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# Personality and Other Non-Academic Characteristics of Bright Underachieving Males

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A STUDY OF DELIBERATE FAKING IN THE MMPI  
WITH SEMINARIANS

by

John Gerald Grant, C.Ss.R.

A Dissertation Submitted to the Faculty of the Graduate School  
of Loyola University in Partial Fulfillment of  
the Requirements for the Degree of  
Doctor of Philosophy

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## LIFE

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## CHAPTER I

### INTRODUCTION

In recent years, the practice of psychologically evaluating candidates for the ministry and religious life has become widespread. For example, Menges and Dittes (1965) listed approximately 700 psychological studies of clergymen and religious (75 per cent of them dated within the last decade). This practice is in harmony with the directives of the Church which urges that superiors take all means at their disposal to help provide the Church with suitable candidates (Abbo & Hamman, 1960; Pius XI, 1936; Pius XII, 1950; Richardson, 1965).

The mere fact that a young man wants to be a priest or a person wants to be a religious does not of itself indicate that the candidate has the proper qualifications. Although it is true that a person is usually more successful in a profession towards which he feels some attraction, this attraction is not of itself predictive of success or suitability. A person may be attracted toward the priesthood and religious life for a variety of reasons. Some of those who apply may be experiencing psychological maladjustments that are not immediately observable. And yet such a person may be so desirous of being admitted to the seminary or religious life that he will try, consciously or unconsciously, to conceal his emotional problems or put himself in a good light in order to gain admittance. Hence the importance of investigating methods of detecting dissimulation on screening procedures.

Among the personality tests employed in screening for the seminary, the Minnesota Multiphasic Personality Inventory (MMPI) has been more widely used than any other instrument (Kobler, 1964). The MMPI, designed to provide scores on the more important phases of personality, has nine original clinical scales. Another scale, social introversion (Si), is now routinely included in the test. Moreover, there are four basic validity scales: the question score (?), the lie score (L), the validity score (F), and the correction score (K). These various scales will be subsequently described.

The purpose of the present study is to investigate not only the L, F, and K validity scales, the nine clinical scales and the social introversion scales for their usefulness in detecting faking, but also combinations of the validity scales, for example, the F-K index and the L+K index. Since the methods proposed so far have not proved too successful in detecting faking-good records, the present study is particularly concerned with devising some method that might prove useful for this purpose. Hence a variety of linear combinations such as  $2L+K$ ,  $F-2L$ ,  $K+Pt$ ,  $K+Sc$  will be evaluated for their usefulness in detecting faking-good records.

By devising methods of detecting dissimulation in the MMPI, the usefulness of this instrument in screening will be enhanced. Such methods, besides providing a more judicious selection of candidates, may also prove beneficial to the welfare of the candidates themselves. More effective screening will lessen the probability of a young man having to change his vocation after he has taken the initial step along the road toward the priesthood. Such a step consumes valuable time and human energy and often makes it difficult for the person to make an adequate adjustment if he should leave the seminary.

Moreover, a young man who is unhappy in the seminary may foster general discontent and disharmony. For the greater good of all concerned, it might have been better not to accept such a student.

The MMPI as such has already proved helpful in screening candidates. The direction of dissimulation in the MMPI will further increase its usefulness. Hence the present study will investigate methods that might be useful in distinguishing between the faking-good and honestly reported MMPI profiles in a seminary population and also between faking-bad and honestly reported profiles in a seminary population.

The following hypotheses will be investigated:

1. There will be significant differences between the faking-good and honestly reported scores on the validity scales, the special linear combinations, and the clinical scales.
2. There will be significant differences between the faking-bad and honestly reported scores on the validity scales, the F-K index, and the clinical scales.
3. The order in which the subjects take the test, that is, whether they take the test first honestly and then fake or vice versa will not produce any significant differences.
4. There will be no significant differences between the manner in which the philosophers and theologians approach faking. That is, those who are closer to ordination (the theologians) will not handle faking in a manner different from those who are in their college years (the philosophers).
5. There will be significant differences between the faked scores and the honestly-reported scores of those subjects who had T scores of 70 or over



on two or more honest scores. (Such data will provide information as to the manner in which those who appear emotionally disturbed on the MMPI approach the problem of faking.)

## CHAPTER II

### REVIEW OF RELATED LITERATURE

In this chapter, first, a description will be given of the MMPI; secondly, a review of MMPI studies of faking; thirdly, mention will be made of the attitude of the Church toward the psychological evaluation of candidates as well as the importance of safeguarding psychic privacy; and finally, a review will be made of MMPI studies with a seminary and religious population.

#### Description of the MMPI

Although the literature on the MMPI is well known, it appears necessary for the purpose of this study to describe briefly the purpose of the test, its standardization and certain characteristics of each scale.

The MMPI, constructed by Starke R. Hathaway and J. Charnley McKinley and published by the University of Minnesota Press in 1940, is designed to provide an objective assessment of some of the major personality characteristics that affect personal and social adjustment. The inventory consists of 550 statements on a wide range of topics representative of various physical complaints, psychiatric symptoms, moral and social attitudes. Once assembled, the items were administered to groups of previously diagnosed inmates of the University of Minnesota Hospital and to a comparable sized group of "normals," most of whom were visitors to the hospital. The nine clinical scales of the test consist of those items which differentiated the normal group from each of the clinical groups and the scales were named according to the primary diagnosis

of each of these clinical groups (Hathaway & McKinley, 1943). The original normative sampling was fairly adequate for the ages 16 to 55 and for both sexes. In addition to these data on normal individuals, the test authors have also made use of a group of 250 precollege and college students, 265 white-collar workers in various Minnesota WPA projects and finally 254 non-psychiatric patients in the medical wards of the University of Minnesota Hospitals.

In addition to the clinical scales, there are four validity scales which indicate the subject's test-taking attitudes. They also act as checks on carelessness and misunderstanding and hence indicate how much credence should be placed in the results. The following is a brief description of the four validity scales, the nine clinical scales, and the Si scale (developed by Drake, 1946).

The Question Score (?) refers to the number of unanswered items on the entire test. It is only when this score is high that it affects the significance of the other scales. "In its own right the Question score is an indicator of personality factors, but no specific clinical material on it has been analyzed" (Hathaway & McKinley, 1951, p. 18).

The Lie Score (L) consists of 15 items that deal with feelings of aggression, lack of control or conformity, bad thoughts. It "affords a measure of the degree to which the subject may be attempting to falsify his scores by always choosing the response that places him in the most acceptable light socially" (Hathaway & McKinley, 1951, p. 18).

The Validity Score (F) consists of 64 items, all but one of which was answered in the scored direction by no more than 10 per cent of the normative group. The content of these items is undisguised and obviously focuses on

psychiatric symptoms, lack of social ties, apathy, and certain physical symptoms. These items were seldom endorsed even by the patients. While serving as a check on the validity of the whole record, a high F score, especially when coupled with a low K score, can be indicative of a tendency to fake bad.

The K Score (K) was developed to sharpen the discriminatory power of the clinical scales. A high K score indicates defensiveness against acknowledging psychological weakness. A low K score means that the subject has a critical attitude toward self and is overly candid in acknowledging weaknesses.

The Hypochondriasis Scale (Hs) measures a person's concern with bodily functions in terms of general health, generalized aches and pains, complaints about breathing, digestion, sleep, and disorders in sensation. The hypochondriac differs from the hysteric by being more vague in describing his complaints and by not seeming to use his complaint to escape from an unacceptable situation as does the hysteric. It is differentiated from the psychotic scales since the content of the Hs scale concerns straightforward internal disorders or common symptoms rather than the bizarre elements of the Sc or Pa scales.

The Depression Scale (D) measures the degree of the clinical symptom of depression which is characterized by feelings of hopelessness and uselessness, a narrowness of interests, lack of self-confidence, and frequently by preoccupation with death and suicide.

The Hysteria Scale (Hy) detects the degree to which an individual resorts to physical symptoms to solve extreme conflicts in a conversion-type hysteria. They are in general psychologically more immature than high scorers in any

other group.

The Psychopathic Deviate Scale (Pd) measures the amoral and asocial characteristics of the clinical group now known as sociopathic. It is characterized by the absence of deep emotional response, inability to profit from experience, and disregard of social mores. The psychopathic deviate is often an outgoing, pleasant, likeable individual who, although only capable of superficial relationships with others, is difficult to identify between outbreaks without the aid of a personality measure (Dahlstrom & Welsh, 1960, p. 61).

The Interest Scale (Mf) measures the tendency toward masculinity or femininity of interest pattern. A high score "indicates a deviation of the basic interest pattern in the direction of the opposite sex" (Hathaway & McKinley, 1951, p. 20). The test authors warn that homosexual abnormality is not to be assumed on the basis of a high score on this scale without independent confirmatory evidence.

The Paranoia Scale (Pa) measures the behavior of persons characterized by suspiciousness, oversensitivity, and delusions of persecution. Although the persons showing these personality features may appear to be well oriented to reality and integrated in the relation of one delusion with another in their belief structure, they may show misperceptions or misinterpretations of their life situations that are markedly out of keeping with their ability and intelligence (Dahlstrom & Welsh, 1960).

The Psychasthenia Scale (Pt) refers to the neurotic syndrome now termed obsessive-compulsive. It measures obsessive ruminations and compulsive behavioral rituals, abnormal fears, worrying, excessive vacillation in making decisions. Persons with such characteristics are unable to let themselves alone

psychologically. Often they incapacitate themselves for normal living. Other frequently noted features include excessively high standards on morality or intellectual performance, self-critical and self-debasing feelings and attitudes.

The Schizophrenia Scale (Sc) measures the psychiatric reaction of persons who are commonly characterized as constrained, withdrawn, and apathetic. It reflects bizarre thoughts and acts. Delusions, hallucinations and disorientation may appear in various combinations. The items on this scale tap the inability of the person to maintain object relations and the lack of self-identity.

The Hypomania Scale (Ma) measures a personality disorder characterized by over-activity, emotional excitement, and flight of ideas. Such persons engage in too many activities at once and rarely complete any undertaking. The mood may be good-humored euphoria but may on occasion be irritable, and temper outbursts are frequent.

The Social Introversion Scale (Si) aims to measure the tendency to withdraw from social contact with others. It is useful in detecting those who suffer from a variety of special sensitivities, insecurities, and worries, but are relatively free from mental aberration. The Si scale is not a clinical scale in the strict sense of being chiefly for use with hospitalized patients (Hathaway & McKinley, 1951).

As for validity, it has been found that a high score on a scale predicts "positively the corresponding final clinical diagnosis or estimate in more than 60 per cent of new psychiatric admissions" (Hathaway & McKinley, 1951, p. 6). Even where a high score on the MMPI was not followed by a corresponding

diagnosis, there was evidence that the trait was present to an abnormal degree. The question of reliability has been examined by the test-retest method with intervals of three days to more than one year, yielding reliabilities ranging from the fifties to the low nineties.

By 1953, more than 280 studies of the MMPI had been published. The bibliography in the MMPI handbook (Dahlstrom & Welsh, 1960) has over one thousand references. Since it is obviously not necessary to mention all these references for this study, only those are cited which bear more directly upon the topic of faking in the MMPI and those that study the MMPI profiles of seminarians.

#### Studies of Faking on the MMPI

Benton (1945) had nine homosexuals who were positively identified on the Mf scale retake the test and try to conceal their femininity. Six of the nine were able to bring their Mf scores within normal limits. Benton, however, did not study the changes in the validity scores. For example, a drop in value on the Mf scale was often associated with a simultaneous rise on the L scale. Taking this fact into consideration, this group of homosexuals was not too successful in concealing the fact that they were distorting their test responses. Of course it would not have been possible from the L value alone, to tell what was being covered up on the clinical profile.

Comment: This study did not mention that serious doubts have been raised about the dependability of the Mf scale in evaluating sexual aberrations (Gough, 1946). Some groups obtain elevated scores on the scale without evidence of deviant sexuality (Dahlstrom & Welsh, 1960). However since Benton's small group of self-admitted homosexuals did bring their Mf scores

within normal limits, he could rightly conclude that these subjects "were able to conceal the fact of their homosexuality on the test when requested to attempt to do so" (p. 420).

In a recent study of prisoners' faking, Lawton and Kleban (1965) readministered the MMPI to 32 county prison volunteers with instructions to "fake low." Significantly lower mean T scores were obtained on the F, Hs, D, Hy, Pd, and Pt scales. However, the subjects were unable to single out the Pd items to manipulate. That is, they were unable "to pick out the Pd items and treat them differently from those referring to subjectively experienced discomfort" (p. 270).

Comment: The authors of the study stressed the point that this group of prisoners who were so strongly sociopathic were unable to manipulate their responses to dissemble a person who was not in trouble with the law. This, they maintained, attested to the usefulness of the MMPI in screening such individuals. But the authors of this study presumed a great deal of test sophistication on the part of these individuals. The instructions were merely to "answer in terms of the way a person who has had no trouble with the law would reply" (p. 270). It might be expecting too much to have these prisoners distinguish between antisocial sociopathic attitudes and "subjectively experienced discomfort" or neurotic tendencies.

Since 1946, Gough has conducted several investigations concerning faking and its detection in the MMPI. His earliest study (1946), besides establishing a basic psychoneurotic and basic psychotic curve, also found the MMPI helpful in the detection of exaggeration and malingering. In this study, no deliberate attempt was made to fake. It was simply an analysis of the MMPI



records of 136 clinical cases. Gough suggested that in the neuropsychiatric section of an army hospital, one would meet with cases of exaggeration and malingering to a much greater extent than in civilian practice. Hence, the detection of this kind of behavior is of prime importance in a military situation and in this study, the MMPI was useful in providing clues for the discovery of this type of behavior. Although malingering could not be proved with the MMPI, it was useful in re-evaluating the declared symptoms of patients given to exaggeration and distortion. The signs differentiating between authentic and exaggerated patterns were marked elevation of the Hs, D, Hy, Sc, and Pt subtests, and a general discrepancy with the apparent clinical severity of the case.

Comment: The subjects for this early study were divided into clearly defined clinical groups. Moreover, as controls, a normal group was selected to match adequately the experimental group for age, race, education, length of service, and military rank. The numerous comparisons, the statistical analyses of the various clinical groups, and the worthwhile "cautions" made this a valuable study.

In the 1947 study, Gough had a military group of eleven persons, consisting of three psychiatrists, three clinical psychologists, three psychiatric social workers, and two personnel consultants, take the MMPI in three ways: first, giving frank self-appraisals; second, attempting to simulate severe psychoneurosis; and, third, attempting to simulate paranoid schizophrenia. The simulated records were compared with a neurotic criterion of 57 severe psychoneurotics and a psychotic criterion of 13 paranoid schizophrenics. Although the clinical scores of the neurotic simulations were in general

similar to those of the authentic cases, the feigned curves were differentiated, however, by high F and low K scores. Significant elevations of the F scale also differentiated psychotic simulations with the judges correctly identifying from 91 to 100 per cent of the feigned profiles.

Comment: This 1947 study was particularly interesting because it showed that a person who tries to fake an illness, even though he is professionally trained in recognizing the various disorders, does not answer the questions as a patient. Although such a malingerer may have an accurate notion of the mental disorder he is imitating and makes a deliberate attempt to mark the items accordingly, he endorses many items that a real patient would not usually endorse. Gough did not explicitly refer to this point, but he did refer to the erratic pattern on the simulated psychotic profiles. Such profiles were "too low on the neurotic items, too high on the psychotic items" (p. 224).

Schmidt (1948) reported the finding on a group of eleven cases diagnosed to have severe psychoneurosis who had been asked to take the test a second time and disguise their illness by faking a good record. He found impressive shifts of a standard deviation or more on the Hs, D, Hy, Pd, Pt, and Sc scales. He also found that the L score was a better indicator of falsification than was K.

Comment: Despite the fact that Schmidt's study was a carefully documented report, one would question the validity of drawing any general conclusions from so small a sample. Moreover, he made no analyses of the configural patterns.

Hunt (1948) conducted a study of the effects of deliberate malingering

and deliberate concealment of personality abnormality on MMPI profiles. Seventy-four naval court martial prisoners served as a cross-validating sample for verifying results obtained for a population of 112 enlisted service men. This study is noteworthy for the fact that all subjects took the group form of the MMPI under three conditions as well as the fact that it had a cross-validating sample. The three conditions were: (1) honestly; (2) under instructions to conceal their personal "abnormalities" as much as possible; and (3) under instructions to malingering sufficiently severe abnormality to guarantee a medical discharge or disqualification for service. They were told to falsify in such a way as to avoid detection. The results showed that in general, malingering increased and concealment decreased scores on the nine personality scales. "Malingering increased the F validity scale score while concealment had a similar effect upon the K score. Though the K correction did not markedly reduce the effects of either kind of lying, the F and K scales show promise in the detection of 'faked' MMPI records" (p. 402).

Grayson and Olinger (1957) investigated to what extent psychiatric patients can produce a "normal" test performance on the MMPI when requested to do so. The group was made up of forty-five patients in a Veterans Administration Hospital. The majority of these cases were schizophrenics. With such a small group, the conclusions can only be tentative. The results revealed marked individual differences. Although 73 per cent of the patients gave an improved performance, only 11 per cent became "normal" and some became worse. One interesting result of this study was the fact that Grayson and Olinger did not find significant changes on the L scale. Moreover, the changes in the direction of the F and K scales are of interest; the patients obtained a

higher K score and therefore showed increased defensiveness but a lower F score and hence decreased confusion.

Comment: The experimental method in this study was clear and well carried out. Especially noteworthy were the comments obtained from each subject upon completion of the test with fake instructions. Each patient was asked to describe how he went about faking, what his method was. Such a procedure is very helpful in analyzing the quantitative scores. Over and above a quantitative analysis of the changes in scores, this study was also important because of its attempt to analyze the important individual differences in ability to cover up pathology on the MMPI. There was a relationship between the patient's ability to cover up some of his personality problems and the length of his subsequent hospitalization. The ability to answer the test "the way a typical well-adjusted person on the outside would do" was an index of personality integration. Of course this conclusion was not too startling. A patient who was able to follow such instructions meaningfully would not be as severely disturbed and hence would not need such lengthy hospitalization.

In a recent study, Lawton (1963) gave groups of high school and college students tests containing the items of the MMPI Pd, K, and Manifest Anxiety scales. Each subject took the test three times: (1) as a self test; (2) as simulating the responses of a delinquent who was trying to cover up his delinquency; (3) as he thought a delinquent who was being honest would respond. The results showed that both school groups and both sexes successfully manipulated scores on the Pd scale alone. They also succeeded in manipulating Pd scores more than the Manifest Anxiety or K scales.

Comment: This study is outstanding for the fact that it confined itself to faking on a particular scale (Pd) of the MMPI. For the most part, studies on faking are not as specific. In reviewing the literature, Lawton mentioned that the Pd scale seemed less subject to conscious dissimulation than many of the other clinical scales. But he mentioned no studies supporting this statement. In this particular study, groups of high school and college students were asked to fake. The results would hardly be the same if genuine offenders were asked to manipulate their Pd scores. As was mentioned in a previous study (Lawton & Kleban, 1965), a group of 32 county prisoners were not as successful in manipulating the Pd items.

Although most of the previously mentioned studies revealed that the MMPI can be faked, it was also pointed out that such faking could be detected. The validity scales provide some basis for the detection of fraudulent profiles. All of these indicators, considered singly, will identify profiles with reasonable accuracy. But as Gough pointed out (1950), their maximum efficiency, apparently, is realized in combination.

Meehl and Hathaway (1946) reported that a group of 54 students in psychology, 96 per cent obtained F scores greater than 15 when they were instructed to malingering (non-malingering normals score between two and four). The group took the MMPI under standard instructions and also under instructions to assume that they wished to avoid being accepted in the draft and in order to be rejected, they were to obtain deviant scores without giving themselves away. When it is recalled that this group had already completed a considerable portion of their training in psychology, these results showed that such knowledge did not prevent them from giving themselves

away when they attempted to fake a bad record. In addition to high F scores, most of the profiles would have been clinically invalidated because of their highly unusual configurations.

Comment: Unfortunately, Meehl and Hathaway gave only a very brief summary of this experiment. No tables were included. Although they referred to the large number of faked profiles unusually abnormal in character, they did not include a sample of these profiles or mention which scales were especially deviant. This study counterbalanced the groups but it did not refer in any way to the results of counterbalancing. A possible reason why the authors abbreviated references to this particular study might be the fact that the main part of the article dealt with the K scale as a suppressor variable. References to other scales were secondary.

In a very important study of faking, Cofer, Chance, and Judson (1949) used three groups of college sophomores: positive malingerers, negative malingerers, and controls. The positive malingerers attempted to make the best possible impression through their MMPI scores. The negative malingerers were instructed to answer the questions in such a way as to avoid being drafted into the army. Both malingering groups also took the test under normal conditions. The controls took both test and retest under standard conditions. A total of 81 male and female subjects was used. The results showed that the negative malingerers were able to elevate their diagnostic scale scores markedly. But their F score was so high as to make their detection quite simple. No negative malingerer received a raw F score of less than 20. For the positive malingering group, mean K and L raw scores were significantly higher under positive malingering instructions than they were

when the test was taken honestly.

Comment: With the exception of Gough's work, this is one of the best studies on the detection of faking in the MMPI. It was well designed and well carried out. An adequate control group was included. The tables provided useful statistical data. It is to the credit of the authors of this study that for the first time some combination of the validity scales (L+K) was proposed as a useful method for the detection of faking good.

Another important feature of this study was the item analysis of the data to discover which items were more susceptible to change with malingering instructions. This analysis revealed that certain items were highly susceptible to positive malingering but insusceptible to negative malingering. Hence for this particular study, the use of a key, based on these items, led to the detection of faking good records. This key gave great promise of being a valuable addition to the pool of MMPI keys but unfortunately it has not been incorporated into the test.

The use of a linear combination of scores to detect malingering on the MMPI was first suggested by Gough. In his 1947 study, Gough proposed F-K cutting scores as plus 4 and over for neurotic profiles, and plus 16 and over for psychotic profiles. Either F, or K, utilized singly, was fairly successful in separating the feigned from the authentic profiles, but neither was as effective as the combination. In his 1950 study, Gough showed the efficiency of this measure in separating faked and genuine records when various cutting scores were used. He found that the highest phi coefficient for the screening efficiency of the F-K index was given by a cutting score of plus 9. For example, on a sample of 1,773 authentic profiles, he reported that 97 per cent

of them would be recognized as authentic on the F-K index if a cutting score of 9 or higher were employed. Only 53 of the authentic records were found to have an F-K score as high as 9 or higher. Correspondingly, in his sample of 319 deliberately simulated MMPI profiles, 74.6 per cent, or 238, were called faked on the same cutting score of 9 or higher on F-K. A total of 81 cases would be accepted as authentic.

In the 1950 study, Gough presented a tabulation of F-K differences for a variety of normative and clinical groups (N=1,773), as well as three groups of experimental dissemblers (N=319). One obvious finding from this tabulation (Table 1) was that all normal and clinical groups had F-K means of less than zero; all simulating groups had F-K means above zero. The differences between the faked scores and all the other samples were highly significant. For example, the t ratio of the difference between those who faked and the adult normal population was 29.54.

In the summary, Gough mentioned that

Previous studies devoted explicitly to the problem of MMPI profile validity have shown that all the validating scales, but especially a combination of the F raw score minus the K raw score, have practical utility.

The F-K index has been demonstrated to detect "fake bad" profiles quite readily, but has been less efficient in detecting cases of positive dissimulation.

A consideration of a large number of normal and clinical cases suggests that the sampling distribution of F-K is reasonably normal, and that this index is not distorted by psychiatric abnormality as such. Both of these properties strongly recommend it as a screening device for profile validity (Gough, 1950, p. 323).

Comment: This 1950 study by Gough is the most valuable and most widely



Table 1  
F-K Means and Standard Deviations  
 Reported by Gough (1950)

Group	N	M	SD
College students	269	-13.84	5.71
Adult normals	691	-8.96	6.97
University psychiatric hospital patients, males	250	-7.92	9.49
University psychiatric hospital patients, females	250	-8.70	7.41
VA hospital psychiatric patients, males	100	-7.08	8.12
Army hospital psychiatric patients, males	213	-2.78	10.17
Experimental dissemblers, total sample	319	18.76	16.08
Army subjects	22	14.09	11.20
Cofer's subjects	28	41.75	13.18
Bird's subjects	269	17.19	14.25

quoted study on the F-K index. In it, Gough collected the previous studies on this index and also procured the original data from the studies of Cofer and his group (1949) and Bird (an unpublished Minnesota study) in order to propose various comparisons and normative data. There were 1,773 in the normative and clinical groups, and 319 experimental dissemblers. Conclusions may be drawn

from such a large sample with some degree of confidence. Another valuable feature of this study was the tables proposing different F-K cutting scores which would determine the relative frequency of faked profiles in the several samples and also the comparison of all the authentic clinical and normal profiles with the faked profiles for the purpose of determining optimum cutting scores.

The problem of determining optimum cutting scores was also analyzed in other studies. For example, with a college group of 109 students and 74 United States Navy prisoners, Hunt, in his 1948 study, found that with an F-K index score of plus 11 and over, a substantial portion of records of subjects attempting to fake a psychiatric disorder could be identified. However, with a cutting score of minus 11 and below, faking-good profiles of prisoners could be picked up, but 93 per cent of the supposedly honest profiles of the college students were misclassified. Hunt concluded that F-K scores of 11 and over suggested faking bad profiles but that more research would be needed before an index of faking good would be practically useful. An experiment conducted by Delay, Pichot and Perse (1960) using 40 medical students, 27 men and 13 women, who were instructed to falsify their answers to give a favorable impression of the MMPI confirmed the results of Gough on the F and K scales.

