult to achieve high scores. Not as reactive to psychopathology as Serkownek's subscales. Consider T60 as high.

Mf1 Denial of Stereotypic Masculine Interests (11 items); measures a lack of interest in stereotypic masculine activities, i.e. reading mechanics magazines, hunting, etc. Not very clinically useful.

Mf2 Hypersensitivity-Anxiety (13 items); measures worry, over-sensitivity, intimacy problems, and low self-confidence. This scale is the only subscale of Mf that is clinically useful. It is the pathology component of Mf.

Mf3 Stereotypical Feminine Interests (6 items); measures stereotypic feminine activities. Not very clinically useful.

Mf4 Low Cynicism (6 items); measures a lack of suspiciousness about the motives of others, open and trusting.

Mf5 Aesthetic Interests (5 items); measures interest in the theater, journalism, dramatics, poetry, etc.

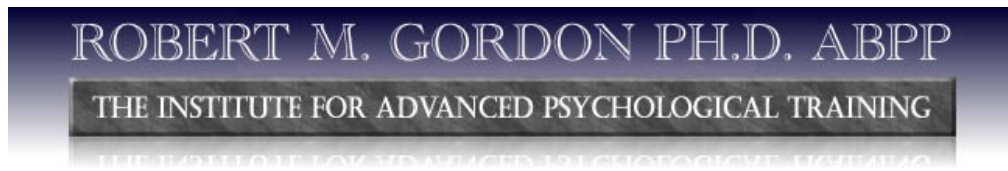
Mf6 Feminine Gender Identity (5 items); measures the wish to be and act female. May be useful in assessing gender identity issues.

Mf7 Restraint from Loud and Aggressive Interests and Behaviors (6 items); Not fun at parties, but ok at museums, if Mf5 is also elevated.

[Go to Basic Scales 6-10](#)

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 [CV](#)
 [Psychotherapy](#)
 [MMPI-2](#)
 [Books](#)
 [Blog](#)
 [Contact](#)

DEFINITIONS OF MMPI/MMPI-2: BASIC SCALES AND SUB-SCALES - 6-0

6 (Pa) Paranoia - Hathaway & McKinley (1956). (40 items). High: Suspicious, hostile, overly sensitive, ideas of reference, delusions of persecution or grandiosity, vengeful, and utilizes projection. Low: Insensitive, defensive, and shy. Correlates .77 with Pa-O, .73 with Pa2 Poignancy, .67 with Psychasthenia, .65 with Pa1 Persecutory Ideas, .62 with Hy-O, .62 with Wiggins Psychoticism, and .57 with Pa-S. A good scale of persecutory paranoia. It does not assess the other types of non-bizarre delusions, i.e. Erotomanic (delusional fanatical love), Grandiose, Jealous and Somatic. The only false positives are when, in reality, they have someone out to get them. This is the only scale I know where high scores or low scores could mean the same thing- paranoia.

PaO Paranoia-Obvious - Weiner (1948). (23 items). High: Persecutory ideas, feeling misunderstood and abused, feeling depressed, projection of blame and suspicious. Low: Denies persecutory ideation. Correlates .87 with Pa1 Persecutory Ideas, .85 with Wiggins Psychoticism, .77 with Pa, .76 with Wiggins Depression, and .73 with Pa2 Poignancy. Pa-O and Pa1 are basically the same, both measuring persecutory ideas. Both are more pathological than Pa.

PaS Paranoia-Subtle - Weiner (1948). (17 items). High: Naively trusting, may feel victimized, the idealizing side of the splitting (PaO = Bad Object and PaS = Good Object). Low: Resentful, distrusting and punitive. Correlates .84 with Pa3 Naiveté, -.62 with Wiggins Authority Conflicts, .57 with Pa, .52 with Hy2 Need for Affection, and .47 with Hy-S. Pa-S and Pa3 in normals assess trustfulness, the opposite of paranoia. In individuals with paranoid tendencies, Pa-S and Pa3 assess the idealizing side of splitting. The object relations of paranoids are based on their rigid beliefs. People are either all good or all bad to them. Their object relations are not based on object constancy and reality testing, but the projection of good and bad internal objects. Pa-O and Pa1 are on the negative side of the split, and Pa-S and Pa3 are on the positive side of the split. When people with paranoid tendencies trust, it is usually a set up to feel betrayed.

