

1973

A comparison of computerized MMPI reports of French-English bilingual Canadian students.

Murray M. Fishbach
University of Windsor

Follow this and additional works at: <http://scholar.uwindsor.ca/etd>

Recommended Citation

Fishbach, Murray M., "A comparison of computerized MMPI reports of French-English bilingual Canadian students." (1973).
Electronic Theses and Dissertations. Paper 553.

This online database contains the full-text of PhD dissertations and Masters' theses of University of Windsor students from 1954 forward. These documents are made available for personal study and research purposes only, in accordance with the Canadian Copyright Act and the Creative Commons license—CC BY-NC-ND (Attribution, Non-Commercial, No Derivative Works). Under this license, works must always be attributed to the copyright holder (original author), cannot be used for any commercial purposes, and may not be altered. Any other use would require the permission of the copyright holder. Students may inquire about withdrawing their dissertation and/or thesis from this database. For additional inquiries, please contact the repository administrator via email (scholarship@uwindsor.ca) or by telephone at 519-253-3000ext. 3208.

A COMPARISON OF COMPUTERIZED MMPI REPORTS
OF FRENCH-ENGLISH BILINGUAL CANADIAN STUDENTS

by

Murray M. Fishbach

A Thesis

Submitted to the Faculty of Graduate Studies through the
Department of Psychology in Partial Fulfillment
of the Requirements for the Degree of
Master of Arts at the University
of Windsor

Windsor, Ontario, Canada

1973

© Murray M. Fishbach 1973

447894

ACKNOWLEDGEMENT

I am initially grateful to Dr. Wolfgang G. Bringmann, Chairman of my Thesis Committee, who conceived of the idea for this research endeavour and who aroused my concerns about the question involved. His helpful suggestions, and directions were appreciated. I wish to express my sincere appreciation to Dr. William D. Balance, who clarified numerous methodological points, provided support, and made suggestions as to the content and form which greatly improved the paper. For their efforts on behalf of this thesis, my sincere gratitude must be extended to Dr. R. Engelhart, and Dr. R. Helling, and finally to the students who participated: "Thank you".

ABSTRACT

There is little information in the literature which relates to the validity of using the MMPI with French-English bilinguals. It was felt that before the MMPI should be continued to be used as a diagnostic instrument with French-English bilingual subjects, efforts to evaluate the comparability of the French language translation (Chevrier, 1961), and the standard English (Hathaway & McKinley, 1943) version should be made.

Thirty-three French-English Canadian born bilinguals were administered both an English and a French translated MMPI in counter balanced order within a three-day test, retest interval. Sixty-three female and 43 male undergraduates were asked to rate Roche computerized reports. The results demonstrated that (1) there was no difference in the similarity ratings of male and female raters (1b) no difference in the ratings given to male and female bilingual reports (2) raters rated matched comparison MMPI reports derived from the French-Canadian input as significantly more similar to that written from the English input on the same person than randomly chosen comparison MMPI reports.

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENT	i
ABSTRACT	ii
LIST OF TABLES	v
CHAPTER	
I, INTRODUCTION AND BACKGROUND	1
Bilingualism and Personality Assessment	3
Bilingualism and Personality Inventories	5
Computerized Personality Assessment	9
II STATEMENT OF THE PROBLEM	13
Significance of the Problem Area	13
Specific Aims	13
III METHOD	16
Subjects	16
Raters	16
Instruments	16
Procedure	19
Report Rating	20
Statistical Analysis	21
IV RESULTS	22
V DISCUSSION	37
APPENDICES	40
I Classification-Degree Questionnaire	42
II Word List	44
III Inventaire Multiphasique de la Personnalite (Minnesota) Chevrier 1961	46
IV Report Rating Scale	63
V Sample Roche Psychiatric Service Report	65
VI Roche Identification Code	69

	Page
VII Roche Psychiatric Service French Translated MMPI Reports	71
VIII Roche Psychiatric Service English Translated MMPI Reports	108
REFERENCES	141
VITA AUCTORIS	144

LIST OF TABLES

TABLE	Page
1. Description of Bilingual University Students Taking the MMPI . . .	17
2. Classification and Degree of Bilingualism of University Students Taking the MMPI	17a
3. Median Test of Independence, Applied to Ratings of Male & Female MMPI Reports	25
4. Median Test of Independence Applied to Male Rated VS Female Rated MMPI Reports	26
5. Mean Similarity Ratings of English Comparison Male & Female MMPI Reports by 43 Male Raters	27
6. Probability of Male Judges Assigning Highest Similarity Ratings to French-English Bilingual MMPI Reports	28
7. Mean Similarity Ratings of English Comparison Male & Female MMPI Reports by 63 Female Raters	29
8. Probability of Female Judges Assigning Highest Similarity Ratings to French-English Bilingual MMPI Reports	30
9. Mean Similarity Ratings Given to Male French-English Bilingual University Students MMPI Reports by 3 Groups of Judges	31
10. Probability of Male & Female Judges Assigning Highest Similarity Ratings to Male French-English Bilingual MMPI Reports	32
11. Mean Similarity Ratings Given to Female French-English Bilingual University Student's MMPI Reports by 3 Groups of Judges	33
12. Probability of Male & Female Judges Assigning Highest Similarity Ratings to Female French-English Bilingual MMPI Reports	34
13. Mean Similarity Ratings Given to Bilingual Male & Female University Student's MMPI Reports by 3 Groups of Judges	35
14. Probability of Male & Female Judges Assigning Highest Similarity Ratings to French-English Bilingual MMPI Reports	36

CHAPTER I

INTRODUCTION AND BACKGROUND

Language fulfills various major functions one of which is to provide "clear-cut, organized and enduring anchorages for the individuals perceiving, judging, and other aspects of his experience and behavior" (Sherif and Sherif, 1956, pp 483). It is through language that social situations are handled (Reusch, 1953), and regardless of theoretical orientation language is the basis of psychological therapies (Reusch, 1959).

Immigration, colonization and annexation of territory have led to groups of people speaking different languages living together. Recently cultural, educational and commercial relations have taken precedence and the number of people becoming conversant with two or more languages have increased (Krichev, 1969). "Partly as a result of its obvious relation to communicative difficulties and educational problems in large modern societies, the effects of bilingualism have come to be the subject of much debate", (Diebold, 1968, pp 218 F).

In Canada, bilingualism is a crucial problem. Although it is the French-English bilinguals who receive the most emphasis, large segments of the country have other fluent bilingual groups as well. The German-English of the prairies, and the Cantonese-English of Montreal are but two. "For purposes of scientific study, the term 'bilingualism' must be defined, delimited, and, if possible, measured" (Arsenian, 1945, pp 70). In defining bilingualism, Arsenian (1937) pointed out that

"bilingualism is not a simple concept and its form and appearance everywhere are not uniform (pp 146)".

Two types of bilingualism, compound and coordinate, have been distinguished by Osgood (1954). A compound system can be characteristic of bilingualism acquired by a child who grows up in a home where two languages are spoken more or less interchangeably by the same people in the same situation. This development may also be typical of learning a foreign language in the school situation (pp 140). He describes the coordinate system as that kind of development of the true bilingual, who has learned to speak one language with his parents, for example, and the other language in school and at work (pp 140).

A great deal of research on bilingualism has been within the area of linguistics and speech development. Here linguists have attempted to examine whether speaking more than one language effects the verbal production of the individual in each. Gumperez (1962), Haugen (1950), have found that certain speech patterns tend to be carried over with the result that neither will be spoken as well. Mackey (1962), Osgood (1954), Vogr (1954), and Weinreich (1953) investigated a related problem, that of linguistic interference.

Educators, on the other hand, have been interested in whether bilingualism handicaps children in their educational endeavors. Krichev (1970), states "that while the bulk of the research seems to favor the theory that bilingualism has ill effects on speech development, the contention of others is contrary and even suggest that there may be some advantages". Peal and Lambert (1962) found that carefully matched bilinguals did as well or better than the monolinguals on all tests both

verbal and non-verbal. This study has stood as the last word on bilingualism and intelligence.

A more recent concern has been with the possible effects of bilingualism on the personality of the individual.

Haugen (1956), Weinreich (1953) suggest that bilingualism is a crucial factor in the personality structure of the individual and his emotional adjustment.

Bilingualism today is a widespread phenomena. In the past, it has been considered by specialists in the field of language development, educators and psychologists alike. Generally, research has pointed out the uniqueness of the bilingual. Many views, often opposing, have been forwarded concerning the effects or at least the potential effects of bilingualism. Pertinent questions were raised: are bilinguals different from monolinguals? If so, is it necessary to treat them differently? What is the effect of bilingualism on personality? Does a bilingual's personality shift depending on the language used?

Bilingualism and Personality Assessment

Veliskovsky (1934), observed that with some patients the second language became involved with the personality to the extent of producing dreams devoid of the native language. Green (1941), claimed that he was unable to translate his own book from French to English because of the impact of language on his personality. Buxbaum (1949), attempting to deal with the traumatic experiences of his clients, found that many patients were relieved when recounting their experiences in a language other than English, the one in which the aversive event had occurred. Lowie (1945), claimed that personality changes when language is shifted. Few studies

are available which attempt to deal directly with the question of bilingualism and personality: it is not surprising then that the area of personality assessment and bilingualism is in need of definitive research. Ervin, (1955), (1964), administered the T.A.T. both in English and in French to native French bilinguals living in Washington, D.C. Of the nine predictions which were based on child-rearing and value studies from both French and the United States, three were statistically validated. In other words, three of the predicted variables did change as a function of the content and hence the interpretation of each language. In view of the type of test used and the ensuing subjectivity of interpretation (as was admitted by Ervin), the results are at best tentative.

A study by Lambert and Moore (1966), in which word association patterns of bilinguals were compared revealed that the semantic pattern of the associations changed as a function of the language used. The idea that shifting languages involves shifting personality characteristics is suggested.

Botha (1968) administered the Dennis' Uses Test to one-hundred Arab-French and one-hundred Arab-English bilinguals, each subject taking the test only once (with half of it in each language). All subjects were reported to have similar backgrounds and equal fluency with regards to their respective two languages. While Arab-French bilinguals were found to differ as a function of the language used, the Arab-English bilinguals were not. This difference was attributed to, (1) the relatively higher status of French as opposed to English, (2) French being taught at an earlier age, and (3) the Arab-French bilinguals greater familiarity with the French culture.

Titone (1969, pp 307) concludes "that the personality of the learner of a second language . . . learns a second self".

Generally, few studies are available which attempt to deal directly with this subject. Most recently, efforts to answer the question ---Do bilinguals shift their personality characteristics when they shift language of use?---have employed the personality inventories. This is a new approach and to date the results have been equivocal.

Bilingualism and Personality Inventories

Objective personality inventories are commonly used devices (Sundberg, 1961). They are extremely popular in English-speaking countries and are being used increasingly abroad (Dahlstrom and Welsh, 1968). Tests which measure personality are being used for numerous reasons and purposes. Amongst the purposes (Cronbach, 1970) are the following: (1) as a diagnostic instrument, to classify a person into a clinical type or treatment group; (2) as an aid in counselling, to obtain personality assessment before, during, and/or after counselling sessions; (3) in personnel selection, to aid in determining the suitability of an individual for the proposed assignment; and (4) in personality research, before and after treatment evaluations.

The use of personality inventories to shed light on the question of bilingualism and personality change is, thus, theoretically sound, as well as of direct clinical relevance.

The study of Glatt (1969) indirectly examined this question. He administered pairs of MMPI's once in each language to Spanish, French, and German-English bilinguals in an attempt to validate each of the translated versions. In brief, the question he asked was will a person who is

fluent in two languages produce similar MMPI profiles if he takes the test in each of either the French, Spanish, or German translation. It was decided to randomize the distribution of the test materials to prevent any contamination of the results that could arise from one test being consistently taken first. The MMPI's were administered in the standard way, save the subjects were discouraged from trying to make sense out of a difficult item by attempting to remember its counterpart on the first test. As a consequence, the subjects were allowed to look up the meaning of words or idioms they did not understand. In addition, it was considered important that the subjects take the two tests as closely together in time as possible in order to control for or rule out any real personality change taking place between the administrations and thereby affecting the results.

The analysis of the data consisted of a two-part statistical evaluation of the results and a two-part clinical evaluation of the resultant MMPI profiles.

In comparing the individual profiles resulting from the Spanish and German translation with their English counterparts, it was found that the scores on certain scales were on the average significantly more elevated in the foreign language than in English. However, these differences tended to be small and clinically non-significant. For the most part, Spanish and German profile configurations did not differ from that of the English.

In comparing the results of the French translation with those of the English, it was found that although the scale differences overall were not large, the total profile configuration differed from the English

7

to such an extent that in approximately 50% of the cases the French profile was considered to have a different clinical meaning to reflect a changed personality constellation. Only 54% of the pairs of profiles from the French group were judged as showing no clinical change--as measured by the judgments of experienced, Minnesota clinicians, Glatt himself suggests that while the results on the one hand lend support for the adequacy and clinical utility of the Spanish and German translations and suggest gross deficiencies in the French translation, there is the distinct possibility that the findings reflect more the inadequacy of the subjects and, therefore, the results of the study should be considered as an under-estimation of any degree of correspondence.

Campeau (1970), used a total of 44 native-born bilingual students. Thirty-seven were coordinate-bilinguals and seven were compound bilinguals. The Personality Research Form - Form E (Jackson, 1969) comprising of 20 personality and two validity scales was translated by Campeau and Campeau (1970).

Since the normative data for the PRF (Form E) were not yet available, scaled score comparisons and subsequent interpretation of these scores had to be postponed. However, correlations means and mean differences with t-test for correlated means were computed with respect to the total sample.

The results where raw scores of the male group were compared by t-test for correlated means, indicate that none of the scales reached significance. In fact Campeau reports all absolute mean differences as being below unity. Similarly, absolute mean differences for the female group were all lower than one. Two scales, however, did reach significance at the .05 level (2-tailed test)--but these were not considered clinically significant.

Statistical analysis of the total sample resulted in finding four scales significant at the .05 level. However, absolute mean differences on all scales including those found significant, were well below unity.

The results derived from separate analysis of male and female groups as well as the total sample was summarized as follows: 6 scales across the various groups were significant (.05 level).

In summary, perusal of the results derived from each of the variously partitioned groups led Campeau to conclude that the French-English bilingual's personality, as reflected by the test performance scores does not change significantly as a function of the language used within an inventory.

Gignac (1970) administered MMPI inventories in the standard way. Each subject was asked to read the directions, and answer as carefully and as quickly as possible. A counterbalanced order was used in order to rule out the possibility of the effect of taking one test first. The between-test interval ranged from 5 to 7 days for all subjects.

From the performance of each subject on both the English and French MMPI's, mean differences of scale scores ("T") were tabulated for each of the 13 main scales (L-Si). Separate data for males, females, and the entire sample was computed.

Generally, the mean differences were low with the Sc scale exceeding 7 T-points for the male group, the L,F, and Mf scales for the female subjects, and the L,F, and Sc scales having the largest difference for the entire sample. The mean differences on scales Hy, Pa, Ma, and Si were small for both males and females.

T-Test (two-tailed) for correlated samples were then computed for each of the 13 scales (K-corrected) in order to analyze the differences between French and English personality-test's scores.

The male and female bilinguals as a group provided interesting variations from the total sample. There were only 3 scales, F, D, and MF, which demonstrated significant differences consistently among the three groups. Apart from these, each group appeared to have its own distinct significant scales.

Gignac concluded that his results indicated major differences between French and English MMPI performance. Consequently, he was forced to reject his no differences hypothesis in favor of statistical evidence. The author proposed that differences are due, in part, to the sample utilized and to the artifacts of the translation but at the same time did not reject personality and/or cultural dimensions.

Computerized Personality Assessment

By examining carefully the decision-making and prediction-making activities of human judges, and translating them into a computer language, it has been possible to program computers to produce complete reports on specific tests. As most extensive work in this area has been done with the MMPI, it seems reasonable that research comparing the personality-test performance of bilinguals could concentrate on the test reports generated by the test protocol rather than simply comparing the scaled scores.

Report-writing programs have been developed for the 16 PF (Eber, 1964), and the Rorschach (Piotrowski, 1964). The most widely used program is that developed for the MMPI by Fowler (1964, 1965), and implemented by

the Roche Psychiatric Service Institute. This program is described in detail below.

The MMPI is highly structured in administration and in scoring. Its T-F response format lends itself well to processing by a digital computer based on the binary number system. In programming a computer to produce a report for the MMPI, a set of rules is fed into it, as well as a library of statements to be printed when any rule or set of rules is met. This is done for each possible elevation on each scale, and also for various combinations of scales. The most common pattern used is the two-point code interpretation. The computer is programmed to list the scales in order, identify the two-point code and to locate the appropriate interpretation in the statement library. For each possible two-point code there exists a number of alternative statements which are dependent upon the elevation of the highest two scales, the presence of other scale elevations, as well as such factors as the subject's age, sex and marital status.

Since other profile elevations may contribute to the clinical picture, additional statements are prepared for elevated scales not already accounted for in the two-point configuration. In addition, the computer is programmed to calculate several "decision rules" which take a number of scale relationships into account and help in making predictions about the present status of the patient and about future developments (Fowler, 1967).

The steps taken by the computer are intended to be similar to those taken by a human interpreter of the MMPI (Kleinmuntz, 1967). First various configurations of the validity scales are dealt with, and then the appropriate interpretive statements are retrieved from the library.

For example, the F-K ratio is interpreted in the context of the elevation of the L and F scales, and the computer is instructed that "if F-K is between -14 and +3, L is below 6, and K below 21"... "In responding to the test items, it appears that the patient made an effort to answer truthfully without attempting to deny or exaggerate"... However, if any one of several other statements relating to the validity of the patient's responses have been printed, the above statement is not printed. Operations similar to this are carried out with many configurations of the validity and the clinical scales. Fowler (1965) describes in detail the preparation of the statements, and rules, and their arrangement in "decision Trees" or flow charts. Basically each chart is a sequence of yes-no choices culminating in an instruction to print a particular statement or to proceed to the next chart. The statement library and the interpretive rules have been translated into the computer language Fortran IV.

This program was used initially to prepare reports on about 2,000 clinic out-patients. For all of these, social histories and medical and psychiatric evaluations were available. The reports were evaluated by the professional clinic staff members in the light of these other data. The statements were then modified--in accordance with the feedback thus obtained. The computer can in this way continue to "learn from experience" as the clinician does.

The report that is sent from the Roche Laboratories to the clinician consists of:

- (1) the description of the client's feelings, behavior, etc., recommendations for treatment and probable response to treatment;

(2) the raw scores and scaled scores on the validity scales and clinical scales;

(3) a list of the critical items which were answered in the scored direction; and,

(4) a profile showing the elevations of the validity scales and the first ten clinical scales.

Each report also includes cautionary notes to remind the reader that the report is to be an adjunct to the clinician's own judgement and skill, not a substitute for them, and that the critical items should not be overinterpreted. A sample Roche report is shown in Appendix V.

Several other interpretation systems have been developed for the MMPI, for use in specific situations. The first such system was developed at the Mayo Clinic, for the purpose of screening medical patients and giving their physicians a brief outline of the patients' personalities (Rome et al., 1962).

Glueck and Reznikoff (1965) developed a modification of the Mayo program for use with a psychiatric population. Marks and Seeman (1963) collected data on 16 empirically-defined code types, which Marks (1966) later developed into a program which printed out reports. Marks' system was also programmed to print out the Mayo report on cases which did not fit the rules for any of his types. Finney (1965, 66, 70) has reported progress in developing a program which produces a report several pages in length, this program seems promising, however, it is not yet available in any published account and the current fee is decidedly more expensive than the Fowler-Roche Program.

CHAPTER II

STATEMENT OF THE PROBLEM

Significance of the Problem Area

With the exception of three or four studies relating bilingualism to personality testing, emphasis has in the past, focused on the relationship between bilingualism and intelligence, and intelligence and educational functioning.

Whenever bilinguals are being clinically assessed, it is essential that the effects of speaking more than one language be examined. Since Canada is an official bilingual country, wherein French-English bilingualism is a relevant issue, this study concerns itself with male and female Canadian bilinguals.

Specific Aims

Glatt (1969) compared individual MMPI profiles resulting from Spanish, German, and French-English bilinguals. Each subject in the sample took two MMPI's the English and either the French, Spanish or German translation. It was felt that the most meaningful way to evaluate the foreign language MMPI's would be to administer both the English MMPI and one of the translated MMPI's to groups of bilingual subjects. In brief, he asked the question "will a person who is fluent in two languages produce similar MMPI profiles if he takes the test in each of these languages?" From the performance of each subject on both the English and foreign language MMPI's difference scores were computed in T-points for each of the 14 main scales (L-Es, K-corrected). The mean difference scores for each group on each scale were then computed and evaluated by means of the T-test for correlated means (2-tailed).

With respect to the French translation K, 3, 6, 7, and 9, the mean difference was approximately 1 T-point and non-significant. Differences on L, 2, D, were small $< .02$, $< .05$, $< .02$ respectively. Notwithstanding, F, 4, 5, and 8 appeared not to carry the same meaning. The best judge gave only 14 of the 26 pairs of MMPI's the same diagnosis and in only 49% of the cases did the average judge give the French MMPI the same prognosis as the English counterpart. Glatt concluded that the overall profile configuration on the French MMPI for approximately half of the group differed sufficiently from the English profile so as to convey a different social meaning and have different interpretive implications.

Gignac (1970) postulated that there should be a high degree of concordance between the standard and the translated version of the MMPI demonstrating no differences between a bilingual's French personality test performance and his English personality test performance. Statistical analysis demonstrated that the French translation appeared to falter on certain scales; these were L, F, D, Mf, and Sc, which were significant at either .01 or .001 levels. Mean profiles demonstrated that French scores were consistently higher than English scores in the male group, female group and in the total sample. Consequently, he was forced to reject his hypothesis stating no differences in favor of statistical evidence.

Based on Gignac's (1970) findings of differences between the ratings of male and female raters, and, in view of the fact that the mean differences were generally low: the first hypothesis pertains to the influence of sex differences upon the ratings of computerized MMPI reports.

Specifically it was predicted (a) there will be no differences in the similarity ratings of male and female raters; and (b) there will be no

differences in the similarity ratings of male and female subjects.

The second hypothesis is concerned with the similarity between comparison MMPI reports derived from English and French Canadian inputs. Specifically it was predicted (a) that raters will rate matched comparison MMPI reports derived from the French Canadian input as significantly more similar to that written from English input on the same person than randomly chosen comparison MMPI reports.

CHAPTER III

METHOD

Subjects

Thirty-three French-English Canadian born bilinguals were asked to participate in this study. The subjects were young college students enrolled in the French program at the University of Windsor in Ontario. The entire sample consisted of 20 females and 13 males of above average intelligence, as determined by the Clarke Multiple Choice Word list (Daniel Paitich, 1969) Table I provides a description of the sample. More than half of the group used, learned the second language in the home, but a classification degree questionnaire following Osgood (1954), indicated that English was the language spoken most often. This was true of both male and female subjects. Table 2 provides a summary of the manner of acquisition of the second language and present mode of speaking.

Raters

Sixty-three female and 43 male undergraduates enrolled in the Introductory Psychology and Introductory Abnormal course at the University of Windsor were asked to rate MMPI report booklets. The age of these participants ranged from 18-40, with a mean of 23. Both groups of Ss who volunteered were offered feedback about the research and an opportunity to receive course credit.