However, despite the importance of Gough's norms, MacLean, Tait, and Catterall (1953) found that the F-K distribution in a group of student nurse applicants was appreciably different from the distribution set down by Gough. They found that (1) F-K scores of plus 1 or higher were indicative either of malingering or of an unusually honest and self-critical person; (2) scores from zero to minus 10 indicated that the student was normal; (3) those with scores

within the range of minus 11 to minus 16 were to be considered "doubtful"; and (4) scores beyond minus 16 showed a desire to fake good.

In another study of the efficiency of the MMPI in predicting success in a nurses' training program, Williams (1963) found that the "unsuccessful" members of one class (the Class of 1963) showed a discernible tendency toward a more positive F-K index than to the "successful" students. This means that "unsuccessful" students tended more toward faking bad. This tendency, however, was not apparent in the records of the Class of 1964, which showed the "unsuccessful" students evenly distributed over three of the four F-K categories set up by MacLean et al. "In fact, the only pattern which is apparent in these data is the tendency for those students who show a very strongly positive F-K index to persevere in nurses' training, and this without exception. Since their continued good standing is proof that they are not malingerers and since there is no apparent reason why they should want to 'fake bad,' the conclusion seems to be that these are highly self-critical individuals. Perhaps such a characteristic makes for success rather than failure in the discerning and careful profession of nursing" (Williams, 1963, p. 92).

Comment: Neither MacLean and his coworkers nor Williams referred to the varying educational levels and motivational conditions of the subjects as well as various socioeconomic levels to account for the shift in the F-K index. For example, in the Class of 1963 of Williams' study, the 59 subjects came from 20 different States of this country, from Puerto Rico, and from Canada. Twenty-seven of this group had done some previous college work. Thirteen were religious Brothers. The age ranged from 17.75 to 36.33 and the IQ, 87-156.

The Class of 1964 was similarly heterogeneous. Studies have shown the K scale to be sensitive to the educational level and the status level of the subjects (Dahlstrom & Welsh, 1960). Hence different F-K cutting scores should most likely be used for various educational and socioeconomic levels.

Both Gough and Hunt attempted to find a cutoff score for the F-K index which would satisfactorily detect faking-good profiles but report little success as considerable overlap existed between F-K score distributions derived from faking-good profiles and honestly-reported profiles. Cofer and his associates (1949) found that the differences between the honest and the malingered scores for the nine diagnostic scales were no greater than the difference shown by the controls between the test and the retest. Only the D and Hs scores of the positive malingerers were significantly lower than their honest scores. However, in this group, mean K and L scores were significantly higher (beyond the one per cent level) under positive malingering instructions than they were when the test was taken honestly. They, therefore, suggested that an additive combination of L and K would be useful in the detection of positive malingerers.

An investigation of the L+K index as well as the F-K index and a variety of other linear combination of scores was conducted by Ekner and his group (1963). Fifty college students, including 25 males and 25 females ranging in age from 20 to 22 years, were used as subjects. One group was asked to respond to the MMPI in such a manner as to appear normal or socially desirable. The second group was asked to respond in such a way as to obtain exemption from some social responsibility such as military service. In the second portion of the investigation, all fifty subjects were asked to respond to the

MMPI again but this time in a completely honest manner as if they were interested in gaining information about themselves. In this study, Exner was very careful to assure anonymity to the subjects when the honestly-reported records were requested. Moreover, the intent of the study was discussed with the subjects prior to the first MMPI administration.

The results of Exner's investigation lend support to the usefulness of Gough's F-K index and also Cofer's finding that the F scale taken alone can be useful for the detection of malingered records. But these data did not support Cofer's findings that a L+K index would satisfactorily detect faking-good records. Nor did this study support the hypothesis that the K scale taken alone is practical for this purpose. On the contrary, Exner suggested that "deliberate attempts at faking 'normal' profiles can be successful and are reasonably undetectable, at least through the use of any single scale or linear combination of raw scores" (p. 93).

Comment: Exner's study is an important and valuable one on detecting faking. In some way, however, it was not as precise or detailed as Cofer's or Gough's work. For example, there was no counterbalancing nor control group. Names were requested when the subjects faked but anonymity was assured when they took the test under standard instructions. It is to the credit of Exner and his group that various combinations of scales were evaluated with regard to the detection of faking-good records. However, the study merely mentioned which linear combinations were used. With the exception of F-K and L+K, it dismissed their usefulness in one sentence. Although Exner found only one significant difference between the honestly reported and faking-good scores on the clinical scales, there were significant

differences on the  $L$ ,  $F$ , and  $K$  scales as well as on the  $F-K$  and  $L+K$  combinations. Hence one may question the conclusion that faking good is reasonably undetectable, "at least through the use of any single scale or linear combination of raw scores" (p. 93). Although the study included some of the diagnostic scales in combination with the validity scales, there was no evaluation of the configurational signs as evidence of dissimulation.

One final point must be emphasized concerning the individual validity scales. Formerly, it was the accepted procedure to consider an MMPI record as invalid if one or the other validity scale was high. Recent studies, however, suggest that this conclusion is not always warranted. Scores on the validity scales also have relevance for the personality structure of the test-taker and the general level of adjustment.

For example, Gyntner (1961) suggested that  $F$  scale raw scores about 16 on the MMPI might be helpful in the diagnosis of behavior disorder. He used 246 court referrals with similar intelligence but with varying mean ages (30.31 - 37.83). Thirty-nine of the 246 subjects obtained  $F$  scores higher than 16. Thirty-seven of these 39 deviant scores were obtained by those diagnosed with behavior disorders.

Comment: Gough (1950) also mentioned that the validity scales have potentialities for personality interpretation. But he did not substantiate the statement. One might question Gyntner's results because the 246 subjects of his study were mostly court referrals. They included only 29 neurotic and 23 psychotic patients. Hence the results may be due to the inpendence of subjects who had reason to dissemble, that is, to fake bad. By showing themselves more deviant, they might have thought they were decreasing the

probability of being convicted.

Gauren, Severson, and Engelhart (1962), using a total of 98 MMPI profiles with F scores greater than 16, found that the use of an F scale raw score above 16 cannot be routinely employed as a diagnostic sign of behavior disorder with psychiatric patients. The subjects of this study were distributed as follows: 38 per cent behavior disorders, 41 per cent psychotic, 10 per cent neurotic, and 11 per cent other. However, the results of this study were not inconsistent with a possible personalogical interpretation of high F scores.

In an item analysis of the F scale with 29 delinquent boys, McKegney (1965) found that a high score did not necessarily indicate an invalid record, "but rather, for most delinquents, it is a reflection of an honest response to the test" (p. 202).

Comment: McKegney's study on the F scale is particularly helpful because of the sample with which he worked. The subjects were from the National Training School for Boys and encompassed all possible modes of delinquent behavior. It is noteworthy that he obtained F scores from six experienced staff members showing how they expected the average delinquent would honestly respond. Their scores corresponded to the mean F score of 15.4 actually found in the subjects at the institution. This agreement would incline one to accept as authentic the F scores of the juveniles. The author also made an interesting analysis of the 21 items on the F scale that were answered in an F direction significantly more frequently than by normals. Hence not only the actual score but the choice of items was important. Thus, item analysis of the F scale can be helpful in describing the problems peculiar to juvenile

delinquents.

Vincent and his associates (1966), in a study of faking with 100 students, found that the L scale, in general, was able to detect faking. However, it was also shown that the more perceptive students were able to fake their responses without detection by engaging in selective falsification. That is, they deemed it unwise to falsify what they considered obvious items. Hence the more perceptive ones did not always choose the response that would make the best impression.

Comment: This short but worthwhile study by Vincent brought out a very important point. One usually assumes that a subject maintains a consistent attitude toward faking throughout the test. This is not necessarily so. If a subject is perceptive enough, he does not falsify the obvious items on the L scale. Hence one may have an average score on the L scale and still be faking. Success in this type of selective falsification may have not only characterological but also intellectual interpretations.

Heilbrun (1961, 1963) suggested that a high K score can only be interpreted in the light of the psychological adjustment of the individual. In the first of these studies, Heilbrun found some support for the hypothesis that K was a measure of psychological health in a normal population. He also demonstrated that the K scale was more highly correlated with test-taking defensiveness for maladjusted subjects within a normal college population than for their adjusted counterparts.

Comment: The criterion for maladjustment was the enlistment of help at the Counseling Service Bureau. This seems to be an inadequate way of determining maladjustment. There could be students among the "adjusted" group



who should have been seeking help and were not. Moreover, students sign up for counseling for a variety of reasons.

Nevertheless, Heilbrun's study is important. The assumption that the K scale is a measure of defensiveness stemmed from the detection of hospitalized patients who presented normal profiles on the MMPI. Present K values are appropriate for the differentiation of such cases from a general Minnesota normal group. However, other values would be more appropriate for other clinical purposes. Granted it might be defensive for a psychiatric patient to deny inadequacies and thus obtain a high K score. On the other hand, a normal person's high K might merely be a factual account of his psychological adequacies.

A number of studies have evaluated this question. These will be given a passing reference. Smith (1959), for example, argued that it was defensive for abnormal population subjects to obtain high K scale scores but a sign of health for normal populations. This explanation can be supported by several other investigations (King & Schiller, 1959; E. Rosen, 1956a, 1956b; Sarason, 1956; Sweetland & Quay, 1953; Wheeler, Little, & Lehner, 1951). E. Rosen's studies indicated that in normal groups, high K persons perceived themselves in a very favorable light. When they were asked to put themselves in a good light on the MMPI, they merely accentuated their usual accepting self-description. Moreover, studies have shown that K scale scores showed an increase when post-treatment MMPI scores were compared with pre-treatment scores (Carp, 1950; Feldman, 1952; Gallagher, 1953; Hales & Simon, 1948; Schofield, 1953). Recent studies have found a positive relationship between K scores and degree of self-acceptance and poise in social situations (Block

& Thomas, 1955; Berger, 1955).

Hence since the advent of pattern interpretation, the validity scales of the MMPI are also used as measures of personality characteristics. ". . . the original use of the L-F-K scales as indicators of test-taking attitudes has broadened to deal with such personality variables as self-concept, reality-testing, adequacy of social behavior, degree of behavioral disturbance, and general adjustment mechanisms" (Gross, 1959, p. 319).

Summary: In summary, then, it may be said that the MMPI can be faked. For example, normal persons, under instructions to malingering, can make highly abnormal scores (Cofer, Chance, & Judson, 1949; Daley et al., 1960; Exner et al., 1963; Gough, 1947; Lawton, 1963; McKinley et al., 1948; MacLean et al., 1953; Meehl \* Hathaway, 1946). Abnormal subjects such as homosexuals (Benton, 1945; Burton, 1947; Gough, 1946); neurotics (Schmidt, 1948); schizophrenics (Grayson & Olinger, 1957); and prisoners (Hunt, 1948; Lawton & Kleban, 1965) can malingering to make themselves appear in a better light.

One of the general conclusions reached by Ellis after two extensive studies (1946, 1953) on the validity of personality questionnaires was that they are easily faked. That statement is true. However, eight of the nine relevant MMPI studies referred to in his 1953 research showed that faking could be detected at a statistically significant level (Benton, 1945; Burton, 1947; Cofer et al., 1949; Gough, 1947; Gough, 1950; Hovey, 1948; Hunt, 1948; Schmidt, 1948). He merely admitted that "in several of the studies demonstrating that personality inventory scores could be faked, it was found that special detection scales, such as the F-K scale of the MMPI, could partially spot and compensate for the faking" (Ellis, 1953, p. 48).

From the investigation of the previous studies, it is apparent that the internal set of validity indicators (L, F, and K scales) will identify malingered profiles with reasonable accuracy. The effectiveness of the various indicators is a function of the direction of the malingered effort and also of the kind of subjects used. However, their maximum efficiency is realized in combination. One of these combinations, the F-K index, appears to be the most promising index to date to detect negative malingering (Exner et al., 1963; Gough, 1947, 1950; Hunt, 1948; Sweetland & Quay, 1953).

The F-K index, however, has not been as efficient in detecting cases of positive dissimulation. But Cofer (1949) suggested the L+K index would be useful for this purpose. Exner et al (1963), however, did not support Cofer's findings. Nor did they find support for the more general proposition that the K scale taken alone would be practical for this purpose. Their conclusion was that faking good on the MMPI was difficult to detect with reasonable confidence.

Hence, the necessity of further research in detecting faking on the MMPI. At present, it seems that one can fake good and often avoid detection. Since it is presumed that seminarians want to fake good, at least when they enter the seminary, this is a real area for research--to find a device to detect faking good in the presence of real abnormality.

#### Church's Attitude toward Psychological Evaluation and the Importance of Safeguarding Psychic Privacy

So far, a description has been given of the MMPI as well as a review of the studies on faking in the MMPI. Since the present study deals with a group of seminarians, it might be pertinent to mention the attitude of the

Church toward the psychological evaluation of candidates for the priesthood and religious life. Although many American seminaries have well developed psychological screening programs, Canadian seminaries, in general, have not yet developed such programs. The following review will justify the introduction of screening programs as long as proper safeguards are taken to maintain psychic privacy.

The psychological testing of applicants for the priesthood and religious life is in accord with the mind of the Church. Although, as Cavanagh mentioned (1966), many still object to the psychiatric screening of candidates, on the part of many others, there is an overemphasis on the value of testing. When faced with the complexities of selecting candidates, those in charge of formation often turn to psychological testing for a facile solution to the question of choosing vocations. Psychological tests or psychiatric evaluations are not a substitute for the experienced and first-hand observations made by responsible superiors.

In some way or other, testing has been in vogue in the Church for centuries. It has an ancient tradition dating back to the early days of the Church. For example, in his letters to Timothy and Titus (I Tim., 3, 2-13; Titus 1, 5-9), St. Paul enumerates a number of natural characteristics required in bishops, presbyters, and deacons. Throughout the history of the Church, St. Paul's enumeration of requisite natural qualities has been filled in with specific details. The official code of the Church states that a bishop shall not confer sacred orders unless, on the basis of positive proofs, he is morally certain of the candidate's worthiness (Canon 973, paragraph 3). To promote the observance of this law, the Sacred Congregation of the

Sacraments issued an instruction on December 27, 1930, specifying definite procedures enabling the bishop to acquire the positive evidence on which he could become morally certain of the candidate's worthiness. Among the many norms to be observed is the one that advises the bishops to "consult other persons of outstanding integrity, even secular persons, if they can furnish special information regarding the candidate, especially if any doubt of the fitness of the candidate is found" (Abbo & Hannan, 1960, p. 98).

Recent encyclical letters and directives of the Holy See have made very pointed references to the care and solicitude superiors should have in the examination of seminarians. They encourage superiors to look for positive signs of aptitude in candidates for the priesthood and religious life.

In discussing the selection of candidates for the priesthood, Pope Pius XI (1936) warned that although the erection and management of seminaries is all-important, "it would be of little avail, were there any lack of care in the selecting and approving of candidates. . . with no less zeal they must discourage unsuitable candidates, and in good time send them away from a path not meant for them" (Pius XI, 1936, pp. 46-47). Later in the same encyclical, Pius XI cautioned that a true priestly vocation is not established so much by some inner feeling but by a right intention together with a combination of physical, intellectual, and moral qualities. "Let Superiors of seminaries . . . reflect how weighty a responsibility they assume before God, before the Church, and before the youths themselves, if they do not take all means at their disposal to avoid a false step" (Pius XI, 1936, pp. 47-48).

In Menti Nostrae, Pius XII (1950) insisted "it is always necessary to investigate individual aspirants to the priesthood with diligence, to

ascertain the intentions and the reasons with which they have taken this resolution" (Pius XII, 1950, p. 29).

A recent decree of the Sacred Congregation of Religious, implementing the Apostolic Constitution, Sedes Sapientiae, made particular mention of the necessity of investigating psychological fitness. "Moreover, their physical and psychological fitness must also be investigated, relying in this on the medical history and diagnostic judgment of an experienced doctor, either in relation to strongly hereditary diseases, especially mental ones; the judgment of the doctor must be recorded in the report of each candidate (Apostolic Constitution, 1957, pp. 45-46).

This same point was emphasized by Pope Paul VI in his Summi Dei Verbum letter of November 4, 1963: "It is worth remembering that the acceptance of this call involves more than the spiritual faculties of the candidate--his intellect and free will. It involves also his senses and his body. . . . We must not think that God would call young men lacking the necessary qualities of mind and will, or suffering from some serious psychic or organic defect" (Richardson, 1965, p. 86).

It was much more strongly emphasized and much more specific in the instruction of February 2, 1961 coming from the Sacred Congregation of Religious: "In addition special attention must be paid to those who give evidence of neuropsychosis and who are described by psychiatrists as neuretics or psychopaths, especially those who are scrupulous, listless, hysterical, or who suffer from some form of mental weakness such as schizophrenia, paranoia, etc. The same is true of those who have a delicate constitution or particularly who suffer from weakness of the nervous system or from pretracted

psychic melancholy or anxiety, or epilepsy, or who are afflicted with obsessions. Similarly precautions are needed in examining children of alcoholics or those tainted with some hereditary weakness especially of the mental order" (Richardson, 1965, p. 87).

In the Decree on Priestly Formation issued by the Second Vatican Council, it is mentioned that vocational organizations should encourage vocations with discretion and zeal, " and should neglect no appropriate helps which modern psychology and sociology can offer" (Abbot, 1966, p. 440). The Decree on the Renewal of the Religious Life likewise mentioned that "candidates should be appropriately and carefully selected" (Abbott, 1966, p. 481).

The previous quotations manifest the concern of the Church in choosing suitable candidates for the priesthood and religious life. Quite obviously, it is not implied that physical, psychological, intellectual, and moral qualities constitute a vocation. Vocation is the result of grace. It is God's call. However grace and nature cooperate in man. The supernatural and natural are not a dichotomy. One permeates the other. A growth in spiritual development usually implies a maturity at more basic natural and psychological levels. However, since a superior cannot evaluate objectively the working of grace, he must resort to an assessment by objective criteria in passing judgment on the suitability or non-suitability of a candidate.

After discussing the screening of candidates for the priesthood and religious life, Zellner (1960) concluded by saying "that he has examined practically all recent pronouncements of the Holy See on psychological testing and has listened to discussions of these pronouncements by conscientious and competent authorities and finds that there is no evidence in these

pronouncements on which to base disapproval of such testing" (p. 105). Such an approach is expected. The Church must be ready to make use of the knowledge and the techniques developed by modern psychology and psychiatry. If certain psychological devices have proven effective at the secular and industrial level, it is expected that the Church adopt or adapt them for her own purposes.

Recently there has been much discussion about the allegation that psychological testing is at times an unwarranted invasion of psychic privacy (Bier, 1962; Dendero & McCarthy, 1962; Ford, 1962; Greenwald, 1964; Lynch, 1963; Reh, 1962; Ristuccia, 1962; Vaughan, 1957, 1960). Speaking at a seminar session of the 1962 convention of the Catholic Theological Society of America, Bier (1962) discussed the principal moral problems associated with various psychological tests currently being used to screen aspirants for various occupations --secular as well as religious. It was felt that an individual who submits to personality testing will very often reveal more secret information about himself than he is aware of communicating, and it is consequently beyond doubt that by means of these techniques the psychologist endeavors to probe that inner world of the psyche of which Pius XII spoke when he insisted on the right to psychic privacy (Pius XII, 1958).

Bier postulated several conditions which must be observed before psychological testing for screening purposes can be vindicated as morally irreproachable: knowledgeable consent on the part of the subjects; sufficient reason for this psychic probing; and reasonable care on the part of the psychologist not to explore further than individual circumstances require.

Commenting on Bier's talk, Lynch (1963) pointed out the application of



these principles to testing in business and industry. He then gave an excellent application of these principles to aspirants to the priesthood and religious life.

Far less difficult, however, to exculpate are the personality tests sometimes administered by competent personnel to applicants for admission to seminary or novitiate. The very nature of the priestly or religious life in one respect narrows in aspirants to either state the right of psychic privacy. For it is mandatory that local ordinaries and major religious superiors should satisfy themselves to the best of their ability that candidates are positively suited for the status of sanctity to which they aspire. Consequently these authorities are required to probe to some considerable extent into the moral and ascetical past of each candidate and thereby to provide rational foundation for the judgment that all essential elements of a genuine vocation are verified to a sufficient degree. Since proper personality testing . . . would appear to recommend itself as a helpful adjunct to the more established methods of procuring this vitally necessary information, there is a growing tendency to impose this form of scrutiny as a prerequisite of admission to seminary or cloister. Candidates remain always free to seek admission or not as they choose. But they can claim no strict right to be accepted, nor can they deny the right of bishop or major superior to acquire such knowledge of an applicant's character as is relevant to the formulation of a prudent decision to ratify or to reject his application for acceptance. To this extent is the candidate, by the very fact of his applying for admission to seminary or novitiate, restricted in his right to psychic privacy and presumed willing to reveal his secret self to proper authority. His only rightful alternative. . . is to withdraw his application (Lynch, 1963, p. 217).

It should be emphasized that these principles apply when an applicant is seeking admission. It is a different question when a superior is dealing with a subject who has already entered the seminary or professed the vows of religion. Ford does "not believe any religious is obliged to reveal the secrets of his conscience to psychiatrists or psychologists for the administrative use of his superiors in governing him externally" (Ford, 1962, p. 109). And if a subject does manifest the secrets of his conscience to a psychologist, then he "should be entitled to the same protection as one who manifests such matters to a spiritual father outside confession" (p. 109).

It may be recalled that the 1961 Monitum issued by the Holy Office forbade priests and religious to consult psychoanalysts unless the superior permitted it for a grave reason. From the wording of the Monitum, the reference was to psychoanalysis in the strict sense and not to other psychotherapeutic methods. Moreover, this decree did not forbid the use of psychoanalysis; it merely admonished getting the required permission. It rejected the opinion of those who maintain that "candidates for the priesthood and religious profession must undergo examinations and investigations of a strictly psychoanalytical character. . . . This holds also if there is question of determining the aptitude required for the priesthood or religious profession" (Monitum, 1961, p. 571).

The question of psychic privacy has been discussed not only by theologians. Within the last year or so, there have been congressional hearings on the invasion of psychic privacy. The November 1965 and May 1966 issues of the American Psychologist were devoted mainly to the controversy over psychological research and services. The proceedings were spearheaded by Representative C. E. Gallagher, Chairman of the Special Subcommittee on Invasion of Privacy and involved congressional concern about the uses and abuses of psychological tests as well as the fundamental relationships between psychologists and their fellow men. Among the score of witness who testified were G. K. Bennett, D. W. Dahlstrom, K. Menninger, M. L. Gress.

Representative Gallagher was particularly concerned about the policy of the Federal Government in searching the minds of Federal employees and job applicants through personality testing. Although he maintained that the objective was a laudable one in as much as it endeavored to protect the

Federal service from misfits, still he alleged that the means "violate the Fourth Amendment to the Constitution and perhaps the First, Fifth, Ninth, and Fourteenth Amendments as well, depending on the facts in each case" (Gallagher, 1965, p. 881).

For Gallagher, the element of consent was a prime consideration. In a letter to the U. S. Commissioner of Education, he recommended that parental consent be sought in research projects which involve school children under college age. He also recommended that testing should be strictly voluntary when the Federal Government participated in such research. ". . . this should be made clear to all persons concerned, including the researcher, the school authorities, teachers, and parents" (Gallagher, 1966, p. 404). The Commissioner agreed with the importance of these safeguards and controls in assuring the rights of the individual. The present investigator is not aware of any laws that have been enacted as a result of these proceedings.

Summary and Comment: It is evident that the psychological testing of applicants for the priesthood and religious life is in accordance with the mind of the Church. In fact, since superiors have to use all means at their disposal to make a proper judgment as to the suitability of an applicant, there is a growing tendency to encourage personality testing as a prerequisite of admission to the priesthood or religious life. Naturally any information thus obtained has to be treated confidentially. This is even more stringently applicable if the person undergoes psychological examinations after entrance.

These results should be revealed only to the proper superiors. For example, in a seminary, it would not be necessary or advisable or even permitted to divulge the results to the faculty in general. Professional

secrecy is of paramount importance. Moreover, the Congressional hearings very wisely advocated obtaining the proper consent from the individual or his parents before submitting him to personality tests. The present investigator also feels that the examiner should obtain permission from the subject to reveal the test results and tell the subject which person or persons will be given such results.

Keeping such safeguards in mind, psychological testing has a function to perform in the selection of candidates and such a program is in keeping with the spirit of religious vocation. However, psychological screening is but one of the pieces of information upon which the superior's final judgment is made. There is no single and simple solution to so complex a problem as admission to a seminary or religious life. Testing procedures offer pertinent information about applicants. This information is merely an additional help whereby competent superiors may make their decisions with greater certitude.

However, a psychological testing program may result in fewer mistakes in admission. It is clear that the traditional means of screening have resulted in some mistakes in admission. As Bier (1959) pointed out, if a psychological testing program "would accomplish nothing more than to eliminate one or two such applicants in the course of a single year, it would eminently justify itself. I can assure you, on the basis of more than ten years of experience in this work that this is the kind of information which psychological testing does provide with respect to candidates" (pp. 284-284).

Although the aim of psychological screening is to diminish the risks of failure, this is not its only function. The insights of modern-day psychology can make a valuable contribution to the positive formation of the mature

development of the candidate. In many ways, the life of faith is dependent on the general level of maturity which the person has reached. Hence any help that is given toward the maturing of the personality will also have a fruitful influence on the development of faith in the priest and religious.