Pa1 Persecutory Ideas - Harris & Lingo (1955). (17 items). High: Externalizes blame, utilizes projection, feels misunderstood and suspicious. Low: Feels understood, trusting, and denies persecutory ideas. Correlates .87 with Pa-O, .80 with Wiggins Psychoticism, .69 Prejudice, .69 with Pd4 Social Alienation, and .68 with Wiggins Depression. Pa1 and Pa-O are the most pathological aspects of Pa. These scales assess delusions of persecution, unless someone is really out to get them.

Pa2 Poignancy - Harris & Lingo (1955). (9 items). High: High-strung, overly sensitive, overly subjective, feels misunderstood, seeks out excitement and acts out. Low: Feels understood and not likely to act out. Correlates .73 with Pa-O, .71 with Wiggins Psychoticism, .68 with Dependency, and .68 with Welsh Anxiety. A good scale of "thin-skinness," an aspect of paranoids. Pa2 is a good subtle scale of paranoia.

Pa3 Naiveté - Harris & Lingo (1955). (9 items). High: Naive about others, and sees self and others as trustworthy and honest with high moral standards, and denies hostility. Low: Suspicious of others, admits to feeling of hostility and resentment. Correlates .84 with Pa-S, -.81 with Wiggins Manifest Hostility, .72 with Hy2 Need for Affection, -.69 with Prejudice, and .65 with Hy-S. See comments on Pa-S. Pa3 is a measure of trustfulness with normals. It is a measure of the idealizing side of splitting in paranoia.

7 (Pt) Psychasthenia - Hathaway & McKinley (1942). (48 items). High: Obsessive-compulsive anxiety, tendency towards phobias, irrational fears, high-strung, difficulty concentrating, lack of self-confidence, rigidly moralistic, perfectionistic and dependent. Low: Well adjusted, free from anxiety, self-confident, and a wide range of interests. Correlates .81 with Schizophrenia, .80 with Depression-Obvious, .77 with D1, and .75 with Hy-O. Scale 7 measures anxiety which is a common element to several scales. That's why there is so much overlap with Schizophrenia (8), Depression (2) and Hysteria (3). When scale 7 is at least 10 T scores over scale 8, there is more compensation and a better prognosis, than the other way around. Since scale 7 is so homogenous and obvious, it has no subscales, and needs all the raw scores of K to correct for defensiveness.

8 (Sc) Schizophrenia - Hathaway & McKinley (1956). (78 items). High: breakdown of reality testing, feelings of unreality, insecurities, schizoid trends, alienation, shy, anxiety, over-investment in fantasy, sexual preoccupation, non-conforming, immature and disorganized thinking. Low: Friendly, reasonable, conventional, practical, and unimaginative. Correlates .81 with Pt, .73 with Hy-O, .72 with Sc1 Social Alienation, .72 with Wiggins Psychoticism, .70 with Sc5 Defective Inhibition, and .69 Depression-Obvious. One of the best scales anywhere of serious

psychopathology. When scale 8 is one of the highest elevated scales on the profile, consider a borderline or psychotic personality structure. Sc is made up of all obvious items, and as with Pt, requires all the raw scores of K to correct for defensiveness.

Sc1 Social Alienation - Harris & Lingo (1955). (21 items). High: Feels misunderstood and alienated, feels others have it in for them or wish them harm, describes family as lacking in love and support, admits never having been in love, and avoids social relationships. Low: Feels understood and loved, denies hostility towards family and enjoys rewarding social relationships. Correlates .80 with Wiggins Family Problems, .80 with Wiggins Psychoticism, .78 with Welsh Anxiety, and .77 with Dependency. This scale picks up the sequelae of having been a scapegoat and abused within the family of origin.