Instruments

MMPI—the standard English (Hathaway and McKinley, 1943) and French MMPI booklets (Chevrier, 1961) were used in assessing personality characteristics.

TABLE I
DESCRIPTION OF
BILINGUAL UNIVERSITY STUDENTS TAKING THE MMPI

Subjects	Number	Mean Age	Mean Intelligence
Males	13	22.89	117.22
Females	20	24.72	117.77
Total	33	24.0	117.53

TABLE 2
 CLASSIFICATION AND DEGREE OF BILINGUALISM
 OF UNIVERSITY STUDENTS TAKING THE MMPI

Subjects	Number	Acquisition of Second Language			Present Mode of Speaking ^a	
		Home	School	French	English	Both
Males	13	9	4	1	9	4
Females	20	14	6	2	10	10
Total	33	23	10	3	19	14

Note:--See Appendix |

^a Mostly French, mostly English, or both French and English spoken in the same amount.

The MMPI has been used to aid in screening and selection of emotional and adjustmental problems in high school (Hathaway and Monachesi, 1951) college (Kleinmuntz, 1960), the military (Green, 1955), medicine (Meehl and Dahlstrom, 1960), and industry (Drasgow and Barnett, 1957). The MMPI has been used successfully to appraise the severity of symptoms among psychiatric patients (Feldman, 1958), to assess their contact with reality (Meehl, 1946); to measure patients overt anxiety (Taylor, 1953), and to assess ego strength and the degree to which the patient is liable to profit from individual psychotherapy, (Baron, 1953). Cross validation studies (Hathaway and McKinley, 1943, Sundberg, 1956), and the fact that this test lends itself to computer programming has contributed to its popularity.

Roche-Fowler scoring system--the output from the program is a three-page printout. The first page is a narrative report which the computer has selected according to its programmed instructions, (Appendix VII). The second page contains the raw scores and t-scores on four validity scales, 10 clinical and 14 special scales. It also contains a printout of the critical items, a selection of 38 MMPI items which bear on serious symptoms, impulses or experiences. Several years use of the system on a limited scale in out-patient and private practice have yielded favorable responses on an informal basis, Rome (1962), Swenson, (1965). Fowler, Miller (1969) describe a survey which reveals generally favorable attitudes, and an unusual unanimity to having the service continued. Roche answer sheets insured computerized scoring and were used with both versions.

The Clarke Multiple Choice Word List (Paitich, 1969) which is

based on the WAIS Vocabulary subtest was used to obtain IQ estimates of the subjects.

Osgood (1954) Classification-degree questionnaire was used to furnish information as to the degree of bilingualism of each subject.

Three sets of 33 Roche-Fowler MMPI computerized report booklets consisting of the text of a French (translated) criterion report, its English match and three randomly selected reports from the subject pool, furnished the to-be-rated material.

A seven-point Likert-type rating scale ranging from very different, to very similar was developed by the author. This scale is a modification of the instrument used by Roche Laboratories in their validity studies of computerized reports. Bringmann, (1972) et.al - successfully used a similar format in comparing computer and clinician-scored MMPI profiles.

Procedure

The MMPI inventories were administered in the standard way. Each subject was asked to read the instructions and answer quickly but carefully. Dictionaries were made available. The personality-inventories were presented in a counterbalanced order to prevent any effect of taking one test consistently first. Each subject completed the two inventories within a span of seven days. Clarke Multiple Word List Intelligence Tests and Classification-degree questionnaire were administered after the second inventory. The MMPI inventories were then sent to the Roche Laboratories where they were machine scored. Only the computerized report protocol was used in this study. The reports were then assembled into booklets. Each booklet consisted of the text of a French (translated) criterion

report, its English match, three randomly selected reports from the subject pool and the seven-point rating scale previously described. The rating scale appeared as the first sheet, followed by the criterion report (either French or English), the bilingual's other language report, and three similar random reports were included in counterbalanced order. All identifying information except the Roche Service code was removed from the report sheets. (The Roche code was known only to the author).

Report Rating

Permission was obtained from two University of Windsor Professors to use their respective classes as subject raters. The E was introduced in a similar manner in each of three classes and gave the following instructions:

"This study is concerned with similarities and differences in psychological reports. Enclosed, you will find five psychological reports".
"Please indicate their similarity by doing the following:

- (1) Please read Report 1 carefully.
- (2) Then read Report A, B, C, D.
- (3) Next, please complete the rating scale below for each of the four reports.
- (4) For your participation in this project, you will be given 10 credit points towards your course grade. Additionally, a summary of the completed thesis will be presented to you in class later on in the year".

No time limit was set, but all rating scales were completed in 40 minutes. After completion of the study, a brief summary of the results was sent to each participant.

Statistical Analysis

The 33 MMPI questionnaire forms were scored by the Roche-Fowler computerized interpretation procedure.

The median test of independence (Siegel, 1956), was used to determine whether there were significant differences in the similarity ratings of male and female raters; and male and female subjects.

Binomial tests with corrections for continuity were calculated to determine the likelihood of obtaining the more similar ratings on matched comparison MMPI reports derived from the English input on the same person, as opposed to randomly chosen comparison MMPI reports.

CHAPTER IV

RESULTS

The first hypothesis predicted that (a) there would be no differences in the similarity ratings assigned by male and female raters; and (b), that there would be no differences in the similarity ratings assigned to the reports of male and female MMPI subjects

Table 3 furnishes the χ^2 value obtained using the median test of independence. The reported value $\chi^2 = .0162$ is not significant and the null hypothesis is retained.

Table 4 provides the χ^2 value obtained when the median test of independence is applied to the ratings given to male and female subjects respectively. The value obtained .0028 is well below that needed for significance at the .01 level in support of the prediction of hypothesis one. More precisely the analysis used indicated there is no significant difference in the central tendency of ratings given by male and female raters to MMPI reports of bilinguals, nor is such a difference observed in the ratings given to the MMPI reports of males versus those ascribed to female reports.

Hypothesis two, predicted that raters will rate matched comparison MMPI reports derived from the French-Canadian input as significantly more similar to that written from English input on the same person than randomly chosen comparison MMPI reports.

Table 5 summarizes the mean similarity ratings assigned by male raters to French-English bilingual MMPI reports. Table 7 summarizes the mean similarity ratings assigned by female raters to the French-English

bilingual reports. The male raters mean similarity rating for the correct other language report is 5.16, the mean value assigned by female raters is 5.04. The mean of all other comparison report means for male raters (Table 5) is 3.80, the mean of all other comparison means for female raters (Table 7) is 3.76.

Male raters assigned the highest similarity rating to the three matched comparison reports (Table 6), the probability of obtaining higher ratings was significant at the .01 level for all three matched reports, whereas all other comparison ratings failed to reach significance.

Table 8 shows that female raters assign highest similarity ratings to the matched comparison reports significant at the .01 level, while all other comparison ratings fail to reach significance (.01 - 1-tailed).

When asked to assign similarity ratings to male French-English bilingual MMPI reports (Table 9), three groups of judges* assigned a mean similarity rating of 5.19 to the bilinguals other language report. Means of 3.88, 3.60, 4.32 were assigned to each of the respective comparison reports. The mean similarity ratings assigned by three groups of judges to female French-English bilingual MMPI reports (Table 11) were 5.16 to the bilinguals other language report and 3.82, 3.47, 3.32 to each of the respective comparison reports.

When compared with comparison report means, (Table 10), the probability of the male bilingual's other language report receiving the highest mean similarity rating was significant for two comparisons at the .01 level. When compared against comparison three, a Z of 1.44 was calculated, indicating a probability of .08. While all other comparisons failed to reach significance two of the three comparisons did have the same probability of .08. All ratings (Table 12, Table 14) including the other language report

were significant at the .01 level. The probabilities of all other comparison ratings were attributed to chance.

* i.e. the three classes of raters.

TABLE 3
MEDIAN TEST OF INDEPENDENCE APPLIED TO
RATINGS OF MALE AND FEMALE MMPI REPORTS

$\chi^2 = .0162$

NS

TABLE 4
MEDIAN TEST OF INDEPENDENCE APPLIED TO
MALE RATED VS FEMALE RATED MMPI REPORTS

$\chi^2 = .0028$

NS

TABLE 5

MEAN SIMILARITY RATINGS OF ENGLISH COMPARISON
MALE & FEMALE RSPFI REPORTS BY 43 MALE RATERS

27

Criterion Report # RPSI	Matched Choice	Comparison One	Comparison Two	Comparison Three	\bar{X}		
					\bar{X}_1	\bar{X}_2	\bar{X}_3
591	5	7	6	6			
599	2	3	4	7			
587	6	3	1	4			
583	7	5	2	5			
578	5	6	4	5			
576	6	3	5	4			
575	5	4	1	1			
571	2	3	2	6			
562	6	4	7	1			
553	6	3	5	4			
552	5	6	3	4			
550	7	3	5	4			
539	6	5	5	3			
580	7	5	6	6			
600	4	6	5	3			
587	6	3	1	1			
583	5	4	3	2			
581	7	1	1	4			
576	7	3	6	3			
575	4	5	5	5			
574	5	2	5	3			
563	5	4	2	5			
562	4	3	5	2			
525	7	4	6	6			
539	7	1	3	5			
599	6	2	1	6			
580	6	6	6	5			
608	2	5	7	3			
581	6	2	4	3			
578	6	4	3	5			
577	7	6	3	3			
575	5	3	3	4			
574	5	3	2	3			
573	4	3	2	5			
566	2	3	6	5			
562	5	5	4	3			
553	5	3	6	6			
551	2	2	1	5			
550	4	2	6	4			
539	6	5	2	3			
540	7	6	1	3			
542	7	6	1	3			
547	5	2	1	5			
326.00	159.00	156.00	175.00	163.34			
5.26	3.70	3.63	4.07	3.80			

TABLE 6
 PROBABILITY OF MALE JUDGES ASSIGNING HIGHEST SIMILARITY RATINGS
 TO FRENCH-ENGLISH BILINGUAL MMPI REPORTS

Reports Compared			Z	P
Other Language Report	VS	Comparison 1	3.32	< .01*
Other Language Report	VS	Comparison 2	3.00	< .01*
Other Language Report	VS	Comparison 3	3.08	< .01*
Comparison One	VS	Comparison 2	1.01	.16
Comparison One	VS	Comparison 3	1.28	.11
Comparison Two	VS	Comparison 3	.67	.26

TABLE 8
 PROBABILITY OF FEMALE JUDGES ASSIGNING HIGHEST SIMILARITY RATINGS
 TO FRENCH-ENGLISH BILINGUAL MMPI REPORTS

Reports Compared		Z	P
Other Language Report	VS Comparison 1	3.41	< .01*
Other Language Report	VS Comparison 2	3.45	< .01*
Other Language Report	VS Comparison 3	4.24	< .01*
Comparison One	VS Comparison 2	.53	.31
Comparison One	VS Comparison 3	1.47	.07
Comparison Two	VS Comparison 3	.54	.31

TABLE 9
 MEAN SIMILARITY RATINGS GIVEN TO
 MALE FRENCH-ENGLISH BILINGUAL UNIVERSITY STUDENTS MMPI
 REPORTS BY 3 GROUPS OF JUDGES

Criterion Report RPSI #	Mean of Bilingual's Other Language Report	Mean of Comparison One	Mean of Comparison Two	Mean of Comparison Three	Mean of Comparison Report Means
591	4.34	5.00	5.34	4.67	5.01
599	4.34	2.00	2.34	5.67	3.34
578	5.00	4.34	4.00	5.00	4.45
577	6.34	4.67	2.00	4.67	3.78
576	6.67	2.67	5.34	3.34	3.79
575	4.67	4.00	2.67	3.34	3.34
571	3.34	3.34	1.34	6.34	3.68
555	4.67	3.00	4.00	3.34	3.45
553	5.34	3.00	5.67	4.00	4.23
552	4.67	4.67	3.34	3.34	3.79
550	5.67	2.67	4.34	3.00	3.34
544	6.34	6.00	4.00	5.00	5.00
546	6.00	5.00	2.34	4.34	3.90
Mean =	5.19	Mean = 3.88	Mean = 3.60	Mean = 4.32	Mean = 3.93

TABLE 10

PROBABILITY OF MALE & FEMALE JUDGES ASSIGNING HIGHEST
SIMILARITY RATINGS TO MALE FRENCH-ENGLISH BILINGUAL MMPI REPORTS

Reports Compared	Z	P
Other Language Report VS Comparison 1	2.41	.01*
Other Language Report VS Comparison 2	2.22	.01*
Other Language Report VS Comparison 3	1.44	.08
Comparison One VS Comparison 2	.00	.50
Comparison One VS Comparison 3	1.44	.08
Comparison Two VS Comparison 3	1.44	.08

TABLE 11
 MEAN SIMILARITY RATINGS GIVEN TO
 FEMALE FRENCH-ENGLISH BILINGUAL UNIVERSITY STUDENT'S MMPI REPORTS
 BY 3 GROUPS OF JUDGES

Criterion Report RPSI #	Mean of Bilingual's Other Language Report	Mean of Comparison One	Mean of Comparison Two	Mean of Comparison Three	Mean of Comparison Report Means
580	6.34	4.67	5.00	5.34	5.01
600	5.00	5.00	5.00	3.34	4.45
608	3.34	4.00	7.00	2.34	4.45
589	5.67	4.34	2.67	4.00	3.67
587	5.67	3.34	2.34	2.34	2.68
583	6.00	5.00	2.34	3.67	3.67
582	3.34	6.67	1.67	5.67	4.67
581	6.67	1.67	2.34	3.67	2.56
574	5.34	3.00	3.00	2.67	2.89
566	2.67	3.00	4.00	3.00	3.34
564	6.34	4.67	3.67	1.00	3.12
563	5.67	2.67	4.34	5.00	4.01
562	5.00	4.00	5.34	1.00	3.45
579	5.67	3.67	2.00	3.00	2.89
525	6.00	2.67	5.00	4.00	3.89
539	6.34	3.67	3.34	3.34	3.45
540	6.00	6.00	1.00	2.00	3.00
542	5.67	2.67	1.67	3.00	2.45
545	2.00	2.65	6.34	3.34	4.11
547	4.34	3.00	1.34	4.67	3.01
Mean =	5.16	Mean = 3.82	Mean = 3.47	Mean = 3.32	Mean = 3.54

TABLE 12

PROBABILITY OF MALE & FEMALE JUDGES ASSIGNING HIGHEST
SIMILARITY RATINGS TO FEMALE FRENCH-ENGLISH BILINGUAL MMPI REPORTS

Reports Compared			Z	P
Other Language Report	VS	Comparison 1	2.22	< .01*
Other Language Report	VS	Comparison 2	2.29	< .01*
Other Language Report	VS	Comparison 3	2.46	< .01*
Comparison One	VS	Comparison 2	.24	.42
Comparison One	VS	Comparison 3	.92	.18
Comparison Two	VS	Comparison 3	.94	.18

TABLE 13

MEAN SIMILARITY RATINGS GIVEN TO BILINGUAL
MALE & FEMALE UNIVERSITY STUDENTS MMPI REPORTS BY 3 GROUPS OF JUDGES

Criterion Report #	Mean of Bilingual's Other Language Report	Mean of Comparison One	Mean of Comparison Two	Mean of Comparison Three	Mean of Comparison Report Means
591	4.34	5.00	5.34	4.67	5.01
599	4.34	2.00	2.34	5.67	3.34
580	6.34	4.67	5.00	5.34	5.01
600	5.00	5.00	5.00	3.34	4.45
608	3.34	4.00	7.00	2.34	4.45
589	5.67	4.34	2.67	4.00	3.67
587	5.67	3.34	2.34	2.34	2.68
583	6.00	5.00	2.34	3.67	3.67
582	3.34	6.67	1.67	5.67	4.67
581	6.67	1.67	2.34	3.67	2.56
578	5.00	4.34	4.00	5.00	4.45
577	6.34	4.67	2.00	4.67	3.98
576	6.67	2.67	5.34	3.34	3.79
575	4.67	4.00	2.67	3.34	3.34
574	5.34	3.00	3.00	2.67	2.89
571	3.34	3.34	1.34	6.34	3.68
566	2.67	3.00	4.00	3.00	3.34
564	6.34	4.67	3.67	1.00	3.12
563	5.67	2.67	4.34	5.00	4.01
562	5.00	4.00	5.34	1.00	3.45
555	4.67	3.00	4.00	3.34	3.45
553	5.34	3.00	5.67	4.00	4.23
579	5.67	3.67	2.00	3.00	2.89
552	4.67	4.67	3.34	3.34	3.79
550	5.67	2.67	4.34	3.00	3.34
525	6.00	2.67	5.00	4.00	3.89
539	6.34	3.67	3.34	3.34	3.45
540	6.00	6.00	1.00	2.00	3.00
542	5.67	2.67	1.67	3.00	2.45
544	6.34	6.00	4.00	5.00	5.00
545	2.00	2.65	6.34	3.34	4.11
546	6.00	5.00	2.34	4.34	3.90
547	4.34	3.00	1.34	4.67	3.01
Mean =	5.17	Mean = 3.84	Mean = 3.52	Mean = 3.71	Mean = 3.70

TABLE 14
 PROBABILITY OF MALE & FEMALE JUDGES ASSIGNING HIGHEST
 SIMILARITY RATINGS TO FRENCH-ENGLISH BILINGUAL MMPI REPORTS

Reports Compared	Z	P
Other Language Report VS Comparison 1	3.34	< .01*
Other Language Report VS Comparison 2	3.36	< .01*
Other Language Report VS Comparison 3	3.01	< .01*
Comparison One VS Comparison 2	.36	.36
Comparison One VS Comparison 3	.36	.36
Comparison Two VS Comparison 3	.92	.16

CHAPTER V

DISCUSSION

This investigation was conducted to examine the clinical validity of using the MMPI with French-English bilinguals. It was the purpose of the study to extend the research by employing Roche-Fowler computerized printouts thereby achieving a closer replication of the configuration-analysis approach employed by the clinician. No differences were found between male and female subjects, or male and female rated reports. Of five sets of binomials calculated only one Z score failed to reach significance, this occurred in the probability of male and female raters assigning the highest similarity rating to comparison report 3 (Table 10), examination of the booklet assembled for this rating indicated an error in the randomization procedure which accounted for the non-significance and the relatively small probabilities of .08 on two successive comparisons.

In view of the fact that no differences were found on male-rated, female-rated reports, and the reports of male and female subjects, no attempt to readminister this set of booklets was attempted.

An analysis of variance was not used in this study because of the tendency of the values to cluster towards the most similar end of the scale. The median test was seen as the best statistic for evaluating the ratings assigned to the ordinal scale devised, as the concern was with the question of whether the sexes would tend to rate the same way.

Glatt (1969) found significant differences on several scales of

the MMPI, in only 49% of the reports judged, did the French MMPI carry the same implications as its English counterpart. Differences were found on F, 4, 5, 8; and the validity of using the inventory with French-English bilinguals was drawn into question.

Gignac (1970), following Glatt (1969), postulated a high degree of similarity between the standard and translated (Chevrier, 1961) version of the MMPI, although his results were less glaring than those of Glatt (1969), he was forced to reject his hypothesis of no difference in favor of statistical evidence. Notwithstanding, Gignac's (1970) data did suggest that the difference might not be clinically significant, unlike the research of Glatt (1969), the mean differences were generally low.

The findings of this research is a consistent elaboration of the previous examination of Glatt (1969), and Gignac (1970), and are closely allied to the work of Campeau (1970).

The present study provides further validation of the Chevrier (1961) translation, and of the computerized-scoring service developed by the Roche-Fowler Laboratory (1969).

It was hoped that this investigation would serve as an initial attempt to validate the use of the MMPI with bilinguals. Whereas, efforts in this area have attempted to look at compound-coordinate classification systems, no attempt was made in the present study to substantiate Gignac's (1970) claim that coordinate bilinguals display fewer differences than compound subjects. While it would have been interesting to examine this question further, it was not possible to do this because of the size of the sample employed. The subjects who completed the MMPI were normal university students, future endeavours in this area should be directed toward the

the examination of abnormal samples, it might be fruitful to examine whether such organismic factors as age would have a significant influence. It would be of great practical relevance to repeat such a study using raters at different levels of sophistication. Finally, it would be interesting to investigate the interaction between the sex of the rater and the sex of the subject being rated.

APPENDICES

APPENDIX I

CLASSIFICATION-DEGREE QUESTIONNAIRE

(based on Osgood, 1954)

Check () the appropriate blanks:

1. (a) When you were a child, did your father speak only English _____, or only French _____, or use both languages _____ invariably in the home?
- (b) When you were a child, did your mother speak only English _____, or only French _____, or use both languages _____ invariably in the home?
2. (a) Did you acquire the second language in the school, yes _____, or no _____?
- (b) Is your second language French _____ or English _____?
- (c) If you acquired the second language in school, did you learn it in:
 - i) Basic language classes such as vocabulary drills, translations, etc. _____.
 - ii) Special language classes (where for instance, the student is required to speak the language being taught) _____.
3. Would you describe the setting in which you are presently living as French _____, English _____, or both _____?
- Have you lived in this type of setting all your life, yes _____, or no _____? If not: Would you describe your past setting as French _____, English _____, or both _____?
4. Do you presently speak more French _____, more English _____, or both the same amount?
5. What course are you presently enrolled in _____?

APPENDIX II

WORD LIST

WHAT TO DO:

Here is a list of forty underlined words. Beside each underlined word there are four choices, lettered A, B, C, and D. You are to look at each set of words carefully and decide which of these words (A, B, C, or D) tells what the underlined word means, or which most nearly means the same thing.

You have been given a separate answer sheet--do not mark on the list of words--YOU MUST PUT YOUR ANSWERS ON THE ANSWER SHEET alongside the same number as the one on the Word List. To indicate the right answer, put a cross on the answer sheet beside the letter indicating your choice for the correct answer.

CHECK CORRECT ANSWERS:

- | | |
|-----------------------------|-----------------------------|
| 1. A () B () C () D () | 21. A () B () C () D () |
| 2. A () B () C () D () | 22. A () B () C () D () |
| 3. A () B () C () D () | 23. A () B () C () D () |
| 4. A () B () C () D () | 24. A () B () C () D () |
| 5. A () B () C () D () | 25. A () B () C () D () |
| 6. A () B () C () D () | 26. A () B () C () D () |
| 7. A () B () C () D () | 27. A () B () C () D () |
| 8. A () B () C () D () | 28. A () B () C () D () |
| 9. A () B () C () D () | 29. A () B () C () D () |
| 10. A () B () C () D () | 30. A () B () C () D () |
| 11. A () B () C () D () | 31. A () B () C () D () |
| 12. A () B () C () D () | 32. A () B () C () D () |
| 13. A () B () C () D () | 33. A () B () C () D () |
| 14. A () B () C () D () | 34. A () B () C () D () |
| 15. A () B () C () D () | 35. A () B () C () D () |
| 16. A () B () C () D () | 36. A () B () C () D () |
| 17. A () B () C () D () | 37. A () B () C () D () |
| 18. A () B () C () D () | 38. A () B () C () D () |
| 19. A () B () C () D () | 39. A () B () C () D () |
| 20. A () B () C () D () | 40. A () B () C () D () |

APPENDIX III

INVENTAIRE MULTIPHASIQUE DE LA PERSONNALITE (MINNESOTA)

CHEVRIER, J. M., 1961

ATTENDEZ LE SIGNAL AVANT D'OUVRIR LE CAHIER.

INVENTAIRE MULTIPHASIQUE DE LA PERSONNALITÉ (Minnesota) (1)

Jean-Marc Chevrier, Lic.sc.péd., D.Ps.