#### MMPI Studies with a Seminary and Religious Population

A brief review of the following MMPI studies is ample proof of the widespread policy of psychologically evaluating seminarians and those in religious life. For the most part, these studies emanate from three main centers: Catholic University, Fordham, and Loyola in Chicago.

The following review is concerned almost exclusively with studies pertaining to the MMPI.

The pioneer study at Catholic University with the MMPI was Bier's doctoral dissertation in 1948. He investigated to what extent personality measures standardized on the population at large were applicable to seminary groups. To do this, he compared the MMPI scores of 171 seminary students with those of 208 medical students, 121 dental students, 55 law students and 369 college students. He found that college-level groups have characteristic profiles on the MMPI, tending to score on the average nearly half a standard deviation above the mean of the general population. However, the seminary group was the most deviant of all having the highest percentage of abnormal scales. Taking the extremes of the population as the best examples of good and poor adjustment and where the tendencies in each case would be most revealing, Bier used the bottom 27 per cent and the top 27 per cent as a basis for total adjustment scores.

Bier also made an exhaustive item analysis of the items differentiating the well-adjusted and the poorly adjusted portions of the population. He found that a relatively small number of the MMPI items accounted for most adjustment differentiation, both within and between groups.

Comment: Bier's study is one of the classic MMPI studies with a seminary population. The large and well-divided groups, the painstaking statistical work, the proposed MMPI modifications made this a valuable study.

Although the seminary group was large and perhaps representative of students for the priesthood, the inclusion of diocesan seminarians and seminarians from three religious orders geographically drawn from different areas of the country, made this group a very heterogeneous one.

Bier very justifiably called for a modification of MMPI norms when applied to a seminary population. Most subsequent MMPI studies with such a group reiterate such a request. However, his suggestion for a modification in content, that is, a shorter and somewhat revised version of the test for seminarians, is not as commendable. Not only has this been found unnecessary (Fehr, 1958; Rice, 1958) but also undesirable. This would have the effect of separating all this testing from research with the standard form of the MMPI.

In analyzing the items, Bier picked out several for particular analysis alleging that such items do not apply to the life of a seminarian. One such item is number 208: "I like to flirt." The present investigator fails to see why this does not apply to a seminarian. Granted seminarians are not actually supposed to flirt but whether they like to or not is a completely different question and very a apropos to the adjustment of a seminarian. Moreover the

test do not necessarily "bring the entire test into disfavor" with a seminary population. A proper orientation of the subjects by the examiner might very easily dissipate such an attitude.

Finally Bier made his division into well-adjusted and poorly adjusted on the basis of the MMPI scores. Hence he lacked an independent criterion to justify this division.

The Fordham studies are in the form of unpublished theses and dissertations. Unfortunately the results of these studies were not available except in capsule form in Menges and Dittes (1965), Murray and Connolly (1966), McCarthy (1960). Summarizing the results of these studies in 1960, McCarthy mentioned that the MMPI profile obtained by seminarians was similar to the one found in the Catholic University studies. The person entering religious life or the seminary tended to score higher on the neurotic scales than do other Catholics of the same age and the same educational and social background. Because of Bier's influence, his modified form of the MMPI was used in most Fordham studies.

Several studies on seminarians conducted at Loyola during the last ten years have produced a great variety of worthwhile data. In one of the early studies, Wauck (1957) administered a battery of tests to 206 major seminarians over a period of three years. One of the tests was the MMPI. From the results, he concluded that the Mf scale of the MMPI was able to discriminate significantly between the best adjusted and the most poorly adjusted portions of this seminary population as determined by the criterion which was the consensus ratings of seven prefect-raters. The D scale was less helpful, but still significantly different at the five per cent level of confidence.

However, in this study, it was the better adjusted group which obtained higher D and Pt scores. The adjustment of the group was determined "in the light of careful clinical observation." The author observed that the

seemingly paradoxical findings wherein the better adjusted get "poorer" MMPI scores only points to the questionable propriety of using such a test with a very uniquely selected and specialized population. It may well be considered as an artifact of the test and the situation working together. . . .

The value of this finding on the MMPI is that it points out very well that the results which one obtains using the various paper-pencil personality tests are definitely dependent upon many factors, including the manner in which one uses them, the specialized population under consideration, the original purpose and standardization of the test, etc. It further emphasizes that such tests do not literally make judgments of themselves, but simply provide a catalog or enumeration of responses which must be interpreted or judged by a skilled clinician.

The findings of this study stress the need for extreme caution in the use of group psychological tests in seminary selection programs" (Wauck, 1957, pp. 65-66).

Comment: Wauck's study is highly commended for its method. A variety of tests: intelligence (Ohio State Psychological Examination), vocational (Kuder Preference Record), personality (MMPI), and projective (Group Rorschach), evaluated the major aspects on a seminarian's life. Although the Group Rorschach has disadvantages, it is often the best that can be done with a large group.

In dividing the subjects into well-adjusted and poorly adjusted, Wauck was very careful to use a criterion other than MMPI scores. For such purposes, he used consensus ratings provided on a ten variable, five-point rating scale by seven prefect-raters. This scale is well developed. Moreover, the large number of faculty-raters enhanced the validity of the final product.



In some way, one is not too alarmed over the lack of correspondence between the MMPI scores and the faculty ratings. These instruments tap different aspects of the personality. One is a subjective report, the other is an external judgment of the behavior of the student. Moreover, some of the raters might not have been sophisticated in matters psychological and hence might have judged some aspects of behavior in a non-clinical way.

The cautions suggested by Wauck are pertinent especially "the necessity for individual clinical judgment and evaluation if the job of screening and selection is to be performed properly" (p. 66). No doubt it is characteristic of a truly scientific approach, but perhaps Wauck is just a little too cautious in formulating his conclusions.

Rice (1958) found significant differences between the performance of his experimental group who were 73 religious seminarians of an order of priests (37 of this number had completed their teaching experience as scholastics, and 36 had not) and the performance of the Bier group of seminarians at the one per cent level of confidence on the Mf and Pa scales; and at the five per cent level of confidence on Hy and Pd. He also tested whether his group differed significantly from the standardizing group of normal males on the MMPI and found significant differences at the one per cent level of confidence on the Hy, Pd, Mf, Pa, Sc, and Ma scales and at the five per cent level on scales D and Pt. Only on scales Hs and Si were the performances statistically distinguishable.

Comment: Rice's study was important from several aspects. First, the review of the literature was critical and extensive, especially concerning the Church's attitude toward the psychological screening of candidates. It seems

that this review has been a model for several other Loyola studies. Secondly, he used a small but homogeneous population. Thirdly, his analysis of the function of K-correction high-lighted an important conclusion for a seminary population. For example, with K- corrections, the Pt and Sc scales were a T score of 63. These scores were higher than the highest group tested by Hathaway in standardizing the test. According to Rice, K distorts the profiles of a seminary population. The high clinical scores obtained by this population may be due to the fact that the subjects took the test anonymously. Since the test was anonymous, the subjects had no reason to be highly defensive. In fact, they may have been overly frank in admitting weaknesses. Moreover, the higher average age (31.9 and 24.6) may account for some of the elevation.

Finally, throughout the study, Rice was intent on showing that general norms for the MMPI cannot be applied to seminarians. He was similarly intent on not accepting Bier's modified form. His conclusions definitely brought out these points. His justifiable suggestion was "that there is no one identifiable 'seminarian profile' for the MMPI" (p. 74).

Unlike most MMPI studies with a seminary population that resulted in elevated scores, Gorman (1961) found a fourth year group of 188 minor seminarians when compared to college norms of males, to be better adjusted on all MMPI scales except Sc. Results of the tests were compared with a faculty rating by a two-man seminary team. The ratings judged 82 per cent of the entire group to be well-accepted at this level of their training. Only 9 per cent of the "high" group (those who were higher than the entire group on every scale of the MMPI) were judged to be "less than average."

Comment: Gorman may have placed a little too much emphasis on the faculty ratings. Granted 143 out of 150 "normal" candidates were rated according to MMPI results. But the ratings also judged only three out of 38 of the "high" group as poor risks. Gorman concluded that this confirmed the position that this "high" group was not necessarily "poorly adjusted." On the other hand, perhaps many of the "high" group were actually poor risks for seminary life. Gorman wisely cautioned that these men might be helped by counseling toward a better adjustment. Moreover, the age difference might have accounted for what appeared to be better adjustment in this seminary group. Gorman's group were minor seminarians, that is, high school students (age=17.7) whereas the subjects in Goodstein's study (1954) were college students, a somewhat older population.

In a companion study of Gorman's, McDonagh (1961) used a similar battery of tests (MMPI, Kuder, Mooney Problem Check List) to compare the adjustment of 135 diocesan seminarians at the first year college level with a faculty rating scale. He reported that "the profile on the entire group for the MMPI indicated a well-adjusted seminary population. The profile showed this group better adjusted than other college populations and other seminary populations. The Pt scale was the highest which indicated a somewhat anxious, tense, highly concerned population" (p. 53).

Comment: McDonagh's study was a descriptive one. No attempt was made to diagnose successful or unsuccessful profiles. However, in a very neat empirical way, he distinguished high scores. In this study, the faculty rating proved of little use. It evaluated 96 per cent of the normal group of 92 as average risk or better. But it also rated 96 per cent of the "high"

group of 43 as average risk or better. The faculty rating scale was a very blunt one. There were merely two points to rate: (1) impression the subject gives as a seminarian ("excellent" to "good lad, but doesn't belong here"); (2) disposition ("cheerful, cooperative. . . effeminate, personality problem").

At first one may be surprised that these first year college students differed significantly from Gorman's group on five scales. However, the higher mean age (18.75 as compared with 17.7) may account for this difference.

Judging by the results of the MMPI studies with seminarians mentioned so far, there seems to be no typical seminarian profile for the MMPI. Rice (1958) advanced the suggestion that religious orders and seminaries construct their own individual norms if they intend to use the MMPI as a screening device for candidates. A similar suggestion was made by Kobler wherein he mentioned "that every institution that has or plans to have a testing program will want to use a custom-tailored approach to the selection of applicants. It will not depend much, if at all, on norms obtained by other institutions or groups" (1964, p. 168).

In his 1964 study, Kobler correlated the data of eight various studies of seminarians and religious groups. The MMPI was used on a total of 1,152 subjects. These data were contrasted with the mean MMPI scores obtained by 5,035 male college students (Goodstein, 1954). Three of the eight studies (N=390) were analyzed more fully to determine their usefulness in the selection on psychological evaluation of religious. It was found that the differences between the religious groups and the college groups were negligible or nonexistent.

Comment: Besides the great value this study afforded by its collection

of data from a variety of different studies, its greater value may be attributable to the worthwhile suggestions for the screening and evaluation of applicants for the seminary and religious life. Kobler offered one very specific operating principle for such purposes combining warning signals on the MMPI, Kuder, and Mooney. "If the applicant has a mean score of 58+ on the MMPI scales including one or more scores at or above 70, and high scores especially on the Pt or Sc scales; and if the Kuder profiles are either exaggerated in the indicated direction or if they are flattened, indicating no pronounced interests; and if the Mooney for men shows 20 or more problems checked, with 10 or more of most concern; then the applicant should be further clinically evaluated regarding suitability for religious life" (p. 167). The effectiveness of this principle has already been determined with eight religious women evaluated in Kobler's review. Because of maladjustment, these subjects had already left or were expected to leave or would be asked to leave. Such a principle should prove very useful for screening purposes.

Moreover Kobler's comments on the lack of relationship between staff evaluations and test results will be helpful for any further studies using the MMPI and faculty ratings.

Summary and Comment: Summarizing the results of the MMPI studies evaluating seminarians and religious so far reviewed, it may be concluded that such studies have not produced satisfactory or consistent results. As Herr (1964) summed it up: "Sometimes the very same test has been used with favorable results by one group and with unfavorable results by another" (p. iii). Many factors account for this diversity. First of all, there are difficult problems to be solved in the domain of personality measurement. The

dynamic, situational, stylistic dimensions of personality are not factors that lend themselves readily to measurement and prediction. Moreover, the very fact the subjects are seminarians or religious does not ensure the homogeneity of the population. As Kobler (1964) mentioned: "Individuals applying for admission to religious orders may have considerably different profiles from those of students who apply for training as diocesan clergy" (p. 168). Other factors contributing to a diversity of results may be the function of those administering and interpreting the tests as well as the setting in which they are given and the conditions under which they are administered.

One author (Brown, 1962) summarizing the use of psychological tests in the selection and assessment of candidates for ministerial training, has pointed out that "the main point to be emphasized at this time is that we possess imperfect tests with which to evaluate complex individuals against criterion settings about which we know too little" (p. 169).

The diversity of conclusions points to the fact that each seminary or religious order will probably need to standardize its own screening procedure. Best results are usually obtained from test programs geared to meet the needs of particular situations. A highly skilled and well-trained individual would be required to design such a program. Perhaps the end result of such a program will be to make screening procedures as much of an art as a scientific process.

Other studies using the MMPI (Herr, 1964; Sweeney, 1964b; Weisgerber, 1964) have investigated the personality traits of those persevering in the seminary or religious life and those leaving.

In a comparison of 10 diocesan seminarians who left and 40 who stayed,

Herr (1964) found real personality differences between those who persevered and those who left. The Pd, Pt, and Sc scales were significantly higher for those who left. This study found very satisfactory agreement among the three judges. Moreover, the judges were usually able to classify the seminarians according to the MMPI results. That is, a higher rating was given those who were on the well-adjusted end of the MMPI scales.

Comment: A tremendous amount of planning and designing went into Herr's study. It is one of the rare studies on assessing candidates for the priesthood and religious life that selected certain qualities and attributes and showed how they could be measured on the various scales of the MMPI. In all, six such criteria were signalised as objects of investigation: emotional controls (Pt, Pa, Pt); doubts, anxiety and guilt (Hs, D, Hy, Pt); relation to persons in authority (Pd); self-regarding attitudes (Sc, Ma); the self and the group (Si); adjustment to sex (Mf).

Moreover the rating scale was well worked out and contained detailed instructions for the faculty raters. This may explain why there was considerable agreement between faculty ratings and MMPI test data.

One regrets that Herr did not have a larger sample. This might have been achieved by amassing data from two or more seminaries. Herr rightly concluded that he could only tentatively judge the MMPI to be effective in distinguishing the well-adjusted from the poorly adjusted candidates because his population was quite small. It might be more exact to refer to those who "persevere" and those who "do not persevere" rather than make non-perseverance synonymous with "poorly adjusted." Some of those who leave do not show any maladjustment on the MMPI.

In a similar study conducted by Weisgerber (1964), a comparison of mean MMPI scores showed no significant difference in any scale between those who left and those who persevered. There was not one scale with as much as a full raw score point difference. He found peaks for both groups on the K, Pd, Mf, and Sc scales. These were higher than both the Minnesota college normals and Bier's seminary group.

Weisgerber's study was a survey of the results of a five-year psychological screening program in a large clerical order. Bier's 1949 revision of the MMPI was used. The group numbered 211; 70 left and 141 persevered. Perseverance was taken as equivalent to success and leaving, as failure.

Comment: Since Weisgerber used Bier's version of the MMPI, his data cannot justifiably be compared with standard MMPI results. Weisgerber himself pointed out the limitations of the study and hence proposed conclusions as tentative. The many comments and suggestions were very helpful.

In such studies, the selection of a criterion is critical. Weisgerber chose perseverance in the religious life as an objective criterion of success. One might question the value of such a criterion. As was already mentioned, perseverance is not a guarantee of mental maturity or adjustment. This could account for the great similarity on the MMPI scores of those who left and those who remained. Despite certain limitations, Weisgerber's most important contribution was the analysis of his criteria to spot those who would not persevere.

In proposing areas for research, Weisgerber listed high scores in the Mf and Ma areas as the most promising. Among subjects whose highest two scales were on the Ma and Mf scales, about 40 per cent persevered. He suggested that



the effectiveness of the screening tests would have been improved if those who were tested but dropped out before entering novitiate had been included.

Finally, Sweeney (1964) compared the MMPI and Kuder scores of 126 students who persevered to perpetual profession in a clerical order with 335 who dropped out. If raw scores were used without K correction, there was a significant difference at the two per cent level of confidence on the F, Pd, Pt, and Sc scales. With K correction, there was a significant difference only on the Sc and Pt scales at the five per cent level of confidence.

It was difficult to find any satisfactory cutting-points to distinguish between the successful and unsuccessful candidates. A five-point faculty-rating scale did not correlate closely with the predictive results of the MMPI scores. A questionnaire obtained information from 65 subjects about test-taking attitudes. They were divided in their evaluation of the MMPI.

Comment: This study has several excellent points. First, critical evaluations of each study that was reviewed made it rather unique. Moreover, the author's endeavor to compare the method or conclusions of the reviewed studies with his own investigation showed great diligence. The term "successful" was taken to mean those who had completed novitiate and persevered to perpetual profession in the religious institute. This criterion covered a span of at least four and a half years. Hence it has greater validity than a criterion that chose completion of novitiates--a one-year span. Sweeney also avoided identifying "poorly adjusted" with "non-persevering." As he so well remarked, there are various reasons why a young man discontinues studies for the priesthood "including family finances, difficulty in studies, and the wholesome wish to get married and have a normal family life" (p. 29).

Another very fine feature of this study was the questionnaire evaluating the test-taking attitudes of the subjects. Although only a small percentage of the entire group answered the questionnaire, the analysis of the results was enlightening. One would question the accuracy of the faculty ratings made in retrospect. In some cases, there was a long lapse of time. The author, however, was aware of these limitations. In general, this is a very commendable study.

Summary and Comment: Even though some studies (Herr, 1964; Weisgerber, 1954; Sweeney, 1964) indicated that high scores on Pd, Pt, Sc, and Ma scales showed small likelihood of perseverance, this did not always hold. Some subjects left who did not have elevated scores on these scales. Psychological tests are more useful in identifying emotionally disturbed candidates than in predicting perseverance in the priesthood or religious life (Kobler, 1964; Harrower, 1964).

Perhaps it is not too meaningful to attempt to determine if there are significant personality differences between those who persevere in religious life and those who leave. The reasons for drop-outs are so complex. In some instances, those who leave appear better adjusted. They might find some aspects of religious life or seminary formation nonfulfilling. Because of their natural desire for independence and creativity, they seek personal fulfillment in some other profession. A person who is insecure and anxious may continue in religious life precisely because he finds therein the security he needs. The quiet, docile, passive, non-questioning candidate who is too fearful or timid to express himself is too often looked upon as the model student. A more skilful and clinical observation would consider such qualities

as those of a schisoid and obsessive-compulsive personality. Hence perseverance in a seminary or religious life is not indicative of adjustment or maturity.

We may assume, as Daww (1966) mentioned that "there are religious and priests who are mentally healthy and emotionally mature by accepted psychiatric nomenclature but who still wish to change their vocational status because of real, mature and essential changes within their personality" (p. 27).

Several recent studies have investigated the effects of religious life and religious formation on MMPI scores (Garrity, 1965; Hakenwerth, 1966; Mastej, 1954; Murtaugh, 1965; Reindl, 1965).

Garrity (1965) investigated the direction and magnitude of changes in personality and general ability during two phases of a sister formation program. The subjects for this study (N=43), made up of Novices and Juniors, were retested with the MMPI and ACE approximately three years and five years respectively after the first testing. Although the results generally did not reveal any significant changes in personality as measured by the MMPI, it was interesting to note that for both groups, "there are trends toward greater deviancy and greater variability on the MMPI scales after participating in the sister formation program" (p. 61).

The study also investigated whether there were differential personality changes in those of less ability as compared with those of greater ability. The results were as follows: (1) In the Novice group, those of greater mental ability scored significantly higher on the Pd scale ( $t=3.447$ ); those of lesser ability scored significantly higher on the Pa scale ( $t=2.712$ ). (2) In

the Junior group, those of greater ability scored significantly higher on the Pd scale ( $t=3.087$ ); those of lesser ability scored significantly higher on the Pt ( $t=3.584$ ) and Ma ( $t=3.256$ ) scales.

Comment: The description of the subjects was detailed. One is left with the impression of a well-defined group. The "greater variability" on the retest scores may be due in part to the increase in age. Although the influence of age has not been studied very extensively (Dahlstrom & Welsh, 1960), the findings to date suggest that scores on the Pd, Pa, Sc, and Ma scales decrease with an advance in age (Gynther & Shimkunas, 1966). For example, a study by Black (1953) on the MMPI profiles of college women showed many shifts in scale configuration. The Pd and Ma scales which were very prominent during adolescence gave way to the Hs and D scales when maturity was reached.

In Garrity's study, however, both the novices and juniors of greater mental ability scored significantly higher on the Pd scale upon retest. Although a high Pd score does suggest a lack of real personal involvement with others, the higher Pd score for these sisters may be due to a greater desire for responsibilities, to the development and exercise of initiative, and to a greater degree of enthusiasm. Hence they might appear more aggressive and self-confident in comparison to the more retiring attitude prevalent in their preliminary years of formation.

Mastej (1954), using Bier's modified form of the MMPI, also conducted an investigation of the influences of the religious life on the personality adjustment of religious women. It was found that the mean scores generally increased with age and with time in religion. The sample consisted of five

distinct groups of women belonging to various congregations and one group of postulants. Each of the six groups comprised 100 subjects. Among the conclusions were the following:

1. The religious women of this study manifested distinct differences in psychological adjustment during each of the successive periods of religious formation. The differences were in the direction of increasing deviant scores on all the scales on the Modified Form of the MMPI, except the Hy scale.
2. The significant differences on the Hs, Mf, Sc, and Ma scales increased progressively with the time in religion.
3. The number of significant differences for each successive period in religious life was in direct proportion to the increase of time spent in religion.
4. The one scale which did not differentiate between the candidates and the religious was the Pd scale.
5. Significant differences on the Pa scale were evident only with the novices and the junior professed groups (p. 193).

Reindl (1965) investigated the effect of religious life on the personalities of 200 members of a community of Sisters. The purpose was to describe and compare the personality patterns of religious women at five various stages of formation in the religious life. No "typical" personality pattern was found for this group at any of the levels of religious life. In contrast to the study by Mastej (1954), the scores did not increase as length of time spent in religious life increased.

Comment: Since Mastej used Bier's modified form of the MMPI, one cannot readily make comparisons with regular MMPI studies. Moreover the population consisted of five distinct groups belonging to different congregations as well as one group of postulants. One would expect many significant differences in scores with such a population.

The statistical analyses in Reindl's study were exemplary. The technique of pattern analysis used in this study was developed by staff members at Loyola's Psychometric Laboratory. This technique permits the description and comparison of response patterns. Since previous studies evaluating the effects of religious life led to inconclusive results, it was challenging to try a new statistical technique in evaluating such effects.

Reindl used perseverance in religious life as a criterion of successful adjustment. As was mentioned previously, this criterion has limitations. However some of the group had persevered in religious life for as long as sixteen years. The fact that the subjects were members of the same religious community gave assurance of comparable formation and reduced the number of extraneous variables. But such a study does not have the advantages of a longitudinal study wherein the same subjects are tested at various levels of formation. Although Reindl found "it difficult to draw any definite conclusions" because of "the inconsistency of the results," the use of pattern analysis in the study made it an important one.

In 1965, Murtaugh conducted a longitudinal study designed to investigate the usefulness and the reliability of the MMPI as a predictor of performance of candidates for the diocesan priesthood. In this study, 90 priests who took the MMPI as seminarians between the years 1953 and 1955 (of. Wauck, 1957) were retested in 1964. "While the t values revealed that the group change was not significant, the very low coefficients of correlation on every scale indicated that individual changes were numerous and significant" (p. 60). Of the nine clinical scales, Hy and Ma showed an increase at the one per cent level of confidence while Pt showed a decrease at the five per cent level. The t

values for K and F were significant at the one per cent level (K increased, F decreased). Hence the changes showed greater psychological defensiveness, more concern with physical complaints, and at the same time a more self-accepting and expansive attitude.

Comment: Since longitudinal studies are necessary in evaluating the reliability and predictability of psychological tests, Murtaugh's study was a good step in this direction. It is to his credit that he was able to elicit the cooperation of 90 priests in taking the MMPI (signed protocols) five to ten years after ordination. Not a mean feat!

Although the results showed that individual changes were numerous and significant, it does not necessarily follow that the MMPI was an unreliable instrument of predictability. A number of years had elapsed between the test and retest. So many factors might account for the individual changes. The reliabilities reported by Hathaway and McKinley (1951) covered shorter intervals--three days to a year between testings. The low but significant correlation coefficients in Murtaugh's study on the K and F scales indicated a certain measure of stability of test results.

The present investigator does not readily accept Murtaugh's suggestion to revise the MMPI content-wise and thereby make it more applicable to seminarians. This has already been attempted but without too much success. Even if a version of the MMPI were geared to a seminary or religious population, each institution would still have to develop its own specific norms. Why not use the present MMPI version for such purposes?

In the most recent longitudinal study, Hakenswerth (1956) investigated the MMPI scores obtained by 80 Brothers in relation to the length of time

spent in religious life. This group consisted of those who entered the novitiate during the years 1950-59 and took the MPI before entry. They retook the MPI in 1964. In comparing the mean MPI scores for the total group on the test and retest, it was found that the F, Hv, and Pt scales were significantly higher on retest at the five per cent level of confidence; the Mf and Sc scales were significantly higher at the one per cent level.

In order to determine whether length of time in religious life was responsible for a continuing rise in scores, Halanoverth divided the total number into five subgroups according to the amount of time spent in religious life. The results indicated there was "no consistent tendency of either rising or declining scores during the years after the termination of training. The investigator concluded that the rise in scores took place for the most part during the training period. It was found, however, that the regime of religious life seems to maintain the elevated scores produced by the training period" (p. 70).