Sc2 Emotional Alienation - Harris & Lingo (1955). (11 items). High: Depression, sado-masochistic tendencies and apathy. Low: Feels optimistic, and enjoys healthy relationships with others. Correlates .83 with Sc4 Lack of Ego Mastery- Conative, .82 with Wiggins Depression, .78 with Pd5 Self-Alienation, .78 with D5 Brooding, and .78 with D1 Subjective Depression. Sc2, Sc3, and Sc4 overlap great deal. They all relate to depression and apathy. Sc2 is more apathy and brooding. Sc3 is more mental dullness and problems with thinking. Sc4 is a combination of Sc2 and Sc3.

Sc3 Lack of Ego Mastery, Cognitive - Harris & Lingo (1955). (10 items). High: Feelings of unreality, difficulty in concentration, and fear of losing control of thoughts. Low: Denies difficulty in concentration, feelings of unreality or unusual thought processes. Correlates .83 with Sc4, .81 with D4 Mental Dullness, and .78 with Wiggins Psychoticism. Sc3 should be called "Thought Disorder."

Sc4 Lack of Ego Mastery, Conative - Harris & Lingo (1955). (14 items). High: Depression, difficulty coping, inertia, regression into fantasy, pessimistic, and may have suicidal ideation. Low: Feels life is worthwhile and has energy to cope. Correlates .86 with D4 Mental Dullness, .83 with Sc2 Emotional Alienation, .83 with Sc3 Lack of Ego Mastery, Cognitive, .82 with D1 Subjective Depression, and .81 with Wiggins Depression. Sc4 combines Sc2 and Sc3, that is problems with depression and thought.

Sc5 Lack of Ego Mastery, Defective Inhibition - Harris & Lingo (1955). (11 items). High: Feels not in control of emotions or impulses, irritable, hyperactive, and dissociation of affect. Low: Denies feeling out of control of impulses or emotions. Correlates .80 with Hypomania-Obvious, .76 with Dependency, .75 with Welsh Anxiety, and .74 with Wiggins Manifest Hostility. The best subscale of Sc. Important in assessing impulse control.

Sc6 Bizarre Sensory Experiences - Harris & Lingo (1955). (20 items). High: May admit to hallucinations, ideas of external influence, strange tactile sensations, auditory or kinesthetic distortions. Low: Denies experiencing change in bodily image or sensations or feelings of depersonalization. Correlates .78 with Wiggins Organic Symptoms, .65 with Hypomania-Obvious, and .65 with Wiggins Psychoticism. Assess somatic delusions rather than somatization found with neurotics. Should be called, "Somatic Delusions." Caldwell (1988) calls this scale, "Sensorimotor Dissociation".

9 Ma Hypomania - Hathaway & McKinley (1944). (46 items). High: Hyperactive, impulsive, difficulty in delaying gratification, narcissistic, irritable and extroverted. Low: Low energy and activity level, fatigue, depression and withdrawn. Correlates .83 with Hypomania-Subtle, .73 with Ma2 Psychomotor Acceleration, .71 with Hypomania-Obvious, .66 with Ma4 Ego Inflation, .61 with Wiggins Hypomania, and .53 Ma1 Amoral. Note that scale 9 (Ma) is the only scale where the Subtle items correlate more with the scale than the Obvious items. Hypomania is a fairly subtle scale. It can be the only elevated scale in a defensively submerged profile. It will detect narcissistic, paranoid (grandiose type), psychopathic, histrionic personality traits, and a hypomanic affective state. The subscales are very helpful. Ma-O is very pathological, while Ma-S and Ma3 are not necessarily pathological. Scale 9 is known to activate the other scales, leading to an acting out of the disturbed ideation.