Le présent inventaire contient une série d'énoncés numérotés. Lisez chaque énoncé attentivement. Vous avez à décider si cet énoncé est vrai dans votre cas ou s'il est faux dans votre cas.

Consigner vos réponses sur la feuille-réponse. Voici, à droite, un exemple de la feuille-réponse. →

Bonne façon de consigner votre réponse.

	V	F
A	█	⋯
B	⋯	█

Si l'énoncé est vrai ou presque toujours vrai, en ce qui vous regarde, noircissez bien entre les pointillés sous la colonne intitulée « V ». (Voir l'exemple A à droite).

Si l'énoncé est faux, ou pas habituellement vrai, en ce qui vous regarde, noircissez bien entre les pointillés sous la colonne intitulée « F ». (Voir B à droite).

Si l'énoncé ne s'applique pas à vous ou s'il s'agit de quelque chose que vous ne connaissez pas, ne tracez aucun trait noir sur la feuille-réponse.

N'oubliez pas de donner votre propre opinion de vous-même. Dans la mesure du possible, ne laissez aucun espace en blanc.

En transcrivant vos réponses sur la feuille, assurez-vous que le numéro de l'énoncé correspond à celui de la feuille-réponse.

Indiquez toutes vos réponses d'un trait bien noir.

Effacez complètement toute réponse que vous désirez changer, sans quoi vous risquez de fausser vos réponses.

Ne faites aucune marque de crayon dans ce cahier.

Essayez le plus possible de répondre à tous les énoncés.

N'ÉCRIVEZ RIEN SUR CE FEUILLET.

ÉDITIONS

Institut de Recherches psychologiques

34 ouest, rue Fleury, Montréal

MAINTENANT, OUVREZ VOTRE CAHIER ET COMMENCEZ.

Traduction et adaptation autorisées.

Copyright 1943 — by the University of Minnesota. All rights reserved.

Published by the Psychological Corporation, New York, N.Y.

© Tous droits réservés, 1961, Institut de Recherches Psychologiques.

- * 367. Il y a des périodes où mon esprit semble fonctionner plus lentement que d'habitude.
368. Les gens me désappointent souvent.
369. J'ai parfois senti que les difficultés s'accumulaient au point que je ne pourrais les surmonter.
370. Je me dis souvent, "Comme j'aimerais redevenir enfant!"
371. J'ai souvent rencontré de supposés experts qui n'étaient pas meilleurs que moi.
372. Je trouve difficile de mettre de côté, même pour très peu des temps, une tâche que j'ai entreprise.
373. J'aime que les gens sachent à quoi s'en tenir avec moi.

*These items were retranslated by Gignac (1970) because they were felt to be inadequate.

N'ÉCRIVEZ RIEN SUR CE FEUILLET.

1. J'aime les revues traitant de mécanique.
2. J'ai bon appétit.
3. Je m'éveille frais et dispos presque tous les matins.
4. Je crois que j'aimerais le travail de bibliothécaire.
5. Le bruit m'éveille facilement.
6. J'aime lire la rubrique des crimes dans les journaux.
7. J'ai habituellement les mains et les pieds assez chauds.
8. Ma vie quotidienne est remplie de choses qui soutiennent mon intérêt.
9. Je suis à peu près aussi capable de travailler que je l'ai jamais été.
10. La plupart du temps, j'ai comme une boule dans la gorge.
11. Une personne devrait tenter de comprendre ses rêves et ceux-ci devraient la guider ou la conseiller.
12. J'aime les romans policiers ou histoires mystérieuses.
13. Je travaille sous une grande tension.
14. J'ai la diarrhée une fois par mois ou plus souvent.
15. De temps à autre, je pense à des choses trop vilaines pour en parler.
16. Je suis convaincu que la vie ne m'a rien apporté de bon.
17. Mon père était un homme bon.
18. Je souffre très rarement de constipation.
19. Quand je commence dans un nouvel emploi, j'aime qu'on me dise quels sont ceux dont je devrais essayer de m'attirer les bonnes grâces.
20. Ma vie sexuelle est satisfaisante.
21. J'ai eu parfois grande envie de quitter le foyer.
22. Parfois j'ai des crises de rire et de larmes que je ne puis maîtriser.
23. Je souffre d'attaques de nausée et de vomissement.
24. Personne ne semble me comprendre.
25. J'aimerais être chanteur.
26. Je sens qu'il vaut certainement mieux me faire quand j'ai des ennuis.
27. Je suis parfois possédé par de mauvais esprits.
28. Lorsque quelqu'un me fait du tort, je sens que je devrais me venger, si je le peux, uniquement par principe.
29. Je souffre d'hyperacidité plusieurs fois la semaine.
30. J'ai parfois envie de proférer des jurons.
31. Assez souvent j'ai des cauchemars la nuit.
32. Je trouve difficile de concentrer mon esprit sur un travail ou sur une tâche.
33. J'ai eu des expériences très curieuses et très étranges.
34. Je tousse la plupart du temps.
35. Si les gens ne s'étaient pas ligüés contre moi j'aurais bien mieux réussi.
36. Je m'inquiète rarement de ma santé.
37. Je n'ai jamais eu d'ennuis à cause de mon comportement sexuel.
38. A une certaine époque de ma jeunesse je me suis adonné aux larcins, à des petits vols.
39. Parfois j'ai le goût de saccager des objets.
40. Très souvent, j'aimerais mieux m'asseoir et rêvasser que de faire tout autre chose.
41. J'ai eu des journées, des semaines ou des mois où je ne pouvais m'occuper de rien parce que je ne me décidais pas à commencer.
42. Ma famille n'aime pas le genre de travail que j'ai choisi (ou que je me propose de choisir pour en faire une carrière).

CONTINUEZ À LA PAGE SUIVANTE.

43. Mon sommeil est irrégulier et troublé.
44. Très souvent, la tête semble me faire mal de partout.
45. Je ne dis pas toujours la vérité.
46. Mon jugement est meilleur qu'il n'a jamais été.
47. Une fois la semaine, et même plus souvent, je me sens soudainement tout chaud, sans cause apparente.
48. Quand je suis dans un groupe, cela m'ennuie d'entendre des choses très bizarres.
49. Ce serait mieux si l'on se débarrassait de presque toutes les lois.
50. Il arrive parfois à mon esprit de quitter mon corps.
51. Je suis en aussi bonne santé physique que la plupart de mes amis.
52. Je préfère ne faire aucun cas de mes camarades de classe ou de gens que je connais mais que je n'ai pas vus depuis longtemps, à moins qu'ils ne me parlent les premiers.
53. Un prêtre peut guérir les malades par la prière et l'imposition des mains sur la tête.
54. La plupart des gens qui me connaissent m'aiment.
55. Je ne ressens presque jamais de douleur au cœur ou dans la poitrine.
56. Quand j'étais jeune, je fus renvoyé une fois ou plus pour indiscipline.
57. Je suis tout à fait sociable.
58. Tout arrive exactement comme les prophètes de la Bible l'avaient prédit.
59. J'ai souvent dû obéir à des gens qui n'en savaient pas autant que moi.
60. Je ne lis pas tous les jours tous les éditoriaux du journal.
61. Je n'ai pas mené le genre de vie que j'aurais dû.
62. J'ai souvent des sensations de brûlure, de piqure, de fourmillement ou encore d'engourdissement dans certaines parties de mon corps.
63. Je n'ai pas eu de difficulté à faire marcher ou à retenir mes intestins.
64. Je m'obstine parfois à quelque chose jusqu'à faire perdre patience aux autres.
65. J'aimais mon père.
66. Je vois autour de moi, des objets, des animaux ou des personnes que les autres ne voient pas.
67. J'aimerais être aussi heureux que d'autres semblent l'être.
68. Je ne ressens à peu près jamais de douleurs dans la nuque.
69. Je me sens très attiré vers les personnes de mon propre sexe.
70. J'aimais beaucoup jouer à la « guenille brûlée ».
71. Je crois que nombre de gens exagèrent leurs malheurs, pour s'attirer la sympathie et l'aide des autres.
72. Tous les deux jours, et même plus souvent, j'éprouve un malaise au creux de l'estomac.
73. Je suis un personnage important.
74. J'ai souvent souhaité être une fille. (Si vous êtes une fille) Je n'ai jamais regretté d'être une fille.
75. Il m'arrive parfois de me fâcher.
76. Je suis presque toujours mélancolique.
77. J'aime beaucoup lire les histoires d'amour.
78. J'aime la poésie.
79. On ne blesse pas facilement mes sentiments.
80. J'agace parfois les animaux.
81. Je crois que j'aimerais bien le travail de garde-forestier.
82. J'ai facilement le dessous dans une discussion.
83. Tout homme capable et désireux de travailler fort a une bonne chance de réussir.
84. De nos jours, je trouve difficile de persister à vouloir réussir.

CONTINUEZ À LA PAGE SUIVANTE.

85. Parfois, je me sens fortement attiré par les articles personnels des autres, tels que souliers, gants, etc., de sorte que je veux les manipuler ou les voler, bien qu'ils ne me soient d'aucune utilité.
86. Je manque certainement de confiance en moi-même.
87. J'aimerais être fleuriste.
88. Habituellement, je sens que la vie vaut la peine d'être vécue.
89. Il faut apporter beaucoup d'arguments pour convaincre la plupart des gens de la vérité.
90. De temps à autre, je remets à demain ce que je devrais faire aujourd'hui.
91. Cela ne me fait rien que l'on se moque de moi.
92. J'aimerais devenir infirmière.
93. Je crois que la plupart des gens mentiraient pour réussir.
94. Je commets beaucoup d'actions que je regrette ensuite (Je regrette des choses davantage, ou plus souvent, que le semblent les autres).
95. Je vais à l'église presque chaque semaine.
96. J'ai très peu de disputes avec les membres de ma famille.
97. Je suis parfois fortement poussé à accomplir des actes répréhensibles ou révoltants.
98. Je crois en la seconde venue du Christ.
99. J'aime aller à des « parties » ou soirées où l'on s'amuse bruyamment.
100. J'ai fait face à des problèmes dont les solutions étaient si nombreuses que j'ai été incapable de me décider à en choisir une.
101. Je crois que les femmes devraient avoir autant de liberté que les hommes dans leur vie sexuelle.
102. C'est contre moi-même que je mène les plus durs combats.
103. J'ai peu ou pas d'ennuis avec les tics ou soubresauts musculaires.
104. Je ne semble pas me préoccuper de ce qui m'arrive.
105. Je suis parfois maussade lorsque je ne me sens pas bien.
106. J'ai, la plupart du temps, le sentiment d'avoir fait quelque chose de mal.
107. Je suis heureux la plupart du temps.
108. La plupart du temps, j'ai l'impression d'avoir une lourdeur dans la tête ou le nez embarrassé.
109. Certaines personnes sont si autoritaires que je me sens porté à faire le contraire de ce qu'elles demandent, même si je sais qu'elles ont raison.
110. Quelqu'un m'en veut.
111. Je n'ai jamais rien fait de dangereux pour le simple plaisir de la chose.
112. Je trouve fréquemment nécessaire de défendre ce que je crois être juste.
113. Je crois en la nécessité de mettre la loi en vigueur.
114. Il me semble souvent avoir comme un bandeau serré autour de la tête.
115. Je crois qu'il y a une vie dans l'au-delà.
116. Je prends davantage plaisir à une course ou à un jeu lorsque je peux parier.
117. La plupart des gens sont honnêtes surtout parce qu'ils ont peur de se faire prendre.
118. A l'école, il m'est arrivé parfois d'être envoyé chez le principal pour indiscipline.
119. Mon parler est toujours le même (ni plus rapide, ni plus lent, sans bredouillement ni enrouement).
120. Mes manières à table ne sont pas aussi bonnes à la maison que lorsque je mange en dehors avec quelqu'un.
121. Je crois que l'on complotte contre moi.
122. J'ai l'impression d'être à peu près aussi capable et habile que la plupart des gens qui m'entourent.
123. Je crois que quelqu'un me suit.
124. La plupart des gens emploient des moyens quelque peu malhonnêtes pour obtenir un gain ou un avantage plutôt que de le perdre.

CONTINUEZ À LA PAGE SUIVANTE.

125. J'ai beaucoup de maux d'estomac.
126. J'aime l'art dramatique.
127. Je sais qui est responsable de la plupart de mes ennuis.
128. La vue du sang ne m'effraie ni ne me rend malade.
129. Souvent, je ne comprends pas pourquoi j'ai été si grognon et si maussade.
130. Je n'ai jamais vomé ni craché de sang.
131. Attraper des maladies ne m'inquiète nullement.
132. J'adore collectionner les fleurs ou cultiver les plantes de maison.
133. Je ne me suis jamais adonné à des pratiques sexuelles qui sortent de l'ordinaire.
134. Parfois, mes pensées ont dépassé de beaucoup ma capacité de les exprimer.
135. Si je pouvais entrer au cinéma sans payer tout en étant sûr de ne pas être vu, je le ferais probablement.
136. Je me demande habituellement quel motif caché une autre personne peut avoir de me faire du bien.
137. Je crois que ma vie familiale est aussi agréable que celle de la plupart des gens que je connais.
138. La critique ou la réprimande me blesse profondément.
139. Parfois je me sens poussé à me blesser ou à blesser quelqu'un d'autre.
140. J'aime faire la cuisine.
141. Ma conduite est dictée surtout par les habitudes des gens qui m'entourent.
142. Parfois, j'ai l'impression nette d'être inutile.
143. Dans mon enfance, j'ai fait partie d'un groupe ou d'une bande où nous tentions de rester unis, quoi qu'il arrivât.
144. J'aimerais être soldat.
145. Parfois, j'ai envie de me battre avec quelqu'un.
146. J'ai la passion du voyage et je ne suis jamais heureux à moins de me déplacer ou de voyager.
147. J'ai souvent perdu de belles occasions parce que je ne me décidais pas assez vite.
148. Cela me rend impatient que les gens me demandent conseil ou m'interrompent, quand je travaille à quelque chose d'important.
149. J'avais l'habitude de rédiger un journal personnel.
150. Au jeu, j'aime mieux gagner que perdre.
151. Quelqu'un a tenté de m'empoisonner.
152. La plupart du temps, je m'endors le soir sans que des pensées ou des idées ne m'ennuient.
153. Ces dernières années, j'ai été bien portant la plupart du temps.
154. Je n'ai jamais eu de crises de nerfs ou de convulsions.
155. Je ne perds ni ne gagne du poids.
156. A certains moments, j'ai fait des choses que, par la suite, je n'ai pas eu souvenir d'avoir faites.
157. J'ai le sentiment d'avoir souvent été puni sans raison.
158. Je pleure facilement.
159. Je ne peux comprendre ce que je lis aussi bien que j'en avais autrefois l'habitude.
160. Je ne me suis jamais senti aussi bien de ma vie que maintenant.
161. Parfois, je me sens le dessus de la tête sensible.
162. J'éprouve du ressentiment quand on me joue si habilement que je dois admettre qu'on m'a roulé.
163. Je ne me fatigue pas facilement.
164. J'aime l'étude et la lecture ayant trait aux choses sur lesquelles je travaille.
165. J'aime connaître des gens importants parce que cela me donne le sentiment d'être important.
166. J'ai peur quand je regarde en bas d'un endroit très élevé.

CONTINUEZ À LA PAGE SUIVANTE.

167. Cela ne me rendrait pas nerveux si des membres de ma famille avaient des ennuis avec la justice.
168. Il y a quelque chose qui ne va pas dans mon esprit.
169. Je ne crains pas de manipuler de l'argent.
170. Je suis indifférent à ce que les gens pensent de moi.
171. Faire des blagues dans une soirée me rend mal à l'aise, même lorsque les autres font la même chose.
172. Je dois très souvent lutter pour ne pas montrer que je suis timide.
173. J'aimais bien l'école.
174. Je n'ai jamais eu d'évanouissement.
175. Je n'éprouve jamais, ou rarement, le vertige.
176. Je n'ai pas une grande peur des serpents.
177. Ma mère était une bonne personne.
178. Ma mémoire me semble fidèle.
179. Les questions sexuelles me causent de l'inquiétude.
180. Je trouve difficile de faire les frais de la conversation lorsque je rencontre des figures nouvelles.
181. Quand je commence à m'ennuyer, j'aime à créer de l'entrain.
182. J'ai peur de perdre la raison.
183. Je désapprouve le fait de donner de l'argent aux mendiants.
184. Il m'arrive souvent d'entendre des voix sans savoir d'où elles proviennent.
185. Apparemment, mon ouïe est aussi bonne que celle de la plupart des gens.
186. Je remarque souvent que ma main tremble lorsque j'essaie de faire quelque chose.
187. Mes mains ne sont pas devenues gauches ni maladroites.
188. Je puis lire longtemps sans que mes yeux se fatiguent.
189. La plupart du temps, je me sens tout faible.
190. J'ai très peu de maux de tête.
191. Parfois, lorsque je suis embarrassé, je me mets à transpirer et cela m'ennuie beaucoup.
192. Je n'ai pas de difficulté à conserver mon équilibre en marchant.
193. Je n'ai pas d'attaques de fièvre des foies ou d'asthme.
194. J'ai eu des crises pendant lesquelles je ne pouvais contrôler ni mes mouvements ni ma parole, tout en ayant connaissance de ce qui se passait autour de moi.
195. Je n'aime pas tous ceux que je connais.
196. J'aime visiter des endroits où je ne suis jamais allé auparavant.
197. Quelqu'un a tenté de me voler.
198. Je m'abandonne très peu à la rêverie.
199. On devrait enseigner aux enfants tous les faits importants sur la sexualité.
200. Il y a des gens qui cherchent à me dérober mes pensées et mes idées.
201. J'aimerais bien ne pas être si timide.
202. Je pense être une personne condamnée.
203. Si j'étais journaliste, j'aimerais bien rédiger des chroniques théâtrales.
204. J'aimerais être journaliste.
205. Parfois, je n'ai pu m'empêcher de dérober quelque chose ou de voler à l'étalage.
206. Je suis très religieux (plus que la plupart des gens).
207. J'aime beaucoup la variété dans les jeux et les divertissements.
208. J'aime flirter.
209. Je crois que mes péchés sont impardonnables.
210. Toutes les choses ont le même goût.
211. Je peux dormir le jour mais non la nuit.
212. Ma famille me traite plus en enfant qu'en adulte.

CONTINUEZ À LA PAGE SUIVANTE.

213. Lorsque je marche, je prends bien soin de ne pas mettre le pied sur les fentes du trottoir.
214. Je n'ai jamais eu d'éruptions cutanées au point de m'en inquiéter.
215. Je me suis adonné à l'alcool jusqu'à l'excès.
216. Comparativement à d'autres foyers, il y a peu d'amour et d'amitié dans ma famille.
217. Je me surprends souvent à m'inquiéter de quelque chose.
218. Cela ne m'émeut pas particulièrement de voir souffrir les animaux.
219. Je pense que j'aimerais le travail d'entrepreneur en construction.
220. J'aimais ma mère.
221. J'aime la science.
222. Réclamer l'aide de mes amis n'a rien pour moi de pénible, même si je ne peux leur rendre la pareille.
223. J'aime beaucoup la chasse.
224. Mes parents ont souvent désapprouvé la sorte de gens que je fréquentais.
225. Parfois, je fais un peu de commérage.
226. Certains membres de ma famille ont des habitudes qui m'agacent et m'ennuient profondément.
227. On m'a dit que je marche durant mon sommeil.
228. Parfois, je sens que je peux me décider avec une facilité inaccoutumée.
229. J'aimerais appartenir à plusieurs clubs ou associations.
230. Je ne sens presque jamais les battements de mon cœur et je suis rarement à bout de souffle.
231. J'aime parler de choses sexuelles.
232. On m'a inspiré de suivre un mode de vie axé sur le sens du devoir et je ne m'en suis jamais écarté depuis.
233. J'ai parfois contrecarré des gens qui tentaient d'accomplir quelque chose non pas que cela eut beaucoup d'importance, mais parce qu'un principe était en cause.
234. Je me fâche facilement, mais ça se passe vite.
235. J'ai été tout à fait indépendant et libre de l'autorité familiale.
236. Je broie souvent du noir.
237. Presque toute ma parenté me témoigne de la sympathie.
238. A certains moments, je suis pris d'une si grande agitation que j'ai peine à rester longtemps en place.
239. J'ai eu des chagrins d'amour.
240. Je ne me préoccupe jamais de mon apparence physique.
241. Je rêve fréquemment à des choses que je fais mieux de garder pour moi.
242. Je ne crois pas être plus nerveux que la plupart des gens.
243. J'éprouve peu ou pas de douleurs.
244. Ma façon d'agir est sujette à être mal comprise des autres.
245. Mes parents et ma famille trouvent plus à redire sur mon compte qu'ils ne devraient.
246. Mon cou se couvre souvent de taches de rougeur.
247. J'ai raison d'éprouver de la jalousie envers un ou plusieurs membres de ma famille.
248. Parfois, sans raison aucune et même quand tout va mal, je me sens très heureux, « au septième ciel ».
249. Je crois à l'existence, dans l'autre vie, du démon et de l'enfer.
250. Je ne blâme personne d'essayer de s'approprier tout ce qu'il peut en ce bas monde.
251. J'ai éprouvé des blancs de mémoire au cours desquels mon activité s'arrêtait et je n'avais pas conscience de ce qui se passait autour de moi.
252. Les gens se soucient peu de ce qui vous arrive.
253. Je peux être ami avec des gens qui commettent des actions que je considère mauvaises.
254. J'aime me trouver avec des gens qui se jouent mutuellement des tours.

CONTINUEZ À LA PAGE SUIVANTE.

255. Aux élections, je vote parfois pour des candidats sur lesquels je suis très peu renseigné.
256. La seule partie intéressante des journaux sont les bandes comiques.
257. Je m'attends habituellement à réussir ce que je fais.
258. Je crois en l'existence d'un Dieu.
259. J'éprouve de la difficulté à me mettre à l'œuvre.
260. A l'école, j'étais lent à apprendre.
261. Si j'étais artiste, j'aimerais dessiner des fleurs.
262. Cela ne m'ennuie pas de ne pas avoir meilleure apparence.
263. Je transpire facilement même quand le temps est frais.
264. J'ai pleinement confiance en moi-même.
265. Il est plus sûr de ne se fier à personne.
- 266. Une fois la semaine, ou plus souvent, je deviens surexcité.
267. Quand je suis dans un groupe, j'éprouve de la difficulté à penser aux choses dont il convient de parler.
268. Quand je suis déprimé, un événement joyeux réussit presque toujours à me remonter le moral.
269. Je peux facilement me faire craindre des gens, et je le fais parfois par simple plaisir.
270. Lorsque je quitte la maison, je ne me préoccupe pas de savoir si la porte est sous clef et si les fenêtres sont closes.
271. Je ne blâme personne d'abuser de quelqu'un qui s'expose à ce traitement.
272. Je suis parfois débordant d'énergie.
273. Je ressens de l'engourdissement dans un ou plusieurs endroits de mon épiderme.
274. Ma vue est aussi bonne qu'elle l'a été depuis des années.
275. Quelqu'un exerce une maîtrise sur mon esprit.
276. J'aime bien les enfants.
277. Parfois, l'habileté d'un escroc m'a amusé à un point tel que j'ai souhaité qu'il s'en tire.
278. J'ai souvent senti que des étrangers me regardaient d'un œil réprobateur.
279. Tous les jours, je bois une énorme quantité d'eau.
280. La plupart des gens se font des amis parce que ces amis leur seront probablement utiles.
281. Je ne me rends pas souvent compte que les oreilles me tintent ou me bourdonnent.
282. De temps à autre, il m'arrive de détester certains membres de ma famille que j'aime d'ordinaire.
283. Si j'étais journaliste, j'aimerais beaucoup rédiger les nouvelles du sport.
284. Je suis sûr que l'on parle de moi.
285. De temps à autre, les histoires sales me font rire.
286. Je ne suis jamais si heureux que lorsque je suis seul.
287. Comparativement à mes amis, j'éprouve très peu de craintes.
288. Je souffre d'attaques de nausées et de vomissement.
289. Cela me dégoûte toujours de voir la justice libérer un criminel à la suite du plaidoyer d'un avocat habile.
290. Je travaille sous une grande tension.
291. Une ou plusieurs fois dans ma vie, j'ai senti que quelqu'un me faisait agir en m'hypnotisant.
292. Il est probable que je ne parlerais pas à quelqu'un avant qu'il ne m'adresse la parole.
293. Quelqu'un a tenté d'influencer ma pensée.
294. Je n'ai jamais eu d'ennuis avec la justice.
295. J'ai beaucoup aimé « Alice au pays des merveilles » de Lewis Carroll.
296. Sans raison apparente, je me sens, à certains moments, plus gai que d'habitude.
297. Je souhaiterais ne pas être importuné par des pensées ayant trait au sexe.