Comment: In comparative and longitudinal studies on the effects of religious life on MPI scores, it is maintained that two factors are rather constant for all subjects of the group under study: (1) personality traits typical of those attracted to religious life, and (2) training in religious life. On the other hand, other studies have shown that no "typical" personality pattern could be found among seminarians or religious (Reindel, 1964; Rice, 1958). Even in a longitudinal study, personality characteristics may vary over a span of years. Moreover, the present investigator is not clear on the distinction between "training in religious life" which is presumed to remain constant and the "regime of religious life" which is



presumed to account for changes (Hakenewerth, 1966, p. 37 and p. 47).

One might also question the discounting of chronological age as accounting for the differences on the basis of Mastej's study. She used a different test (Bier's modified form of the MMPI) and a much different population. Hakenewerth made several worthwhile comparisons of his data with the results of other studies (Murray, 1957; Murtaugh, 1965). He also used advantageously Kobler's operating principle in the use of the MMPI for screening applicants.

Summary and Comment: Three of the previously mentioned studies (Garrity, 1965; Murtaugh, 1965; Reindl, 1965) investigating the effects of religious life on MMPI scores found few or no significant changes. However, with few exceptions, there was a tendency toward more elevated scores on the retest. Mastej (1954) found that mean scores generally increased with age and with time in religion. Hakenewerth (1966) found significantly higher scores on F, Hy, Mf, Pt, and Sc scales. However, this increase in scores took place during the period of formation and was maintained during the years in religion. Both Mastej and Hakenewerth found that the personality pattern did not change. There was simply an elevation in scores. Mastej corrected the scores for age by analysis of covariance and found this adjustment too small to account for the rising scores.

One factor that might account for some of the differences in results is the fact that some of these studies are longitudinal (Garrity, 1965; Hakenewerth, 1965; Murtaugh, 1965), others are comparative (Mastej, 1957; Reindl, 1965). Moreover Reindl used a different form of statistical analysis-- pattern analysis.

The main conclusion from the various studies is one of extreme caution in

the use of the MMPI (or any psychological test) in the evaluation of seminarians and religious subjects. Although the MMPI is a useful device in spotting psychological deviation, more research is needed to pinpoint its usefulness as a predictor of stability or success or personality pattern changes.

## CHAPTER III

### METHOD

This chapter will give some characteristics of the subjects and the different seminaries; secondly, a brief summary of counterbalancing the test-order; thirdly, a description of test procedures and statistical analyses.

#### Characteristics of Subjects and Seminaries

The subjects for this study were 395 diocesan seminarians enrolled at three different seminaries situated in the southwest part of the province of Ontario, Canada, within a 125-mile range of each other. All the subjects were English-speaking. For the most part, they came from the geographical area in which the seminaries were situated.

In one of these seminaries (Seminary 1), the students enter after finishing high school to pursue four years of college courses leading to a Bachelor of Arts degree. Since philosophy is the major subject, they will be referred to as philosophers. Upon completion of their college courses, they commence studies in the various fields of theology at the same seminary. These studies last another four years. They will be referred to as theologians.

In the second seminary (Seminary 2), the division of courses is the same as in Seminary 1, and hence there is a division into philosophers and theologians. In the third seminary (Seminary 3), there are philosophers only.

These students complete four years of college at this seminary and then enroll at another seminary for their theological studies.

The number of subjects from each seminary is given in Table 2.

Table 2  
Size of the Population

	Philosophers	Theologians
Seminary 1	90	76
Seminary 2	52	57
Seminary 3	120	
Total	262	133

As will be mentioned in the next section of this chapter, the subjects were counterbalanced as to test-order. The ages were determined according to such groupings. These are given in Table 3.

Table 3

## Ages of the Philosophers and Theologians

	HR <sup>1</sup>	FG <sup>2</sup>	HR	FB <sup>3</sup>	FG	HR	FB	HR
<b>Philosophers</b>								
Mean	20.94		20.53		20.63		20.75	
SD	1.80		1.60		1.64		1.51	
<b>Theologians</b>								
Mean	25.08		24.58		24.72		24.82	
SD	2.64		3.11		2.82		2.41	

<sup>1</sup>honestly reported

<sup>2</sup>faking-good

<sup>3</sup>faking-bad

For the most part, no information was available regarding the IQ of this population. None of these seminaries has a well-defined screening program. Before admittance, there is a general assessment of the physical, intellectual, emotional, and moral qualifications of the candidate. But for the most part, no specific intelligence or personality tests are mandatory. However, the very fact a student is admitted to the seminary warrants the reasonable assumption that he has average or better-than-average intellectual ability.

Counterbalancing the Test-Order

The subjects took the group form of the MMPI twice within a period of three or four days. Some took the test first in the usual manner following the standard instructions (these will be referred to as honestly-reported). A

day or so later, they took the test with instructions to fake. Some were asked to put themselves in a good light (these will be referred to as faking-good); others were asked to put themselves in a bad light (these will be referred to as faking-bad).

Others first took the test with instructions to fake and a day or so later under standard instructions. This counterbalancing provided a check on the test order, that is, whether being honest or dishonest first had any significant effect on the test scores.

Some of the significant studies investigating detection of faking in the MMPI have mentioned counterbalancing. For example, Meehl and Hathaway (1946) asked half their group of subjects to take the MMPI with fake instructions first, and half second. All the subjects in Exner's study (1963) took the test under fake instructions first and secondly in an honest manner. Neither of these studies discussed the results of counterbalancing. Cofer and his associates (1949) divided each malingering group into two subgroups. One subgroup took the test honestly first and malingered the second time. The other subgroup reversed the order. According to Cofer, study of the data for the subgroups within the positive and negative malingering groups revealed "little difference" on the results from the order in which the tests were taken. He did not elaborate on what was meant by "little difference."

The effects of counterbalancing were also investigated in the present study. The investigator counterbalanced each group (philosophers and theologians) in each seminary as to test-order. Table 4 and Table 5 show the counterbalancing order.

Table 4  
Test-Order for Philosophers

	HR <sup>1</sup>	FG <sup>2</sup>	HR	FB <sup>3</sup>	FG	HR	FB	HR
Seminary 1	21	21	23	23	23	23	23	23
Seminary 2	15	15	13	13	12	12	12	12
Seminary 3	30	30	29	29	31	31	30	30
Totals	66	66	65	65	66	66	65	65

<sup>1</sup>honestly reported

<sup>2</sup>faking-good

<sup>3</sup>faking-bad

Table 5  
Test-Order for Theologians

	HR <sup>1</sup>	FG <sup>2</sup>	HR	FB <sup>3</sup>	FG	HR	FB	HR
Seminary 1	19	19	20	20	19	19	18	18
Seminary 2	14	14	14	14	14	14	15	15
Totals	33	33	34	34	33	33	33	33

<sup>1</sup>honestly reported

<sup>2</sup>faking-good

<sup>3</sup>faking-bad

## Description of Test Procedure and Statistical Analyses

In studying faking in the MMPI, some studies (e.g. Hunt, 1948; Lawton, 1963) administered the test under three different instructions to each subject. That is, honestly, with faking-good instructions and with faking-bad instructions. Other investigators administered the test only twice to each subject. For example, McKinley, Hathaway, and Meehl (1948) described experiments in which half the class faked a good or bad profile and the other half took the test in a supposedly honest way. At a subsequent session of the class, the roles of these two groups were reversed. The subjects in the study by Cofer, Chance, and Judson (1949) and also by Exner (1963) took the test under two conditions only.

The present investigator felt that taking the test three times would have been too great an imposition on the time of the seminarians. Preliminary discussion with the seminary authorities indicated this would be undesirable. The investigator also felt that a thrice-repeated performance of the same lengthy test within a two or three day period would seriously impair rapport.

The faking-good group were instructed to respond to the MMPI in such a manner as to put themselves in a good light:

You want to appear as a well-adjusted seminarian who will be accepted for ordination. You are asked to do this in such a way so as not to give yourself away. You are asked to cover up any defect or maladjustment you may have and admit it only if you feel it will not jeopardize your chance of continuing in the seminary and getting ordained.

The faking-bad group were given the following instructions:

You want to appear sufficiently maladjusted to be dismissed from the seminary and hence not considered suitable for ordination. However, you are asked to do this in such a way so as not to give yourself away. You are not asked to simulate any specific



maladjustment or abnormality. For example, if you answered the item: "I believe I am being plotted against" affirmatively, you would be giving yourself away and simulating a specific maladjustment. Do your best to answer the items in such a way as to appear sufficiently maladjusted to be considered unsuitable for ordination and hence dismissed from the seminary but not in such a way as to appear abnormal.

In a pilot study, the investigator found that if the instructions for faking-bad were not specific, the subjects merely answered all the obviously undesirable items in a set way. Rather than faking a profile that would warrant dismissal from the seminary, the subjects were faking the various types of mental disorders. Besides reading the instructions to the group, the investigator also gave each subject a stencilled copy of them.

To guarantee greater objectivity, the subjects took the test anonymously. Since many items on the MMPI are of a distinctly personal nature, it was felt that the cloak of anonymity would guarantee the requisite frankness. However, in order to compare each honestly reported profile with each faked profile, the investigator assigned a number to each answer sheet. He also marked on each answer sheet the test-order in which each student would take the test. These answer sheets were then handed out in random order to the students.

After the subjects took the test under two conditions, they were asked to fill out a questionnaire investigating their attitude toward faking. They were asked, for example, if they preferred taking the test honestly or with fake instructions and why; if they found some items or group of items easier to fake than others; if they actually felt they were showing themselves in a different light when faking.

All profiles were hand-scored by the examiner for all nine diagnostic scales, the social introversion scale, the L, F, K validity scales

incorporating the K correction which was consistently added to the Hs, Pd, Pt, Sc, and Ma scales. For both faking-good and faking-bad profiles, the F-K index was calculated. For faking-good profiles, the following special linear combinations of scores were also calculated: L+K, 2L+K, F-2L, K+Pt, K+Sc.

Most of the statistical work was done at Loyola's IBM Data Processing Center. But some of the statistical work pertaining to the effects of counterbalancing, the comparison of philosophers and theologians, and the manner in which those with high scores approach the problem of faking was completed by the examiner. For the clinical scales, statistical analyses were based on T scores. For the validity scales, when used singly or in combination with each other, raw scores were used. However, when a validity score was linearly combined with a clinical score, T scores were used.

The mean, standard deviation and the correlation coefficient (Pearson r) were obtained for the various scales in the eight different groups. When a significant correlation existed between the honest scores and the faked scores, then it was concluded that the r was significantly different from zero and hence called for the rejection of the null hypothesis which states that there is no significant relationship between the variables. When N is 66, the value of the correlation coefficient required for significance at the one per cent level is .316 and at the five per cent level, .243. When N is 33, the values of the correlation required for significance at the one per cent and five per cent levels are .443 and .344 respectively (Guilford, 1956).

Critical ratios were obtained to discover whether the differences between the means of the honest scores and the means of the faked scores were sufficiently large to permit one to reject the null hypothesis, which assumes

that any difference is due to chance alone.

A comparison was then made of the test scores obtained under different conditions to determine whether counterbalancing the test-order made any significant difference.

Comparisons were also made between the test scores of philosophers and theologians to determine if those closer to ordination (theologians) approach faking in a manner different from those in their college years (philosophers).

Finally, subjects who obtained T scores of 70 or over on two or more clinical scales on the honest performance were selected from the various groupings. Their mean honest scores were compared with their faked scores. Moreover, their faked scores were compared with the faked scores obtained by the general population of this study. These subgroupings were made in order to determine whether those who score high on the MMPI approach the problem of faking in a manner different from those whose scores are not above the critical point. Since the number was below 30 in these groupings, the t ratio was used to test for significant differences.

The following hypotheses were investigated:

1. There are significant differences between the faking-good and honestly reported scores on the validity scales, the special linear combinations and the clinical scales.
2. There are significant differences between the faking-bad and honestly reported scores on the validity scales, the F-K index, and the clinical scales.
3. The order in which the subjects took the test will not produce significant differences.

4. There are no significant differences between the manner in which the philosophers and the theologians approach faking.
5. There are significant differences between the faked scores and the honestly reported scores of those subjects who had T scores of 70 or over on two or more honest scales.

## CHAPTER IV

### RESULTS AND DISCUSSION

#### Faking-Good Results

Study of the data for the different faking-good groups (Tables 6, 7, 8, 9) showed that the L and K scales differentiated the honest scores from the faked scores beyond the one per cent level. With the exception of the theologians who first faked-good (Table 9), scale F also revealed significant differences beyond the one per cent level. The reliable differences in the L and K scores were in accord with those reported by Cofer et al. (1949), Ekner et al. (1963), and Rosen (1956). Although some studies found the F scale of no value in detecting positive malingering (Cofer et al., 1949; Gough, 1950; Hunt, 1948; Meehl & Hathaway, 1946), the present study, with one exception, proved more useful.

In conjunction with the significant differences between means for the L scores, the r also showed no significant relationships between the honest and faked scores. For the K scores, there were low but significant relationships for three of the four different faking-good groups (Tables 6, 8, 9). The relationship between the K scores may be due to the nature of the items in the K scale. A normal subject who obtains a high K score on the honest performance is a person who has a favorable impression of himself. When putting himself in a good light, he merely accentuates his usual self-description (Dahlstrom & Welsh, 1960). Hence the degree of correspondence between the variables.

Table 6

MMPI Comparison of the Honestly Reported and Faking-Good  
Scores of Philosophers (N=66)

Scale	Honest		Faking-Good		z-score <sup>1</sup>	r
	Mean	SD	Mean	SD		
L raw	3.27	1.79	8.80	3.52	-12.62**	0.23
L T	47.24	5.94	65.74	11.84	-12.61**	0.24
F raw	4.73	3.18	2.86	2.11	4.94**	0.38**
F T	54.41	7.25	50.14	4.86	4.99**	0.39**
K raw	14.36	4.34	20.58	3.42	-11.65**	0.40**
K T	53.86	8.04	65.36	6.42	-11.57**	0.39**
F-K	-9.67	6.57	-17.71	4.48	10.21**	0.38**
L+K	17.64	5.51	29.38	5.81	-13.85**	0.26*
2L+K	20.92	6.95	38.03	9.04	-13.66**	0.21
F-2L	-1.82	5.14	-14.74	7.45	12.56**	0.16
K+Pt	120.49	12.49	121.76	11.37	-0.71	0.25*
K+Sc	117.49	12.53	121.82	10.93	-2.49*	0.28*
Hs	54.20	8.65	51.77	4.19	2.25*	0.22
D	56.89	10.67	49.02	6.31	5.68**	0.20
Hy	57.97	7.48	57.32	4.62	0.72	0.32**
Pd	58.77	9.60	55.56	7.61	2.76**	0.42**
MF	65.23	9.34	59.06	7.29	5.23**	0.36**
Pa	57.73	7.80	52.82	6.72	5.12**	0.43**
Pt	66.62	10.65	56.39	7.44	7.02**	0.18
Sc	63.62	10.92	56.46	6.60	5.40**	0.32**
Ma	58.21	10.99	57.26	8.11	0.81	0.53**
SI	54.17	9.56	42.98	5.29	8.63**	0.09

\*Significant beyond the .05 level

\*\*Significant beyond the .01 level

<sup>1</sup>a minus sign before a z-score indicates that the faked score is higher than the honest score.

Table 7

MMPI Comparison of the Faking-Good and Honestly Reported  
Scores of Philosophers (N=66)

Scale	Honest		Faking-Good		z-score <sup>1</sup>	<u>r</u>
	Mean	SD	Mean	SD		
<u>L</u> raw	3.35	1.85	9.46	3.41	-13.16**	0.07
<u>L</u> <u>T</u>	47.46	6.16	68.02	11.53	-13.14**	0.07
<u>F</u> raw	4.56	2.67	3.00	1.96	4.50**	0.29*
<u>F</u> <u>T</u>	54.02	6.15	50.41	4.47	4.57**	0.29*
<u>K</u> raw	14.52	4.27	20.20	2.78	-9.87**	0.17
<u>K</u> <u>T</u>	54.15	7.99	64.64	5.21	-9.75**	0.18
<u>F-K</u>	-9.95	5.83	-17.20	3.10	9.68**	0.18
<u>L+K</u>	17.86	5.15	29.65	5.40	-13.47**	0.07
<u>2L+K</u>	21.21	6.46	39.11	8.60	-13.82**	0.04
<u>F-2L</u>	-2.14	4.84	-15.91	6.80	13.34**	-0.01
<u>K+Pt</u>	118.98	13.77	119.05	9.44	-0.03	0.47*
<u>K+Sc</u>	115.73	13.60	120.41	10.14	-2.53*	0.22
<u>Hs</u>	51.62	8.25	52.21	5.85	-1.14	0.19
<u>D</u>	55.67	11.14	50.94	7.65	3.54**	0.38**
<u>Hy</u>	55.49	9.08	57.26	5.50	-1.56	0.27*
<u>Pd</u>	57.18	9.81	56.17	6.88	0.79	0.26*
<u>Mf</u>	64.50	8.33	59.41	8.45	3.74**	0.13
<u>Pa</u>	54.88	9.34	53.30	6.60	1.32	0.30*
<u>Pt</u>	64.83	12.15	54.39	6.26	6.77**	0.20
<u>Sc</u>	61.58	11.83	55.77	6.32	3.88**	0.21
<u>Ma</u>	55.77	10.98	58.03	7.25	-1.73	0.38**
<u>Si</u>	55.15	10.37	43.88	5.28	9.45**	0.39**

\*Significant beyond the .05 level

\*\*Significant beyond the .01 level

<sup>1</sup>a minus sign before a z-score indicates that the faked score is higher than the honest score

Table 9  
MMPI Comparison of the Honestly Reported and Faking-Good  
Scores of Theologians (N=33)

Scale	Honest		Faking-Good		z-score	<u>r</u>
	Mean	SD	Mean	SD		
<u>L</u> raw	3.00	1.54	7.88	4.12	-6.80**	0.18
<u>L</u> <u>T</u>	46.36	5.10	62.64	13.96	-6.71**	0.19
<u>F</u> raw	4.61	2.28	2.88	2.01	4.11**	0.37*
<u>F</u> <u>T</u>	54.15	5.35	50.12	4.58	4.16**	0.38*
<u>K</u> raw	15.06	4.15	18.55	4.39	-4.32**	0.41*
<u>K</u> <u>T</u>	55.12	7.77	61.61	8.12	-4.33**	0.41*
<u>F-K</u>	-10.46	5.76	-15.67	5.25	5.20**	0.46**
<u>L+K</u>	18.06	5.02	26.43	7.41	-6.32**	0.30
<u>2L+K</u>	21.06	6.15	34.30	11.16	-6.72**	0.25
<u>F-2L</u>	-1.39	4.65	-12.88	8.56	7.63**	0.25
<u>K+Pt</u>	120.43	11.80	115.27	11.69	2.25*	0.37
<u>K+Sc</u>	117.97	13.81	115.64	12.68	1.12	0.60**
<u>Ha</u>	53.91	7.99	50.24	6.66	2.58*	0.39*
<u>D</u>	53.82	9.68	48.21	6.24	3.06**	0.18
<u>Hy</u>	58.61	8.19	55.82	8.22	1.83	0.43*
<u>Pd</u>	57.94	10.76	55.85	8.04	1.20	0.46**
<u>Mf</u>	67.49	11.32	61.06	7.62	4.36**	0.66**
<u>Pa</u>	56.43	8.46	52.97	6.51	2.96**	0.63**
<u>Pt</u>	65.30	9.09	53.67	6.81	7.76**	0.44**
<u>Sc</u>	62.85	11.99	54.03	7.20	5.22**	0.59**
<u>Ma</u>	59.39	11.59	58.27	6.35	0.66	0.54**
<u>Si</u>	54.21	9.82	46.30	6.05	4.43**	0.24

\*Significant beyond the .05 level

\*\*Significant beyond the .01 level

A minus sign before a z-score indicates that the faked score is higher than the honest score



Table 9  
MMPI Comparison of the Faking-Good and Honestly Reported  
Scores of Theologians (N=33)

Scale	Honest		Faking-Good		Z-score <sup>1</sup>	r
	Mean	SD	Mean	SD		
<u>L</u> raw	3.76	2.23	8.39	3.96	-6.17**	0.11
<u>L</u> <u>T</u>	48.91	7.36	64.39	13.36	-6.09**	0.10
<u>F</u> raw	4.18	3.72	2.91	1.66	1.86	0.09
<u>F</u> <u>T</u>	53.12	8.47	50.18	3.83	1.87	0.08
<u>K</u> raw	16.67	3.65	20.30	2.95	-5.60**	0.38*
<u>K</u> <u>T</u>	58.12	6.84	64.88	5.50	-5.51**	0.36**
<u>F-K</u>	-12.49	4.77	-17.39	2.83	5.78**	0.26
<u>L+K</u>	20.43	5.34	28.70	6.32	-6.37**	0.19
<u>2L+K</u>	24.18	7.31	37.09	10.12	-6.39**	0.14
<u>F-2L</u>	-3.33	4.88	-13.88	7.46	8.05**	0.31
<u>K+Pt</u>	122.55	10.71	119.52	8.12	1.38	0.12
<u>K+Sc</u>	121.36	14.87	121.18	9.35	0.06	0.15
<u>Hs</u>	53.43	9.35	52.73	4.78	0.45	0.34
<u>D</u>	55.67	10.91	49.12	6.98	2.95**	0.03
<u>Hy</u>	58.21	8.20	57.39	5.27	0.56	0.29
<u>Pd</u>	57.85	9.59	54.55	5.12	2.09*	0.36**
<u>Mf</u>	63.55	10.61	56.97	7.67	3.79**	0.44**
<u>Pa</u>	56.61	9.04	53.73	6.23	1.92	0.42**
<u>Pt</u>	64.43	9.36	54.64	5.97	5.17**	0.05
<u>Sc</u>	63.24	11.91	56.30	6.05	3.07**	0.07
<u>Ma</u>	57.58	9.76	57.03	7.13	0.37	0.52**
<u>Si</u>	52.06	8.81	45.30	5.55	4.53**	0.36*

\*Significant beyond the .05 level

\*\*Significant beyond the .01 level

<sup>1</sup>a minus sign before a z-score indicates that the faked score is higher than the honest score

Although the L, E, K scales were useful in detecting significant differences between the honest scores and faked scores, in most instances, the distributions for these various scales showed too much overlap to be practically useful in detecting faking-good records from the honestly-reported records. After combining the four different faking-good groups, the distributions for the L scale showed a range of 0 to 10 for honestly-reported records and 2 to 15 for faking-good records and for the F scale, 0 to 20 and 0 to 13, respectively. The K scale distributions were 3 to 25 for honestly-reported records and 9 to 26 for faking-good records.

A study of the faking-good results also showed that the special linear combinations (with the exception of K+Pt and K+Sc) revealed significant differences between means at the one per cent level. Moreover very few significant coefficients of correlation indicated that individual changes were numerous. However the practical value of most of these special linear combinations, except F-2L, was eliminated due to the considerable overlap, existing in the range of scores. This will be discussed in more detail in a subsequent section of this chapter.

Although the diagnostic scales were not as successful as the validity scales in detecting faking-good records, there were several significant differences beyond the one per cent and five per cent levels (Tables 6, 7, 8, 9). For the four different groups, the D, Mf, Pt, Sc, and Si scales proved significant at the one per cent level.

Some of the most significant differences were found on the Pt and Sc scales. Since seminarians usually score high on these scales, one would expect very significant differences between the honest and faked scores.

Whereas the mean scores on the Pt and Sc scales for the 1,152 religious reported in Kobler's study (1964) were 56 and 57 respectively, in the present study, the honestly reported means for these scales were 65.30 and 62.82 respectively. Since there is "an understandable tendency for depression to accompany abnormally high Pt scores" (Hathaway & McKinley, 1951, p. 20), the differences between the D scores were also very significant.

In fact, most of the mean honest scores in the present investigation were higher than those obtained by the seven groups of religious reported in Kobler's review. They were also more elevated than the mean scores reported by Goodstein (1956) with 5,035 college students.

The high honest scores in the present study may be due to the fact that the subjects took the test anonymously. Hence they might have been overly candid in acknowledging weaknesses. When subjects take the MMPI as part of a compulsory screening program, there is more of a tendency to put themselves in a good light and to be highly defensive. Since the subjects in the present study took the test with the assurance of complete anonymity and with the knowledge that the investigation was merely for research purposes, it is unlikely that they should reasonably have felt any need to role play when they were taking the test under standard instructions.

The Pd scale was significant at the one per cent level for the philosophers who first took the test honestly and secondly with fake instructions (Table 6) and at the five per cent level for theologians who first faked the test and then took it honestly (Table 9). The lack of consistent significant differences between the honest and faked scores on the Pd scale may be due to the tendency of some subjects to score high on this

scale when they attempt to appear psychologically healthy. According to Diamond (1957), this reflects "self-aggrandisement" and results in elevations on the Pd and Ma scales.

The Hs scale was significant at the five per cent level and the Pa scale, at the one per cent level, both for philosophers and theologians who first took the test honestly and secondly with fake instructions (Tables 6, 8).

Neither the Hy nor the Ma scales showed any significant differences between means for any of the faking-good groups. Moreover, with one exception, there were low but significant correlations between the honest scores and the faked scores for these scales.

With the exception of the Mf scale, the Hy and Ma scales had the highest means on the faked-good records (mean = 55.82-58.27). It might be asked why these scores were so high when a student was attempting to put himself in a good light. Studies have shown (Dahlstrom & Welsh, 1960) that when subjects who obtained high scores on Hy were described by friends and acquaintances, this peer group employed descriptive terms which contained few adverse characteristics. The terms reported to characterize high Hy males were "fair-minded, persevering, prone to worry, enterprising, alert, generous, mature, clear-thinking, talkative, kind, energetic, enthusiastic, assertive, socially forward, adventurous, affectionate, sentimental, cooperative, good-tempered, grateful, verbal, courageous, and individualistic. . . ." (p. 181).