Ma-O Hypomania-Obvious- Weiner (1948). (23 items). High: Poor impulse control, acting out, grandiose, thrill-seeking and exploitive. Low: Denies having poor impulse control, or acting out, is not thrill-seeking, humble and practical. Correlates .80 with Sc5 Defective Inhibition, .79 with Ma2 Psychomotor Acceleration, .71 with Ma, .69 with Wiggins Psychoticism, .69 with Ma4 Ego Inflation, .67 with Wiggins Manifest Hostility, and .66 with Wiggins Hypomania. The correlations reflect the high degree of psychopathology in this scale, far more than Ma. These are the sorts of people who have a lot of energy, but shouldn't.

Ma-S Hypomania-Subtle - Weiner (1948). (23 items). High: Social imperturbability, extroverted, insensitive and thrill-seeking. Low: Shy, insecure and indecisive. Correlates .83 with Ma, .53 with Ma3 Imperturbability, .51 with Pd3 Social Imperturbability, .47 with Ma2 Psychomotor Acceleration, .46 with Ma4 Ego Inflation, and -.45 with Si. Ma-S, as with Hy1, Pd3, and Ma3, simply means extroversion in normals, but in the context of psychopathology, it means insensitivity.

Ma1 Amoral - Harris & Lingo (1955). (6 items). High: Justifies manipulateness by projecting own selfish opportunistic and exploitive tendencies onto others. Low: Denies that other people are selfish, opportunistic, and manipulative. Correlates .53 with Ma, and .49 with Wiggins Authority Conflicts. A unique scale. It's not as pathological as "Amoral" sounds. It would be better to call it, "Manipulateness", or what Alex Caldwell (1988) calls it, "Opportunism."

Ma2 Psychomotor Acceleration - Harris & Lingo (1955). (11 items). High: Accelerated speech, thoughts, motor activity, tense, and seeks out risks or danger to overcome boredom. Low: Denies tension, avoids risk or danger, complacent and calm. Correlates .79 with Wiggins Hypomania, .79 with Hypomania-Obvious, .73 with Ma, .67 with Sc5 Defective Inhibition, -.59 Social Responsibility, and .56 with Wiggins Manifest Hostility. A rather pathological scale of acting out tendencies.

Ma3 Imperturbability - Harris & Lingo (1955). (8 items). High: Little concern about the opinions and values of others, denies social anxiety and extroverted. Low: Introverted, easily influenced by the opinions of others, and denies impatience with others. Correlates -.69 with Wiggins Social Maladjustment, .65 with Pd3 Social Imperturbability, -.64 with Si, .64 with Hy1 Denial of Social Anxiety, and .54 with Ego strength. See comments on Ma-S, HY1 and Pd3. Ma3 in normals means trustfulness and extroversion. In the context of psychopathology it is associated with defensiveness and insensitivity.

Ma4 Ego Inflation - Harris & Lingo (1955). (9 items). High: Grandiose, over-estimates own worth, resentful and impatient with others. Low: Realistic notion of self-worth, or self-critical and denies resentment towards others who make demands on them. Correlates .69 with Ma-O, .66 with Ma, and .56 with Wiggins Hypomania. A good scale for picking up ego-syntonic grandiosity in paranoids or narcissistic personalities.

O Si Social Introversion - Drake (1946). (69 items). High: Timid, shy, hard to get to know, overly-sensitive, over-controlled, submissive, conventional, cautious, rigid and moody. Low: Socially extroverted, talkative, energetic, interest in status and recognition, competitive, narcissistic, superficial, and manipulative. Correlates .94 with Si1 Inferiority-Personal Discomfort, .89 with Wiggins Social Maladjustment, -.83 with Pd3 Social Imperturbability, .81 with Si2 Discomfort with Others, and .75 with Wiggins Poor Morale. A very reliable personality trait that many researchers believe is at least partly a matter of genes. The test retest correlation after 30 years is .74 (Gynther, 1979). The more Si is greater than Sc the better; the more likely the person is avoidant rather than schizoid. Low scores can sometimes be the only sign of narcissism on the profile. The subscales aren't very helpful, since Si is so homogeneous.