CONTINUEZ À LA PAGE SUIVANTE.

298. Si plusieurs personnes se trouvent dans de mauvais draps, elles n'ont rien de mieux à faire que de s'entendre sur une version de l'affaire et de n'en pas démordre.
299. Je crois que je ressens les choses plus intensément que la plupart des gens.
300. Je n'ai, à aucune époque de ma vie, aimé jouer avec des poupées.
301. La plupart du temps, je trouve la vie pénible.
302. Je n'ai jamais eu d'ennuis à cause de mon comportement sexuel.
303. Je suis si susceptible sur certains sujets que je ne peux pas en parler.
304. A l'école, je trouvais très difficile de parler devant toute la classe.
305. Même quand je suis avec des gens, je me sens souvent seul.
306. J'ai toute la sympathie qui m'est due.
307. Je refuse de jouer à certains jeux auxquels je ne suis pas habile.
308. J'ai eu parfois grande envie de quitter le foyer.
309. J'ai l'impression de me faire des amis aussi vite que les autres.
310. Ma vie sexuelle est satisfaisante.
311. A une certaine époque de ma jeunesse je me suis adonné aux larcins, à des petits vols.
312. Je déteste avoir des gens autour de moi.
313. La personne qui tente les autres en laissant des objets de valeur à leur portée est presque aussi à blâmer de leur disparition que la personne qui les vole.
314. De temps à autre je penne à des choses trop mauvaises pour en parler.
315. Je suis convaincu que la vie ne m'a rien apporté de bon.
316. Presque tout le monde, je crois, mentirait pour s'éviter des ennuis.
317. Je suis plus sensible que la plupart des gens.
318. Ma vie quotidienne est remplie de choses qui stimulent mon intérêt.
319. Dans leur for intérieur, la plupart des gens détestent se déranger pour aider les autres.
320. Bon nombre de mes rêves sont à contenu sexuel.
321. Je suis facilement embarrassé.
322. Les questions d'affaires et d'argent me tracassent.
323. J'ai eu des expériences très curieuses et très étranges.
324. Je n'ai jamais été en amour avec personne.
325. Certains membres de ma famille ont fait des choses qui m'ont effrayé.
326. Parfois j'ai des crises de rire et de larmes que je ne puis maîtriser.
327. Mon père ou ma mère m'ont souvent forcé à obéir même quand je croyais que ce n'était pas raisonnable.
328. Je trouve difficile de concentrer mon esprit sur un travail ou sur une tâche.
329. Je ne rêve presque jamais.
330. Je n'ai jamais été paralysé ou éprouvé quelque faiblesse particulière dans aucun de mes muscles.
331. Si les gens ne s'étaient pas ligüés contre moi j'aurais bien mieux réussi.
332. Je perds parfois la voix ou ma voix change même quand je n'ai pas le rhume.
333. Personne ne semble me comprendre.
334. Je sens parfois des odeurs étranges.
335. Je suis incapable de me concentrer sur un objet.
336. Je deviens facilement impatient avec les gens.
337. Je renonce presque toujours de l'angoisse à propos de choses ou de personnes.
338. J'ai certainement eu plus que ma part d'inquétudes.
339. La plupart du temps je voudrais me voir mort.
340. Parfois, je deviens si énervé que j'ai de la difficulté à m'endormir.
341. Parfois j'entends si bien que cela m'ennuie.

CONTINUEZ À LA PAGE SUIVANTE.

342. J'oublie tout de suite ce que les gens me disent.
343. Habituellement je dois m'arrêter pour penser avant d'agir, même pour des choses insignifiantes.
344. Il m'arrive souvent de traverser la rue pour ne pas rencontrer quelqu'un que j'ai aperçu.
345. J'ai souvent l'impression que les choses ne sont pas réelles.
346. J'ai la manie de compter des objets sans importance, tels les ampoules sur les enseignes électriques, etc.
347. Je n'ai pas d'ennemis qui me veulent vraiment de mal.
348. J'ai tendance à me tenir sur mes gardes avec les gens qui sont un peu plus aimables que je m'y attendais.
349. J'ai des pensées étranges et curieuses.
350. J'entends des bruits étranges lorsque je suis seul.
351. Je me sens inquiet et angoissé lorsque je dois entreprendre un court voyage hors de mon foyer.
352. J'ai déjà craint des choses et des gens, tout en sachant qu'ils ne pouvaient me faire de mal.
353. Je n'ai pas peur d'entrer seul dans une pièce où causent des gens déjà réunis.
354. J'ai peur d'utiliser un couteau ou tout objet très pointu ou aiguisé.
355. Je me plais parfois à blesser l'amour-propre des gens que j'aime.
356. J'éprouve plus de difficulté à me concentrer que semblent en éprouver les autres.
357. Il m'est arrivé à maintes reprises d'abandonner une tâche parce que j'avais trop peu confiance en mon habileté.
358. Des mots vulgaires et souvent innommables me viennent à l'esprit sans que je puisse m'en débarrasser.
359. Parfois, des choses insignifiantes me trottent dans la tête et me tracassent pendant des jours.
360. Presque tous les jours il arrive quelque chose qui m'effraie.
361. Je suis enclin à prendre mal les choses.
362. Je suis plus sensible que la plupart des gens.
363. J'ai parfois éprouvé du plaisir à être blessé par quelqu'un que j'aime.
364. Les gens disent des choses vulgaires et insultantes à mon sujet.
365. Je me sens mal à l'aise entre quatre murs.
366. Même quand je suis avec des gens, je me sens souvent seul.
367. Je n'ai pas peur du feu.
368. Je me suis parfois tenu à l'écart d'une personne parce que je craignais de dire ou de faire quelque chose que j'aurais pu regretter plus tard.
369. La religion ne me cause aucune inquiétude.
370. Je déteste me presser lorsque je travaille.
371. Je n'ai pas l'habitude d'être embarrassé.
372. J'ai tendance à m'intéresser à plusieurs passe-temps différents plutôt que de m'en tenir à un seul pendant longtemps.
373. Je suis persuadé qu'il n'y a qu'une seule vraie religion.
374. Il y a des périodes où mon esprit semble fonctionner plus lentement que d'habitude.
375. Lorsque je me sens très heureux et pleins d'entrain, quelqu'un au moral bas ou d'humeur chagrine réussira à gâter mon plaisir.
376. Les agents de police sont habituellement honnêtes.
377. Dans des réunions mondaines, je suis plus porté à m'asseoir à l'écart ou avec un seul autre invité qu'à me joindre au groupe.
378. Je n'aime pas voir les femmes fumer.
379. J'ai très rarement des moments d'ennui.
380. Lorsque quelqu'un dit des choses sottes ou fausses sur des sujets que je connais, je tente de le corriger.
381. L'on dit souvent de moi que je suis prompt à me fâcher.

CONTINUEZ À LA PAGE SUIVANTE.

382. J'aimerais bien pouvoir ne plus m'inquiéter de choses que j'ai dites et qui ont pu blesser les sentiments d'autrui.
383. Les gens me désappointent souvent.
384. Je me sens incapable de raconter à qui que ce soit tout ce qu'il y a à dire sur moi.
385. La foudre est l'une de mes peurs.
386. J'aime laisser les gens deviner ce que je vais faire ensuite.
387. Les seuls miracles que je connaisse sont uniquement des tours que les gens se jouent entre eux.
388. J'ai peur d'être seul dans l'obscurité.
389. Mes plans m'ont paru fréquemment si pleins de difficultés que j'ai dû les abandonner.
390. J'ai souvent été peiné de ne pas avoir été compris lorsque j'ai tenté d'empêcher quelqu'un de commettre une erreur.
391. J'adore aller danser.
392. Une tempête de vent m'épouvante.
393. Les chevaux qui ne tirent pas leur charge devraient être battus ou fouettés.
394. Je demande souvent conseil aux gens.
395. L'avenir est trop incertain pour que l'on fasse des projets sérieux.
396. Même lorsque tout me réussit, je me sens souvent indifférent à tout.
397. J'ai parfois senti que les difficultés s'accumulaient au point que je ne pourrais les surmonter.
398. Je me dis souvent: « Comme j'aimerais redevenir enfant! »
399. Je ne me fâche pas facilement.
400. Si l'on m'en fournissait l'occasion, je pourrais accomplir des choses dont le monde entier bénéficierait.
401. Je ne crains pas l'eau.
402. Comme la nuit porte conseil, je dois souvent attendre au lendemain avant de prendre une décision sur un sujet.
403. Il fait bon vivre à notre époque, alors qu'il se fait tant de choses.
404. Les gens se sont souvent mépris sur mes intentions alors que j'essayais de les orienter et de les aider.
405. Je n'ai pas de difficulté à avaler.
406. J'ai souvent rencontré de supposés experts qui n'étaient pas meilleurs que moi.
407. Je suis habituellement calme et difficile à émouvoir.
408. Je suis porté, pour certaines choses, à cacher mes sentiments au point que les gens peuvent me blesser sans s'en rendre compte.
409. Il m'est parfois arrivé de m'épuiser pour avoir trop entrepris.
410. J'éprouverais certainement du plaisir à battre un escroc à son propre jeu.
411. Je me sens un raté lorsque j'apprends la réussite de quelqu'un que je connais bien.
412. Je ne redoute pas de voir un médecin pour une maladie ou une blessure.
413. Je mérite un châtiment sévère pour mes péchés.
414. Je suis porté à prendre tellement à cœur toute déception que je suis incapable de la chasser de mon esprit.
415. Si on m'en donnait la chance, je ferais un bon chef.
416. Cela m'ennuie que l'on surveille mon travail, même si je sais que je peux le faire très bien.
417. Il m'arrive souvent d'être si ennuyé, lorsque quelqu'un tente de me voler ma place dans une file de gens, au point de lui dire ma façon de penser.
418. Parfois je pense que je suis bon à rien.
419. Quand j'étais enfant, il m'est arrivé très souvent de faire l'école buissonnière.
420. Au point de vue religion, j'ai eu des aventures peu ordinaires.
421. Un ou plusieurs membres de ma famille sont très nerveux.
422. J'ai ressenti de l'embarras au sujet du genre de travail accompli par un ou plusieurs membres de ma famille.

CONTINUEZ À LA PAGE SUIVANTE.

423. J'aime ou j'ai beaucoup aimé la pêche.
424. J'ai presque toujours faim.
425. Je rêve souvent.
426. J'ai dû parfois être brutal avec des gens grossiers ou importuns.
427. Les histoires sales me mettent mal à l'aise.
428. J'aime lire les éditoriaux des journaux.
429. J'aime assister à des conférences sur des sujets sérieux.
430. Je suis attiré par le sexe opposé.
431. Je m'en fais beaucoup au sujet de malheurs possibles.
432. J'ai de solides opinions politiques.
433. J'avais l'habitude d'avoir des compagnons imaginaires.
434. J'aimerais être pilote d'autos de course.
435. Je préférerais ordinairement travailler avec des femmes.
436. En général, les gens exigent plus de respect envers leurs propres droits qu'ils sont prêts à en accorder à ceux des autres.
437. Il est permis de contourner la loi à condition de ne pas la violer en réalité.
438. Je déteste certaines personnes au point de me sentir heureux intérieurement lorsqu'elles sont punies pour ce qu'elles ont fait.
439. L'attente me rend nerveux.
440. J'essaie de retenir de bonnes histoires pour les raconter ensuite aux autres.
441. J'aime les femmes grandes.
442. Il y a eu des moments où l'inquiétude m'a fait perdre le sommeil.
443. Je suis porté à m'abstenir de ce que je voudrais faire parce qu'on est d'opinion que je m'y prends mal.
444. Je ne tente pas de corriger les gens qui expriment une croyance fausse.
445. Quand j'étais jeune (ou dans mon enfance) je raffolais des plaisirs excitants.
446. Au jeu, j'aime parier de petites sommes.
447. Je suis souvent porté à faire des efforts pour faire triompher mon point de vue contre mes adversaires.
448. Cela m'ennuie que les gens m'observent dans la rue, les autobus, les magasins, etc.
449. J'aime les réunions sociales pour le seul plaisir d'être avec des gens.
450. J'aime beaucoup le brouhaha d'une foule.
451. Mes soucis semblent s'envoler quand je me joins à un groupe de joyeux amis.
452. J'aime taquiner les gens.
453. Quand j'étais enfant, je n'étais pas intéressé à faire partie d'un groupe ou d'une bande.
454. Je pourrais être heureux de vivre seul dans un chalet au fond des bois ou dans les montagnes.
455. Assez souvent, je ne suis pas au courant des commérages du groupe auquel j'appartiens.
456. Une personne ne devrait pas être punie pour avoir violé une loi qui à son point de vue n'est pas raisonnable.
457. Je crois qu'une personne ne devrait jamais goûter une boisson alcoolisée.
458. L'homme (mon père, mon beau-père, etc.) avec qui j'ai eu le plus affaire quand j'étais enfant était très sévère pour moi.
459. J'ai une ou plusieurs mauvaises habitudes qui sont si fortes qu'il m'est inutile de les combattre.
460. J'ai consommé de l'alcool en quantité modérée (ou pas du tout).
461. Je trouve difficile de mettre de côté, même pour très peu de temps, une tâche que j'ai entrepris.
462. Je n'ai jamais eu de difficulté à commencer d'uriner ou à retenir mon urino.
463. J'aimais beaucoup jouer à la marelle (i.e. jouer aux carrés).
464. Je n'ai jamais eu d'apparition.
465. A plusieurs reprises, je me suis dégoûté de ma vie de travail.

CONTINUEZ À LA PAGE SUIVANTE.

466. Sauf sur ordonnance médicale, je ne prends jamais de drogues ni de somnifères.
467. J'apprends souvent par cœur des nombres qui n'ont aucune importance (telles les numéros de plaques d'automobiles, etc.).
468. J'ai souvent regretté d'être aussi grognon et maussade.
469. J'ai souvent constaté que les gens étaient jaloux de mes bonnes idées, simplement parce qu'ils n'y avaient pas pensé les premiers.
470. Les choses sexuelles me dégoûtent.
471. A l'école, mes notes de conduite étaient à peu près toujours mauvaises.
472. Le feu me fascine.
473. Quand c'est possible, j'évite de me mêler à la foule.
474. Je n'ai pas besoin d'uriner plus souvent que les autres.
475. Quand je suis mal pris, je n'avoue que cette partie de la vérité qui n'est pas de nature à me nuire.
476. Je suis un envoyé spécial de Dieu.
477. Si mes amis et moi avons des ennuis dont nous serions également responsables, je préférerais assumer tout le blâme plutôt que de trahir mes amis.
478. Les ennuis que se sont attirés certains membres de ma famille ne m'ont jamais rendu nerveux pour autant.
479. Je ne vois pas d'inconvénient à rencontrer des étrangers.
480. J'ai souvent peur de la noirceur.
481. Je me rappelle avoir « joué au malade » pour éviter quelque chose.
482. Je parle souvent à des étrangers quand je voyage en train, en autobus, etc.
483. Le Christ a accompli des miracles, par exemple, celui de changer l'eau en vin.
484. J'ai un, ou plusieurs défauts si grands, qu'il me semble préférable de les accepter et de tâcher de les contrôler plutôt que d'essayer de m'en défaire.
485. Quand un homme est avec une femme, il pense habituellement à des choses qui ont trait au sexe féminin.
486. Je n'ai jamais remarqué de sang dans mon urine.
487. Quand les choses vont mal, j'ai tendance à tout lâcher rapidement.
488. Je prie plusieurs fois la semaine.
489. J'éprouve de la sympathie envers les gens portés à s'accrocher à leurs peines et à leurs malheurs.
490. Je lis la Bible plusieurs fois par semaine.
491. Je ne peux souffrir les gens qui croient qu'il n'existe qu'une seule vraie religion.
492. La pensée d'un tremblement de terre m'effraie.
493. Je préfère un travail qui exige de moi une grande attention à un travail qui me permet d'être négligent.
494. Je crains de me trouver dans un placard ou dans un endroit exigü et fermé.
495. Je mets habituellement « cartes sur table » avec les gens que je tente de corriger ou d'améliorer.
496. Je n'ai jamais vu double, (c'est-à-dire qu'un objet ne me paraît jamais double sans que je puisse lui redonner son unité première).
497. J'aime les histoires d'aventure.
498. Il vaut toujours mieux être franc.
499. Je dois avouer que je me suis parfois inquiété plus que de raison de quelque chose sans importance.
500. Je m'emballe facilement et complètement pour une bonne idée.
501. D'habitude, je me débrouille seul plutôt que demander à d'autres comment m'y prendre.
502. J'aime que les gens sachent à quoi s'en tenir avec moi.
503. Je n'ai pas coutume d'exprimer fortement mon approbation ou ma désapprobation pour les actes d'autrui.

CONTINUEZ À LA PAGE SUIVANTE.

504. Je ne tente pas de cacher à une personne la piètre opinion que j'ai d'elle ou la pitié qu'elle m'inspire.
505. A certains moments je me suis senti si plein d'entrain que le sommeil ne me semblait pas nécessaire des jours durant.
506. Je suis de tempérament nerveux.
507. J'ai souvent travaillé pour des gens qui, semble-t-il, arrangent les choses de façon à accaparer tout le crédit pour un bon travail mais qui sont capables d'imputer leurs erreurs à leurs subalternés.
508. Je crois que mon odorat est aussi bon que celui des autres.
509. Je suis si réservé que je trouve parfois difficile de réclamer mes droits.
510. La saleté me fait peur ou me répugne.
511. J'ai une vie de rêveries que je ne raconte à personne.
512. Je déteste prendre un bain.
513. Je crois que Lincoln fut plus grand que Washington.
514. J'aime les femmes aux allures masculines.
515. Chez moi, nous avons toujours eu le nécessaire (la nourriture, le vêtement, etc.).
516. Certains membres de ma famille ont un tempérament violent.
517. Je ne peux rien faire de bien.
518. Je me suis souvent senti coupable pour avoir, en certaines circonstances, simulé plus de chagrin que j'en éprouvais en réalité.
519. Il y a quelque chose d'anormal dans mes organes sexuels.
520. Règle générale, je défends énergiquement mes opinions.
521. Dans un groupe, cela ne m'embarasserait pas d'être invité à entamer une discussion ou à donner mon opinion sur un sujet que j'aime, mais pas bien.
522. Je n'ai pas peur des araignées.
523. Je ne rougis presque jamais.
524. Je ne crains pas d'attrapper une maladie ou un microbe en touchant aux poignées de porte.
525. Certains animaux me rendent nerveux.
526. L'avenir me semble sans espoir.
527. Les membres de ma famille et ceux de ma parenté immédiate s'entendent très bien.
528. Je ne rougis pas plus souvent que les autres.
529. J'aimerais porter des vêtements dispendieux.
530. J'ai souvent peur de me mettre à rougir.
531. On peut très facilement me faire changer d'idée, même si je croyais que mon idée sur un sujet était déjà faite.
532. Je puis endurer la douleur autant que les autres.
533. Je ne souffre pas excessivement de gaz d'estomac.
534. Il m'est arrivé plusieurs fois d'être le dernier à abandonner une entreprise.
535. Je me sens presque toujours la bouche sèche.
536. Cela me fâche quand les gens me pressent.
537. J'aimerais chasser le lion en Afrique.
538. Je crois que j'aimerais le travail que fait le couturier.
539. Je n'ai pas peur des souris.
540. Mon visage n'a jamais été atteint de paralysie.
541. Ma peau semble être particulièrement sensible au toucher.
542. Je n'ai jamais eu de selles noires, couleur de goudron.
543. Plusieurs fois par semaine, j'ai comme l'impression que quelque chose d'effroyable est sur le point de se produire.
544. La plupart du temps, je me sens fatigué.
545. Quelquefois je fais le même rêve à plusieurs reprises.
546. J'aime lire des livres sur l'histoire.
547. J'aime les réunions sociales et les événements mondains.

CONTINUEZ À LA PAGE SUIVANTE.

548. Je n'assiste jamais à un spectacle osé et impudent si je peux l'éviter.
549. Je recule en face d'une situation difficile ou critique.
550. J'aime réparer une serrure.
551. Parfois, j'ai la conviction que les gens peuvent lire mes pensées.
552. J'aime lire des livres sur les sciences.
553. J'ai peur de me trouver seul dans un espace vaste et désert.
554. Si j'étais artiste, j'aimerais dessiner des enfants.
555. J'ai parfois l'impression d'être sur le point de m'effrondre.
555. Je prends grand soin de la façon de me vêtir.
557. J'aimerais être secrétaire particulier.
558. Un grand nombre de gens sont coupables de mauvaise conduite sexuelle.
559. J'ai souvent été pris de peur au milieu de la nuit.
560. Cela m'ennuie beaucoup d'oublier l'endroit où je range les choses.
561. Je raffole de l'équitation.
562. La personne à qui j'étais le plus attaché, et que j'admirais le plus, dans mon enfance, fut une femme. (Mère, sœur, tante ou autre femme.)
563. Je préfère les récits d'aventures aux histoires d'amour.
564. Je suis porté à mettre de côté ce que je voudrais faire lorsque les autres croient que cela n'en vaut pas la peine.
565. J'ai envie de me jeter en bas, quand je me trouve dans un endroit élevé.
566. Au cinéma, j'aime les scènes d'amour.



APPENDIX IV

REPORT RATING SCALE

Student # _____ Sex _____ Age _____
 Highest Year of Education Completed _____ Enrolled In _____

REPORT RATING SCALE

Please complete the information on the top of this sheet -

This study is concerned with similarities and differences in psychological reports. Enclosed, you will find 5 psychological reports. Please indicate their similarity by doing the following:

- (1) Please read Report I carefully.
- (2) Then read Report A, B, C, and D.
- (3) Next, please complete the rating scale below for each of the 4 reports.

Report A

1	2	3	4	5	6	7
very different from report 1						very similar to report 1

Report B

1	2	3	4	5	6	7
very different from report 1						very similar to report 1

Report C

1	2	3	4	5	6	7
very different from report 1						very similar to report 1

Report D

1	2	3	4	5	6	7
very different from report 1						very similar to report 1

(4) For your participation in this project, you will be given 10 credit points towards your course grade. Additionally, a summary of the completed research will be presented to you in class later on in the year.