Terms characteristic of high Ma males centered about their "sociability, energy, and openness." Another theme pictured them as "generous, softhearted, affectionate, and sentimental" (Dahlstrom & Welsh, 1960, p. 204). In general, these descriptions were complimentary. Moreover self-ratings matched to some

extent the descriptions given them by their peers. It might also be mentioned that in the Minnesota normative samples, the Ma scale was the most frequent peak score for both males and females. The Mf scale, however, was not included in these tabulations. At the college level, Ma peaks ran second only to Mf in men. Hence by obtaining high scores on the Hy and Ma scales, a student apparently felt he was putting himself in a good light.

Daw (1966) quoted Cavanagh as saying that one of the biggest problems for priests is "the inability to handle hostility which rises out of the required obedience" (p. 27). In connection with this observation, it is interesting to note that a study of patients with a high Hy-Ma combination found these patients as aggressive and as directing hostility toward a domineering mother (Dahlstrom & Welsh, 1960, p. 186). The concern about handling hostility in an authoritarian atmosphere may also have influenced the high Hy-Ma combination in the present population of seminarians.

As expected, Mf was the highest scale on the faked-good records (mean = 56.97-61.06). The mean for Kobler's seven groups of 1,152 religious on the Mf scale was 62. Among the ratings of high Mf males by professional staff employed at the Institute for Personality Assessment and Research (Dahlstrom & Welsh, 1960) were those which described the group as "intellectually able and interested," showing "a concern with philosophical problems," taking "stands on moral issues" (p. 193). These characteristics would be expected in seminarians.

The low Si score on the faked-good records revealed an interest in forming social contacts and in showing themselves as enterprising, expressive, ebullient, affectionate and responsive.

The significant differences between the honest scores and the faked scores on the Si scale is expected ( $\alpha=4.43-9.45$ ). Judging by the high Pt and Sc scales on the honestly reported records, one would expect a certain amount of introversive tendencies and hence some aloofness in interpersonal relationships. Although these subjects may honestly feel uncomfortable in relating with others, yet because of their vocation, they know the importance of social contacts. Hence the significant differences between the honest and the faked scores.

Some of the higher correlations between honestly reported and faked-good records were found on the Pa scale (ranging from 0.30 to 0.62). This relationship may be due to the nature of many items on the Pa scale. In a study of the religiosity of 140 college freshmen, Broen (1955) found the more religious subjects scored higher on the Pa scale. Hence one would expect a close relationship between the honest scores and the faked-good scores on this scale for a seminary population.

In summary, the present investigation was more successful than previous studies in detecting significant differences between honest scores and faked-good scores. For example, Exner (1963) found a difference at the five per cent level for the Pd scale only. In Cofer's study (1949) only the Hs and D scores of the positive malingerers were significantly lower than their honest scores. The more numerous and more significant differences obtained in the present study may be due to the high mean scores obtained by the seminarians on their honest performance. Since they took the test anonymously, they had no need to be defensive.

### Faking-Bad Results

From examination of Tables 10, 11, 12, and 13, it will be noted that a statistically significant difference at the one per cent level was obtained for the F-K index and all the validity scales for both groups of philosophers and theologians. The only exception was the L scale for both groups of theologians. A similar significant difference for both philosophers and theologians was found on all the diagnostic and the Si scales. The only exceptions were the Mf scale for the four different groups and the H<sub>y</sub> scale for the first group of theologians (Table 12).

Moreover, there was only one significant correlation for all the various diagnostic scales and that was on the Mf scale for the second group of philosophers (Table 11). Hence, the highly significant differences as well as the lack of significant correlations made it easy to detect faking-bad records from honest ones.

Mf was the only diagnostic scale wherein the honest scores and the faked scores showed no significant differences. In one instance (Table 10), the honest score was slightly higher than the faked-bad score. The mean score on the Mf scale for the honest performance was 64.29 (as compared to 62 in Kobler's study and 62.52 in Sweeney's 1964 study). Bier (1956) found the Mf scale was the one on which seminarians showed the greatest divergence both from the general test norms and the scores of the other groups in his study.

The F scale was very efficient in distinguishing faked-bad records. Some of the highest critical ratios were found on the F scale (6.89 to 13.18). The range of F for the honest performance was 0 to 24. However only 5 of the 197 honest profiles had a F score above 12. The range for the faked-bad

records was 4 to 58 with only 19 of the 197 records having an F score under 10. Studies have consistently shown the efficiency of the F scale in detecting faked-bad records (Cofer, 1949; Exner, 1963; McKinley, 1948).

Although Hathaway and McKinley believed a high F score usually invalidated a supposedly honest record, other studies have taken exception to this view (Gynther, 1961; Kasan & Scheinberg, 1945; McKegney, 1965; Modlin, 1947). Hence a high F score on the honest performance of several subjects in the present study might be indicative of behavior disorder rather than invalidation.

The F-K index was also very useful in detecting faking-bad records. Besides the significant mean differences and low correlations, there was little overlapping in the distribution of scores for honestly reported and faked-bad records (Table 15).

As mentioned previously, a statistically significant difference was found for all the clinical scales (except Mf) when the honestly reported and faked-bad records were compared. One of the most significant differences was found on the Sc scale. The faked-bad means on the Sc scale ranged from 93.32 to 101.82. It was interesting to compare some of the highest Sc scorers with the remarks on the questionnaire. For example, subject # 364 who obtained an Sc score 132 reported that he faked in such a way as "to appear as a maladjusted seminarian." When asked if he felt he were showing himself in a different light he answered, "Not really." But then he went on to say: "I found myself answering for the most part just the opposite of what I would answer if I were honest." The L score of 9 on the honest performance showed this subject to be naive. This might account for his attitude toward faking.



Table 10  
 MMPI Comparison of the Honestly Reported and Faking-Bad  
 Scores of Philosophers (N=65)

Scale	Honest		Faking-Bad		z-score <sup>1</sup>	r
	Mean	SD	Mean	SD		
<u>L</u> raw	3.14	1.98	2.15	2.20	3.07**	0.24
<u>L</u> T	46.80	6.54	43.51	7.29	3.08**	0.23
<u>F</u> raw	4.86	3.37	24.31	11.56	-13.18**	0.04
<u>F</u> T	54.74	7.66	98.78	26.19	-13.15**	0.04
<u>K</u> raw	14.11	4.42	9.05	3.80	6.91**	-0.03
<u>K</u> T	53.37	8.26	43.92	7.13	6.90**	-0.02
<u>F-K</u>	-9.58	6.13	15.26	12.93	-13.80**	-0.04
<u>Hs</u>	55.97	8.41	69.55	22.19	-4.73**	0.07
<u>D</u>	56.02	12.12	77.94	17.69	-8.44**	0.05
<u>Hy</u>	58.28	7.49	65.45	15.30	-3.29**	0.08
<u>Pd</u>	59.26	9.12	80.26	15.56	-9.44**	0.01
<u>Mf</u>	63.29	10.92	62.85	11.50	0.24	0.08
<u>Pa</u>	54.37	8.53	71.35	18.58	-6.86**	0.06
<u>Pt</u>	63.88	12.02	82.32	15.04	-8.67**	0.21
<u>Sc</u>	61.94	11.15	97.55	24.13	-11.57**	0.17
<u>Ma</u>	60.86	10.96	76.22	11.67	-7.87**	0.04
<u>Si</u>	52.88	10.95	69.20	10.38	-8.10**	-0.16

\*Significant beyond the .05 level

\*\*Significant beyond the .01 level

<sup>1</sup>a minus sign before a z-score indicates that the faked score is higher than the honest score

Table 11  
MMPI Comparison of the Faking-Bad and Honestly Reported  
Scores of Philosophers (N=65)

Scale	Honest		Faking-Bad		z-score <sup>1</sup>	r
	Mean	SD	Mean	SD		
<u>L</u> raw	3.98	2.61	2.43	2.02	3.79**	0.00
<u>L</u> <u>T</u>	49.63	8.66	44.43	6.76	3.82**	0.00
<u>F</u> raw	3.94	2.34	24.05	11.79	-13.16**	-0.13
<u>F</u> <u>T</u>	52.66	5.48	98.23	26.84	-13.04**	-0.15
<u>K</u> raw	15.48	4.86	9.42	4.16	7.83**	0.05
<u>K</u> <u>T</u>	55.85	9.03	44.63	7.75	7.78**	0.05
<u>F-K</u>	-11.54	6.29	14.63	13.61	-14.60**	0.09
<u>Hs</u>	52.35	9.02	68.80	19.87	-6.51**	0.17
<u>D</u>	53.34	9.80	79.26	17.70	-10.60**	0.06
<u>Hy</u>	57.58	8.57	65.18	12.62	-3.95**	-0.04
<u>Pd</u>	57.75	9.61	80.54	13.93	-11.02**	0.03
<u>Mf</u>	63.55	8.96	65.77	13.01	-1.41	0.39**
<u>Pa</u>	55.58	7.45	78.71	20.07	-9.27**	0.18
<u>Pt</u>	62.49	10.43	84.48	16.12	-9.32**	0.02
<u>Sc</u>	60.18	10.81	99.69	24.90	-11.68**	-0.01
<u>Ma</u>	58.68	9.92	75.74	13.54	-9.06**	0.19
<u>Si</u>	52.60	10.09	66.92	11.44	-7.61**	0.01

\*Significant beyond the .05 level

\*\*Significant beyond the .01 level

<sup>1</sup>a minus sign before a z-score indicates that the faked score is higher than the honest score

Table 12  
MMPI Comparison of the Honestly Reported and Faking-Bad  
Scores of Theologians (N=34)

Scale	Honest		Faking-Bad		z-score <sup>1</sup>	F
	Mean	SD	Mean	SD		
<u>L</u> raw	3.62	1.80	3.06	2.50	1.11	0.10
<u>L</u> <u>T</u>	48.35	6.05	46.50	8.40	1.10	0.11
<u>F</u> raw	4.24	2.52	21.50	14.63	-6.93**	0.13
<u>F</u> <u>T</u>	53.30	5.88	92.30	33.22	-6.89**	0.13
<u>K</u> raw	16.38	4.17	9.79	4.82	7.06**	0.27
<u>K</u> <u>T</u>	57.56	7.71	45.35	8.99	7.02**	0.27
<u>F-K</u>	-12.15	5.34	11.71	17.55	-8.22**	0.27
<u>Hs</u>	53.00	7.75	65.65	23.63	-3.00**	0.04
<u>D</u>	55.41	10.27	77.47	20.38	-5.86**	0.09
<u>Hy</u>	58.27	9.56	63.59	15.94	-1.58	-0.14
<u>Pd</u>	57.94	9.55	76.06	15.56	-5.66**	-0.05
<u>Mf</u>	64.12	10.26	66.06	9.62	-0.93	0.25
<u>Pa</u>	54.91	7.57	67.47	21.21	-3.50**	0.22
<u>Pt</u>	63.30	9.55	82.59	15.68	-5.71**	-0.17
<u>Sc</u>	61.24	8.85	93.32	29.43	-6.01**	-0.05
<u>Ma</u>	58.00	9.41	74.79	13.79	-6.73**	0.26
<u>Si</u>	53.30	11.41	66.85	11.61	-5.40**	0.19

\*Significant beyond the .05 level

\*\*Significant beyond the .01 level

<sup>1</sup>a minus sign before a z-score indicates that the faked score is higher than the honest score

Table 13

MMPI Comparison of the Faking-Bad and Honestly Reported  
Scores of Theologians (N=33)

Scale	Honest		Faking-Bad		z-score <sup>1</sup>	<u>r</u>
	Mean	SD	Mean	SD		
<u>L</u> raw	4.03	2.31	3.73	2.87	0.53	0.22
<u>L</u> <u>T</u>	49.82	7.60	48.82	9.55	0.53	0.22
<u>F</u> raw	3.39	4.18	24.46	11.63	-10.18**	0.12
<u>F</u> <u>T</u>	51.36	9.51	99.15	26.31	-10.25**	0.13
<u>K</u> raw	17.06	3.98	10.33	4.79	8.11**	0.42*
<u>K</u> <u>T</u>	58.79	7.42	46.43	8.87	7.97**	0.41*
<u>F-K</u>	-13.67	6.80	14.12	13.23	-12.79**	0.36*
<u>Hs</u>	54.36	8.88	69.97	15.29	-5.06**	-0.00
<u>D</u>	53.79	13.72	78.43	15.84	-6.99**	0.07
<u>Hy</u>	58.09	9.98	82.97	11.82	-3.56**	0.08
<u>Pd</u>	58.09	9.98	82.97	11.55	-8.60**	-0.19
<u>Mf</u>	66.21	8.51	65.94	11.05	0.11	-0.04
<u>Pa</u>	56.12	10.47	75.27	16.82	-6.22**	0.23
<u>Pt</u>	63.03	12.94	82.09	13.77	-7.07**	0.33
<u>Sc</u>	62.73	14.60	101.82	23.18	-8.61**	0.10
<u>Ma</u>	60.49	10.00	73.12	13.11	-4.52**	0.06
<u>Si</u>	49.00	9.00	67.33	11.22	-7.99	0.17

\*Significant beyond the .05 level

\*\*Significant beyond the .01 level

<sup>1</sup>a minus sign before a z-score indicates that the faked score is higher than the honest score

Another subject (# 368) who obtained an Sc score 153 also reported he faked in such a way as to appear maladjusted but "very much so." However it was "not necessarily so abnormal that it would be obvious to everyone." He felt he was showing himself in a different light because "most of the questions allowed for a very obvious dichotomy which would be evident between an affirmative and a negative answer." With F raw score 53, one would expect extreme scores on the clinical scales.

A third student who obtained an Sc score 159 reported he faked in such a way as "to appear really abnormal." He was the only student in this group to report his faked performance in such an absolute way. Most admitted they faked in such a way as to appear merely maladjusted. Other expressions were: "Half and half"; "That will be up to you to decide"; "I would say maladjusted and half abnormal."

#### Effects of Instructions on MMPI Scores

In wording the instructions for faking, the investigator realized that the expressions "maladjusted seminarian" and "abnormal seminarian" were operational terms. They would not be interpreted in a similar manner by all the subjects. In fact, even highly skilled professionals might not be in full agreement as to the comprehension of these terms. However, the present investigation showed that the way the instructions are worded does make a difference on the way the subjects approach faking-bad.

For example, Table 14 compares the results of faked-bad MMPI scores under different instructions. Cofer and his associates (1949) instructed their subjects "to answer the questions as they thought an emotionally disturbed person would answer them." Exner and his group (1963) instructed

Table 14  
MMPI Scores on Faked-Bad Records Obtained by  
Different Investigators Under  
Different Instructions

Scale	Pilot Study			(From Table 13)
	Exner (N=25)	Cofer (N=28)	Grant (N=29)	Grant (N=33)
<u>L</u>	47.16	52.00	41.24	48.82
<u>F</u>	100.80	159.00	136.17	99.15
<u>K</u>	43.64	44.04	39.59	46.43
<u>Hs</u>	70.44	99.04	91.28	69.97
<u>D</u>	81.96	98.46	94.83	78.43
<u>Hy</u>	67.04	85.39	78.52	68.46
<u>Pd</u>	85.32	94.79	96.83	82.97
<u>Pa</u>	79.28	109.00	100.62	75.27
<u>Pt</u>	85.32	100.71	94.52	82.09
<u>Sc</u>	100.00	117.04	134.52	101.82
<u>Ma</u>	75.44	88.32	84.86	73.12

the group "to respond to the MMPI in a manner as to appear sufficiently deviant to be exempt from some social responsibility such as military service but not so deviant that institutionalisation would be required." In a pilot study, the present investigator asked the subjects to answer the MMPI items in such a way that they would be dismissed from the seminary and hence not suitable for ordination. In the present investigation, the instructions, as already mentioned, were more specific.

The instructions given by Cofer and also by Grant in his pilot study were not too specific. In both studies, the mean scores, with the exception of L and K, were remarkably higher than when the instructions were more specific. Telling the subjects to fake-bad in such a way as not to appear abnormal or that institutionalisation would not be required affected the manner in which the subjects approached faking-bad.

#### Results of Special Linear Combinations

A cutting score of  $+4$  and over on the F-K index (Table 15) correctly classified 97 per cent of authentic profiles and 75 per cent of the faked-bad records. With a cutting score of 0, the values were 94 per cent and 85 per cent respectively. And finally, a cutting score of  $-4$ , the values were 88 per cent and 92 per cent respectively. These results were similar to those obtained by Bird (1948) with a group of 269 college students. Gough (1950) studied the screening efficiency of the F-K index for 1,773 authentic records (made up of college students, adult normals, and psychiatric patients) and 319 experimental negative dissemblers. He found that a cutting score of  $+7$  correctly classified 95 per cent of authentic records and 78 per cent of simulated records.

Table 15  
 Distribution of F-K Scores for Honestly Reported  
 and Faked-Bad Scores of Philosophers  
 and Theologians

F-K Values	Philosophers				Theologians			
	<sup>1</sup> HR ( <u>N=65</u> )	<sup>2</sup> FB ( <u>N=65</u> )	FB	HR ( <u>N=65</u> )	HR ( <u>N=34</u> )	FB	FB	HR ( <u>N=33</u> )
55 to 59						1		
50 " 54		1				1		
45 " 49		1						
40 " 44		2	2		1		2	
35 " 39		1	3		2			
30 " 34		1	8		1		3	
25 " 29		7	2		2		2	
20 " 24		9	7		2		3	
15 " 19		13	11		1		5	1
10 " 14		9	10		2		5	
5 " 9	1	9	6		4		5	
0 " 4	6	6	5	3		8	5	1
-5 " -1	10	3	5	9	1	8	1	
-10 " -6	17	1	5	20	14	1	2	2
-15 " -11	18	1	1	11	7			15
-20 " -16	13	1		18	11			12
-25 " -21				4	1			2

<sup>1</sup> honestly reported  
<sup>2</sup> faked-bad



Thus in evaluating faking-bad records, the F-K index is a useful indicator. The best cutting score will depend on the purpose the investigator has in mind. The problem is to determine the value of F-K which will minimize false positives and false negatives.

The F-K index was considerably less successful in detecting faking-good records (Table 16). Although statistically significant differences existed between the honestly reported and faking-good records for the various groupings of philosophers and theologians, there was considerable overlap in the range of scores. Hence this eliminated its usefulness in terms of practical appreciation. The honestly-reported records yielded an F-K range of +8 to -24 while the faking-good records had a range of +2 to -24. These findings were similar to those of Exner and his group (1963). He obtained an F-K range of +5 to -22 for the honestly-reported records and a range of -3 to -23 for the faking-good records.

A cutting score of -11 and below on the F-K index detected 187 of the 198 faked-good records but also picked up 100 of the 198 honestly-reported records. Other cutting scores proved no more successful. Hence the F-K index was not successful in spotting faking-good records.

This lack of success stems partly from the observation that F taken singly is of little value in detecting positive malingering (Cofer et al., 1949; Gough, 1950; Hunt, 1948; Meehl and Hathaway, 1946). Moreover, at times the honest K mean was high. For example, the group of theologians who took the test honestly the second time and first faked, obtained a mean K score of 58.21 on the honest performance. The faked score was 64.879. The high K

Table 16  
 Distribution of F-K Scores for Honestly Reported  
 and Faked-Good Scores of Philosophers  
 and Theologians

<u>F-K</u> Values	Philosophers				Theologians			
	<sup>1</sup> HR (N=66)	<sup>2</sup> FG (N=66)	FG	HR	HR	FG	FG	HR
5 to 9	2			1				
0 " 4	2	1		3	3			
-5 " -1	14			10	4	1		4
-10 " -6	22	3	1	17	8	5		8
-15 " -11	9	11	17	25	11	10	8	9
-20 " -16	12	31	39	8	7	11	22	11
-25 " -21	5	20	9	2		6	3	1

<sup>1</sup> honestly reported

<sup>2</sup> faked-good

on the honest performance may be due to the fact that these subjects regarded themselves in a very favorable light. Hence when asked to put themselves in a good light, they merely increased their already favorable self-impression. Studies have indicated that high K scores on supposedly normal populations are a measure of personality integration and not one of defensiveness. (Smith, 1959; Sweetland & Quay, 1953; Wheeler et al., 1951).

Table 17 also showed that the L+K index was not successful in detecting faking-good records. The distribution of the scores showed too much overlap to be practically useful. The honestly-reported distribution ranged from 3 to 33 while the faking-good distribution had a range of 12 to 39.

With a cutting score of 19, 108 of the 198 honestly reported scores and 183 of the 198 faked-good scores were correctly identified. With a cutting score of 24, 170 honestly reported and 157 faked-good scores were correctly classified.

When Cofer and his group (1949) used the L+K combination, they found that a cutting score of 67 (T score) correctly sorted out 20 of the 27 faked-good records. This amounted to 74 per cent. In the present investigation, a cutting score of 24 (raw score) classified correctly 79 per cent of the positive malingerers. In both studies, the overlapping on the additive combination of the L and K scores reduced the practical usefulness of this index.

A cutting score of 20 on the 2L+K index, as shown in Table 18, would identify correctly 192 of the 198 faked-good records. But it would misclassify 118 honest records. A cutting score of 40 would identify correctly 196 of the 198 honestly reported profiles but it would misclassify

Table 17  
 Distribution of L+K Scores for Honestly Reported  
 and Faked-Good Scores of Philosophers  
 and Theologians

<u>2L+K</u> Values	Philosophers				Theologians			
	<sup>1</sup> HR ( <u>N=66</u> )	<sup>2</sup> FG ( <u>N=66</u> )	FG ( <u>N=66</u> )	HR ( <u>N=66</u> )	HR ( <u>N=33</u> )	FG ( <u>N=33</u> )	FG ( <u>N=33</u> )	HR ( <u>N=33</u> )
35 to 39		14	14			6	6	
30 " 34	2	23	22	3		8	11	2
25 " 29	6	17	18	4	3	6	6	5
20 " 24	16	6	8	15	10	7	8	11
15 " 19	22	6	4	27	14	4	2	12
10 " 14	18			14	3	2		2
5 " 9	2			2	3			1
0 " 4				1				

<sup>1</sup> Honestly reported

<sup>2</sup> Faked-good

Table 18  
 Distribution of 2L+K Scores for Honestly Reported  
 and Faked-Good Scores of Philosophers  
 and Theologians

2L+K Values	Philosophers				Theologians			
	HR <sup>1</sup> (N=66)	FG <sup>2</sup>	FG (N=66)	HR	HR (N=33)	FG	FG (N=33)	HR
50 to 54		4	6			4	3	
45 " 49		17	18			4	6	
40 " 44	1	12	11			5	4	1
35 " 39	2	9	10	3		2	8	3
30 " 34	4	12	12	6	3	5	2	3
25 " 29	11	6	4	7	6	6	6	8
20 " 24	16	3	5	22	13	5	3	9
15 " 19	21	3		21	6	2	1	7
10 " 14	9			6	3			1
5 " 9	2				2			1
0 " 4				1				

<sup>1</sup>Honestly reported

<sup>2</sup>Faked-Good

104 faking-good records. Again the large overlapping made this index impractical for the detection of faking-good records.

Table 19 showed that F-2L was the most successful of the special combination scales in detecting faking-good records. A cutting score of -7 would correctly classify 83 per cent of the faked records and 83 per cent of the honestly reported records. Hence there was less overlapping. The range for honest scores was -15 to 11 and for the faked scores, -29 to 5.

Table 19  
Distribution of F-2L Scores for Honestly Reported  
and Faked-Good Scores of Philosophers  
and Theologians

<u>F-2L</u> Values	Philosophers				Theologians			
	HR <sup>1</sup> (N=66)	FG <sup>2</sup>	FG	HR	HR	FG	FG	HR
5 to 9	3	1		7	3			1
0 " 4	28	2	1	17	11	1		9
-5 "-1	19	4	6	25	12	8	5	11
-10 "-6	13	12	9	13	5	4	5	9
-15 " -11	2	13	10	4	2	6	11	3
-20 " -16		18	22			7		4
-25 " -21		12	17			4		6
-30 -26		4	1			3		2

<sup>1</sup>honestly reported

<sup>2</sup>faked-good

Table 20  
 Distribution of K+Pt Scores for Honestly Reported  
 and Faked-Good Scores of Philosophers  
 and Theologians

<u>K+Pt</u> Values	Philosophers				Theologians			
	HR <sup>1</sup> ( <u>N</u> =66)	FG <sup>2</sup>	FG ( <u>N</u> =66)	HR	HR ( <u>N</u> =33)	FG	FG ( <u>N</u> =33)	HR
165 - 169				1				
160 - 164								1
155 - 159		1						
150 - 154	1				1			
145 - 149	1	1		2				
140 - 144	2	2		1				
135 - 139	2	3	1	5	1	1	2	1
130 - 134	8	11	13	4	4	3	1	6
125 - 129	11	9	5	9	9	2	4	5
120 - 124	12	12	10	7	2	5	11	7
115 - 119	8	11	16	13	5	8	8	6
110 - 114	8	9	8	5	6	5	4	4
105 - 109	8	3	10	7	4	5	1	2
100 - 104	1	1	2	8		1	2	1
95 - 99	3	3	1	3		1		
90 - 94	1			1	1			
85 - 89						1		
80 - 84						1		

<sup>1</sup>Honestly reported

<sup>2</sup>faked-good

Table 21

Distribution of K+Sc Scores for Honestly-Reported  
and Faked Good Scores of Philosophers  
and Theologians

<u>K+Sc</u> Values	Philosophers				Theologians			
	HR <sup>1</sup> (N=66)	FG <sup>2</sup>	FG (N=66)	Hr	HR (N=33)	FG	FG (N=33)	HR
180 - 189								1
170 - 179								
160 - 169								
150 - 159	1				1			
140 - 149	1	5	3	4		1	1	
130 - 139	9	8	11	8	4	4	6	4
120 - 129	16	26	18	11	12	6	11	12
110 - 119	21	20	25	20	8	13	12	11
100 - 109	13	5	8	18	5	6	2	4
90 - 99	4	2	1	3	2	2	1	1
80 - 89	1			2	1	1		

<sup>1</sup>honestly reported

<sup>2</sup>faked-good



The special combinations K+Pt and K+Sc were of no use in distinguishing the honest records from the faked-good records (Table 20 and Table 21).