Si1 Shyness/Self-consciousness - Hostetler, et al. (1989) (14 items). High: Uncomfortable in social situations, shy, easily embarrassed, avoids making small talk and uncomfortable in new situations.

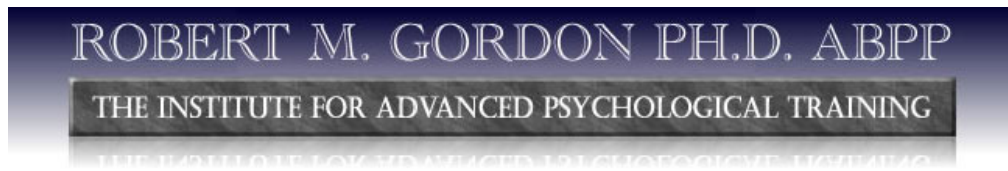
Si2 Social Avoidance - Hostetler, et al. (1989). (8 items). High: Dislikes contact and activities with others, dislikes parties, gatherings, dances, and socials.

Si3 Self-alienation, Self and Other - Hostetler, et al. (1989). (17 items). High: Self and other critical, suspicious of others, puts one own self down, feels inadequate, lacks self-esteem and self-confidence, poor concentration, depressed, obsessive thoughts, jealous. This is the most pathological of the three Hostetler subscales.

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[Home](#)
 [Forensic](#)
 [CV](#)
 [Psychotherapy](#)
 [MMPI-2](#)
 [Books](#)
 [Blog](#)
 [Contact](#)

BRIEF INTERPRETATIONS

MMPI-2 HIGH SCALE CODE INTERPRETATION The typical person with a similar profile configuration:

Look for the two highest scores $>T64$ on the basic MMPI-2 scales (1,2,3,4,6,7,8,9, and 0).

If this criteria is not met, then go to the next rule: if $L > 6$, $K > 22$, L and $K > F$ Tscore, $F-K < -19$, Repression $>T69$ and Anxiety $< T60$, then shift the criteria down to include $>T62$.

If these criteria are not met, print statements from any single elevated scale.

If 1,2,3,4,6,7,8,9, $< T65$, and any $L > 6$, or $K > 22$, or L and K both $> F$, $-Repression > T69$ and $-Anxiety < T60$, or $F-K < -19$, print, "Clinical scales may be submerged due to defensiveness. Interpret as a subtle profile. Look at the extra scales for interpretation. If this is not a high functioning individual (i.e. Global Assessment of Functioning >70), consider a test set of underreporting psychopathology, or a personality trait of denial."

("XY/YX" means the two highest clinical scales beyond T64." X' " or "spike" means the only clinical scale beyond T64.)

If $K < 10$ print "Blunt, critical, inadequate defenses, poor self concept, low ego strength."

If 3,4 or 8 $< T45$ always print "Overly conventional and constricted."

Scale 1 If between T60 and T65, print "Uses somatization and repression to cope. May over focus on symptoms, use reality assurances. Rule out actual organic disease or injury."

If age >69 add, "Aged individuals may elevate this scale by 10T, due to physical aging, not personality." If between T66-T75 add "May demand treatment but needs to derogate any assistance. May not be psychologically minded. Complaints are often an indirect expression of dependency or hostility."

If $>T75$, add to above, "Look for somatic delusions, or exaggeration."

If $>T100$ and $L > T65$, add, "Rule out malingering,"

12/21 - "Hypochondriacal with somatization, exaggerates symptoms, complains of pain, fatigue, anxiety, depression; passive-dependent, frequently seeks other medical opinions when psychological factors are suggested. Can not see problems as psychological in nature. Medical intervention should be conservative. Prognosis is guarded." If Scale Sc6 is $>T64$, also print "Look for somatic delusions."

