

## Piotrowski on the MMPI

Piotrowski writes, “Much of the popularity of the (MMPI) test can be explained by the psychology of the examiner. He does not have to make any decisions and thus has no responsibility for the results” (p. 80).

“Since the test pertains to intimate personal matters and since in many instances the subject can predict what interpretation is likely to be placed on his response, answers to the MMPI (or any questionnaire) are seldom completely frank, either because of conscious fear or unconscious defense against anxiety alleviation, which seems to be a condition of a frank and valid psychological self-evaluation. For this reason, the MMPI is not a dependable aid in neuropsychiatric diagnoses, especially in borderline cases, when a diagnostic aid is most helpful” (p. 80. Emphasis added).

“In about one out of five cases the MMPI significantly exaggerates the psychopathology of an individual, if information from other sources serves as a criterion for judgment. The admission of difficulties is not necessarily more valid than assertions of well-being” (p. 80-81).

“The assumption of the MMPI is that the accuracy of the subject’s self-ratings is not a condition of the test’s validity. The authors (Starke R. Hathaway and J. Charnley McKinley) believe that the test rests on what the patient says, not on the truth value of what he says” (81).

“What the patient says and what he thinks he does do not always coincide” (p. 80).

“Statements are made in the first person singular in the belief that this encourages self-identification and self-references. However, this use of the first person instead of the third person is incompatible with the anxiety-alleviating principle” (p. 81). The anxiety-alleviating principle rests upon directing the focus away from a subject’s awareness in order to reduce the conscious and unconscious evocation of anxiety. Test items written in the third person allow subjects responding to the test items to focus on the content of the item and not upon how the answer would make them look in the eyes of the individual who will interpret, or have access to, the test results.

“Many mental patients manage to produce normal MMPI profiles; that is, the peaks of all scales are within the middle range of T scores between 30 to 70. But only 10 to 15 percent of mental patients can deliberately simulate a normal profile. Those who fail in this attempt succeed only in making their MMPI look more abnormal. This shows that the lack of frankness and the pseudo-normality can be a function of unconscious defenses against anxiety as well as a deliberate effort of self-concealment” (p. 82).

“The test gives better results when the subject feels it is his advantage to be frank and to admit weaknesses; it is usually unreliable when he feels it is not to his advantage to be truthful and guileless” (p. 82).

“It may be that the MMPI has reached its highest level of perfection and cannot be improved upon. The paper-and-pencil personality inventories have definite limitations even when they are as sophisticated in structure as the MMPI” (p. 82).S

Piotrowski, Z. A. (1972). Psychological Testing of Intelligence and Personality. In A. M Freedman and H. I. Kaplan (Eds.), *Diagnosing Mental Illness*. New York, N. Y. Atheneum.