### Results of Counterbalancing

An examination of Tables 22 to 29 (Appendix I) showed only four significant differences (at the five per cent level) between test scores obtained under different conditions. With faking-good instructions, the only significant difference was on the Mf scale for the theologians who first faked the test (Table 25). With faking-bad instructions, there was a significant difference for the philosophers on the Hs (Table 26) and Pa scales (Table 27), and for the theologians, on the Pd scale (Table 29). For the majority of the other scales, the differences were very slight and hence one may conclude that the order in which the tests were taken made little difference. Similarly, in Cofer's study (1949), counterbalancing made little difference.

Besides providing a check on counterbalancing, the data shown in Tables 22 to 29 also served as a test of the homogeneity of the various groupings. It will be observed that when the honest scores of philosophers with different test orders were compared, there was only one significant difference (on the Hs scale, Table 26). Hence one may conclude the philosophers were a rather homogeneous group. For the theologians, there were no significant differences on any scale.

### Differences Between Philosophers and Theologians

The counterbalancing showed that the various groupings of philosophers were homogeneous. This also applied to the various groupings of theologians. A comparison of the test scores of philosophers and theologians showed that

both these groups were similar to each other (Tables 30, 31, 32 in Appendix II).

From Table 30, it will be observed that there were no significant differences between philosophers and theologians on the honest performance of the test. Similarly, the faking-bad scores revealed no significant differences (Table 32).

However, there were several significant differences between the faking-good scores of philosophers and theologians (Table 31). The K+Pt and Si scores differed at the one per cent level; the L+K and K+Sc scores, at the five per cent level. The differences involving combinations with L or K may be due to less discrimination on the part of the younger group (the philosophers) when falsifying these validity scales. Apparently they did not engage in selective falsification in the manner of the older and more sophisticated theologians. The philosophers may have judged that to appear in a good light, one always, or nearly always, had to choose the response that would place him in the most acceptable light socially. Moreover, they were not as shrewd in discriminating between a high defensiveness against psychological weakness and the attempt to appear in a good light.

In this study, the difference in age (20.94 for the philosophers; 25.08 for the theologians) did not produce any significant differences in the honest performance of philosophers and theologians.

#### Comparison of Faking-Good Scores and Honest Scores for Profiles Having Two or More Honest Scores of 70 or More

From the various groupings, the examiner picked out the honest profiles having two or more scores of 70 or more on the clinical scales. The results

of faking were then analyzed for this portion of the population. Tables 33, 34, 35, 36 (Appendix III) show the differences between the honestly reported and faking-good scores. It will be observed that, for the most part, the scales which were significantly different for the original groupings (Tables 6, 7, 8, 9) were also significantly different for this restricted portion of the population.

More specifically, the examiner compared the faking-good results of one original grouping (Table 6) with the faking-good results obtained by one of the subgroups (Table 34). The results (Table 37 in Appendix III) showed no significant differences except on the D scale (at the five per cent level). However, the trend was for those who had high scores on their honest performance to obtain higher scores on the faked-good performance. It would be necessary to have larger numbers in the subgroups to determine whether the trend would be decisive.

Results of Faking-Bad Scores for Those Having Two or More Honest Scores of 70 or More

Tables 38, 39, 40, 41 (Appendix IV) give the differences between the honestly reported and faking-bad profiles of those obtaining high scores on the honest performance. As was expected, there were fewer significant differences than when the original groupings were compared (Tables 10, 11, 12, 13). Because the high scorers only were used, there was less difference between the honest and faked scores. This was especially evident in the results shown in Table 41. For this particular subgroup, there were only five significant differences on the clinical scales as compared to nine significant differences with the original grouping. The mean scores obtained by this

subgroup with standard instructions were particularly elevated (Pt=77.556; Sc=77.111). Hence the closer similarity between the honest scores and the faked-bad scores.

There were no significant differences on the Hy scale for any group. The Mf scale showed a significant difference for only one group (Table 38). The lowest faked-bad scores for these subgroups were obtained on these two scales: Hy and Mf. Many items on the Hy scale pertain to physical symptoms as a means of solving difficult conflicts or avoiding mature responsibilities. Since some of these items are obvious, a subject might have felt he would be giving himself away if he endorsed too many of them. Similarly, the items of the Mf scale are psychologically obvious. They include the endorsement of culturally feminine occupations and the denial of culturally masculine occupations. Moreover, seminarians usually score high on this scale. Bier (1956) suggested the inappropriateness of this scale for seminarians.

A direct comparison of the faking-bad scores of one of the original groups (Table 10) with the faking-bad scores obtained by one of the subgroups (Table 39) showed only one significant difference at the five per cent level (on the Ma scale: Table 42). However, as was already observed in regard to faking-good scores, there was a tendency for those who had elevated profiles on the honest performance to obtain higher scores on the faked-bad performance than the general population of this study. This might be due to the fact that since their honest scores were already elevated, they overly exaggerated when faking in order to make the scores more deviant.

#### Questionnaire

A detailed analysis of the questionnaire is given in Appendix V. Therein

it is pointed out that the questionnaire was helpful in detecting faking on the MMPI. With reference to faking-bad records, it helped to show the design or plan of the faking and in giving clues as to why a subject faked to such and such a degree. It was also helpful in justifying the validity of a record even though F score was beyond the critical point. With reference to faking-good records, the questionnaire was helpful in ascertaining the subject's attitude toward faking. From the validity scales alone, it was not always possible to detect faking. But an analysis of the questionnaire gave clues as to the manner in which the subject approached the problem of faking. Besides enumerating the comments of those who preferred faking the test or taking it honestly, Appendix V also makes a comparison of the comments on the questionnaire with the test scores on the MMPI.

## CHAPTER V

### SUMMARY

The purpose of the present study was to investigate the validity scales and the diagnostic scales of the MMPI as well as special linear combinations (F-K, L+K, 2L+K, F-2L, K+Pt, K+Sc) for their usefulness in detecting dissimulation on the MMPI with a seminary population. By devising methods of detecting faking on the MMPI, it was hoped to enhance the usefulness of this instrument in screening candidates for the priesthood and religious life.

Since its construction in 1940, the MMPI has been extensively used to provide an objective assessment of some of the major personality characteristics that affect personal and social adjustment. Besides the nine diagnostic scales (Hs, D, Hy, Pd, Mf, Pa, Pt, Sc, Ma) and the Si scale, there are four validity scales (?, L, F, K) which indicate the subject's test-taking attitudes.

A number of studies with the MMPI have shown this personality test can be faked. For example, normal persons, under instructions to malingering, can make highly abnormal scores (Cofer et al., 1949; Exner et al., 1963; Gough, 1947; Lawton, 1963; McKinley et al., 1948; MacLean et al., 1953; Meehl & Hathaway, 1946). Abnormal subjects such as homosexuals when asked to conceal their femininity were able to bring their Mf scores within normal limits (Benton, 1945; Burton, 1947). A group of patients diagnosed as having severe psychoneurosis, when instructed to disguise their illness by faking a good

record, were able to lower their scores by a standard deviation on the Hs, D, Hy, Pd, Pt, and Sc scales (Schmidt, 1948). Seventy-three per cent of a group of schizophrenics gave an improved performance when requested to produce a normal test performance (Grayson & Olinger, 1957). Prisoners obtained significantly lower mean T scores on most of the clinical scales when asked to put themselves in a good light (Hunt, 1948; Lawton & Kleban, 1965).

Although the MMPI can be faked, the previously mentioned studies have also shown that faking can be detected. The validity scales (L, F, and K) will identify malingered profiles with reasonable accuracy. The effectiveness of the various indicators is a function of the direction of the malingered effort and also of the kinds of subjects used.

For example, faking-good usually leads to an elevated L score (Benton, 1945; Cofer et al., 1949; Gough, 1947; Hunt, 1948; Schmidt, 1945). However, some perceptive subjects can fake their responses on the L scale and avoid detection by engaging in selective falsification (Vincent et al., 1966).

Although an elevated F score might be indicative of behavior disorder (Gynther, 1961; McKegney, 1965), a high F score is usually extremely useful in detecting faking-bad records (Cofer et al., 1949).

Since a high K score can only be interpreted in the light of the psychological adjustment of the individual, the K scale is more elusive in the detection of faking. For example, although it might be defensive for abnormal subjects to obtain high K scores, it could be a sign of health for normal subjects (Heilbrun, 1961; Smith, 1959; Wheeler et al., 1951).

The maximum efficiency of the validity scales is realized in combination. One of these combinations, the F-K index, appears to be the most promising

index to date to detect negative malingering (Exner et al., 1963; Gough, 1947, 1950; Hunt, 1948). Cofer et al. (1949) found the L+K index useful in detecting cases of positive dissimulation. But, in general, faking good is more difficult to detect with reasonable confidence.

Although no studies have explicitly investigated faking on the MMPI with a seminary population, during the last twenty years, there have been a number of studies that evaluated the usefulness of the MMPI in the selection of candidates for the priesthood and religious life.

Many of these studies (Bier, 1948; Kohler, 1964; Rice, 1958; Wauck, 1957) called for a modification of MMPI norms when applied to a seminary or religious population. Other studies using the MMPI (Herr, 1964; Sweeney 1964; Weisgerber, 1964) have investigated the personality traits of those persevering in the seminary or religious life and those leaving. Although high scores on the Pd, Pt, Sc, and Ma scales showed some promise of differentiation, in general, it was difficult to determine significant personality differences between those who persevere in religious life and those who leave. Several recent studies have also investigated the effects of religious life and religious formation on MMPI scores (Garrity, 1965; Hakenwerth, 1966; Mastej, 1954; Murtaugh, 1965; Reindl, 1965) with varying degrees of success.

The main conclusion to be drawn from the various studies is one of extreme caution in the use of the MMPI with seminarians and religious.

From a study of the documents of the Church, it is evident that the psychological testing of applicants for the priesthood and religious life is in accordance with the mind of the Church. Such an attitude is expected. The Church has to take every precaution to guarantee the proper selection of



candidates. However, proper steps must be taken to safeguard psychic privacy. Not only the Church authorities but congressional proceedings as well have recommended certain safeguards to guarantee the rights of individuals when undergoing psychological examinations.

The present study investigated the results of deliberate faking on the MMPI with a group of 395 diocesan seminarians (262 philosophers, 133 theologians) from three seminaries in the province of Ontario, Canada. They took the group form of the MMPI twice within a period of three or four days. Some first took the test honestly and then faked. Others first faked the test and then took it honestly. With faking instructions, some were asked to put themselves in a good light, that is, to appear as well-adjusted seminarians who would be accepted for ordination. Others were asked to fake in such a way as to appear sufficiently maladjusted to be dismissed from the seminary but not in such a way as to appear abnormal. Complete anonymity was assured in both administrations of the test. After taking the test under both conditions, the subjects were asked to fill out a questionnaire evaluating their attitude toward faking.

All profiles were scored for the nine clinical scales, the social introversion scale, the four validity scales, and the  $\underline{F-K}$  index. All records for the faking-good groups were also scored for the  $\underline{L+K}$  index as well as other linear combinations:  $\underline{2L+K}$ ,  $\underline{F-2L}$ ,  $\underline{K+Pt}$ ,  $\underline{K+Sc}$ .

Besides the mean, standard deviation and correlation coefficient (Pearson  $r$ ), critical ratios were also obtained to discover significant differences between the honest scores and the faked scores.

The following hypotheses were tested:

1. There are significant differences between the faking-good and honestly reported scores on the validity scales, the special linear combinations and the clinical scales.
2. There are significant differences between the faking-bad and honestly reported scores on the validity scales, the F-K index, and the clinical scales.
3. The order in which the subjects took the test will not produce significant differences.
4. There are no significant differences between the manner in which the philosophers and the theologians approach faking.
5. There are significant differences between the faked scores and the honestly reported scores of those subjects who had T scores of 70 or over on two or more honest scales.

Statistical analyses revealed the following conclusions:

1. Faking-good results

- a) Validity scales

For the different test orders of both philosophers and theologians (Tables 6, 7, 8, 9), the L, F, K scales differentiated the honest scores from the faked scores at the one per cent level (except the F scale for one group: Table 9). Although these validity scales produced significant differences between the honest scores and faked scores, in many instances, the frequency distribution for these various scales showed too much overlap to be practically useful.

- b) Special linear combinations

The special linear combinations F-K, L+K, 2L+K, F-2L also revealed significant differences between means at the one per cent level. K+Pt and

and  $K+Sc$  were of little or no use. Moreover, the practical value of most of these special linear combinations, except  $F-2L$ , was eliminated due to the considerable overlap existing in the ranges of scores.

### c) Clinical scales and Si

For the four different groups (Tables 6, 7, 8, 9), the  $D$ ,  $Mf$ ,  $Pt$ ,  $Sc$ , and  $Si$  scales showed significant differences at the one per cent level. The  $Pd$  scale was significant at the one per cent level for one group (Table 6) and at the five per-cent level for another group (Table 9). The  $Hs$  scale was significant at the five per cent level for two groups (Tables 6, 8) and the  $Pa$  scale, at the one per cent level for two groups (Tables 6, 8). The  $Hy$  and  $Ma$  scales showed no significant differences.

### 2. Faking-bad results

A significant difference at the one per cent level was obtained for the  $F-K$  index and all the validity scales for the four different groups (Tables 10, 11, 12, 13). The only exception was the  $L$  scale for two groups (Tables 12, 13). Moreover significant differences were found on all the diagnostic scales and the  $Si$  scale. The only exception was the  $Mf$  scale for the four different groups and the  $Hy$  scale for one group (Table 12). The frequency distribution of the  $F$  and  $F-K$  scores with little overlapping also proved very useful in detecting faking-bad records.

### 3. Counterbalancing results

With faking-good instructions, the only significant difference (at the five per cent level) was on the  $Mf$  scale for one group (Table 25). With faking-bad instructions, there were significant differences at the five per cent level for one group on the  $Hs$  scale (Table 26), the  $Pa$  scale (Table 27),

and the Pd scale (Table 29). One may conclude that the order in which the tests were taken made little difference.

#### 4. Differences between philosophers and theologians

There were no significant differences between the philosophers and theologians either on the honest performance of the test (Table 30) or on the faking-bad scores (Table 32). For the faking-good scores, there were significant differences on the K+Pt and Si scales at the one per cent level and on the L+K and K+Sc scales at the five per cent level. Again, one may conclude that the differences between the philosophers and theologians were only slight.

#### 5. High Scorers on the Honest Performance

The results of faking were analyzed for those subjects who had two or more scores of 70 or more on the honest profiles. For the most part, the scales which were significantly different for the original groupings also showed significant differences for the various groups of high scorers (Tables 33 to 36 and 38 to 41).

When the faking results of the high scorers were compared with the faking results of the general population of this study, significant differences were obtained on only two scales at the five per cent level (D scale: Table 37; Ma scale: Table 42). However, there was a tendency for those who had high scores on the honest performance to obtain higher scores on the faked performance than the general population.

#### Conclusion:

One may conclude that subjects markedly change their scores when faking bad. Although faking-bad is easy enough to detect by the elevated scores, the

following signs may be helpful in spotting such faking. On the validity scales, L and K T scores are about the same, that is 45; F T score is about 95; the F-K index, about 9. The most obvious sign is the high F score. Although an F score as high as 16 might be indicative of behavioral disorder and not faking, an F score of 23 or over will most likely be indicative of faking-bad.

In faking-bad, all the clinical scales will be elevated and over 65 with the exception of the Hy and Mf scales. The Hy and Mf scores will be the lowest. Very seldom will these scores be beyond 65.

Faking-good is not as easy to detect. However, the following signs may be helpful. Both L and K T scores are elevated to about 65; F T score is invariably 50 (the mean honest F T score is closer to 54).

On the clinical scales the following pattern appears on a faked-good record. The scores on the Hs, D, Pd, Pa, Pt, and Sc scales are between 50 and 55; Si is below 45; Hy, Mf, and Ma average 57. Hence if, on a record, one spots Hy, Mf, and Ma scores in the area of 57 with the remaining scales close to 50 and an Si score about 44, one may suspect dissimulation. The mean honest score on the Si scale for the 395 subjects was 53. For the faked performance, the mean is only 44. Therefore the Si scale may be a good indicator of faking-good.

Although the results suggested that attempts at faking-good are, at times, difficult to detect, there are certain helpful signs as indicated. Moreover, since a short questionnaire proved helpful in analyzing faking on the MMPI (cf. Appendix V), it might be worthwhile to use a questionnaire in conjunction with the administration of the MMPI. Each examiner could set up

his own questionnaire geared to the particular situation. This might give clues as to the subject's attitude toward faking the test and hence furnish additional clues in detecting faking.

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## APPENDIX I

Table 22

Comparison of MMPI Honest Clinical Scores of  
Philosophers Who Faked-Good

Scale	1st Honest (N=66)		2nd Honest (N=66)		z-score <sup>1</sup>
	Mean	Variance	Mean	Variance	
<u>Hs</u>	54.20	74.81	51.62	68.15	1.74
<u>D</u>	56.89	113.91	55.67	124.16	0.65
<u>Hy</u>	57.97	55.94	55.49	82.56	1.71
<u>Pd</u>	58.77	92.21	57.18	96.24	0.94
<u>Mf</u>	65.23	87.16	64.50	69.42	0.47
<u>Pa</u>	57.73	60.76	54.88	87.46	1.90
<u>Pt</u>	66.62	113.47	64.83	147.68	0.90
<u>Sc</u>	63.62	119.19	61.58	139.85	1.04
<u>Ma</u>	58.21	120.85	55.77	120.33	1.28
<u>Si</u>	54.17	91.43	55.15	107.52	-0.56

<sup>1</sup> a minus sign before a z-score indicates that the mean for the 2nd Honest Group is greater than the mean for the 1st Honest Group

Table 23  
 Comparison of MMPI Faked-Good Clinical  
 Scores of Philosophers

Scale	2nd Fake Good (N=66)		1st Fake Good (N=66)		z-score <sup>1</sup>
	Mean	Variance	Mean	Variance	
<u>Hs</u>	51.77	17.53	52.91	34.18	-1.28
<u>D</u>	49.02	39.77	50.94	58.46	-1.57
<u>Hy</u>	57.32	21.33	57.26	30.19	0.07
<u>Pd</u>	55.56	57.94	56.17	47.56	-0.48
<u>Mf</u>	59.06	53.17	59.41	71.42	-0.25
<u>Pa</u>	52.82	45.11	53.30	43.63	-0.41
<u>Pt</u>	56.39	55.35	54.39	39.26	1.66
<u>Sc</u>	56.46	43.48	55.77	39.93	0.61
<u>Ma</u>	57.26	65.86	58.03	52.65	-0.50
<u>Si</u>	42.98	28.08	43.88	27.95	-0.97

<sup>1</sup> a minus sign before a z-score indicates that the mean for the 1st Fake-Good Group is higher than the mean for the 2nd Fake-Good Group

Table 24  
 Comparison of MMPI Honest Clinical Scores of  
 Theologians Who Faked-Good

Scale	1st Honest (N=33)		2nd Honest (N=33)		z-score <sup>1</sup>
	Mean	Variance	Mean	Variance	
<u>Hs</u>	53.91	63.96	53.43	87.50	0.22
<u>D</u>	53.82	93.72	55.67	119.04	-0.73
<u>Hy</u>	58.61	67.12	58.21	67.17	0.19
<u>Pd</u>	57.94	115.75	57.85	92.01	0.36
<u>Mf</u>	67.49	128.01	63.55	112.51	1.46
<u>Pa</u>	56.43	71.56	56.61	81.68	-0.08
<u>Pt</u>	65.30	82.66	64.43	87.56	0.39
<u>Sc</u>	62.85	143.63	63.24	141.88	-0.14
<u>Ma</u>	59.39	134.25	57.58	95.19	0.70
<u>Si</u>	54.21	96.49	52.06	77.50	0.94

<sup>1</sup> a minus sign before a z-score indicates that the mean for the 2nd Honest Group is greater than the mean for the 1st Honest Group

Table 25  
 Comparison of MMPI Faked-Good Clinical  
 Scores of Theologians

Scale	2nd Fake Good (N=33)		1st Fake Good (N=33)		z-score <sup>1</sup>
	Mean	Variance	Mean	Variance	
<u>Hs</u>	50.24	44.25	52.73	22.77	-1.75
<u>D</u>	48.21	38.86	49.12	48.74	-0.56
<u>Hy</u>	55.82	67.47	57.39	27.75	-0.90
<u>Pd</u>	55.85	64.57	54.55	26.19	0.80
<u>Mf</u>	61.06	58.12	56.97	58.91	2.17*
<u>Pa</u>	52.97	42.41	53.73	38.83	-0.50
<u>Pt</u>	53.67	46.42	54.64	35.74	-0.62
<u>Sc</u>	54.03	51.91	56.30	36.66	-1.40
<u>Ma</u>	58.27	40.33	57.03	50.78	0.80
<u>Si</u>	46.30	36.59	45.30	30.84	0.70

\*Significant beyond the .05 level

<sup>1</sup>a minus sign before a z-score indicates that the mean for the 1st Fake-Good Group is higher than the mean for the 2nd Fake-Good Group

Table 26

Comparison of MMPI Honest Clinical Scores of  
Philosophers Who "Faked-Bad"

Scale	1st Honest (N=65)		2nd Honest (N=65)		z-score <sup>1</sup>
	Mean	Variance	Mean	Variance	
<u>Hs</u>	55.97	70.78	52.35	81.33	2.36*
<u>D</u>	56.02	116.95	53.34	96.04	1.39
<u>Hy</u>	58.28	56.14	57.58	73.53	0.49
<u>Pd</u>	59.26	83.23	57.75	92.35	0.91
<u>Mf</u>	63.29	119.18	63.55	80.31	-0.15
<u>Pa</u>	54.37	72.67	55.58	55.56	-0.87
<u>Pt</u>	63.88	114.39	62.49	108.75	0.70
<u>Sc</u>	61.94	124.37	60.18	116.93	0.91
<u>Ma</u>	60.86	120.22	58.68	98.32	1.19
<u>Si</u>	52.88	119.95	52.60	101.78	0.15

\* Significant beyond the .05 level

<sup>1</sup> a minus sign before a z-score indicates that the mean for the 2nd Honest Group is greater than the mean for the 1st Honest Group

Table 27  
 Comparison of MMPI Faked-Bad Clinical  
 Scores of Philosophers

Scale	2nd Fake Bad (N=65)		1st Fake Bad (N=65)		z-score <sup>1</sup>
	Mean	Variance	Mean	Variance	
<u>Hs</u>	69.55	492.56	68.80	394.98	0.20
<u>D</u>	77.94	313.03	79.26	313.23	-0.42
<u>Hy</u>	65.45	233.94	65.18	159.37	0.10
<u>Pd</u>	80.26	242.20	80.54	194.10	-0.11
<u>Mf</u>	62.85	132.35	65.77	169.34	-1.36
<u>Pa</u>	71.35	345.42	78.71	402.80	-2.17*
<u>Pt</u>	82.32	226.19	84.48	260.04	-0.64
<u>Sc</u>	97.55	582.41	99.69	620.28	-0.50
<u>Ma</u>	76.22	136.39	75.74	183.32	0.21
<u>Si</u>	69.20	107.76	66.92	130.89	1.18

\* Significant beyond the .05 level

<sup>1</sup> a minus sign before a z-score indicates that the mean for the 1st Fake-Bad Group is higher than the mean for the 2nd Fake-Bad group



Table 28

Comparison of MMPI Honest Clinical Scores of  
Theologians Who Faked-Bad

Scale	1st Honest (N=34)		2nd Honest (N=33)		z-scores <sup>1</sup>
	Mean	Variance	Mean	Variance	
<u>Hs</u>	53.00	60.06	54.36	78.86	-0.68
<u>D</u>	55.41	105.46	53.79	188.36	0.55
<u>Hy</u>	58.27	91.47	59.76	72.25	-0.68
<u>Pd</u>	57.94	91.21	58.09	99.71	-0.06
<u>Mf</u>	64.12	105.20	66.21	72.36	-0.91
<u>Pa</u>	54.91	57.36	56.12	109.55	-0.53
<u>Pt</u>	63.30	91.18	63.03	167.53	0.09
<u>Sc</u>	61.24	78.37	62.73	213.14	-0.50
<u>Ma</u>	58.00	88.49	60.49	100.01	-1.05
<u>Si</u>	53.30	130.21	49.00	81.06	1.72

<sup>1</sup> a minus sign before a z-score indicates that the 2nd Honest Group mean is higher than the 1st Honest Group mean