13/31 - "Possibly converting psychological problems into physical complaints; denial and repression makes psychological intervention difficult. Threatened by any suggestion of psychological problems. Likely to develop actual physical symptoms under stress." (Add only if age >60 , "Older patients are more likely to have organic involvement.") "Prognosis for psychotherapy is guarded, but supportive or directive therapy during crisis periods may reduce symptoms." If scale 7 is $>T64$ add "Look for possible panic attacks, severe anxiety, and phobias". If Scale Sc6 $>T64$, add "Look for somatic delusions." 14/41 "Chronic hypochondriacal personality. Irritable, prone to psychosomatic problems, manipulative, egocentric, pessimistic, poor insight, resistant." If $PdO > T64$ add, " Hostility and projection of blame."

16/61 "Hypochondriacal, possible somatic delusions, overly sensitive, projection of blame, stubborn, poor insight, resistant."

17/71 "Hypochondriasis chronic anxiety with obsessive-compulsive features. Very demanding, resistant."

18/81 "Pain, fatigue, possible somatic delusions, lack of trust, socially inadequate, resistant."

19/91 "Hypochondriacal, tense, restless, agitated. Psychosomatic complaints, resistant." Add "Passive-aggressive" if 4>T64.

Scale 2

If T60-T64, print "Moderately depressed, worrying, and pessimistic. Prognosis for insight therapy is usually good."

If >T64, print instead "Very depressed. Worried, pessimistic, self-depreciation, internalizes stress. Likely to have difficulty in making decisions."

23/32 - "Depression and hysteroid defenses, various psychosomatic complaints, self-doubt, immaturity, apathy, tension, dependency, often resistant to any psychological interpretation." If F and 8>T69, or DO >T65 add "Look for a major depression."

24/42 - "Depressed and hostile, acting out with later remorse; self-defeating behaviors; resistant, low frustration tolerance. Family difficulties, immature, dependent, egocentric." If F and 8>T69, add "Poor reality testing."

26/62 - "Extremely sensitive, depressed; anger is channeled into both self blame and other blame. Feels victimized." If PaO>T64 add, " Paranoid trends." If F, 8 or 9>T69, BIZ>T65, add "Poor reality testing".

27/72 - "Anxious and depressed, psychosomatic complaints, low self-esteem, intropunitive, obsessive-compulsive." If 8>T69 or F>T69, or DO>T65 add "Look for a major depression."

28/82 - "Depression, anxiety, agitation, confusion, suspicious, psychosomatic complaints, possible major depression, fear of relationships, resistant." If F>T69, BIZ>T65, add "Poor reality testing".

29/92 - "Depression and agitation, psychosomatic complaints, check for agitated depression, or bipolar disorder."

Scale 3

If T60-T65, print "Somatization during periods of stress."

If >T65, add "Converts denied psychological conflicts into physical symptoms." If HyS >HyO add, "Very naive and overly trusting. Repression of aggression. "If HyO=>HyS add, "Very resistant to insight. Utilizes denial of aggression. Strong dependency needs, naive, seeks concrete solutions to psychological problems."

34/43 - "Passive-aggressive, episodic acting out, poor impulse control, seductive, dissociations, conversion reactions, resistant to insight." If PdO>T65 and male, add "Look for explosive hostility."

36/63 - " Psychosomatic complaints, externalizes blame, resistant to any psychological insights." If PaO>T65 add, "Hostile and suspicious."

37/73 - "Psychosomatic complaints, anxiety, denial of psychological problems."

38/83 - "Depression, anxiety, psychosomatic complaints, dissociative reactions, somatic delusions, hostile, dependent, little insight." If F>T69, BIZ>T65, add "Poor reality testing".

39/93 - "Psychosomatic complaints, anxiety attacks, conversion reactions, irritable, aggression compensating for an underlying dependency."

