

# Exploring Psychology

## Development of the MMPI-2

The *MMPI-2* (*Minnesota Multiphasic Personality Inventory*) is the most widely used objective clinical personality test in use today (Butcher & Rouse, 1996). Since its conception in the early 1940s, over 6,000 studies have been published about it. What is the *MMPI-2* and what does it do?

The original *MMPI* was developed to diagnose specific psychological disorders, such as depression and schizophrenia (a disorder of thinking and emotion that is discussed in chapter 13, "Psychological Disorders"). Starke Hathaway, a clinical psychologist, and Charnley McKinley, a neuropsychiatrist, the test's developers, read hundreds of short statements to mentally disturbed patients. They then noted which statements the patients agreed with. The basic purpose of the test was to differentiate among various types of mental patients, as well as to distinguish between mental patients and normal people. The *MMPI* did indeed do that; certain types of people tend to give certain responses on the test. Thus, the test was used to diagnose problems by first determining who actually had them.

In July 1989 the updated and restandardized *MMPI-2* was published. Because the original *MMPI* was so widely used, great care was taken to improve the original while still keeping the revision compatible. The restandardization was based on a representative sample of 2,600 men and women ranging from 18 to 84 years of age. The sample included Asians, African Americans, Hispanics, Native Americans, and Caucasians. Other sample characteristics included educational, marital, occupational, and economic status. The original 550 items (with 82 reworded to eliminate sex bias and outdated topics), along with 154 new items, were included in an experimental form used in testing. Eventually, 567 items were selected for the *MMPI-2* (370 items are used for the basic scales and 197 for the supplementary scales). The *MMPI-2* is available in booklet form, on audio cassettes, and on CD-ROM.

The *MMPI-2* consists of 567 statements to which the subject responds with true, false, or cannot say. It was designed primarily for adults and has not yet been used for children (although the 1992 *MMPI-A* was designed for adolescents). The items cover a wide range of topics, including attitudes on religion and sexual practices, perceptions of health, political ideas, information on family, education, and occupation, and displays of symptoms known to be exhibited by certain groups of mentally disturbed people.

The test provides scores on 10 basic clinical scales--hypochondriasis (exaggerated concern about physical health), depression, hysteria, masculinity-femininity, paranoia, hypomania (excitability), psychopathic deviancy, psychasthenia (irrational fears and compulsive actions), schizophrenia (form of psychosis), and social introversion (withdrawal). The *MMPI-2* includes 10 supplementary scales that help diagnose such clinical problems as anxiety,

repression, ego strength, alcoholism, hostility, dominance, social responsibility, college maladjustment, gender-role, and posttraumatic stress disorder. There are also 15 content scales that measure various aspects of personality. They include: anxiety, fears, obsessiveness, depression, health concerns, bizarre mentation, anger, cynicism, antisocial practices, Type-A personality, low self-esteem, social discomfort, family problems, work interference, and negative treatment indicators.

The *MMPI-2* norms are more representative of the normal population, reducing one of the major criticisms of the original *MMPI*. The revisions strove to eliminate sexist language, cultural bias, and objectionable questions about sex and religion. Because the majority of questions were unchanged, it is possible to compare responses on the old and new forms. At the present time, we do not have enough research studies of the revision to evaluate its effectiveness adequately. Preliminary research suggests that the *MMPI-2* will continue to be a useful tool in personality assessment.



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