Table 29  
 Comparison of MMPI Faked-Bad Clinical  
 Scores of Theologians

Scale	2nd Fake Bad (N=34)		1st Fake Bad (N=33)		z-score <sup>1</sup>
	Mean	Variance	Mean	Variance	
<u>Hs</u>	65.65	558.36	69.97	233.72	-0.90
<u>D</u>	77.47	415.23	78.43	250.75	-0.22
<u>Hy</u>	63.59	254.19	68.46	139.69	-1.42
<u>Pd</u>	76.06	242.06	82.97	133.41	-2.07*
<u>Mf</u>	66.06	92.60	65.94	122.12	0.05
<u>Pa</u>	67.47	449.77	75.27	282.83	-1.68
<u>Pt</u>	82.59	245.89	82.09	189.65	0.14
<u>Sc</u>	93.32	866.17	101.82	537.34	-1.31
<u>Ma</u>	74.79	190.23	73.12	172.05	0.50
<u>Si</u>	66.85	134.80	67.33	125.98	-0.18

\* Significant beyond the .05 level

<sup>1</sup> a minus sign before the z-score indicates that the mean of the 1st Fake-Bad Group is higher than the mean of the 2nd Fake-Bad Group

## APPENDIX II

Table 30

Comparison of Honest Scores of Philosophers  
and Theologians

Scale	Philosophers ( <u>N=66</u> )		Theologians ( <u>N=33</u> )		z-score <sup>1</sup>
	Mean	Variance	Mean	Variance	
<u>L T</u>	47.24	35.29	46.36	25.99	0.76
<u>F T</u>	54.41	52.52	54.15	28.63	0.20
<u>K T</u>	53.86	64.74	55.12	60.36	-0.75
<u>F-K</u>	-9.67	43.15	-10.46	33.19	0.61
<u>L+K</u>	17.64	30.39	18.06	25.18	-0.38
<u>2L+K</u>	20.92	48.32	21.06	37.87	-0.10
<u>F-2L</u>	-1.82	26.43	-1.39	21.56	-0.41
<u>K+Pt</u>	120.49	156.10	120.43	139.25	0.02
<u>K+Sc</u>	117.49	157.02	117.97	190.78	-0.17
<u>Hs</u>	54.20	74.81	53.91	63.96	0.17
<u>D</u>	56.89	113.91	53.82	93.72	1.74
<u>Hy</u>	57.97	55.94	58.61	67.12	-0.37
<u>Pd</u>	58.77	92.21	57.94	115.75	0.38
<u>Mf</u>	65.23	87.16	67.49	128.01	-0.43
<u>Pa</u>	57.73	60.76	56.43	71.56	0.42
<u>Pt</u>	66.62	113.47	65.30	82.66	0.64
<u>Sc</u>	63.62	119.19	62.85	143.63	0.38
<u>Ma</u>	58.21	120.85	59.39	134.25	-0.48
<u>S1</u>	54.17	91.43	54.21	96.49	-0.02

<sup>1</sup> a minus sign before a z-score indicates that the mean score for the theologians is higher than the mean score for the philosophers

Table 31  
 Comparison of Faking-Good Scores of  
 Philosophers and Theologians

Scale	Philosophers (N=66)		Theologians (N=33)		z-score <sup>1</sup>
	Mean	Variance	Mean	Variance	
<u>L</u> <u>T</u>	65.74	140.16	62.64	194.86	1.09
<u>F</u> <u>T</u>	50.14	23.69	50.12	21.05	0.007
<u>K</u> <u>T</u>	65.36	41.19	61.61	66.00	1.31
<u>F-K</u>	-17.71	20.15	-15.67	27.67	-1.91
<u>L+K</u>	29.38	33.81	26.43	54.88	2.01*
<u>2L+K</u>	38.03	81.69	34.30	124.53	1.67
<u>F-2L</u>	-14.74	55.52	-12.88	73.24	-1.06
<u>K+Pt</u>	121.76	129.23	115.27	136.64	2.63**
<u>K+Sc</u>	121.82	119.51	115.64	160.86	2.40*
<u>Hs</u>	51.78	17.53	50.24	44.25	1.20
<u>D</u>	49.02	39.77	48.21	38.86	0.60
<u>Hy</u>	57.32	21.33	55.82	67.47	0.97
<u>Pd</u>	55.56	57.94	55.85	64.57	-0.10
<u>Mf</u>	59.06	53.17	61.06	58.12	-1.25
<u>Pa</u>	52.82	45.11	52.97	42.41	-0.11
<u>Pt</u>	56.39	55.35	53.67	46.42	0.48
<u>Sc</u>	56.46	43.43	54.03	51.91	1.64
<u>Ma</u>	57.26	65.86	58.27	40.33	-0.68
<u>S1</u>	42.98	28.08	46.30	36.59	-2.67**

\* Significant beyond the .05 level

\*\* Significant beyond the .01 level

1 a minus sign before a z-score indicates that the mean score for the theologians is higher than the mean score for the philosophers

Table 32  
 Comparison of Faking-Bad Scores of  
 Philosophers and Theologians

Scale	Philosophers (N=65)		Theologians (N=34)		z-score <sup>1</sup>
	Mean	Variance	Mean	Variance	
<u>L T</u>	43.51	53.19	46.50	70.56	-1.76
<u>F T</u>	98.78	685.89	92.30	1103.30	1.12
<u>K T</u>	43.92	50.82	45.35	80.84	-0.80
<u>F-K</u>	15.26	167.20	11.71	307.91	1.06
<u>Hs</u>	69.55	492.56	65.65	558.36	0.80
<u>D</u>	77.94	313.03	77.47	415.23	0.11
<u>Hy</u>	65.45	233.94	63.59	254.19	0.56
<u>Pd</u>	80.26	242.20	76.06	242.06	0.13
<u>Mf</u>	62.85	132.35	66.06	92.60	-1.50
<u>Pa</u>	71.35	345.42	67.41	449.77	0.93
<u>Pt</u>	82.32	226.19	82.59	245.89	-0.08
<u>Sc</u>	97.55	582.41	93.32	866.17	0.72
<u>Ma</u>	76.22	136.39	74.79	190.23	0.51
<u>Si</u>	69.20	107.76	66.85	134.80	0.99

<sup>1</sup> a minus sign before a z-score indicates that the mean score for the theologians is higher than the mean score for the philosophers

## APPENDIX III

Table 33

MMPI Comparison of the Honestly Reported and Faking-Good

Scores of Philosophers With Two or More

Honest Scores of 70 or More ( $N=25$ )

Scale	Honest			Faking-Good			t-ratio <sup>1</sup>
	Mean	SD	SE	Mean	SD	SE	
<u>L raw</u>	3.60	2.16	0.43	8.20	3.85	0.77	-5.49**
<u>L T</u>	48.32	7.20	1.44	63.76	12.92	2.59	-5.51**
<u>F raw</u>	6.60	3.74	0.75	3.64	2.60	0.52	3.58**
<u>F T</u>	58.68	8.48	1.70	51.96	6.04	1.21	3.62**
<u>K raw</u>	14.00	4.76	0.95	20.12	4.01	0.80	-6.12**
<u>K T</u>	53.16	8.91	1.78	64.48	7.43	1.49	-6.06**
<u>F-K</u>	-7.40	7.44	1.49	-16.48	5.94	1.19	5.49**
<u>L+K</u>	17.60	6.31	1.26	28.32	6.82	1.37	-6.31**
<u>2L+K</u>	21.24	8.13	1.63	36.12	10.38	2.08	-5.92**
<u>F-2L</u>	-0.60	6.33	1.27	-12.76	8.58	1.72	5.56**
<u>K+Pt</u>	128.44	10.51	2.10	122.48	11.97	2.39	1.99
<u>K+Sc</u>	125.84	10.49	2.10	122.80	10.30	2.06	1.18
<u>Hs</u>	57.44	10.06	2.01	51.64	4.30	0.86	2.78*
<u>D</u>	64.60	9.96	1.99	50.20	7.40	1.48	6.34**
<u>Hy</u>	60.64	7.58	1.52	57.24	4.29	0.86	2.15*
<u>Pd</u>	64.44	7.68	1.54	56.56	8.55	1.71	4.50**
<u>MP</u>	70.00	8.98	1.80	59.56	6.84	1.37	4.78**
<u>Pa</u>	62.68	8.74	1.75	54.32	6.71	1.34	4.67**
<u>Pt</u>	75.28	9.16	1.83	58.00	8.49	1.70	6.62**
<u>Sc</u>	72.68	10.15	2.03	58.32	6.23	1.25	7.03**
<u>Ma</u>	61.36	12.10	2.42	58.84	9.01	1.80	1.67
<u>S1</u>	58.36	11.11	2.22	44.16	6.19	1.24	5.44**

\*Significant beyond the .05 level

\*\*Significant beyond the .01 level

1a minus sign before a t-ratio indicates that the faked score is higher than the honest score

Table 34

MPI Comparison of the Faking-Good and Honestly Reported  
Scores of Philosophers With Two or More  
Honest Scores of 70 or More ( $N=22$ )

Scale	Honest			Faking-Good			t-ratio <sup>1</sup>
	Mean	SD	SE	Mean	SD	SE	
<u>L</u> raw	3.46	2.20	0.47	9.86	3.76	0.80	-6.66**
<u>L</u> <u>T</u>	47.77	7.36	1.57	69.50	12.73	2.72	-6.72**
<u>F</u> raw	6.05	2.73	0.58	4.05	2.63	0.56	2.65*
<u>F</u> <u>T</u>	57.50	6.31	1.35	52.86	5.94	1.27	2.73*
<u>K</u> raw	14.09	5.26	1.12	20.55	2.63	0.56	-5.40**
<u>K</u> <u>T</u>	53.36	9.77	2.08	65.23	5.00	1.07	-5.31**
<u>F-K</u>	-8.05	6.64	1.42	-16.50	3.46	0.74	5.24**
<u>L+K</u>	17.55	6.60	1.41	30.41	5.80	1.24	-6.85**
<u>2L+K</u>	21.00	8.32	1.77	40.27	9.41	2.01	-7.05**
<u>F-2L</u>	-0.86	5.26	1.12	-15.68	7.79	1.66	6.79**
<u>K+Pt</u>	131.55	11.49	2.45	121.68	7.62	1.63	3.18**
<u>K+Sc</u>	127.18	12.18	2.60	121.59	9.52	2.03	1.80
<u>Hs</u>	58.09	7.48	1.60	53.68	4.72	1.01	2.28*
<u>D</u>	62.64	12.42	2.65	53.68	4.72	1.01	2.28*
<u>Hy</u>	61.05	9.26	1.97	58.68	4.39	0.94	1.04
<u>Pd</u>	64.68	8.56	1.83	56.27	6.78	1.45	3.85**
<u>Mf</u>	68.86	8.20	1.75	62.27	7.63	1.63	2.82*
<u>Pa</u>	61.23	8.41	1.79	55.00	6.41	1.37	2.87**
<u>Pt</u>	78.18	8.04	1.71	56.46	5.72	1.22	9.10**
<u>Sc</u>	73.82	9.57	2.04	56.36	6.57	1.40	7.73**
<u>Ma</u>	60.27	14.00	2.98	58.00	8.22	1.75	0.82
<u>SI</u>	60.55	12.75	2.72	44.82	5.62	1.20	6.32**

\*Significant beyond the .05 level

\*\*Significant beyond the .01 level

<sup>1</sup>a minus sign before a t-ratio indicates that the faked score is higher than the honest score

Table 35

MMPI Comparison of the Honestly Reported and Faking-Good  
Scores of Theologians With Two or More  
Honest Scores of 70 or More ( $N=12$ )

Scale	Honest			Faking-Good			t-ratio <sup>1</sup>
	Mean	SD	SE	Mean	SD	SE	
<u>L</u> raw	2.58	1.50	0.43	7.50	4.70	1.36	-3.48**
<u>L</u> <u>T</u>	45.00	4.90	1.41	61.42	15.97	4.61	-3.45**
<u>F</u> raw	6.00	2.26	0.65	3.33	2.06	0.60	6.44
<u>F</u> <u>T</u>	57.42	5.21	1.51	51.17	4.75	1.37	6.49**
<u>K</u> raw	13.50	3.58	1.03	18.33	5.21	1.50	-3.82**
<u>K</u> <u>T</u>	52.33	6.76	1.95	61.25	9.71	2.80	-3.85**
<u>F-K</u>	-7.50	4.87	1.41	-15.00	6.37	1.84	5.80**
<u>L+K</u>	16.08	4.01	1.16	25.83	8.53	2.46	-3.95**
<u>2L+K</u>	18.67	4.89	1.41	33.33	12.75	3.68	-3.81**
<u>F-2L</u>	0.83	4.22	1.22	-11.67	10.23	2.95	4.11**
<u>K+Pt</u>	123.00	13.05	3.77	117.67	13.06	3.77	1.52
<u>K+Sc</u>	125.25	13.94	4.03	118.08	15.32	4.42	2.23*
<u>Hs</u>	54.33	7.62	2.20	51.17	7.93	2.29	1.68
<u>D</u>	59.08	8.47	2.45	48.67	7.14	2.06	3.88**
<u>Hy</u>	61.00	9.37	2.71	56.00	11.69	3.37	1.74
<u>Pd</u>	61.17	13.38	3.86	56.25	9.91	2.86	1.57
<u>Mf</u>	78.92	5.96	1.72	66.83	4.78	1.38	7.09**
<u>Pa</u>	60.92	11.29	3.26	56.17	7.15	2.06	1.91
<u>Pt</u>	70.67	9.95	2.87	56.42	9.08	2.62	5.39**
<u>Sc</u>	72.92	12.09	3.49	56.83	8.83	2.55	5.09**
<u>Ma</u>	66.17	12.70	3.67	60.50	7.04	2.03	2.09
<u>SI</u>	56.83	10.35	2.99	47.75	6.77	1.96	3.54**

\* Significant beyond the .05 level

\*\* Significant beyond the .01 level

<sup>1</sup> a minus sign before a t-ratio indicates that the faked score is higher than the honest score



Table 36

MMPI Comparison of the Faking-Good and Honestly Reported  
Scores of Theologians With Two or More  
Honest Scores of 70 or More ( $N=14$ )

Scale	Honest			Faking-Good			t-ratio <sup>1</sup>
	Mean	SD	SE	Mean	SD	SE	
<u>L</u> raw	4.00	2.35	0.63	7.21	3.89	1.04	-2.59*
<u>L</u> <u>T</u>	49.71	7.75	2.07	60.30	13.03	3.48	-2.51*
<u>F</u> raw	5.43	5.11	1.37	2.36	1.74	0.46	2.19
<u>F</u> <u>T</u>	56.00	11.60	3.10	48.93	3.97	1.06	2.22
<u>K</u> raw	15.36	3.73	1.00	19.64	3.39	0.91	-4.19**
<u>K</u> <u>T</u>	55.64	7.09	1.89	63.64	6.37	1.70	-4.09**
<u>F-K</u>	-9.93	4.46	1.19	-17.29	2.76	0.74	5.15**
<u>L+K</u>	19.36	5.84	1.56	26.86	6.75	1.80	-3.46**
<u>2L+K</u>	23.36	8.08	2.16	34.07	10.48	2.80	-3.17**
<u>F-2L</u>	-2.57	4.50	1.20	-12.07	7.09	1.89	4.93**
<u>K+Pt</u>	126.29	12.76	3.41	120.00	10.26	2.74	1.59
<u>K+Sc</u>	125.21	20.71	5.54	119.50	10.12	2.71	0.99
<u>Hs</u>	54.00	12.91	3.45	51.29	5.27	1.41	0.95
<u>D</u>	62.00	13.09	3.50	48.71	8.57	2.29	3.36**
<u>Hy</u>	58.43	9.73	2.60	55.50	5.47	1.46	1.38
<u>Pd</u>	60.57	9.91	2.65	53.57	6.32	1.69	2.95*
<u>Mf</u>	69.71	8.02	2.14	56.64	10.82	2.89	6.22**
<u>Pa</u>	61.07	8.35	2.23	53.86	6.49	1.74	3.02**
<u>Pt</u>	70.64	7.76	2.07	56.36	7.22	2.06	4.90**
<u>Sc</u>	69.57	14.98	4.02	55.86	4.93	1.32	3.10**
<u>Ma</u>	57.93	10.31	2.76	56.93	7.54	2.02	0.41
<u>Si</u>	54.93	8.31	2.22	46.64	6.28	1.68	4.09**

\* Significant beyond the .05 level

\*\* Significant beyond the .01 level

<sup>1</sup> a minus sign before a t-ratio indicates that the faked score is higher than the honest score

Table 37  
 Comparison of Faking-Good Results Obtained by an  
 Original Group and a Subgroup  
 With High Honest Scores

Scale	Faking-Good Original Group ( <u>N=66</u> )		Faking-Good High Scorers ( <u>N=22</u> )		t-ratio <sup>1</sup>
	Mean	SE	Mean	SE	
<u>L</u> <u>T</u>	65.74	1.45	69.50	2.72	-0.99
<u>F</u> <u>T</u>	50.14	0.60	52.86	1.27	-1.94
<u>K</u> <u>T</u>	65.36	0.79	65.23	1.07	0.10
<u>F-K</u>	-17.71	0.55	-16.50	0.74	-1.31
<u>L+K</u>	29.38	0.71	30.41	1.24	-0.72
<u>2L+K</u>	38.03	1.11	40.23	2.01	-0.98
<u>F-2L</u>	-14.74	0.91	-15.68	1.66	0.50
<u>K+Pt</u>	121.76	1.39	121.68	1.63	0.03
<u>K+Sc</u>	121.82	1.35	121.59	2.03	0.09
<u>Hs</u>	51.77	0.52	53.68	1.01	-1.67
<u>D</u>	49.02	0.77	53.55	1.63	-2.51*
<u>Hy</u>	57.32	0.57	58.68	0.94	-1.23
<u>Pd</u>	55.56	0.94	56.27	1.45	-0.41
<u>Mf</u>	59.06	0.89	62.27	1.63	-1.73
<u>Pa</u>	52.82	0.82	55.00	1.37	-1.37
<u>Pt</u>	56.39	0.91	56.46	1.22	-0.04
<u>Sc</u>	56.46	0.81	56.36	1.40	0.05
<u>Ma</u>	57.26	1.00	58.00	1.75	-0.36
<u>SI</u>	42.98	0.65	44.82	1.20	-1.35

\* Significant beyond the .05 level

<sup>1</sup> a minus sign before a t-ratio indicates that the higher honest scorers had higher faked-good means

## APPENDIX IV

Table 38

MMPI Comparison of the Honestly Reported and Faking-Bad

Scores of Philosophers With Two or More

Honest Scores of 70 or More (N=24)

Scale	Honest			Faking Bad			t-ratio <sup>1</sup>
	Mean	SD	SE	Mean	SD	SE	
L raw	2.83	2.01	0.41	2.00	2.40	0.49	1.70
L T	45.79	6.55	1.34	42.96	8.01	1.64	1.75
F raw	6.29	3.75	0.77	23.58	11.60	2.37	-7.48**
F T	57.96	8.55	1.75	97.13	26.33	5.37	-7.43**
K raw	12.33	3.57	0.73	9.38	4.89	1.00	2.12*
K T	50.04	6.72	1.37	44.54	9.12	1.86	2.11*
F-K	-6.96	5.23	1.07	14.21	12.74	2.60	-7.70**
Hs	60.79	8.34	1.70	68.71	21.45	4.38	-1.75
D	66.29	11.32	2.31	78.17	19.81	4.04	-2.62*
Hy	61.58	8.38	1.71	65.29	14.88	3.04	-1.06
Pd	61.58	11.31	2.31	77.79	14.70	3.00	-4.59**
Mf	71.42	11.28	2.30	64.25	11.73	2.40	2.07*
Pa	57.83	8.76	1.79	71.63	18.42	3.76	-3.30**
Pt	74.25	11.43	2.33	85.21	14.80	3.02	-2.96**
Sc	70.21	12.82	2.62	95.71	24.14	4.93	-5.40**
Ma	62.88	13.63	2.78	76.21	13.16	2.69	-3.66**
SI	62.17	10.62	2.17	67.38	10.79	2.20	-1.58

\* Significant beyond the .05 level

\*\* Significant beyond the .01 level

<sup>1</sup> a minus sign before a t-ratio indicates that the faked score is higher than the honest score

Table 39

## MMPI Comparison of the Faking-Bad and Honestly Reported

## Scores of Philosophers With Two or More

Honest Scores of 70 or More (N=18)

Scale	Honest			Faking-Bad			t-ratio <sup>1</sup>
	Mean	SD	SE	Mean	SD	SE	
L raw	3.22	1.70	0.40	2.39	2.20	0.52	1.15
L T	47.11	5.64	1.33	44.17	7.33	1.73	1.23
F raw	4.06	3.08	0.73	25.83	11.37	2.68	-7.20**
F T	52.94	7.07	1.67	102.17	25.89	6.10	-7.12**
K raw	14.83	4.71	1.11	7.28	3.80	0.90	5.00**
K T	54.61	8.68	2.05	40.67	7.01	1.65	5.00**
F-K	-10.78	6.87	1.62	18.56	13.10	3.09	-7.57**
Hs	58.61	10.56	2.49	76.78	22.92	5.40	-3.23**
D	61.06	9.53	2.25	82.11	21.21	5.00	-3.78**
Hy	63.78	9.80	2.31	67.89	13.84	3.26	-0.94
Pd	60.83	12.47	2.94	84.89	12.66	2.98	-4.78**
MP	68.00	6.50	1.53	66.50	12.95	3.05	0.48
Pa	59.94	6.76	1.59	84.78	23.93	5.64	-4.82**
PT	74.17	7.73	1.82	84.78	19.10	4.50	-2.31*
Sc	71.22	10.80	2.55	103.50	21.66	5.11	-5.40**
Ma	62.67	10.72	2.53	83.22	10.94	2.58	-5.51**
SI	58.39	12.26	2.89	67.72	11.41	2.69	-2.39*

\* Significant beyond the .05 level

\*\* Significant beyond the .01 level

<sup>1</sup> a minus sign before a t-ratio indicates that the faked score is higher than the honest score

Table 40

## MMPI Comparison of the Honestly Reported and Faking-Bad

## Scores of Theologians With Two or More

Honest Scores of 70 or More (N=15)

Scale	Honest			Faking-Bad			t-ratio <sup>1</sup>
	Mean	SD	SE	Mean	SD	SE	
L raw	3.60	1.96	0.51	2.87	1.77	0.46	1.26
L T	48.33	6.68	1.73	45.93	5.98	1.54	1.21
F raw	5.33	2.58	0.67	20.33	13.94	3.60	-4.25**
F T	55.87	6.03	1.56	89.80	31.65	8.17	-4.21**
K raw	16.33	3.29	0.85	9.47	4.58	1.18	5.15**
K T	57.53	6.14	1.59	44.80	8.59	2.22	5.07**
F-K	-11.00	4.63	1.20	10.87	16.73	4.32	-5.16**
Hs	57.20	6.83	1.76	69.67	24.83	6.41	-1.81
D	57.93	11.91	3.07	76.87	17.65	4.56	-4.26**
Hy	61.80	10.54	2.72	66.53	15.14	3.91	-0.99
Pd	62.00	6.99	1.81	74.73	17.93	4.63	-2.96*
Mf	70.27	8.66	2.24	68.27	8.75	2.26	0.92
Pa	57.47	7.32	1.89	70.13	22.22	5.74	-2.30*
Pt	66.93	11.29	2.91	83.93	13.79	3.56	-3.73**
Sc	66.67	8.63	2.23	95.07	31.65	8.17	-3.45**
Ma	61.27	9.38	2.42	78.20	13.84	3.57	-5.21**
SI	53.93	12.76	3.30	65.73	8.99	2.32	-3.37**

\*Significant beyond the .05 level

\*\*Significant beyond the .01 level

<sup>1</sup>a minus sign before a t-ratio indicates that the faked score is higher than the honest score

Table 41

MMPI Comparison of the Faking-Bad and Honestly Reported  
Scores of Theologians With Two or More  
Honest Scores of 70 or More (N=9)

Scale	Honest			Faking-Bad			t-ratio <sup>1</sup>
	Mean	SD	SE	Mean	SD	SE	
L raw	3.78	2.22	0.74	4.67	3.39	1.13	-0.74
L T	49.00	7.31	2.44	51.89	11.42	3.81	-0.72
F raw	5.11	7.29	2.43	23.11	8.82	2.94	-5.81**
F T	55.33	16.52	5.51	96.11	20.13	6.71	-5.77**
K raw	16.44	4.25	1.42	10.22	4.99	1.67	3.17*
K T	57.56	7.83	2.61	46.11	9.16	3.05	3.16*
F-K	-11.33	10.42	3.47	12.89	8.75	2.92	-7.68**
Hs	59.00	12.92	4.31	67.22	14.47	4.82	-1.63
D	61.44	21.42	7.14	76.00	15.70	5.23	-2.33*
Hy	66.89	9.51	3.17	68.67	12.85	4.28	-0.42
Pd	67.67	9.41	3.14	80.56	12.73	4.24	-2.08
Mf	70.89	10.20	3.40	64.33	11.41	3.80	1.20
Fa	62.22	15.46	5.15	77.33	14.53	4.85	-2.15*
Pt	77.56	15.43	5.14	82.00	14.57	4.86	-1.06
Sc	77.11	20.00	6.67	107.33	15.16	5.05	-4.31**
Ma	67.56	10.43	3.48	80.56	9.46	3.15	-2.16*
SI	52.44	11.99	4.00	66.11	11.99	4.00	-3.86**

\* Significant beyond the .05 level

\*\* Significant beyond the .01 level

<sup>1</sup> a minus sign before a t-ratio indicates that the faked score is higher than the honest score

Table 42

MMPI Comparison of Faking-Bad Results Obtained by An Original Group And  
a Subgroup With High Honest Scores

Scale	Faking-Bad Original Group (N=65)		Faking-Bad High Scorers (N=18)		t-ratio <sup>1</sup>
	Mean	SE	Mean	SE	
<u>L</u> <u>T</u>	43.51	0.90	44.17	1.73	-0.34
<u>F</u> <u>T</u>	98.78	3.25	102.17	6.10	-0.49
<u>K</u> <u>T</u>	43.92	0.88	40.67	1.65	1.74
<u>F-K</u>	15.26	1.60	18.56	3.09	-0.95
<u>Hs</u>	69.55	2.75	76.78	5.40	-1.19
<u>D</u>	77.94	2.19	82.11	5.00	-0.77
<u>Hy</u>	65.45	1.90	67.89	3.26	-0.65
<u>Pd</u>	80.26	1.93	84.89	2.98	-1.30
<u>Mf</u>	62.85	1.43	66.50	3.05	-1.08
<u>Pa</u>	71.35	2.30	84.78	5.64	-1.95
<u>Pt</u>	82.32	1.86	84.78	4.50	-0.50
<u>Sc</u>	97.55	3.00	103.50	5.11	-1.00
<u>Ma</u>	76.22	1.45	83.22	2.58	-2.37*
<u>Si</u>	69.20	1.29	67.72	2.69	0.50

\* Significant beyond the .05 level

<sup>1</sup> a minus sign before a t-ratio indicates that the higher honest scorers have higher faked-bad means

## APPENDIX V

### ANALYSIS OF QUESTIONNAIRE

The questionnaire was used mainly to obtain more information about the subject's attitude toward faking. It was not designed to be scored or rated in any systematic way. But it was hoped that the subject's answers would give clues in detecting faking in the MMPI.