Murray M. Fishbach
M.A. Candidate, Department of Psychology
University of Windsor

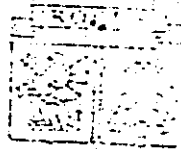
APPENDIX V

SAMPLE ROCHE PSYCHIATRIC SERVICE

MMPI REPORT

French

65



ROCHE PSYCHIATRIC SERVICE INSTITUTE

CASE NO: 622576
AGE 22 MALE

MMPI REPORT

RPSI. NO: 20467
FEB. 09, 1970

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. HE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT HE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT IS AN ANXIOUS, FEARFUL PERSON WHO WORRIES A GREAT DEAL. HE FINDS IT DIFFICULT TO RELAX, AND MAY DEVELOP A VARIETY OF TENSION SYMPTOMS SUCH AS BACKACHES, MUSCLE SPASMS AND INSOMNIA. DEPRESSION IS PRESENT, BUT LESS CLEARLY MANIFESTED THAN AGITATION AND ANXIETY. HE MAY HAVE PERIODS OF IMPULSIVE, INCONSIDERATE BEHAVIOR DURING WHICH HIS LACK OF CONTROL MAY CAUSE DIFFICULTIES IN INTERPERSONAL RELATIONS. HE IS SOMEWHAT SELF-CENTERED AND IMMATURE.

AT PRESENT, HE APPEARS TO BE DEPRESSED. HE VIEWS HIMSELF AS UNHAPPY AND USELESS. APATHY, LACK OF INTEREST, PESSIMISM AND WORRY MAY BE EXPRESSED. IF HE DENIES DEPRESSION AND MAINTAINS A FACADE OF CHEERFULNESS, THE POSSIBILITY OF SUICIDE SHOULD BE ASSESSED CAREFULLY. IT SHOULD BE NOTED, HOWEVER, THAT SOME PATIENTS APPARENTLY LEARN TO LIVE WITH A CHRONIC DEPRESSION AND TEND TO VIEW IT WITHOUT ANY GREAT ALARM.

THERE ARE SOME UNUSUAL QUALITIES IN THIS PATIENT'S THINKING WHICH MAY REPRESENT AN ORIGINAL OR INVENTIVE ORIENTATION OR PERHAPS SOME SCHIZOID TENDENCIES. FURTHER INFORMATION WOULD BE REQUIRED TO MAKE THIS DETERMINATION.

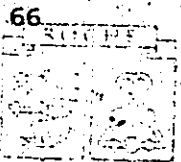
IN THE CONTEXT OF THIS REPORT, ATTENTION SHOULD BE DIRECTED TO THE PATIENT'S AFFIRMATIVE ANSWER TO THE QUESTION "I AM VERY STRONGLY ATTRACTED BY MEMBERS OF MY OWN SEX." ALTHOUGH THE PATIENT MAY HAVE MISINTERPRETED THE QUESTION, THE POSSIBILITY OF HOMOSEXUAL PROBLEMS SHOULD BE EXPLORED.

HE APPEARS TO BE AN IDEALISTIC, INNER-DIRECTED PERSON WHO MAY BE SEEN AS QUITE SOCIALLY PERCEPTIVE AND SENSITIVE TO INTERPERSONAL INTERACTIONS. HIS INTEREST PATTERNS ARE QUITE DIFFERENT FROM THOSE OF THE AVERAGE MALE. IN A PERSON WITH A BROAD EDUCATIONAL AND CULTURAL BACKGROUND THIS IS TO BE EXPECTED, AND MAY REFLECT SUCH CHARACTERISTICS AS SELF-AWARENESS, CONCERN WITH SOCIAL ISSUES, AND AN ABILITY TO COMMUNICATE IDEAS CLEARLY AND EFFECTIVELY. IN SOME MEN, HOWEVER, THE SAME INTEREST PATTERN MAY REFLECT A REJECTION OF MASCULINITY ACCOMPANIED BY A RELATIVELY PASSIVE, EFFEMINATE NON-COMPETITIVE PERSONALITY.

SOME ASPECTS OF THIS PATIENT'S TEST PATTERN ARE SIMILAR TO THOSE OF PSYCHIATRIC PATIENTS. APPROPRIATE PROFESSIONAL EVALUATION IS RECOMMENDED.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF PSYCHIATRIC PATIENTS.

ROCHE PSYCHIATRIC SERVICE INSTITUTE



SCALE SCORES FOR MMPI

CASE NO: 622576
AGE 22 MALE

RPSI. NO: 20467
FEB. 09, 1970

SCALE	Q	L	F	K	HS	D	HY	PD	MF	PA	PT	SC	MA	SI
RAW	8	2	7	13	6	25	20	17	39	10	21	19	24	23
K-C	8	2	7	13	13	25	20	22	39	10	34	32	27	23
T-C	OK	44	60	51	54	70	56	57	86	56	73	69	75	48
SCALE	ES	MT	A	R	LB	CA	DY	DO	RE	PR	ST	CN	AT	SO-R
RAW	49	22	23	15	13	10	27	18	17	10	31	38	24	27
T-C	58	79	64	49	66	51	58	59	42	47	80	84	65	31

WELSH CODE: *50197218-4361/0:*

CRITICAL ITEMS

THESE MMPI TEST ITEMS WHICH WERE ANSWERED BY THE PATIENT IN THE DIRECTION INDICATED, MAY REQUIRE FURTHER INVESTIGATION BY THE CLINICIAN. THE CLINICIAN IS CAUTIONED, HOWEVER, AGAINST OVERINTERPRETATION OF THESE ISOLATED RESPONSES.

- 334 PECULIAR ODORS COME TO ME AT TIMES. (TRUE)
- 37 I HAVE NEVER BEEN IN TROUBLE BECAUSE OF MY SEXUAL BEHAVIOR. (FALSE)
- 69 I AM VERY STRONGLY ATTRACTED BY MEMBERS OF MY OWN SEX. (TRUE)
- 179 I AM WORRIED ABOUT SEX MATTERS. (TRUE)
- 302 I HAVE NEVER BEEN IN TROUBLE BECAUSE OF MY SEXUAL BEHAVIOR. (FALSE)
- 215 I HAVE USED ALCOHOL EXCESSIVELY. (TRUE)

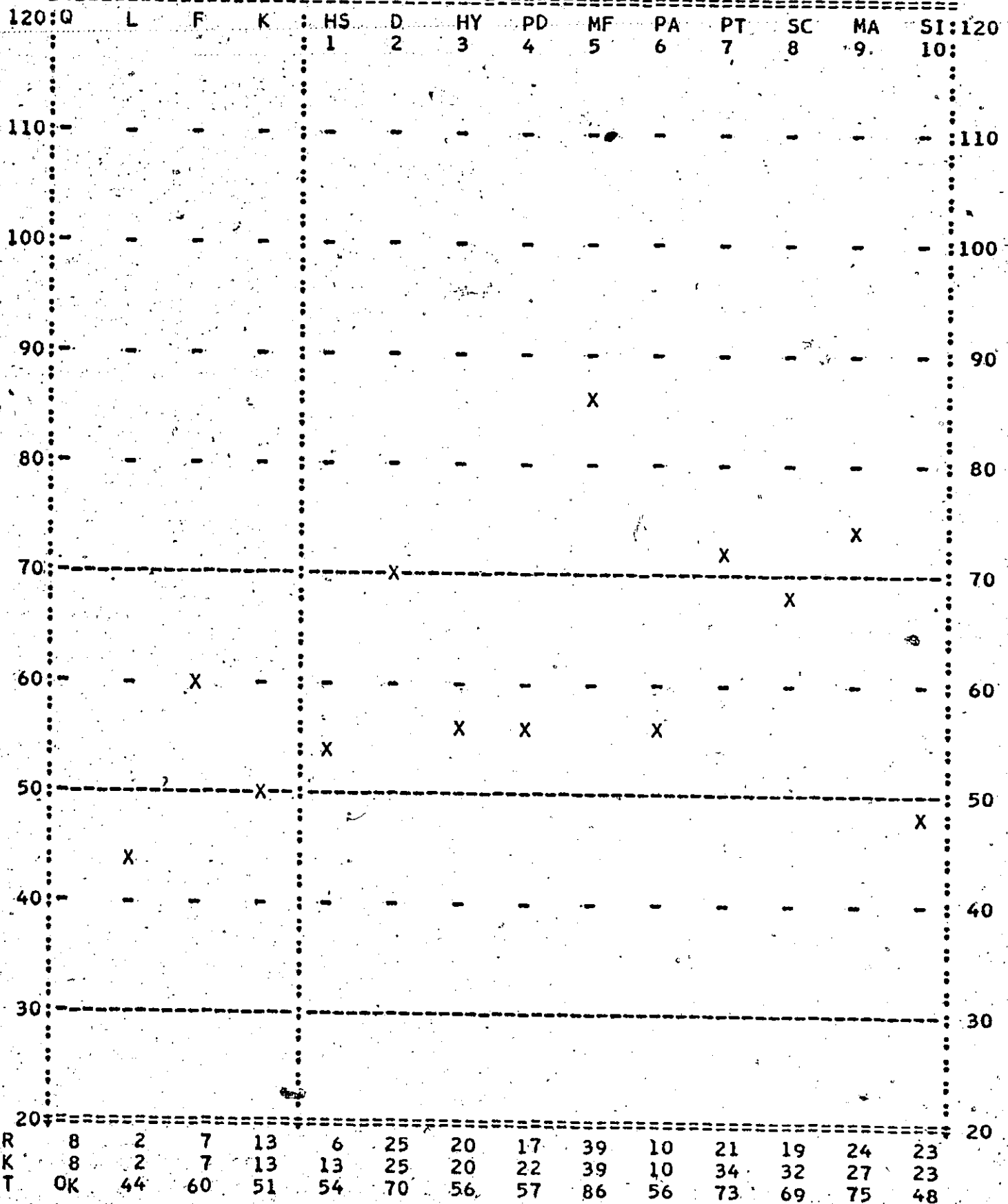
ROCHE PSYCHIATRIC SERVICE INSTITUTE

67

CASE NO: 622576
AGE 22 MALE

MMPI PROFILE

RPSI NO: 20467
FEB. 09, 1970



APPENDIX VI
ROCHE IDENTIFICATION CODE

ROCHE IDENTIFICATION CODE

French Translated RPSI Number		English Match		Sex	Age
622	599	622	559	M	23
622	580	622	601	F	33
622	600	622	556	F	21
622	608	622	557	F	21
622	589	622	602	F	28
622	587	622	605	F	19
622	583	622	558	F	20
622	582	622	597	F	20
622	581	622	588	F	22
622	578	622	592	M	23
622	577	622	560	M	21
622	576	622	554	M	22
622	575	622	572	M	23
622	574	622	604	F	21
622	571	622	570	M	50
622	569	622	586	F	24
622	566	622	567	F	28
622	564	622	606	F	37
622	563	622	565	F	33
622	562	622	568	F	50
622	555	622	538	M	21
622	553	622	593	M	20
622	579	622	594	F	20
622	552	622	529	M	21
622	550	622	534	M	21
622	525	622	596	F	20
622	539	622	528	F	20
622	540	622	536	F	22
622	542	622	518	F	21
622	544	622	521	M	21
622	545	622	522	F	22
622	546	622	526	M	20
622	547	622	527	F	18

APPENDIX VII

ROCHE PSYCHIATRIC SERVICE FRENCH TRANSLATED MMPI REPORTS

CASE NO: 622599

MMPI REPORT

RPSI. NO: 20467

THE TEST RESULTS ON THIS PATIENT REFLECT AN EXTREME DEFENSIVENESS ABOUT REVEALING HIMSELF PSYCHOLOGICALLY. BECAUSE OF HIS UNWILLINGNESS TO TOLERATE ANY SUGGESTION OF PERSONAL INADEQUACY, THE TEST RESULTS ARE OF DOUBTFUL VALIDITY. THE PATTERN MAY BE THE RESULT OF CONSCIOUS DECEPTION, EXTREME RIGIDITY AND NAIVETE, OR GENERALIZED NEGATIVISM AND REFUSAL TO COOPERATE. HIS TENDENCY TO PRESENT A DISTORTED IMAGE OF HIMSELF IS LIKELY TO GENERALIZE TO THE TREATMENT SITUATION AND MAY BE EXPECTED TO INTERFERE WITH THE DEVELOPMENT OF A THERAPEUTIC RELATIONSHIP.

THE UNWILLINGNESS OF THIS PATIENT TO ADMIT TO THE RELATIVELY MINOR FAULTS WHICH MOST PEOPLE HAVE SUGGESTS THAT HE IS A PERSON WITH STRONG NEEDS TO SEE HIMSELF, AND TO BE SEEN BY OTHERS, AS AN UNUSUALLY VIRTUOUS PERSON. SUCH PEOPLE TEND TO BE RIGID, DEFENSIVE, AND UNCOMPROMISING INDIVIDUALS WHO STRESS MORAL ISSUES AND EMPHASIZE THEIR OWN INTEGRITY. THEY TEND TO BE FRUSTRATED, INSECURE PEOPLE WHO HAVE LITTLE INSIGHT, AND WHO ARE UNAWARE OF THEIR OWN STIMULUS VALUE. IT IS DOUBTFUL THAT THESE TENDENCIES HAVE INVALIDATED THE PATIENT'S TEST RESULTS, BUT THEY MAY HAVE CAUSED HIM TO RECEIVE SOMEWHAT REDUCED SCORES ON THE CLINICAL SCALES.

HE SEEMS TO BE ATTEMPTING TO MINIMIZE OR DENY FAULTS IN HIMSELF. HE IS HESITANT TO ADMIT TO PSYCHOLOGICAL PROBLEMS, PERHAPS BECAUSE HE PERCEIVES THEM AS WEAKNESSES. IN SOME NORMALLY FUNCTIONING INDIVIDUALS THIS APPARENT DEFENSIVENESS MAY REPRESENT SELF-ASSURANCE AND A GOOD SELF-CONCEPT. IN AN INDIVIDUAL WITH CURRENT DIFFICULTIES, HOWEVER, IT IS MORE LIKELY TO REPRESENT RESISTANCE AND RELUCTANCE TO ENTER TREATMENT.

THIS PATIENT IS PRONE TO FANTASY AND DAYDREAMING. HE MAINTAINS DISTANCE FROM PEOPLE AND AVOIDS CLOSE INTERPERSONAL RELATIONSHIPS. HE UTILIZES THE DEFENSES OF PROJECTION AND REPRESSION, AND UNDER STRESS HE MAY BECOME DISORIENTED AND DISORGANIZED.

HE IS A RIGID PERSON WHO MAY EXPRESS HIS ANXIETY IN FEARS, COMPULSIVE BEHAVIOR AND RUMINATION. HE MAY BE CHRONICALLY WORRIED AND TENSE, WITH MARKED RESISTANCE TO TREATMENT DESPITE OBVIOUS DISTRESS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

THE UNWILLINGNESS OF THIS PATIENT TO ADMIT TO THE RELATIVELY MINOR FAULTS WHICH MOST PEOPLE HAVE SUGGESTS THAT SHE IS A PERSON WITH STRONG NEEDS TO BE SEEN BY OTHERS, AND PERHAPS BY HERSELF, AS AN UNUSUALLY VIRTUOUS PERSON. SUCH PEOPLE TEND TO BE NAIVELY DEFENSIVE AND UNCOMPROMISING INDIVIDUALS WHO STRESS MORAL ISSUES AND EMPHASIZE THEIR OWN INTEGRITY. THEY TEND TO BE FRUSTRATED, INSECURE INDIVIDUALS WHO HAVE LITTLE INSIGHT, AND ARE UNAWARE OF THEIR OWN STIMULUS VALUE. IT IS DOUBTFUL THAT THESE TENDENCIES INVALIDATED THE PATIENT'S TEST RESULTS, BUT THEY MAY HAVE CAUSED HER TO RECEIVE SOMEWHAT REDUCED SCORES ON THE CLINICAL SCALES.

THIS PATIENT HAS LOW SCORES ON THE CLINICAL SCALES WHICH USUALLY SUGGESTS AN ABSENCE OF SERIOUS PSYCHOPATHOLOGY ALTHOUGH OTHER TEST INDICATORS OR FURTHER CLINICAL INVESTIGATION MAY DISCLOSE THE EXISTENCE OF PROBLEMS NOT REVEALED ON THESE SCALES. THERE IS A SUGGESTION OF SOME CURRENT DEPRESSION. SHE MAY BE A SENSITIVE PERSON WHO IS PRONE TO WORRY AND WHO TAKES LIFE SERIOUSLY. SOCIALLY, SHE MAY BE RESERVED AND NON-INVOLVED. SHE TENDS TO BE CONVENTIONAL, CONFORMING AND CONSCIENTIOUS, BUT SHE LACKS CONFIDENCE IN HER OWN ABILITY AND HAS DIFFICULTY MAKING DECISIONS.

SHE APPEARS TO BE AN ORDERLY, PRECISE, AND REASONABLE PERSON. ALTHOUGH GENERALLY SEEN AS RELATIVELY MATURE, SHE IS SLOW IN ADJUSTING TO NEW SITUATIONS.

THIS PERSON MAY BE HESITANT TO BECOME INVOLVED IN SOCIAL RELATIONSHIPS. SHE IS SENSITIVE, RESERVED AND SOMEWHAT UNCOMFORTABLE, ESPECIALLY IN NEW AND UNFAMILIAR SITUATIONS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

CASE NO: 622600

MMPI REPORT

RPSI. NO: 20467

THE UNWILLINGNESS OF THIS PATIENT TO ADMIT TO THE RELATIVELY MINOR FAULTS WHICH MOST PEOPLE HAVE SUGGESTS THAT SHE IS A PERSON WITH STRONG NEEDS TO BE SEEN BY OTHERS, AND PERHAPS BY HERSELF, AS AN UNUSUALLY VIRTUOUS PERSON. SUCH PEOPLE TEND TO BE NAIVELY DEFENSIVE AND UNCOMPROMISING INDIVIDUALS WHO STRESS MORAL ISSUES AND EMPHASIZE THEIR OWN INTEGRITY. THEY TEND TO BE FRUSTRATED, INSECURE INDIVIDUALS WHO HAVE LITTLE INSIGHT, AND ARE UNAWARE OF THEIR OWN STIMULUS VALUE. IT IS DOUBTFUL THAT THESE TENDENCIES INVALIDATED THE PATIENT'S TEST RESULTS, BUT THEY MAY HAVE CAUSED HER TO RECEIVE SOMEWHAT REDUCED SCORES ON THE CLINICAL SCALES.

THIS PATIENT SHOWS A PERSONALITY PATTERN WHICH OCCURS FREQUENTLY AMONG PERSONS WHO SEEK PSYCHIATRIC TREATMENT. FEELINGS OF INADEQUACY, SEXUAL CONFLICT AND RIGIDITY ARE ACCOMPANIED BY A LOSS OF EFFICIENCY, INITIATIVE AND SELF-CONFIDENCE. INSOMNIA IS LIKELY TO OCCUR ALONG WITH CHRONIC ANXIETY, FATIGUE AND TENSION. SHE MAY HAVE SUICIDAL THOUGHTS. IN THE CLINICAL PICTURE, DEPRESSION IS THE DOMINANT FEATURE. PSYCHIATRIC PATIENTS WITH THIS PATTERN ARE LIKELY TO BE DIAGNOSED AS DEPRESSIVES OR ANXIETY REACTIONS. THE BASIC CHARACTERISTICS ARE RESISTANT TO CHANGE AND WILL TEND TO REMAIN STABLE WITH TIME. AMONG MEDICAL PATIENTS WITH THIS PATTERN, A LARGE NUMBER ARE SERIOUSLY DEPRESSED, AND OTHERS SHOW SOME DEPRESSION, ALONG WITH FATIGUE AND EXHAUSTION. THERE ARE FEW SPONTANEOUS RECOVERIES, ALTHOUGH THE INTENSITY OF THE SYMPTOMS MAY BE CYCLIC.

SHE APPEARS TO BE OVER-CONCERNED ABOUT HER BODILY FUNCTIONS AND PHYSICAL HEALTH. SHE TENDS TO OVER-REACT TO ILLNESSES AND TO COMPLAIN AND WORRY. SHE MAY EXPERIENCE FATIGUE, WEAKNESS, AND GENERALIZED ACHES AND PAINS WITHOUT CLEAR ORGANIC ETIOLOGY.

THERE ARE SOME UNUSUAL QUALITIES IN THIS PATIENT'S THINKING WHICH MAY REPRESENT AN ORIGINAL OR INVENTIVE ORIENTATION OR PERHAPS SOME SCHIZOID TENDENCIES. FURTHER INFORMATION WOULD BE REQUIRED TO MAKE THIS DETERMINATION.

THIS PATIENT'S CONDITION APPEARS TO FALL WITHIN THE NEUROTIC RANGE. SHE IS USING NEUROTIC DEFENSES IN AN EFFORT TO CONTROL HER ANXIETY.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. SHE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT SHE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

IT APPEARS THAT THE PATIENT, IN HER RESPONSES TO THE TEST ITEMS, MAY HAVE BEEN OVERLY SELF-CRITICAL. THE VALIDITY OF THE TEST MAY HAVE BEEN SOMEWHAT AFFECTED BY HER TENDENCY TO ADMIT TO SYMPTOMS EVEN WHEN THEY ARE MINIMAL. THIS MAY SUGGEST THAT CURRENTLY SHE FEELS VULNERABLE AND DEFENSELESS, AND THAT SHE IS MAKING AN EFFORT TO CALL ATTENTION TO HER DIFFICULTIES IN ORDER TO ASSURE OBTAINING PROFESSIONAL HELP.

THIS PATIENT HAS LOW SCORES ON THE CLINICAL SCALES, WHICH USUALLY SUGGESTS AN ABSENCE OF SERIOUS PSYCHOPATHOLOGY. SHE APPEARS TO BE AN ENERGETIC PERSON WHOSE IMPULSIVENESS MAY CAUSE DIFFICULTIES IN INTERPERSONAL RELATIONS. SHE IS LIKELY TO BE SOCIALE, OPEN AND FRIENDLY BUT SHE IS ALSO LIKELY TO BE SOMEWHAT SELF-CENTERED AND IMMATURE.

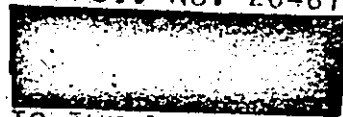
THIS PERSON MAY BE HESITANT TO BECOME INVOLVED IN SOCIAL RELATIONSHIPS. SHE IS SENSITIVE, RESERVED AND SOMEWHAT UNCOMFORTABLE, ESPECIALLY IN NEW AND UNFAMILIAR SITUATIONS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

CASE NO: 622589

MMPI REPORT

RPSI. NO: 20467



THE UNWILLINGNESS OF THIS PATIENT TO ADMIT TO THE RELATIVELY MINOR FAULTS WHICH MOST PEOPLE HAVE SUGGESTS THAT SHE IS A PERSON WITH STRONG NEEDS TO BE SEEN BY OTHERS, AND PERHAPS BY HERSELF, AS AN UNUSUALLY VIRTUOUS PERSON. SUCH PEOPLE TEND TO BE NAIVELY DEFENSIVE AND UNCOMPROMISING INDIVIDUALS WHO STRESS MORAL ISSUES AND EMPHASIZE THEIR OWN INTEGRITY. THEY TEND TO BE FRUSTRATED, INSECURE INDIVIDUALS WHO HAVE LITTLE INSIGHT, AND ARE UNAWARE OF THEIR OWN STIMULUS VALUE. IT IS DOUBTFUL THAT THESE TENDENCIES INVALIDATED THE PATIENT'S TEST RESULTS, BUT THEY MAY HAVE CAUSED HER TO RECEIVE SOMEWHAT REDUCED SCORES ON THE CLINICAL SCALES.