Scale 4

If T60-T64, print "Non-conforming, energetic" Do not print if 2>T59, or 3 or 8 < T45. If T65-T79, print instead "Low tolerance for frustration, acting out, interpersonal conflicts."

If >T79, or PdO >T64 add "Poor judgment, impulsive, hostile, egocentric, anti-authority, addictive tendencies."

46/64 - "Hostile, passive-aggressive, externalizes blame, very demanding, resentful, poor relationships, psychosomatic problems, prognosis for psychotherapy is guarded." If Scale Sc6 is >T65, add "Look for somatic delusions."

47/74 - "Anxiety, anger, acting out and periods of guilt."

48/84 - "Psychosomatic complaints, poor ability to relate to others, thought disorder, acting out, prognosis for psychotherapy is guarded."

49/94 - "Impulsive, acting out, narcissistic, prognosis for psychotherapy is guarded." If Scale 6 is >T64, add "Look for possible explosive outbursts of aggression." Add, if 4 or 9 is >T74, or PdO>T64 "Irresponsible, resentful, manipulative, hostile, poor judgment, tendencies toward substance abuse."

Mf1 - If >T65 print, "Hypersensitive, easily hurt, anxious, dependent, low moral."

Scale 6

If T60-T64, print "Overly Sensitive."

If T65-T75 and PaS>PaO add, "Thin skinned, confused about trust, sets self up to feel victimized."

If T65-75 and PaS=/ \leq PaO add, " Projection of blame and hostility, paranoid features."

If >T75, PaO>T65 add, " Look for delusions of persecution and maltreatment." 67/76 - "Tense, rigid, overly sensitive, suspicious, indirectly hostile, prognosis for psychotherapy is guarded."

68/86 - "Depression, suspiciousness, thought disorder, delusions, poor reality testing." If BIZ>T65 add, "May be psychotic."

69/96 - "Extreme anxiety, hostility, suspiciousness, delusions, grandiosity, poor reality testing. Prognosis for psychotherapy is guarded." If BIZ>T65 add, "May be psychotic."

Scale 7

If T60-T64, print "Uses rationalization and intellectualization."

If T65-T75 add "Psychosomatic complaints, perfectionistic, self-critical, anxious, indecisive."

If >T75, add "Susceptible to phobias and obsessions."

78/87 - If Scale 7>8, print "Psychosomatic complaints, anxiety, depression, withdrawn, obsessive, confused, poor social adjustment."

If Scale 8 \leq 7, print instead, "Poor social adjustment, thought disorder, poor reality testing, confusion, anxiety, depression, prognosis for psychotherapy is guarded." If BIZ>T65 add, "May be psychotic."

79/97 - "Psychosomatic complaints, chronically anxious, agitated, impulsive acts followed by guilt feelings."

Scale 8

If T60-T64, print "Tends to be over invested in fantasy."

If >T64, add "Eccentric, confused, withdrawn, may have a thought disorder."

If > T79 and F>T69, add "Poor reality testing".

If BIZ > T65 add, "May be psychotic."

89/98 - "Confusion, anxiety, depression, hyperactive, emotionally labile, thought disorder, hostility, poor reality testing, projection, insightful and resentful. Prognosis for psychotherapy is guarded."

If BIZ>T65 add, "May be psychotic."

Scale 9

If < T44 and 1,2,4,6,7,8, all < T60. print "Depressed."

If T60-T64, print, "Active and outgoing."

If T65-T70, print instead "Hyperactive, agitated." If 9>T70, MaO>T65, add "Irritable, impulsive, acting-out, grandiose."

If >T80, add "Poor reality testing."

Scale Si-0

If T<44, print "Socially outgoing, need for social approval."

If T44-T59, print "Capacity to maintain rewarding social relationships, if ego-syntonic pathology is ruled out." (But do not print this if L, F, 1,4,6,8,9,>T64; K<10)

If T60-64, print "Shy and reserved in certain social situations."

If >T65, print instead "Introverted and shy, difficulties expressing self to others."

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