#### Comments on Those Who Preferred Taking the Test Honestly

The vast majority preferred taking the test honestly: 88.04 per cent of the philosophers, 92.59 per cent of the theologians. Some of the reasons for this preference will be summed up under a few general headings. For example, it was easier, more conducive to self-knowledge, more interesting and challenging, more helpful, and moreover, the subjects found it the "right" thing to do. Each of these headings will be followed by a few quotations from the subjects' responses.

Easier: In general, it was much easier to take the test honestly. More specifically, it was easier to be consistent. Faking required more effort time, and deliberation. Moreover, faking was annoying and frustrating. This is an important factor to keep in mind when analyzing the results of faking. In this investigation, the faking instructions were rather specific. The subject had to keep in mind constantly the role he was playing.

I was left much more at ease to dig down and see myself as I am rather than a false perception of what I would like to be. It's simpler because you know what you are. It is easier to be honest than to fake because I don't have to remember what to say.



I can give an honest answer and be sure of the answer.

It required less effort and steady concentration.

I found it frustrating to fake.

My answers were more accurate in many cases, because I could refer to past events in my life in order to verify them.

I was able to answer immediately and with very little thought.

I didn't have to think which answer would be most suitable.

I knew immediately what the answer was.

I preferred it honestly because I felt that I wouldn't be able to be coherent when faking it. It was also difficult to keep remembering that the test was a fake.

I felt more comfortable and at ease taking it honestly because I didn't have to keep deciding if the wrong answer would be obvious to the psychologist.

When taking it honestly, the answers seemed to come spontaneously.

I was under more pressure when faking.

I found it difficult to assume a personality different from my own and to stick to it. To a fair extent I failed in this regard.

In faking the test, one has to keep before him the 'false front' and therefore consider each question quite thoroughly to see if he is maintaining the front.

It seemed much easier to answer the questions honestly in relation to your own personality than to invent a masked personality and at the same time maintain constancy.

In faking, I was forced to study each question in great detail before I was able to decide on the faked answer.

While taking the test honestly, you respond automatically, otherwise you have to reflect.

There was only one judgment to make when honest. When dishonest, one had to 'fool' the marker and yet remain consistent and plausible.

It is difficult to maintain a facade through such a formidable barrage of questions.

More conducive to self-knowledge: Although the subjects took the test anonymously and hence would not receive results, many found the experience enabled them to find out more about themselves. This, however, is more pertinent to the value of the test than to faking.

I preferred taking the test honestly because then I saw faults that I always cover up (and which I said I didn't have when I faked). I want to get rid of these faults, not hide them.

I find out more about myself. It's remarkable the things you can discover by asking yourself some of those questions.

By answering these questions honestly, I was able to learn a great deal about myself.

It permitted me to think more about myself than when faking.

You are able to get a good insight into your own character.

It made me realize some of my faults.

It gave me the opportunity to have a real good look at myself.

Taking the test honestly made me stop and look at myself.

This sort of test provides a good opportunity for me to get to know myself better.

It was a good examination of conscience.

Some of the questions really opened my eyes to what kind of life I have been living.

The significance of many of the questions is obvious to me although I have never asked them explicitly in quite the same way they were presented here.

More Interesting and Challenging: Another reason why the subjects

preferred taking the test honestly was because it was interesting and gave them a sense of accomplishment.

It was very interesting. I could see some patterns in my answers that I never knew were there.

I had a feeling of accomplishment and satisfaction when I was finished.

In taking the test honestly, I just felt good and free to mark down what was true whereas in the faking-good, you had to question or guess what was wanted.

It was more interesting to think of how I reacted to these questions. It gave me a chance to admit things. This I had never done before.

More helpful: This reason for preferring to take the test honestly

overlaps with previously mentioned ones.

I felt the test might help me if I answered it honestly but if I answered untruthfully, it would do me no good whatever.

It seemed more profitable.

It is an opportunity to face oneself as one really is.

I know from experience that most fears diminish when one faces them.

In taking the test honestly, I not only helped myself but would also be helping those who will benefit from these series of tests.

Moral Implications: Many preferred taking the test honestly because they

felt there was something not right with faking. The fact they were seminarians might have induced them to see moral implications in the task. It would be interesting to compare their attitude with that of a non-seminarian population. Although they resented faking, some did admit they do fake in

real life. Moreover, the fact that significant differences were found is a sign that they did perform the task conscientiously.

I felt hypocritical when faking

I do not like to be deceiving.

Taking the test honestly eliminates you of any guilt you might feel if you faked.

I didn't like faking because I felt I was cheating.

I felt dishonest when faking.

Faking made me realize I fake quite a bit in real life.

I have always been taught to respect and honor the truth; these feelings are still my firmest convictions.

I did not like the faking. It strikes me that this was a lie.

Faking was a complete waste of time. Many times I found it repulsive.

I felt dissatisfied but it was all for the advancement of science.

Faking is something I despise but which I practice continually in real life. I want to get rid of it but I don't think I can.

It does not seem right to know the answer and mark it wrong. An honest person likes to be honest in all things and all the time.

I do not feel right when I fake.

It's my nature to feel uneasy when I know I'm being deceitful.

I like being honest; I'm not used to lying.

I hate being a hypocrite.

I'm over the age when I should have to lie.

#### Comments of Those Who Preferred Taking the Test

As was mentioned previously only a small proportion preferred faking the test (11.96 per cent of the philosophers, 7.41 percent of the theologians).

Their reasons were similar to those who preferred taking it honestly. For example, it was easier, more challenging and enjoyable, less ambiguous, more conducive to reflection on what a model seminarian should be like.

The following are some of their comments:

It is relatively simple to put yourself in the ideal position without feeling any "qualms of conscience" since we knew it was expected of us to fake the test.

I felt like I was beating the system and was really accomplishing something.

I preferred faking the test because it was a challenge to see if I could figure out and put forth the kind of person that I thought was desired.

I enjoyed it. Probably because of an inherent honesty that makes me tell the truth even when I don't want to and here I had a chance to be

dishonest in an honest way.

It was fun trying to create a fictitious person.

It is enjoyable to construct an ideal type of a well-adjusted seminarian who will be accepted for ordination.

It made me much more aware as to what was being asked.

I took gleeful delight in faking because of my tendency to impatience with poor, limited men purportedly in authority in this institution.

My idea of a good seminarian made it easy to fake the test.

Faking allowed for less worry or concern over results.

I never feel like revealing my whole self. Therefore there are many times when I actually fake.

The attitude of the subject toward faking did make a difference in the scores obtained under faking instructions. This will be shown in the next section where a comparison will be made of the comments on the questionnaire and the test scores.

#### Comparison of Questionnaire Comments and Test Scores

When faking-good, the subject was instructed to make himself appear as a well-adjusted seminarian who would be accepted for ordination. When faking-bad, he was asked to make himself appear sufficiently maladjusted to be considered unsuitable for ordination and hence dismissed from the seminary but not in such a way as to appear abnormal.

On the questionnaire, some of the students commented on how they carried out these instructions. It was interesting to compare their comments with the results obtained on the test. The following are a few examples. The subject's comments are followed by his test scores.

Subject # 8: 18.44; philosopher; 1st. honestly-reported, 2nd. faked-good.

When faking, I definitely felt I was putting myself in a different light. The items I faked are the important ones; the ones that make me an individual with freedom. Questions on sex were very easy to fake because I have had so much practice in faking them in real life. I do this so that priests, parents, etc. will be happy with me. Faking is something which I despise but which I practice continually in real life. I want to get rid of it but I don't think I can.

<u>Hs</u>	<u>D</u>	<u>Hy</u>	<u>Pd</u>	<u>Mf</u>	<u>Pa</u>	<u>Pt</u>	<u>Sc</u>	<u>Ma</u>	<u>Si</u>
<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>
49 49	68 68	56 55	53 55	71 61	65 65	66 66	71 67	68 68	53 60

Despite his comments, the faked scores are very similar to the honestly reported scores. It might be that faking is such an important part of his life that he cannot distinguish one from the other. Although one could be inclined to consider him a manipulator, Pd is one of his lowest scores. He is unduly suspicious and oversensitive, lacking in self-confidence. Perhaps his faking in real life contributes to his guilt feelings. He was the only subject (of the 395) to obtain a F score as high as 13 on his faked-good performance. This suggested faking-bad not faking-good.

Subject # 72: 21.86; philosopher; 1st. honest, 2nd faked-bad

I felt I was putting myself in a different light. Some answers may be the same but the reasons for answering in each case give a different view. I wasn't worried about duplicating answers in each test because there were different reasons in each. It was difficult not to give myself away.

<u>Hs</u>	<u>D</u>	<u>Hy</u>	<u>Pd</u>	<u>Mf</u>	<u>Pa</u>	<u>Pt</u>	<u>Sc</u>	<u>Ma</u>	<u>Si</u>
<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>
62 65	92 75	67 62	74 71	71 88	70 70	95 79	84 90	73 73	64 76

According to the honest scores, this subject is seriously emotionally disturbed. The validity scales would indicate that the honest scores are valid (L=3, F=6, K=13). Under fake instructions, the average for the clinical scales is slightly lower than the average for the honestly reported scores (74.9 per cent as compared to 75.2 per cent). However, one could easily detect the faked scores as such because of the high F (22 as compared to 6 under standard instructions).

Subject #150: 20.54; philosopher; 1st. faked-good, 2nd. honest

I faked good and I tried to make it appear as though I were a well-adjusted seminarian. Although in some cases this seminarian might seem rather sterile. The hardest items to fake were those concerning personality and my attitudes to

others. The trouble is being human. My conduct may at times not be consistent from one situation to the next. Thus it was often difficult to make up my mind as to how I act most frequently.

In faking-good, I tried to make myself appear as though I were entirely confident in communicating with others, in holding my own in a conversation and in being capable of helping others to the extent I would like. In actual fact, I am not these things. It's hard to be a good faker. If you fake on one question, the real-you will most likely show up unexpectedly on another question.

<u>Hs</u>	<u>D</u>	<u>Hy</u>	<u>Pd</u>	<u>Mf</u>	<u>Pa</u>	<u>Pt</u>	<u>Sc</u>	<u>Ma</u>	<u>Si</u>
F <sup>-</sup> H	F <sup>-</sup> H	F <sup>-</sup> H	F <sup>-</sup> H	F <sup>-</sup> H	F <sup>-</sup> H	F <sup>-</sup> H	F <sup>-</sup> H	F <sup>-</sup> H	F <sup>-</sup> H
57 49	52 53	60 51	64 53	55 65	56 53	69 79	53 48	58 55	39 52

The test scores corroborate the subject's comments. His honest scores are all well within the average range with the exception of Pt. If it were not for this high Pt, one might be at a loss to determine which were the faked-good scores. In fact, the average for the faked scores is 56.3 per cent as compared to 55.8 per cent for the honest scores. The L score, however, would have indicated immediately the faked scores (10 as compared to 1 for the honest performance). The Si scale was sensitive in picking up the change in attitude toward others. It is also worth mentioning that the model seminarian portrayed is "rather sterile" (Pd=64, Pt=69).

Subject #210: 23.58; philosopher; 1st. fake-bad, 2nd. honest

I faked in such a way as to appear maladjusted and not abnormal. Assuming I was already in the seminary, it would be foolish to try to appear abnormal. It would be obvious to my superiors with whom I would have been associated on a very close basis that I was not being truthful in all respects.

It was easier to fake habits and ideas in a bad manner than other items which would be obvious or found out through other means such as medical examination for health purposes. Most items on sex, religion, and mental ideas would be too abnormal if they were indicated in a false light. It is easier to fake laziness, lack of interest in studies, a slight distrust in people, or an extrasensitive nature and still appear as a normal person but not acceptable for seminary studies. I had to remember which aspect of my life was being faked. I had to keep fighting the impulse to put down the right answer as it suited myself.

<u>Hs</u>	<u>D</u>	<u>Hy</u>	<u>Pd</u>	<u>Mf</u>	<u>Pa</u>	<u>Pt</u>	<u>Sc</u>	<u>Ma</u>	<u>Si</u>
<u>F</u> <u>H</u>	<u>F</u> <u>H</u>	<u>F</u> <u>H</u>	<u>F</u> <u>H</u>	<u>F</u> <u>H</u>	<u>F</u> <u>H</u>	<u>F</u> <u>H</u>	<u>F</u> <u>H</u>	<u>F</u> <u>H</u>	<u>F</u> <u>H</u>
54 52	80 51	60 51	67 50	78 78	70 56	87 58	74 57	60 53	72 63

Although the faked-scores obtained by this subject are similar to the honest scores of many maladjusted seminarians, the high F score (13) would have indicated faking. Among all the philosophers who first took the test with fake-instructions and secondly with honest-instructions, only one subject had an F score as high as 13 on the honest scales. The subject was successful, however, in maintaining a set plan in faking. The almost average Hs and Hy indicated that few physical complaints were faked. Moreover, the endeavor to show suspiciousness and extrasensitivity was brought out in the high Pa and Pt.

Subject # 29: 22.86; philosopher; 1st honest, 2nd. faked-good

I think it is very easy to fake. When faking, I tried to follow the image of an ideal seminarian. Faking didn't bother me at all. Due to the type of seminary training we get, I would say it just came natural to fake good since you are constantly trying to make a good impression on staff.

<u>Hs</u>	<u>D</u>	<u>Hy</u>	<u>Pd</u>	<u>Mf</u>	<u>Pa</u>	<u>Pt</u>	<u>Sc</u>	<u>Ma</u>	<u>Si</u>
<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>
44 49	56 46	51 49	67 48	59 53	47 38	62 56	69 50	75 50	53 53

It was easy for this subject to cover up his sociopathic, tense, anxious and introversive tendencies and to give the picture of a happy, self-confident and well-adjusted seminarian. Even the validity scales would not have spotted this faking with an absolute degree of certitude. Granted the faked L score is 7. But about 8 per cent of the subjects had honest scores of 7 or over.

Subject # 106: 19.01; philosopher; 1st. honest; 2nd. faked-bad

Some of the questions really opened my eyes to what kind of life I have been living. I feel I have been faking in everything I do. This is very bad. Some items were easier to fake than others. If I were to enter a seminary, I would surely fake about habits and sex. I tried to appear as a maladjusted seminarian—one who is undecided about the priesthood for a life. When faking,

I didn't feel I was showing myself in a different light because "I love to throw the baloney around."

<u>Hs</u>	<u>D</u>	<u>Hy</u>	<u>Pd</u>	<u>Mf</u>	<u>Pa</u>	<u>Pt</u>	<u>Sc</u>	<u>Ma</u>	<u>Si</u>
<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>
70 108	65 104	67 82	79 71	57 78	82 82	91 73	97 120	83 58	58 69

The honest scores indicated serious abnormality. The honest F score was 17. It would seem that this unusually high F score did not invalidate the record. The high scores on the clinical scales coupled with the subject's comments as well as his age (19.01) suggested, among other things, delinquency. Hence this high F could well be a reflection of an honest performance on the test. When he deliberately faked, it was to be expected that the F score be much higher still. It resulted in an F raw score of 46.

Subject # 177: 19.49; philosopher; 1st. faked-good; 2nd. honest

I preferred faking the test because it presented a challenge. That is, I was trying to write a "perfectly phoney" test and yet remain sincere. I enjoyed faking. Probably because of an inherent honesty that makes me tell the truth even when I don't want to and here I had a chance to be dishonest in an honest way.

<u>Hs</u>	<u>D</u>	<u>Hy</u>	<u>Pd</u>	<u>Mf</u>	<u>Pa</u>	<u>Pt</u>	<u>Sc</u>	<u>Ma</u>	<u>Si</u>
<u>F</u> <u>H</u>	<u>F</u> <u>H</u>	<u>F</u> <u>H</u>	<u>F</u> <u>H</u>	<u>F</u> <u>H</u>	<u>F</u> <u>H</u>	<u>F</u> <u>H</u>	<u>F</u> <u>H</u>	<u>F</u> <u>H</u>	<u>F</u> <u>H</u>
54 65	46 84	60 84	55 76	67 90	50 65	56 85	65 82	60 58	41 62

Here is another example of a subject whose honest scores classified him as a very maladjusted person. While faking, he was able to bring most of the scores within normal range. This could not be detected by investigating the validity scales (L=4, F=2, K=19). This student was successful in completing, as he mentioned a "perfectly phoney" test and yet give the impression of being "sincere."

Subject # 196: 20.80; philosopher; 1st. faked-good, 2nd. honest

I did not prefer faking the test because I couldn't see the purpose of wasting time faking. Anyone would know the answers one would choose when faking. When faking, I pictured myself as having no faults.



<u>Hs</u>	<u>D</u>	<u>Hy</u>	<u>Pd</u>	<u>Mf</u>	<u>Pa</u>	<u>Pt</u>	<u>Sc</u>	<u>Ma</u>	<u>Si</u>
<u>F</u> <u>H</u>	<u>F</u> <u>H</u>	<u>F</u> <u>H</u>	<u>F</u> <u>H</u>	<u>F</u> <u>H</u>	<u>F</u> <u>H</u>	<u>F</u> <u>H</u>	<u>F</u> <u>H</u>	<u>F</u> <u>H</u>	<u>F</u> <u>H</u>
54 59	48 53	63 56	57 67	57 51	62 65	54 62	53 55	53 53	44 45

In contrast to the preceding subject (#177), this student's honest scores were mostly all within the average range. So are the faked scores. But he was not successful in faking because the faked profile could be easily detected by the high L score of 12. Again in comparison with the preceding subject, one may infer that it is as easy for a maladjusted person to fake normal scores as it is for a well-adjusted person. The skill in concealing faking will depend on the attitude with which the subject takes the test. The questionnaire is helpful in spotting this attitude.

Subject # 272: 24.08; theologian; 1st. honest, 2nd. faked-good

I didn't like faking; first, even faking-good wasn't easy and secondly, it just seemed so "phoney" at times. I found attitudes towards occupations, habits or sex were easier to fake as I realize I have definite shortcomings in these categories. I guess I was painting a picture of someone I would like to be. But after doing it I felt: "Still glad that's not me because he's not so appealing after all." In many cases, my answers were the same. I guess I feel I'm a pretty good fellow who stands up to the norm pretty well.

<u>Hs</u>	<u>D</u>	<u>Hy</u>	<u>Pd</u>	<u>Mf</u>	<u>Pa</u>	<u>Pt</u>	<u>Sc</u>	<u>Ma</u>	<u>Si</u>
<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>	<u>H</u> <u>F</u>
59 49	46 44	58 56	55 50	57 63	59 53	60 46	55 46	50 53	42 47

With the exception of the Hs and Pt scales, this subject's honest scores and faked-scores are quite similar. Hence one would question why the subject did not find the faked-profile "appealing." It would seem that the L score of 14 would contribute to this feeling. Most items on this scale are obvious. A person who answers them in the socially desirable direction is either faking or (as the Manual suggests) very naive.

Subject # 302: 23.02; theologian; 1st. honest, 2nd. faked-bad

I found it easy to fake attitudes toward life, self, and others because I pictured myself at my worst and worse than that. I also thought of a couple

of people I know and tried to answer as I think they should. I felt I showed myself in a more extreme light, not really in a different light. I showed myself as an introvert which I believe I am but to a lesser degree. Also I am beginning to accept myself and in that very attitude I think I am growing less introverted and more involved with others. I pictured myself as not accepting myself and as quite pessimistic about life.

Hs	D	Hy	Pd	Mf	Pa	Pt	Sc	Ma	Si
H F	H F	H F	H F	H F	H F	H F	H F	H F	H F
52 49	53 89	55 55	43 86	73 71	50 56	64 93	53 94	15 60	64 87

This student was successful in picturing himself as a pessimistic, non-accepting, introvert (D=89, Pt=93, Sc=94, Si=87) without any particular health problems (Hs=49, Hy=55). The F faked-score was 20.

Subject # 318: 22.69; theologian; 1st. honest, 2nd. faked-bad

The character I faked is an egoistic, insecure individual who is puritanical in his attitude toward sex and possesses no real concern for others. He is not the selfless man of faith with a proper attitude toward sex. In matters of religion, sex, and interpersonal response, it was much easier to fake for the reason that I come from an Irish background. I have reacted violently to the puritanical attitude toward sex in my own home.

Hs	D	Hy	Pd	Mf	Pa	Pt	Sc	Ma	Si
H F	H F	H F	H F	H F	H F	H F	H F	H F	H F
49 72	60 92	58 69	57 76	53 67	67 70	66 93	53 99	65 65	43 76

Although this student faked an abnormal profile and not just one of a maladjusted seminarian, he definitely carried out his plan to portray a lonely, worried, guilt-ridden, egoistic, introverted character. Granted the scores are overly exaggerated. But this might be explained by the fact that this student was reacting "violently" against some of the attitudes prevalent in his home and background.

#### General Conclusions Regarding Questionnaire

It is difficult to formulate specific principles from the preceding analysis. The responses to most items of the questionnaire were rather unique. However, the questionnaire was useful in several ways. With reference

to faking-bad records, it was helpful in showing the design or plan of the faking and in giving clues as to why the subject faked to such and such a degree.

When a subject said he faked in such a way as to appear abnormal and not merely maladjusted, the scores were usually higher. Some said they did not fake physical complaints because these were too obvious. Their average Hs and Hy scores corroborated that statement.

It was helpful in justifying the validity of the record even though F was beyond the critical point. For example, one subject obtained an honest F score of 17. The diagnostic scales were likewise elevated. But from his comments on the questionnaire, one would not be inclined to declare the record invalid. Rather a diagnosis of behavior disorder would seem justified.

However, the questionnaire proved more useful in detecting faked-good records. By examining individual records, it was impossible at times to detect the faked-good records. Although the validity scale generally proved helpful, it was not always sufficient. In such circumstances, the questionnaire helped to ascertain the subject's attitude toward faking. From the comments, it was evident that some were able to falsify their responses without detection either because they were adept at faking in everyday life or because they were selective in falsifying items on the L scale. They were aware that it would be naive to falsify those items which were considered too obvious. The instructions required them to fake in such a way so as not to give themselves away. Some either through inattention or lack of shrewdness did not always comply with this instruction.

As some studies indicated (Dahlstrom & Welsh, 1960; Gynther & Shimkunas, 1966), scores on the L scale are affected by intelligence. It might have been the brighter ones who were more successful in faking the items on the L scale. Moreover, as Vincent and his associates (1966) pointed out, some subjects might not have been personally involved with many of the items on the L scale. Hence they saw no need to falsify them. In contrast, the items on the diagnostic scales were more "threatening" and hence more readily faked. Hence when analyzing the results of faking, it is helpful to compare the scores on the validity scales with the answers on the questionnaire.

Sweeney (1964) found a short questionnaire very helpful in evaluating the subject's attitude toward the test, the subject's notion of the purpose and usefulness of the test. About 40 per cent of the 65 subjects who answered the questionnaire indicated definite influence of role-playing. The desire to avoid being screened out of the seminary was responsible for this faking-good. In Sweeney's study, the subjects answered the questionnaire in retrospect. Some of them had already persevered to perpetual profession and the priesthood. Since they felt more secure they might have been rather candid in answering the questionnaire.

In the present study, the subjects took the test and answered the questionnaire anonymously. It might be more difficult to guarantee frank expression on the questionnaire when the tests are taken in the setting of a screening program. If a person dissimulates when he answers the test, he may likewise dissimulate when he is answering the questionnaire.

In conclusion, since a short questionnaire proved helpful in analysing faking on the MMPI, it might also be helpful in interpreting a subject's

honest performance. Hence it might be worthwhile to devise a questionnaire that would be administered as standard procedure in conjunction with the MMPI.

APPROVAL SHEET

The dissertation submitted by John Gerald Grant, C.Ss.R.  
has been read and approved by members of the Department of  
Psychology.

The final copies have been examined by the director of  
the dissertation and the signature which appears below verifies  
the fact that any necessary changes have been incorporated and  
that the dissertation is now given final approval with reference  
to content and form.

The dissertation is therefore accepted in partial fulfillment  
of the requirements for the degree of Doctor of Philosophy.

April, 1967  
Date

Fredrick Kobler  
Signature of Adviser