THIS PATIENT HAS LOW SCORES ON THE CLINICAL SCALES WHICH USUALLY SUGGESTS AN ABSENCE OF SERIOUS PSYCHOPATHOLOGY ALTHOUGH OTHER TEST INDICATORS OR FURTHER CLINICAL INVESTIGATION MAY DISCLOSE THE EXISTENCE OF PROBLEMS NOT REVEALED ON THESE SCALES. THERE IS A SUGGESTION OF SOME CURRENT DEPRESSION. SHE MAY BE A SENSITIVE PERSON WHO IS PRONE TO WORRY AND WHO TAKES LIFE SERIOUSLY. SOCIALLY, SHE MAY BE RESERVED AND NON-INVOLVED. SHE TENDS TO BE CONVENTIONAL, CONFORMING AND CONSCIENTIOUS, BUT SHE LACKS CONFIDENCE IN HER OWN ABILITY, AND HAS DIFFICULTY MAKING DECISIONS.

SHE APPEARS TO BE AN ORDERLY, PRECISE, AND REASONABLE PERSON. ALTHOUGH GENERALLY SEEN AS RELATIVELY MATURE, SHE IS SLOW IN ADJUSTING TO NEW SITUATIONS.

THIS PERSON MAY BE HESITANT TO BECOME INVOLVED IN SOCIAL RELATIONSHIPS. SHE IS SENSITIVE, RESERVED AND SOMEWHAT UNCOMFORTABLE, ESPECIALLY IN NEW AND UNFAMILIAR SITUATIONS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

ROCHE PSYCHIATRIC SERVICE INSTITUTE

76

CASE NO: 622587

MMPI REPORT

RPSI NO: 20467

[REDACTED]

THIS PATIENT EXHIBITS CONTRADICTIONS IN HER BEHAVIOR AND IN HER VIEW OF HERSELF. ON ONE HAND, SHE APPEARS OVERLY CONCERNED ABOUT THE EFFECTS OF HER BEHAVIOR ON OTHERS. ON THE OTHER HAND, SHE SOMETIMES SEEMS INSENSITIVE AND EVEN CALLOUS TOWARD THE NEEDS OF OTHERS. THIS BEHAVIOR MAY APPEAR AS AN ALTERNATION OF PHASES. FOR A PERIOD SHE MAY ACT WITH LITTLE CONTROL, FORETHOUGHT, OR CONSIDERATION FOR OTHERS, AND FOLLOWING SUCH A PERIOD SHE MAY SHOW GUILT, REMORSE AND DEEP REGRET OVER HER ACTIONS.

SOME DEPRESSION, DISCOURAGEMENT AND WORRY ARE PRESENT. SHE MAY EXPRESS FEELINGS OF SELF-DISSATISFACTION AND REDUCED INITIATIVE. SHE LACKS CONFIDENCE AND HAS DIFFICULTY MAKING DECISIONS.

SHE UTILIZES REPRESSION AND DENIAL IN RESPONSE TO EMOTIONAL PROBLEMS. SHE MAY RESPOND TO SUGGESTION AND REASSURANCE, BUT SHE PROBABLY WILL RESIST A PSYCHOLOGICAL EXPLANATION OF HER DIFFICULTIES. IN PERIODS OF PROLONGED EMOTIONAL STRESS SHE MAY DEVELOP ANXIETY ATTACKS AND FUNCTIONAL COMPLAINTS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

EXTRA

77
ROCHE PSYCHIATRIC SERVICE INSTITUTE

CASE NO: 622583

MMPI REPORT

RPSI. NO: 20467

THE TEST RESULTS ON THIS PATIENT REFLECT AN EXTREME DEFENSIVENESS ABOUT REVEALING HERSELF PSYCHOLOGICALLY. BECAUSE OF HER UNWILLINGNESS TO TOLERATE ANY SUGGESTION OF PERSONAL INADEQUACY, THE TEST RESULTS ARE OF DOUBTFUL VALIDITY. THE PATTERN MAY BE THE RESULT OF CONSCIOUS DECEPTION, EXTREME RIGIDITY AND NAIVETE, OR GENERALIZED NEGATIVISM AND REFUSAL TO COOPERATE. HER TENDENCY TO PRESENT A DISTORTED IMAGE OF HERSELF IS LIKELY TO GENERALIZE TO THE TREATMENT SITUATION AND MAY BE EXPECTED TO INTERFERE WITH THE DEVELOPMENT OF A THERAPEUTIC RELATIONSHIP.

THE UNWILLINGNESS OF THIS PATIENT TO ADMIT TO THE RELATIVELY MINOR FAULTS WHICH MOST PEOPLE HAVE SUGGESTS THAT SHE IS A PERSON WITH STRONG NEEDS TO SEE HERSELF, AND TO BE SEEN BY OTHERS, AS AN UNUSUALLY VIRTUOUS PERSON. SUCH PEOPLE TEND TO BE RIGID, DEFENSIVE, AND UNCOMPROMISING INDIVIDUALS WHO STRESS MORAL ISSUES AND EMPHASIZE THEIR OWN INTEGRITY. THEY TEND TO BE FRUSTRATED, INSECURE PEOPLE WHO HAVE LITTLE INSIGHT, AND WHO ARE UNAWARE OF THEIR OWN STIMULUS VALUE. IT IS DOUBTFUL THAT THESE TENDENCIES HAVE INVALIDATED THE PATIENT'S TEST RESULTS, BUT THEY MAY HAVE CAUSED HER TO RECEIVE SOMEWHAT REDUCED SCORES ON THE CLINICAL SCALES.

SHE SEEMS TO BE ATTEMPTING TO MINIMIZE OR DENY FAULTS IN HERSELF. SHE IS HESITANT TO ADMIT TO PSYCHOLOGICAL PROBLEMS, PERHAPS BECAUSE SHE PERCEIVES THEM AS WEAKNESSES. IN SOME NORMALLY FUNCTIONING INDIVIDUALS THIS APPARENT DEFENSIVENESS MAY REPRESENT SELF-ASSURANCE AND A GOOD SELF-CONCEPT. IN AN INDIVIDUAL WITH CURRENT DIFFICULTIES, HOWEVER, IT IS MORE LIKELY TO REPRESENT RESISTANCE AND RELUCTANCE TO ENTER TREATMENT.

THIS PATIENT MAY BE EXPERIENCING PERIODIC ATTACKS OF ACUTE DISTRESS SUCH AS ANXIETY, TACHYCARDIA, AND INTESTINAL CRAMPS. HYSTERICAL PATTERNS ARE ALSO A POSSIBILITY. SOME DEPRESSION AND FATIGUE ARE TO BE EXPECTED. THE MEDICAL PROBLEMS ARE NOT LIKELY TO BE SEVERE, AND SHOULD RESPOND TO SUPERFICIAL TREATMENT AND REASSURANCE.

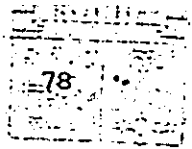
SOME DEPRESSION, DISCOURAGEMENT AND WORRY ARE PRESENT. SHE MAY EXPRESS FEELINGS OF SELF-DISSATISFACTION AND REDUCED INITIATIVE. SHE LACKS CONFIDENCE AND HAS DIFFICULTY MAKING DECISIONS.

SHE HAS SOME DIFFICULTY IN DEALING WITH HOSTILE FEELINGS. TO THE EXTENT THAT SHE CONTROLS THE DIRECT EXPRESSION OF THESE FEELINGS, SHE MAY BE A BITTER, RESENTFUL AND PERHAPS SOMEWHAT IRRESPONSIBLE PERSON. WHERE CONTROL FACTORS ARE NOT PRESENT, HOWEVER, THE HOSTILITY MAY BE EXPRESSED IN DIRECT ANTISOCIAL BEHAVIOR. IN ANY EVENT, SHE IS LIKELY TO HAVE PROBLEMS IN ESTABLISHING CLOSE PERSONAL RELATIONSHIPS, AND SHE MAY BE UNDEPENDABLE IN TREATMENT.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT

ROCHE PSYCHIATRIC SERVICE INSTITUTE

TO THE PATIENT.



U

ROCHE PSYCHIATRIC SERVICE INSTITUTE

79

MMPI REPORT

CASE NO: 622582

RPSI. NO: 20467

THE UNWILLINGNESS OF THIS PATIENT TO ADMIT TO THE RELATIVELY MINOR FAULTS WHICH MOST PEOPLE HAVE SUGGESTS THAT SHE IS A PERSON WITH STRONG NEEDS TO BE SEEN BY OTHERS, AND PERHAPS BY HERSELF, AS AN UNUSUALLY VIRTUOUS PERSON. SUCH PEOPLE TEND TO BE NAIVELY DEFENSIVE AND UNCOMPROMISING INDIVIDUALS WHO STRESS MORAL ISSUES AND EMPHASIZE THEIR OWN INTEGRITY. THEY TEND TO BE FRUSTRATED, INSECURE INDIVIDUALS WHO HAVE LITTLE INSIGHT, AND ARE UNAWARE OF THEIR OWN STIMULUS VALUE. IT IS DOUBTFUL THAT THESE TENDENCIES INVALIDATED THE PATIENT'S TEST RESULTS, BUT THEY MAY HAVE CAUSED HER TO RECEIVE SOMEWHAT REDUCED SCORES ON THE CLINICAL SCALES.

THIS PATIENT APPEARS TO BE SOMEWHAT DEPRESSED AND RESTLESS. SHE MAY BE A PERSON WHO HAS DIFFICULTY MAINTAINING CONTROL OVER HER IMPULSES. WHEN HER BEHAVIOR DOES DEVIATE FROM ESTABLISHED NORMS, SHE FEELS GUILT BUT THIS DOES NOT SEEM TO PREVENT RECURRENCE. HER EXPRESSED INTENTIONS TO IMPROVE SEEM GENUINE, BUT THE PATTERN IS A PERSISTENT ONE. FREQUENTLY, HER BEHAVIOR SHOWS A SELF-DEFEATING AND SELF-PUNITIVE TENDENCY.

THIS PERSON MAY BE HESITANT TO BECOME INVOLVED IN SOCIAL RELATIONSHIPS. SHE IS SENSITIVE, RESERVED AND SOMEWHAT UNCOMFORTABLE, ESPECIALLY IN NEW AND UNFAMILIAR SITUATIONS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

CASE NO: 622581

MMPI REPORT

RPSI. NO: 20467

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. SHE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT SHE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT SPENDS A GREAT DEAL OF TIME IN PERSONAL FANTASY AND DAYDREAMS WHICH MAY APPROACH OR REACH THE LEVEL OF DELUSIONAL THINKING. SHE KEEPS PEOPLE AT A DISTANCE AND AVOIDS CLOSE INTERPERSONAL RELATIONS. PROJECTION AND REPRESSION ARE HER MAJOR DEFENSE MECHANISMS. THE GENERAL PICTURE IS OF A DISORIENTED, PERPLEXED BUT RESTLESS AND HYPERACTIVE PERSON WHO TENDS TO DISORGANIZE UNDER STRESS. PSYCHIATRIC PATIENTS WITH THIS TEST PATTERN ARE FREQUENTLY SCHIZOPHRENICS WHO REQUIRE HOSPITALIZATION OR INTENSIVE OUTPATIENT CARE. PSYCHOTHERAPY IS RARELY THE TREATMENT OF CHOICE, AND THE PROGNOSIS IS POOR.

SOME DEPRESSION, DISCOURAGEMENT AND WORRY ARE PRESENT. SHE MAY EXPRESS FEELINGS OF SELF-DISSATISFACTION AND REDUCED INITIATIVE. SHE LACKS CONFIDENCE AND HAS DIFFICULTY MAKING DECISIONS.

SHE UTILIZES REPRESSION AND DENIAL IN RESPONSE TO EMOTIONAL PROBLEMS. SHE MAY RESPOND TO SUGGESTION AND REASSURANCE, BUT SHE PROBABLY WILL RESIST A PSYCHOLOGICAL EXPLANATION OF HER DIFFICULTIES. IN PERIODS OF PROLONGED EMOTIONAL STRESS SHE MAY DEVELOP ANXIETY ATTACKS AND FUNCTIONAL COMPLAINTS.

THIS PERSON MAY BE HESITANT TO BECOME INVOLVED IN SOCIAL RELATIONSHIPS. SHE IS SENSITIVE, RESERVED AND SOMEWHAT UNCOMFORTABLE, ESPECIALLY IN NEW AND UNFAMILIAR SITUATIONS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

ROCHE PSYCHIATRIC SERVICE INSTITUTE



CASE NO: 622578

MMPI REPORT

PPSI. NO: 20467

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. HE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT HE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT AVOIDS CLOSE INTERPERSONAL RELATIONSHIPS AND EMOTIONAL INVOLVEMENT, PERHAPS BECAUSE HE FEARS BECOMING DEPENDENT. HE MAY EXPERIENCE PERIODS OF DIZZINESS, CONFUSION AND INABILITY TO CONCENTRATE. HE ALSO MAY BE TROUBLED BY INSOMNIA AND CHRONIC TENSION, AND HE MAY EXPRESS SUICIDAL THOUGHTS OR FEARS. PSYCHIATRIC PATIENTS WITH THIS PATTERN ARE DESCRIBED AS DEPRESSED, ANXIOUS AND AGITATED WITH A HISTORY OF UNSOCIABLE, SUSPICIOUS AND HYPOCHONDRIACAL PERSONALITY TRAITS. THEY ARE FREQUENTLY FOUND TO BE SCHIZOPHRENIC OR SCHIZO-AFFECTIVE. MEDICAL PATIENTS WITH THIS PATTERN MAY SHOW SCHIZOID PATTERNS, BUT OVERT PSYCHOTIC EPISODES ARE NOT FREQUENT. THIS PATTERN, IN GENERAL, IS ASSOCIATED WITH CHRONIC RATHER THAN ACUTE CONDITIONS, AND THE PROGNOSIS IS UNFAVORABLE.

HE APPEARS TO BE A HYPERSENSITIVE PERSON WHO IS OVERLY RESPONSIVE TO CRITICISM AND QUICK TO PROJECT THE BLAME FOR HIS DIFFICULTIES ON OTHERS. ALTHOUGH HE MAY BE ENERGETIC AND INDUSTRIOUS WITH A READINESS TO BECOME EGO-INVOLVED IN A VARIETY OF ACTIVITIES, HIS TENDENCY TO MISUNDERSTAND AND MISINTERPRET THE ACTIONS OF OTHERS OFTEN LEADS TO DIFFICULTIES IN HIS INTERPERSONAL RELATIONSHIPS.

HE IS A RIGID PERSON WHO MAY EXPRESS HIS ANXIETY IN FEARS, COMPULSIVE BEHAVIOR AND RUMINATION. HE MAY BE CHRONICALLY WORRIED AND TENSE, WITH MARKED RESISTANCE TO TREATMENT DESPITE OBVIOUS DISTRESS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

CASE NO: 622577

MMPI REPORT

RPSI. NO: 20467

AGE

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. HE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT HE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT MAY PRESENT A HISTORY OF VAGUE PHYSICAL COMPLAINTS. HE IS SOMEWHAT DETACHED, AND HE UTILIZES FANTASY AND DAYDREAMING AS AN ESCAPE MECHANISM. HE HAS A TEST PATTERN FOUND AMONG SCHIZOID INDIVIDUALS WHO SHOW PERSONS OF CONFUSION AND DISORIENTATION, BUT WHO APPEAR TO SUBSTITUTE PHYSICAL COMPLAINTS FOR OVERTLY PSYCHOTIC MANIFESTATIONS. HE IS LIKELY TO SHOW HOME AND FAMILY MALADJUSTMENTS. HE IS UNLIKELY TO BENEFIT FROM SIMPLE REASSURANCE, AND HIS RESPONSE TO PSYCHOTHERAPY WOULD PROBABLY BE POOR.

HE HAS SOME DIFFICULTY IN DEALING WITH HOSTILE FEELINGS. TO THE EXTENT THAT HE CONTROLS THE DIRECT EXPRESSION OF THESE FEELINGS, HE MAY BE A BITTER, RESENTFUL AND PERHAPS SOMEWHAT IRRESPONSIBLE PERSON. WHERE CONTROL FACTORS ARE NOT PRESENT, HOWEVER, THE HOSTILITY MAY BE EXPRESSED IN DIRECT ANTISOCIAL BEHAVIOR. IN ANY EVENT, HE IS LIKELY TO HAVE PROBLEMS IN ESTABLISHING CLOSE PERSONAL RELATIONSHIPS, AND HE MAY BE UNDEPENDABLE IN TREATMENT.

HE TENDS TO BE SOMEWHAT OVERPRODUCTIVE IN THINKING AND ACTION. HE MAY BE RESTLESS, OVER-TALKATIVE AND, IN THE FACE OF FRUSTRATION, IRRITABLE, AGGRESSIVE AND IMPULSIVE. THE NORMAL EXPRESSION OF THIS TRAIT IS ENTHUSIASTIC, ENERGETIC AND PERSISTENT GOAL-DIRECTED ACTIVITY.

HE MAY HAVE ESTHETIC AND CULTURAL INTERESTS WHICH, ALTHOUGH HIGHLY CORRELATED WITH EDUCATION AND INTELLIGENCE, SUGGEST NONIDENTIFICATION WITH THE SOCIALLY STEREOTYPED MASCULINE ROLE. IN MEN WITH A BROAD EDUCATIONAL AND CULTURAL BACKGROUND THIS IS NOT UNUSUAL, AND MAY BE SUGGESTIVE OF AN INDIVIDUAL WHO IS SENSITIVE, IDEALISTIC AND INTROSPECTIVE. IN SOME MEN HOWEVER, THIS PATTERN REFLECTS A REJECTION OF MASCULINITY ACCOMPANIED BY A RELATIVELY PASSIVE, EFFEMINATE NON-COMPETITIVE PERSONALITY.

THE TEST RESULTS ON THIS PATIENT ARE STRONGLY SUGGESTIVE OF A MAJOR EMOTIONAL DISORDER. APPROPRIATE PROFESSIONAL EVALUATION AND CONTINUED OBSERVATION ARE SUGGESTED.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

MMPI REPORT

CASE NO: 622576

RPSI. NO: 20467

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. HE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT HE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT IS AN ANXIOUS, FEARFUL PERSON WHO WORRIES A GREAT DEAL. HE FINDS IT DIFFICULT TO RELAX, AND MAY DEVELOP A VARIETY OF TENSION SYMPTOMS SUCH AS BACKACHES, MUSCLE SPASMS AND INSOMNIA. DEPRESSION IS PRESENT, BUT LESS CLEARLY MANIFESTED THAN AGITATION AND ANXIETY. HE MAY HAVE PERIODS OF IMPULSIVE, INCONSIDERATE BEHAVIOR DURING WHICH HIS LACK OF CONTROL MAY CAUSE DIFFICULTIES IN INTERPERSONAL RELATIONS. HE IS SOMEWHAT SELF-CENTERED AND IMMATURE.

AT PRESENT, HE APPEARS TO BE DEPRESSED. HE VIEWS HIMSELF AS UNHAPPY AND USELESS. APATHY, LACK OF INTEREST, PESSIMISM AND WORRY MAY BE EXPRESSED. IF HE DENIES DEPRESSION AND MAINTAINS A FACADE OF CHEERFULNESS, THE POSSIBILITY OF SUICIDE SHOULD BE ASSESSED CAREFULLY. IT SHOULD BE NOTED, HOWEVER, THAT SOME PATIENTS APPARENTLY LEARN TO LIVE WITH A CHRONIC DEPRESSION AND TEND TO VIEW IT WITHOUT ANY GREAT ALARM.

THERE ARE SOME UNUSUAL QUALITIES IN THIS PATIENT'S THINKING WHICH MAY REPRESENT AN ORIGINAL OR INVENTIVE ORIENTATION OR PERHAPS SOME SCHIZOID TENDENCIES. FURTHER INFORMATION WOULD BE REQUIRED TO MAKE THIS DETERMINATION.

IN THE CONTEXT OF THIS REPORT, ATTENTION SHOULD BE DIRECTED TO THE PATIENT'S AFFIRMATIVE ANSWER TO THE QUESTION "I AM VERY STRONGLY ATTRACTED BY MEMBERS OF MY OWN SEX." ALTHOUGH THE PATIENT MAY HAVE MISINTERPRETED THE QUESTION, THE POSSIBILITY OF HOMOSEXUAL PROBLEMS SHOULD BE EXPLORED.

HE APPEARS TO BE AN IDEALISTIC, INNER-DIRECTED PERSON WHO MAY BE SEEN AS QUITE SOCIALLY PERCEPTIVE AND SENSITIVE TO INTERPERSONAL INTERACTIONS. HIS INTEREST PATTERNS ARE QUITE DIFFERENT FROM THOSE OF THE AVERAGE MALE. IN A PERSON WITH A BROAD EDUCATIONAL AND CULTURAL BACKGROUND THIS IS TO BE EXPECTED, AND MAY REFLECT SUCH CHARACTERISTICS AS SELF-AWARENESS, CONCERN WITH SOCIAL ISSUES, AND AN ABILITY TO COMMUNICATE IDEAS CLEARLY AND EFFECTIVELY. IN SOME MEN, HOWEVER, THE SAME INTEREST PATTERN MAY REFLECT A REJECTION OF MASCULINITY ACCOMPANIED BY A RELATIVELY PASSIVE, EFFEMINATE NON-COMPETITIVE PERSONALITY.

SOME ASPECTS OF THIS PATIENT'S TEST PATTERN ARE SIMILAR TO THOSE OF PSYCHIATRIC PATIENTS. APPROPRIATE PROFESSIONAL EVALUATION IS RECOMMENDED.

JUDGMENT AND SKILL. THE MPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF FUNCTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

ROCHE PSYCHIATRIC SERVICE INSTITUTE

85

CASE NO: 622575

MMPI REPORT

RPSI. NO: 20467

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. HE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT HE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT SPENDS A GREAT DEAL OF TIME IN PERSONAL FANTASY AND DAYDREAMS WHICH APPROACH OR REACH THE LEVEL OF DELUSIONAL THINKING. HE IS SUSPICIOUS AND DISTRUSTFUL OF OTHER PEOPLE'S MOTIVES. HE KEEPS PEOPLE AT A DISTANCE AND AVOIDS CLOSE INTERPERSONAL RELATIONS. HE UTILIZES TWO MAJOR DEFENSE MECHANISMS, PROJECTION AND REPRESSION. HE IS UNABLE TO EXPRESS HIS EMOTIONS IN A MODULATED WAY, AND TENDS TO DISORGANIZE UNDER STRESS. THE GENERAL PICTURE IS OF A DISORIENTED, PERPLEXED PERSON WHO IS HOSTILE, NEGATIVISTIC AND SUSPICIOUS. HE IS TENSE AND HAS DIFFICULTY SLEEPING. PSYCHIATRIC PATIENTS WITH THIS PATTERN ARE LIKELY TO EXHIBIT INAPPROPRIATE AFFECT, AND DELUSIONS AND HALLUCINATIONS ARE LIKELY TO OCCUR. DIAGNOSTICALLY, THERE IS SOME PROBABILITY THAT THIS PATIENT IS SCHIZOPHRENIC AND MAY REQUIRE HOSPITALIZATION OR INTENSIVE PSYCHIATRIC OUTPATIENT TREATMENT.

AT PRESENT, HE APPEARS TO BE DEPRESSED. HE VIEWS HIMSELF AS UNHAPPY AND USELESS. APATHY, LACK OF INTEREST, PESSIMISM AND WORRY MAY BE EXPRESSED. IF HE DENIES DEPRESSION AND MAINTAINS A FACADE OF CHEERFULNESS, THE POSSIBILITY OF SUICIDE SHOULD BE ASSESSED CAREFULLY. IT SHOULD BE NOTED, HOWEVER, THAT SOME PATIENTS APPARENTLY LEARN TO LIVE WITH A CHRONIC DEPRESSION AND TEND TO VIEW IT WITHOUT ANY GREAT ALARM.

HE HAS PROBLEMS CENTERING AROUND THE CONTROL AND EXPRESSION OF HOSTILE FEELINGS. DEPENDING UPON SOCIAL FACTORS AS WELL AS OTHER PERSONALITY FEATURES, HE MAY DEAL WITH HIS HOSTILITY OVERTLY, IN DIRECT ANTISOCIAL BEHAVIOR, OR COVERTLY, IN RESENTFULNESS, BITTERNESS AND IRRESPONSIBILITY. HE IS LIKELY TO HAVE HOME AND FAMILY PROBLEMS AND HE MAY BE SPASMODIC IN TREATMENT.

HE APPEARS TO BE AN IDEALISTIC, INNER-DIRECTED PERSON WHO MAY BE SEEN AS QUITE SOCIALLY PERCEPTIVE AND SENSITIVE TO INTERPERSONAL INTERACTIONS. HIS INTEREST PATTERNS ARE QUITE DIFFERENT FROM THOSE OF THE AVERAGE MALE. IN A PERSON WITH A BROAD EDUCATIONAL AND CULTURAL BACKGROUND THIS IS TO BE EXPECTED, AND MAY REFLECT SUCH CHARACTERISTICS AS SELF-AWARENESS, CONCERN WITH SOCIAL ISSUES, AND AN ABILITY TO COMMUNICATE IDEAS CLEARLY AND EFFECTIVELY. IN SOME MEN, HOWEVER, THE SAME INTEREST PATTERN MAY REFLECT A REJECTION OF MASCULINITY ACCOMPANIED BY A RELATIVELY PASSIVE, EFFEMINATE NON-COMPETITIVE PERSONALITY.

THE TEST RESULTS ON THIS PATIENT ARE STRONGLY SUGGESTIVE OF A MAJOR EMOTIONAL DISORDER. THE TEST PATTERN RESEMBLES THOSE OF PSYCHIATRIC OUTPATIENTS WHO LATER REQUIRE INPATIENT CARE. APPROPRIATE PROFESSIONAL EVALUATION AND CARE AND CONTINUED OBSERVATION ARE SUGGESTED.

CASE NO: 622574

MMPI REPORT

RPSI. NO: 20467

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. SHE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT SHE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT EXHIBITS, IN MILD DEGREE, A TEST PATTERN WHICH IS SOMETIMES ASSOCIATED WITH LATENT PSYCHIATRIC DISTURBANCE. SHE MAY BE USING PHYSICAL COMPLAINTS AND PREOCCUPATION WITH HEALTH TO STABILIZE HER UNCERTAIN ADJUSTMENT. A CAREFUL EXAMINATION IS DESIRABLE TO RULE OUT THE POSSIBILITY OF A SERIOUS UNDERLYING PERSONALITY DISORDER.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

CASE NO: 622571

MMPI REPORT

RPSI. NO: 20467

THE UNWILLINGNESS OF THIS PATIENT TO ADMIT TO THE RELATIVELY MINOR FAULTS WHICH MOST PEOPLE HAVE SUGGESTS THAT HE IS A PERSON WITH STRONG NEEDS TO BE SEEN BY OTHERS, AND PERHAPS BY HIMSELF, AS AN UNUSUALLY VIRTUOUS PERSON. SUCH PEOPLE TEND TO BE NAIVELY DEFENSIVE AND UNCOMPROMISING INDIVIDUALS WHO STRESS MORAL ISSUES AND EMPHASIZE THEIR OWN INTEGRITY. THEY TEND TO BE FRUSTRATED, INSECURE INDIVIDUALS WHO HAVE LITTLE INSIGHT, AND ARE UNAWARE OF THEIR OWN STIMULUS VALUE. IT IS DOUBTFUL THAT THESE TENDENCIES INVALIDATED THE PATIENT'S TEST RESULTS, BUT THEY MAY HAVE CAUSED HIM TO RECEIVE SOMEWHAT REDUCED SCORES ON THE CLINICAL SCALES.

THERE ARE UNUSUAL CONTRADICTIONS IN THIS PATIENT'S RESPONSE TO THE TEST ITEMS. ON ONE HAND HE IS UNWILLING TO ADMIT TO RELATIVELY MINOR FAULTS WHICH MOST PEOPLE HAVE, THUS PRESENTING HIMSELF AS AN UNCOMPROMISING, CONFORMING INDIVIDUAL WHO ADHERES TO THE HIGHEST MORAL STANDARDS. ON THE MORE SUBTLE ITEMS, HOWEVER, HIS ABILITY TO PRESENT THIS IMAGE IS UNSUCCESSFUL. IT WOULD SEEM THAT HIS LOW SELF-ESTEEM AND DISSATISFACTION WITH HIMSELF WOULD NOT PERMIT HIM TO PRESENT A UNIFORMLY FAVORABLE FRONT. INSTEAD HE REVEALS HIMSELF AS A VULNERABLE INDIVIDUAL WHOSE DEFENSES ARE NO LONGER PROTECTING HIM FROM FACING HIS PROBLEMS.

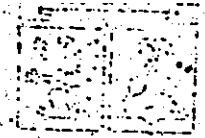
THIS PATIENT HAS A POOR SELF-CONCEPT AND INADEQUATE DEFENSES. IN A NAIVE ATTEMPT TO PORTRAY HIMSELF AS UNUSUALLY VIRTUOUS, HE MAY GIVE SOCIALLY APPROVED ANSWERS REGARDING SELF-CONTROL AND MORAL VALUES.

ALTHOUGH THIS PATIENT INITIALLY MAY PRESENT A PICTURE OF WORRY AND CONCERN ABOUT PHYSICAL DIFFICULTIES, HE IS LIKELY TO HAVE EMOTIONAL PROBLEMS WHICH ARE OF GREATER SIGNIFICANCE. HE IS DEPRESSED, AND HE EXHIBITS STRONG UNDERLYING HOSTILITY WHICH MAKES IT DIFFICULT FOR HIM TO DEVELOP AND MAINTAIN CLOSE PERSONAL RELATIONSHIPS. THERE IS EVIDENCE OF A PARANOID TREND, AND THE POSSIBILITY THAT HE IS PRE-PSYCHOTIC SHOULD BE THOROUGHLY EXPLORED. HIS SUSPICIOUSNESS OF OTHERS MAY MAKE THE ESTABLISHMENT OF A THERAPEUTIC RELATIONSHIP WITH HIM QUITE DIFFICULT.

THERE ARE UNUSUAL QUALITIES IN THIS PATIENT'S THINKING WHICH MAY REPRESENT AN ORIGINAL OR ECCENTRIC ORIENTATION OR PERHAPS SOME SCHIZOID TENDENCIES. FURTHER INFORMATION IS REQUIRED TO MAKE THIS DETERMINATION.

HE IS A RIGID PERSON WHO MAY REACT TO ANXIETY WITH PHOBIAS, COMPULSIONS OR OBSSIVE RUMINATION. CHRONIC TENSION AND EXCESSIVE WORRY ARE COMMON, AND RESISTANCE TO TREATMENT MAY BE EXTREME, DESPITE OBVIOUS DISTRESS.

HE APPEARS TO BE AN IDEALISTIC, INNER-DIRECTED PERSON WHO MAY BE SEEN AS QUITE SOCIALLY PERCEPTIVE AND SENSITIVE TO INTERPERSONAL INTERACTIONS. HIS INTEREST PATTERNS ARE QUITE DIFFERENT FROM THOSE OF THE AVERAGE MALE. IN A PERSON WITH A BROAD EDUCATIONAL AND CULTURAL BACKGROUND THIS IS TO BE EXPECTED, AND MAY REFLECT SUCH CHARACTERISTICS AS SELF-AWARENESS, CONCERN WITH SOCIAL ISSUES, AND AN ABILITY TO COMMUNICATE IDEAS CLEARLY AND EFFECTIVELY. IN SOME MEN, HOWEVER, THE SAME INTEREST PATTERN MAY REFLECT A REJECTION OF MASCULINITY ACCOMPANIED BY A RELATIVELY PASSIVE, EFFEMINATE NON-COMPETITIVE PERSONALITY.



MENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE
ALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT
S FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED
TO THE PATIENT.

MMPI REPORT

CASE NO: 622569

RPSI, NO: 20467

THE TEST RESULTS ON THIS PATIENT REFLECT AN EXTREME DEFENSIVENESS ABOUT REVEALING HERSELF PSYCHOLOGICALLY. BECAUSE OF HER UNWILLINGNESS TO TOLERATE ANY SUGGESTION OF PERSONAL INADEQUACY, THE TEST RESULTS ARE OF DOUBTFUL VALIDITY. THE PATTERN MAY BE THE RESULT OF CONSCIOUS DECEPTION, EXTREME RIGIDITY AND NAIVETE, OR GENERALIZED NEGATIVISM AND REFUSAL TO COOPERATE. HER TENDENCY TO PRESENT A DISTORTED IMAGE OF HERSELF IS LIKELY TO GENERALIZE TO THE TREATMENT SITUATION AND MAY BE EXPECTED TO INTERFERE WITH THE DEVELOPMENT OF A THERAPEUTIC RELATIONSHIP.

THE UNWILLINGNESS OF THIS PATIENT TO ADMIT TO THE RELATIVELY MINOR FAULTS WHICH MOST PEOPLE HAVE SUGGESTS THAT SHE IS A PERSON WITH STRONG NEEDS TO SEE HERSELF, AND TO BE SEEN BY OTHERS, AS AN UNUSUALLY VIRTUOUS PERSON. SUCH PEOPLE TEND TO BE RIGID, DEFENSIVE, AND UNCOMPROMISING INDIVIDUALS WHO STRESS MORAL ISSUES AND EMPHASIZE THEIR OWN INTEGRITY. THEY TEND TO BE FRUSTRATED, INSECURE PEOPLE WHO HAVE LITTLE INSIGHT, AND WHO ARE UNAWARE OF THEIR OWN STIMULUS VALUE. IT IS DOUBTFUL THAT THESE TENDENCIES HAVE INVALIDATED THE PATIENT'S TEST RESULTS, BUT THEY MAY HAVE CAUSED HER TO RECEIVE SOMEWHAT REDUCED SCORES ON THE CLINICAL SCALES.

THIS PATIENT'S TEST RESULTS MAY HAVE BEEN DISTORTED BY HER EXTREME DEFENSIVENESS AND UNWILLINGNESS TO TOLERATE ANY SUGGESTION OF PERSONAL PROBLEMS AND INADEQUACIES. PERSONS WITH THIS PATTERN TEND TO BE EXCESSIVELY RIGID, PEDANTIC INDIVIDUALS WHO ARE INTOLERANT OF UNCONVENTIONAL BEHAVIOR IN OTHERS. SINCE THEY CANNOT SEE ANYTHING WRONG WITH THEMSELVES. SUCH PATIENTS ARE OFTEN RESISTANT TO PROFESSIONAL ASSISTANCE AND LIKELY TO HAVE A POOR PROGNOSIS FOR MOST VERBAL PSYCHOTHERAPIES.

THIS PATIENT IS LIKELY TO EXPERIENCE DIFFICULTY IN MAINTAINING CONTROL OF HER IMPULSES. WHEN HER BEHAVIOR DOES DEVIATE FROM ESTABLISHED NORMS, SHE FEELS INTENSELY GUILTY, BUT THIS DOES NOT SEEM TO PREVENT RECURRENCE. THERE IS, IN FACT, A SUGGESTION THAT HER ACTING OUT SOMETIMES OCCURS AS A MEANS OF PROVIDING TEMPORARY RELIEF FROM FEELING GUILTY ABOUT PREVIOUS ACTIONS. THIS PATTERN OF BEHAVIOR IS A PERSISTENT ONE AND NEITHER HER OWN DETERMINATION TO IMPROVE NOR THE EFFORTS OF OTHERS TO ASSIST HER ARE LIKELY TO BE EFFECTIVE.

THERE ARE SOME UNUSUAL QUALITIES IN THIS PATIENT'S THINKING WHICH MAY REPRESENT AN ORIGINAL OR INVENTIVE ORIENTATION OR PERHAPS SOME SCHIZOID TENDENCIES. FURTHER INFORMATION WOULD BE REQUIRED TO MAKE THIS DETERMINATION.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

MMPI REPORT

CASE NO: 622566
[REDACTED]RPSI NO: 20467
[REDACTED]

THE UNWILLINGNESS OF THIS PATIENT TO ADMIT TO THE RELATIVELY MINOR FAULTS WHICH MOST PEOPLE HAVE SUGGESTS THAT SHE IS A PERSON WITH STRONG NEEDS TO SEE HERSELF, AND TO BE SEEN BY OTHERS, AS AN UNUSUALLY VIRTUOUS PERSON. SUCH PEOPLE TEND TO BE RIGID, DEFENSIVE, AND UNCOMPROMISING INDIVIDUALS WHO STRESS MORAL ISSUES AND EMPHASIZE THEIR OWN INTEGRITY. THEY TEND TO BE FRUSTRATED, INSECURE PEOPLE WHO HAVE LITTLE INSIGHT, AND WHO ARE UNAWARE OF THEIR OWN STIMULUS VALUE. IT IS DOUBTFUL THAT THESE TENDENCIES HAVE INVALIDATED THE PATIENT'S TEST RESULTS, BUT THEY MAY HAVE CAUSED HER TO RECEIVE SOMEWHAT REDUCED SCORES ON THE CLINICAL SCALES.

THIS PATIENT HAS NO SCORES ON ANY OF THE CLINICAL SCALES WHICH EXCEED THE NORMAL LIMIT. THAT IS, ALL OF HER SCORES ARE BELOW 60 AND THUS MAY BE CONSIDERED NOT TO DEVIATE SIGNIFICANTLY FROM THE AVERAGE PERSON. ALTHOUGH THIS IS A PROFILE OFTEN ASSOCIATED WITH INDIVIDUALS WHOSE PERSONALITIES ARE WITHOUT SIGNIFICANT PATHOLOGY, IT IS ESSENTIAL THAT THIS BE EVALUATED CAREFULLY IF THERE IS EVIDENCE TO SUGGEST DEVIANT BEHAVIOR OR EXPERIENCES.

THIS PERSON MAY BE HESITANT TO BECOME INVOLVED IN SOCIAL RELATIONSHIPS. SHE IS SENSITIVE, RESERVED AND SOMEWHAT UNCOMFORTABLE, ESPECIALLY IN NEW AND UNFAMILIAR SITUATIONS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

MMPI REPORT

CASE NO: 622564

RPSI, NO: 20467

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. SHE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT SHE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT SHOWS A PERSONALITY PATTERN WHICH OCCURS FREQUENTLY AMONG PERSONS WHO SEEK PSYCHIATRIC TREATMENT. FEELINGS OF INADEQUACY, SEXUAL CONFLICT AND RIGIDITY ARE ACCOMPANIED BY A LOSS OF EFFICIENCY, INITIATIVE AND SELF-CONFIDENCE. INSOMNIA IS LIKELY TO OCCUR ALONG WITH CHRONIC ANXIETY, FATIGUE AND TENSION. SHE MAY HAVE SUICIDAL THOUGHTS. IN THE CLINICAL PICTURE, DEPRESSION IS THE DOMINANT FEATURE. PSYCHIATRIC PATIENTS WITH THIS PATTERN ARE LIKELY TO BE DIAGNOSED AS DEPRESSIVES OR ANXIETY REACTIONS. THE BASIC CHARACTERISTICS ARE RESISTANT TO CHANGE AND WILL TEND TO REMAIN STABLE WITH TIME. AMONG MEDICAL PATIENTS WITH THIS PATTERN, A LARGE NUMBER ARE SERIOUSLY DEPRESSED, AND OTHERS SHOW SOME RECOVERIES, ALTHOUGH THE INTENSITY OF THE SYMPTOMS MAY BE CYCLIC.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

CASE NO: 622563

MMPI REPORT

RPSI. NO: 20467

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. SHE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT SHE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

ALTHOUGH THIS PATIENT MAY EXPRESS WORRY AND CONCERN ABOUT PHYSICAL COMPLAINTS, HER EMOTIONAL DIFFICULTIES OVERSHADOW ANY MEDICAL PROBLEMS SHE MIGHT HAVE. SHE APPEARS TO BE SOMEWHAT DEPRESSED, WITH A HISTORY OF INTERPERSONAL DIFFICULTIES. HER HOSTILITIES MAKE IT DIFFICULT FOR HER TO DEVELOP AND MAINTAIN CLOSE INTERPERSONAL RELATIONSHIPS.

SHE IS A RIGID PERSON WHO MAY EXPRESS HER ANXIETY IN FEARS, COMPULSIVE BEHAVIOR AND RUMINATION. SHE MAY BE CHRONICALLY WORRIED AND TENSE, WITH MARKED RESISTANCE TO TREATMENT DESPITE OBVIOUS DISTRESS.

THERE ARE SOME UNUSUAL QUALITIES IN THIS PATIENT'S THINKING WHICH MAY REPRESENT AN ORIGINAL OR INVENTIVE ORIENTATION OR PERHAPS SOME SCHIZOID TENDENCIES. FURTHER INFORMATION WOULD BE REQUIRED TO MAKE THIS DETERMINATION.

THIS PERSON MAY BE HESITANT TO BECOME INVOLVED IN SOCIAL RELATIONSHIPS. SHE IS SENSITIVE, RESERVED AND SOMEWHAT UNCOMFORTABLE, ESPECIALLY IN NEW AND UNFAMILIAR SITUATIONS.

THIS PATIENT'S TEST RESULTS ARE SUGGESTIVE OF A SERIOUS PSYCHIATRIC CONDITION. PROFESSIONAL ATTENTION AND EVALUATION ARE STRONGLY RECOMMENDED.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

CASE NO: 622562

MMPI REPORT

RPSI. NO: 20467

THE UNWILLINGNESS OF THIS PATIENT TO ADMIT TO THE RELATIVELY MINOR FAULTS WHICH MOST PEOPLE HAVE SUGGESTS THAT SHE IS A PERSON WITH STRONG NEEDS TO BE SEEN BY OTHERS, AND PERHAPS BY HERSELF, AS AN UNUSUALLY VIRTUOUS PERSON. SUCH PEOPLE TEND TO BE NAIVELY DEFENSIVE AND UNCOMPROMISING INDIVIDUALS WHO STRESS MORAL ISSUES AND EMPHASIZE THEIR OWN INTEGRITY. THEY TEND TO BE FRUSTRATED, INSECURE INDIVIDUALS WHO HAVE LITTLE INSIGHT, AND ARE UNAWARE OF THEIR OWN STIMULUS VALUE. IT IS DOUBTFUL THAT THESE TENDENCIES INVALIDATED THE PATIENT'S TEST RESULTS, BUT THEY MAY HAVE CAUSED HER TO RECEIVE, SOMEWHAT REDUCED SCORES ON THE CLINICAL SCALES.

THIS PATIENT HAS LOW SCORES ON MOST OF THE CLINICAL SCALES. THERE IS A SUGGESTION THAT SHE MAY BE A SOMEWHAT OVER-SENSITIVE AND MISTRUSTFUL PERSON WHO TENDS TO BLAME OTHERS FOR HER DIFFICULTIES. THIS CHARACTERISTIC MAY LEAD TO POOR INTERPERSONAL RELATIONS AND SOME SOCIAL ISOLATION.

THIS PERSON MAY BE HESITANT TO BECOME INVOLVED IN SOCIAL RELATIONSHIPS. SHE IS SENSITIVE, RESERVED AND SOMEWHAT UNCOMFORTABLE, ESPECIALLY IN NEW AND UNFAMILIAR SITUATIONS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. HE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT HE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT IS LIKELY TO HAVE A HISTORY OF DISRUPTED SOCIAL AND INTERPERSONAL RELATIONSHIPS. HE MAY SHOW DEPRESSION, TENSION, AND SUSPICION AS WELL AS POOR JUDGMENT AND ASOCIAL BEHAVIOR. SINCE HIS TEST PATTERN IS ONE OFTEN ASSOCIATED WITH PERSONALITY DISORDERS, THE PATIENT SHOULD BE CAREFULLY ASSESSED.

THERE ARE SOME UNUSUAL QUALITIES IN THIS PATIENT'S THINKING WHICH MAY REPRESENT AN ORIGINAL OR INVENTIVE ORIENTATION OR PERHAPS SOME SCHIZOID TENDENCIES. FURTHER INFORMATION WOULD BE REQUIRED TO MAKE THIS DETERMINATION.

HE TENDS TO BE SOMEWHAT OVERPRODUCTIVE IN THINKING AND ACTION. HE MAY BE RESTLESS, OVER-TALKATIVE AND, IN THE FACE OF FRUSTRATION, IRRITABLE, AGGRESSIVE AND IMPULSIVE. THE NORMAL EXPRESSION OF THIS TRAIT IS ENTHUSIASTIC, ENERGETIC AND PERSISTENT GOAL-DIRECTED ACTIVITY.

HE MAY HAVE ESTHETIC AND CULTURAL INTERESTS WHICH, ALTHOUGH HIGHLY CORRELATED WITH EDUCATION AND INTELLIGENCE, SUGGEST NONIDENTIFICATION WITH THE SOCIALLY STEREOTYPED MASCULINE ROLE. IN MEN WITH A BROAD EDUCATIONAL AND CULTURAL BACKGROUND THIS IS NOT UNUSUAL, AND MAY BE SUGGESTIVE OF AN INDIVIDUAL WHO IS SENSITIVE, IDEALISTIC AND INTROSPECTIVE. IN SOME MEN HOWEVER, THIS PATTERN REFLECTS A REJECTION OF MASCULINITY ACCOMPANIED BY A RELATIVELY PASSIVE, EFFEMINATE NON-COMPETITIVE PERSONALITY.

THIS PATIENT'S TEST RESULTS ARE SUGGESTIVE OF A SERIOUS PSYCHIATRIC CONDITION. PROFESSIONAL ATTENTION AND EVALUATION ARE STRONGLY RECOMMENDED.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

ROCHE PSYCHIATRIC SERVICE INSTITUTE

95

CASE NO: 622553

MMPI REPORT

AGE

RPSI NO: 20467

70

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. HE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT HE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT MAY SHOW A HISTORY OF INADEQUACY IN MEETING THE DEMANDS AND RESTRICTIONS IMPOSED BY SOCIETY. HE IS LIKELY TO BE BITTER, COMPLAINING, AND CONCERNED ABOUT PHYSICAL SYMPTOMS WHILE DENYING EMOTIONAL PROBLEMS. PERSONS WITH THIS PATTERN RARELY SEEK PSYCHOTHERAPY VOLUNTARILY.

HE TENDS TO BE SOMEWHAT OVERPRODUCTIVE IN THINKING AND ACTION. HE MAY BE RESTLESS, OVER-TALKATIVE AND, IN THE FACE OF FRUSTRATION, IRRITABLE, AGGRESSIVE AND IMPULSIVE. THE NORMAL EXPRESSION OF THIS TRAIT IS ENTHUSIASTIC, ENERGETIC AND PERSISTENT GOAL-DIRECTED ACTIVITY.

HE IS A RIGID PERSON WHO MAY EXPRESS HIS ANXIETY IN FEARS, COMPULSIVE BEHAVIOR AND RUMINATION. HE MAY BE CHRONICALLY WORRIED AND TENSE, WITH MARKED RESISTANCE TO TREATMENT DESPITE OBVIOUS DISTRESS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

ROCHE PSYCHIATRIC SERVICE INSTITUTE

96

CASE NO: 622579

MMPI REPORT

RPSI. NO: 20467

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. SHE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT SHE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

IT APPEARS THAT THE PATIENT, IN HER RESPONSES TO THE TEST ITEMS, MAY HAVE BEEN OVERLY SELF-CRITICAL. THE VALIDITY OF THE TEST MAY HAVE BEEN SOMEWHAT AFFECTED BY HER TENDENCY TO ADMIT TO SYMPTOMS EVEN WHEN THEY ARE MINIMAL. THIS MAY SUGGEST THAT CURRENTLY SHE FEELS VULNERABLE AND DEFENSELESS, AND THAT SHE IS MAKING AN EFFORT TO CALL ATTENTION TO HER DIFFICULTIES IN ORDER TO ASSURE OBTAINING PROFESSIONAL HELP.

THIS PATIENT EXHIBITS, IN MILD DEGREE, A TEST PATTERN WHICH IS SOMETIMES ASSOCIATED WITH LATENT PSYCHIATRIC DISTURBANCE. SHE MAY BE USING PHYSICAL COMPLAINTS AND PREOCCUPATION WITH HEALTH TO STABILIZE HER UNCERTAIN ADJUSTMENT. A CAREFUL EXAMINATION IS DESIRABLE TO RULE OUT THE POSSIBILITY OF A SERIOUS UNDERLYING DISORDER.

SHE IS A RIGID PERSON WHO MAY EXPRESS HER ANXIETY IN FEARS, COMPULSIVE BEHAVIOR AND RUMINATION. SHE MAY BE CHRONICALLY WORRIED AND TENSE, WITH MARKED RESISTANCE TO TREATMENT DESPITE OBVIOUS DISTRESS.

SHE TENDS TO BE SOMEWHAT OVERPRODUCTIVE IN THINKING AND ACTION. SHE MAY BE RESTLESS, OVER-TALKATIVE AND, IN THE FACE OF FRUSTRATION, IRRITABLE, AGGRESSIVE AND IMPULSIVE. THE NORMAL EXPRESSION OF THIS TRAIT IS ENTHUSIASTIC, ENERGETIC AND PERSISTENT GOAL-DIRECTED ACTIVITY.

THIS PERSON MAY BE HESITANT TO BECOME INVOLVED IN SOCIAL RELATIONSHIPS. SHE IS SENSITIVE, RESERVED AND SOMEWHAT UNCOMFORTABLE, ESPECIALLY IN NEW AND UNFAMILIAR SITUATIONS.

THE TEST RESULTS ON THIS PATIENT ARE STRONGLY SUGGESTIVE OF A MAJOR EMOTIONAL DISORDER. APPROPRIATE PROFESSIONAL EVALUATION AND CONTINUED OBSERVATION ARE SUGGESTED.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

5

MMPI REPORT

CASE NO: 622552

RPSI. NO: 20.67

NOTE: THIS PATIENT OMITTED MORE THAN 60 ITEMS. IF MORE THAN 30 ITEMS ARE OMITTED, THE TEST SHOULD BE RETURNED TO THE PATIENT FOR COMPLETION. SINCE THE OMISSION OF MORE THAN 60 ITEMS MIGHT INVALIDATE THE TEST AND LEAD TO INCORRECT INTERPRETATION, THIS REPORT CANNOT BE PRINTED.

CASE NO: 622550

KMPI REPORT

RPSI. NO: 20467

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. HE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT HE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT APPEARS TO BE DEPRESSED, AGITATED AND RESTLESS. HE SEEMS TO BE A PERSON WHO HAS DIFFICULTY IN MAINTAINING CONTROL OVER HIS IMPULSES. IF HE DOES ACT OUT IN A SOCIALLY UNACCEPTABLE MANNER, HE FEELS GUILTY AND DISTURBED FOR A TIME, ALTHOUGH THE DISTRESS MAY BE MORE A RESULT OF SITUATIONAL DIFFICULTIES THAN INTERNAL CONFLICTS. HE MAY EXHIBIT A CYCLIC PATTERN OF ACTING OUT, FOLLOWED BY GUILT, FOLLOWED BY FURTHER ACTING OUT. THIS MAY BE ASSOCIATED WITH A PATTERN OF EXCESSIVE DRINKING. FREQUENTLY, HIS BEHAVIOR SHOWS A SELF-DEFEATING AND SELF-PUNITIVE TENDENCY. HE IS PESSIMISTIC ABOUT THE FUTURE AND DISTRESSED ABOUT HIS FAILURE TO ACHIEVE HIS GOALS. HIS EXPRESSED INTENTIONS TO IMPROVE SEEM GENUINE, BUT THE PATTERN IS A PERSISTENT ONE. ASSISTING HIM TO A BETTER ADJUSTMENT WILL PROBABLY REQUIRE A COMBINATION OF FIRM LIMITS, WARM SUPPORT AND ENVIRONMENTAL MODIFICATION. ALTHOUGH IMPROVEMENT MAY BE RAPID IN A PROTECTED ENVIRONMENT, THE LONG-TERM PROGNOSIS IS POOR.

SOME ASPECTS OF THIS PATIENT'S TEST PATTERN ARE SIMILAR TO THOSE OF PSYCHIATRIC PATIENTS. APPROPRIATE PROFESSIONAL EVALUATION IS RECOMMENDED.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE KMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

CASE NO: 622525

MMPI REPORT

RPSI. NO: 20467

THE UNWILLINGNESS OF THIS PATIENT TO ADMIT TO THE RELATIVELY MINOR FAULTS WHICH MOST PEOPLE HAVE SUGGESTS THAT SHE IS A PERSON WITH STRONG NEEDS TO BE SEEN BY OTHERS, AND PERHAPS BY HERSELF, AS AN UNUSUALLY VIRTUOUS PERSON. SUCH PEOPLE TEND TO BE NAIVELY DEFENSIVE AND UNCOMPROMISING INDIVIDUALS WHO STRESS MORAL ISSUES AND EMPHASIZE THEIR OWN INTEGRITY. THEY TEND TO BE FRUSTRATED, INSECURE INDIVIDUALS WHO HAVE LITTLE INSIGHT, AND ARE UNAWARE OF THEIR OWN STIMULUS VALUE. IT IS DOUBTFUL THAT THESE TENDENCIES INVALIDATED THE PATIENT'S TEST RESULTS, BUT THEY MAY HAVE CAUSED HER TO RECEIVE SOMEWHAT REDUCED SCORES ON THE CLINICAL SCALES.

THIS PATIENT SEEMS TO BE A PERSON WHO HAS DIFFICULTY MAINTAINING CONTROLS OVER HER IMPULSES. WHEN SHE BEHAVES IN A SOCIALLY UNACCEPTABLE MANNER, SHE IS LIKELY TO EXPERIENCE GUILT AND DISTRESS, ALTHOUGH HER CONCERN MAY REFLECT SITUATIONAL DIFFICULTIES RATHER THAN AN EXPRESSION OF INTERNAL CONFLICTS. SHE MAY EXHIBIT A CYCLIC PATTERN OF ACTING OUT, FOLLOWED BY GUILT AND SUBSEQUENTLY BY FURTHER ACTING OUT. THIS PATTERN IS PARTICULARLY LIKELY IN THE CONTEXT OF A DRINKING PROBLEM. HER BEHAVIOR SHOWS A SELF-DEFEATING AND SELF-PUNITIVE TENDENCY. AT THE PRESENT TIME, SHE SEEMS TO BE DEPRESSED, RESTLESS AND SOMEWHAT AGITATED. SHE IS DISTRESSED ABOUT HER FAILURE TO ACHIEVE HER GOALS, AND PESSIMISTIC ABOUT THE FUTURE. ALTHOUGH SHE MAY EXPRESS FIRM INTENTIONS TO CHANGE HER BEHAVIOR, THE PATTERN IS A PERSISTENT ONE, AND THE LONG RANGE PROGNOSIS IS NOT ENCOURAGING. ASSISTING HER TO A BETTER ADJUSTMENT WILL PROBABLY REQUIRE MODIFICATION OF HER ENVIRONMENT, WARM SUPPORT AND FIRM LIMITS.

SHE UTILIZES REPRESSION AND DENIAL IN RESPONSE TO EMOTIONAL PROBLEMS. SHE MAY RESPOND TO SUGGESTION AND REASSURANCE, BUT SHE PROBABLY WILL RESIST A PSYCHOLOGICAL EXPLANATION OF HER DIFFICULTIES. IN PERIODS OF PROLONGED EMOTIONAL STRESS SHE MAY DEVELOP ANXIETY ATTACKS AND FUNCTIONAL COMPLAINTS.

THERE ARE SOME UNUSUAL QUALITIES IN THIS PATIENT'S THINKING WHICH MAY REPRESENT AN ORIGINAL OR INVENTIVE ORIENTATION OR PERHAPS SOME SCHIZOID TENDENCIES. FURTHER INFORMATION WOULD BE REQUIRED TO MAKE THIS DETERMINATION.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

622549

RELATIONSHIPS. HE IS SENSITIVE, RESERVED AND SOMEWHAT UNCOMFORTABLE, ESPECIALLY IN NEW AND UNFAMILIAR SITUATIONS.

THE TEST RESULTS ON THIS PATIENT ARE STRONGLY SUGGESTIVE OF A MAJOR EMOTIONAL DISORDER. THE TEST PATTERN RESEMBLES THOSE OF PSYCHIATRIC OUTPATIENTS WHO LATER REQUIRE INPATIENT CARE. APPROPRIATE PROFESSIONAL EVALUATION AND CARE AND CONTINUED OBSERVATION ARE SUGGESTED.

THE PATIENT'S TEST PATTERN RESEMBLES THAT OF SCHIZOPHRENIC PATIENTS. FURTHER EVALUATION IS RECOMMENDED.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

ROCHE PSYCHIATRIC SERVICE INSTITUTE 100



CASE NO: 622539

MMPI REPORT

RPSI. NO: 20467

THE UNWILLINGNESS OF THIS PATIENT TO ADMIT TO THE RELATIVELY MINOR FAULTS WHICH MOST PEOPLE HAVE SUGGESTS THAT SHE IS A PERSON WITH STRONG NEEDS TO SEE HERSELF, AND TO BE SEEN BY OTHERS, AS AN UNUSUALLY VIRTUOUS PERSON. SUCH PEOPLE TEND TO BE RIGID, DEFENSIVE, AND UNCOMPROMISING INDIVIDUALS WHO STRESS MORAL ISSUES AND EMPHASIZE THEIR OWN INTEGRITY. THEY TEND TO BE FRUSTRATED, INSECURE PEOPLE WHO HAVE LITTLE INSIGHT, AND WHO ARE UNAWARE OF THEIR OWN STIMULUS VALUE. IT IS DOUBTFUL THAT THESE TENDENCIES HAVE INVALIDATED THE PATIENT'S TEST RESULTS, BUT THEY MAY HAVE CAUSED HER TO RECEIVE SOMEWHAT REDUCED SCORES ON THE CLINICAL SCALES.

THIS PATIENT IS A TENSE, ANXIOUS, DEPRESSED INDIVIDUAL WHO IS OVER-CONTROLLED, HAS DIFFICULTY EXPRESSING HER FEELINGS, AND IS FILLED WITH SELF-DOUBT. ALTHOUGH SHE MAY SEEM-INDUSTRIOUS AND CONSCIENTIOUS IN HER WORK, SHE IS TORN BETWEEN A NEED TO BE COMPETITIVE AND A FEAR OF FAILURE. SHE MAY SUFFER FROM FATIGUE, WEAKNESS, AND LOW ENERGY LEVEL.

THERE ARE SOME UNUSUAL QUALITIES IN THIS PATIENT'S THINKING WHICH MAY REPRESENT AN ORIGINAL OR INVENTIVE ORIENTATION OR PERHAPS SOME SCHIZOID TENDENCIES. FURTHER INFORMATION WOULD BE REQUIRED TO MAKE THIS DETERMINATION.

SHE IS A RIGID PERSON WHO MAY EXPRESS HER ANXIETY IN FEARS, COMPULSIVE BEHAVIOR AND RUMINATION. SHE MAY BE CHRONICALLY WORRIED AND TENSE, WITH MARKED RESISTANCE TO TREATMENT DESPITE OBVIOUS DISTRESS.

THIS PERSON MAY BE HESITANT TO BECOME INVOLVED IN SOCIAL RELATIONSHIPS. SHE IS SENSITIVE, RESERVED AND SOMEWHAT UNCOMFORTABLE, ESPECIALLY IN NEW AND UNFAMILIAR SITUATIONS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

THIS PATIENT MAY SHOW MILD, EPISODIC, PHYSICAL COMPLAINTS WHICH HAVE LITTLE BASIS IN PHYSICAL PATHOLOGY. ALTHOUGH GENERALLY A PASSIVELY HOSTILE PERSON, SHE MAY HAVE TEMPER OUTBURSTS, PARTICULARLY WHEN HER DEMANDS FOR ATTENTION AND APPROVAL ARE FRUSTRATED. MARITAL DISHARMONY, EXCESSIVE DRINKING, AND SEXUAL PROMISCUITY MAY OCCUR.

SOME DEPRESSION, DISCOURAGEMENT AND WORRY ARE PRESENT. SHE MAY EXPRESS FEELINGS OF SELF-DISSATISFACTION AND REDUCED INITIATIVE. SHE LACKS CONFIDENCE AND HAS DIFFICULTY MAKING DECISIONS.

THERE ARE SOME UNUSUAL QUALITIES IN THIS PATIENT'S THINKING WHICH MAY REPRESENT AN ORIGINAL OR INVENTIVE ORIENTATION OR PERHAPS SOME SCHIZOID TENDENCIES. FURTHER INFORMATION WOULD BE REQUIRED TO MAKE THIS DETERMINATION.

THIS PERSON MAY BE HESITANT TO BECOME INVOLVED IN SOCIAL RELATIONSHIPS. SHE IS SENSITIVE, RESERVED AND SOMEWHAT UNCOMFORTABLE, ESPECIALLY IN NEW AND UNFAMILIAR SITUATIONS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

CASE NO: 622542

MMPI REPORT

RPSI. AC: 20467

THIS PATIENT IS LIKELY TO BE A QUIET AND SENSITIVE INDIVIDUAL WHO IS PRONE TO WORRY. SHE PROBABLY IS VERBALLY FLUENT, SOCIALLY RESPONSIVE AND ABLE TO COMMUNICATE HER IDEAS CLEARLY. SHE UNDERSTANDS HERSELF FAIRLY WELL AND USUALLY MAY BE EXPECTED TO SHOW GOOD JUDGMENT.

SHE APPEARS TO BE A CHEERFUL, OPTIMISTIC PERSON WHO IS FREE AND SPONTANEOUS IN THOUGHT AND ACTION. SHE IS AN ACTIVE, ENERGETIC PERSON WHO IS GENERALLY SEEN BY OTHERS AS GOOD-NATURED AND PLEASANT.

THIS PERSON TAKES AN ACTIVE, ASSERTIVE ROLE IN DEALING WITH GROUPS. SHE IS LIKELY TO BE SEEN BY OTHERS AS SOCIAL, ENTHUSIASTIC AND OUTGOING, ALTHOUGH THESE SAME CHARACTERISTICS MAY CAUSE OTHERS TO REGARD HER AS BLUSTERY, IMPULSIVE OR IMMATURE. SIMILARLY, HER COMPETITIVENESS, PERSUASIVENESS AND AGGRESSIVENESS MAY CAUSE OTHERS TO SEE HER AS AN OPPORTUNISTIC AND MANIPULATIVE PERSON.

THIS PERSON IS CHARACTERIZED BY A DENIAL OF ANXIETY OR WORRY. SHE EXPRESSES SELF-CONFIDENCE, AFFABILITY AND SELF-ACCEPTANCE.

IN THE FACE OF EMOTIONAL STRESS AND PRESSURES, THIS PATIENT MAY TEND TO DEVELOP SOMATIC SYMPTOMS. IF PHYSICAL COMPLAINTS EXIST FOR WHICH NO MEDICAL BASIS CAN BE DETERMINED, ATTENTION SHOULD BE FOCUSED ON THE RELIEF OF HER EMOTIONAL PROBLEMS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

MMPI REPORT

CASE NO: 622544

RESI. NO: 20467

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. HE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIG. SINCE IT INDICATES THAT HE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT SEEMS TO BE A PERSON WHO HAS DIFFICULTY MAINTAINING CONTROLS OVER HIS IMPULSES. WHEN HE BEHAVES IN A SOCIALLY UNACCEPTABLE MANNER, HE IS LIKELY TO EXPERIENCE GUILT AND DISTRESS, ALTHOUGH HIS CONCERN MAY REFLECT SITUATIONAL DIFFICULTIES RATHER THAN AN EXPRESSION OF INTERNAL CONFLICTS. HE MAY EXHIBIT A CYCLIC PATTERN OF ACTING OUT, FOLLOWED BY GUILT AND SUBSEQUENTLY BY FURTHER ACTING OUT. THIS PATTERN IS PARTICULARLY LIKELY IN THE CONTEXT OF A DRINKING PROBLEM. HIS BEHAVIOR SHOWS A SELF-DEFEATING AND SELF-PUNITIVE TENDENCY. AT THE PRESENT TIME, HE SEEMS TO BE DEPRESSED, RESTLESS AND SOMEWHAT AGITATED. HE IS DISTRESSED ABOUT HIS FAILURE TO ACHIEVE HIS GOALS, AND PESSIMISTIC ABOUT THE FUTURE. ALTHOUGH HE MAY EXPRESS FIRM INTENTIONS TO CHANGE HIS BEHAVIOR, THE PATTERN IS A PERSISTENT ONE, AND THE LONG RANGE PROGNOSIS IS NOT ENCOURAGING. ASSISTING HIM TO A BETTER ADJUSTMENT WILL PROBABLY REQUIRE MODIFICATION OF HIS ENVIRONMENT, WARM SUPPORT AND FIRM LIMITS.

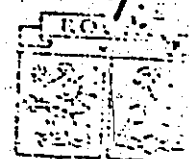
THERE ARE UNUSUAL QUALITIES IN THIS PATIENT'S THINKING WHICH MAY REPRESENT AN ORIGINAL OR ECCENTRIC ORIENTATION OR PERHAPS SOME SCHIZOID TENDENCIES. FURTHER INFORMATION IS REQUIRED TO MAKE THIS DETERMINATION.

HE IS TALKATIVE AND DISTRACTABLE, AND FACED WITH FRUSTRATION, HE MAY BECOME IRRITABLE, AGGRESSIVE, OR IMPULSIVE, OFTEN OUT OF PROPORTION TO THE REALITY OF THE SITUATION. ON THE OTHER HAND, THE NORMAL EXPRESSION OF THIS TRAIT IS ENTHUSIASM, ENERGY AND GOAL-DIRECTED ACTIVITY.

HE APPEARS TO BE AN IDEALISTIC, INNER-DIRECTED PERSON WHO MAY BE SEEN AS QUITE SOCIALLY PERCEPTIVE AND SENSITIVE TO INTERPERSONAL INTERACTIONS. HIS INTEREST PATTERNS ARE QUITE DIFFERENT FROM THOSE OF THE AVERAGE MALE. IN A PERSON WITH A BROAD EDUCATIONAL AND CULTURAL BACKGROUND THIS IS TO BE EXPECTED, AND MAY REFLECT SUCH CHARACTERISTICS AS SELF-AWARENESS, CONCERN WITH SOCIAL ISSUES, AND AN ABILITY TO COMMUNICATE IDEAS CLEARLY AND EFFECTIVELY. IN SOME MEN, HOWEVER, THE SAME INTEREST PATTERN MAY REFLECT A REJECTION OF MASCULINITY ACCOMPANIED BY A RELATIVELY PASSIVE, EFFEMINATE NON-COMPETITIVE PERSONALITY.

HE APPEARS TO BE A SOMEWHAT SELF-CENTERED PERSON WITH NARROW INTERESTS. HE MAY BE SEEN BY OTHERS AS MILD, AND RELATIVELY CHEERFUL BUT SOMEHOW WARY AND GUARDED IN HIS DEALINGS WITH PEOPLE.

SOME ASPECTS OF THIS PATIENT'S TEST PATTERN ARE SIMILAR TO THOSE OF PSYCHIATRIC PATIENTS. APPROPRIATE PROFESSIONAL EVALUATION IS RECOMMENDED.



CASE NO: 622545

MMPI REPORT

RPSI. NC: 20467

THE UNWILLINGNESS OF THIS PATIENT TO ADMIT TO THE RELATIVELY MINOR FAULTS WHICH MOST PEOPLE HAVE SUGGESTS THAT SHE IS A PERSON WITH STRONG NEEDS TO SEE HERSELF, AND TO BE SEEN BY OTHERS, AS AN UNUSUALLY VIRTUOUS PERSON. SUCH PEOPLE TEND TO BE RIGID, DEFENSIVE, AND UNCOMPROMISING INDIVIDUALS WHO STRESS MORAL ISSUES AND EMPHASIZE THEIR OWN INTEGRITY. THEY TEND TO BE FRUSTRATED, INSECURE PEOPLE WHO HAVE LITTLE INSIGHT, AND WHO ARE UNAWARE OF THEIR OWN STIMULUS VALUE. IT IS DOUBTFUL THAT THESE TENDENCIES HAVE INVALIDATED THE PATIENT'S TEST RESULTS, BUT THEY MAY HAVE CAUSED HER TO RECEIVE SOMEWHAT REDUCED SCORES ON THE CLINICAL SCALES.

SHE SEEMS TO BE ATTEMPTING TO MINIMIZE OR DENY FAULTS IN HERSELF. SHE IS HESITANT TO ADMIT TO PSYCHOLOGICAL PROBLEMS, PERHAPS BECAUSE SHE PERCEIVES THEM AS WEAKNESSES. IN SOME NORMALLY FUNCTIONING INDIVIDUALS THIS APPARENT DEFENSIVENESS MAY REPRESENT SELF-ASSURANCE AND A GOOD SELF-CONCEPT. IN AN INDIVIDUAL WITH CURRENT DIFFICULTIES, HOWEVER, IT IS MORE LIKELY TO REPRESENT RESISTANCE AND RELUCTANCE TO ENTER TREATMENT.

THIS PATIENT HAS NO SCORES ON ANY OF THE CLINICAL SCALES WHICH EXCEED THE NORMAL LIMIT. THAT IS, ALL OF HER SCORES ARE BELOW 60 AND THUS MAY BE CONSIDERED NOT TO DEVIATE SIGNIFICANTLY FROM THE AVERAGE PERSON. ALTHOUGH THIS IS A PROFILE OFTEN ASSOCIATED WITH INDIVIDUALS WHOSE PERSONALITIES ARE WITHOUT SIGNIFICANT PATHOLOGY, IT IS ESSENTIAL THAT THIS BE EVALUATED CAREFULLY IF THERE IS EVIDENCE TO SUGGEST DEVIANT BEHAVIOR OR EXPERIENCES.

SHE APPEARS TO BE A SENSITIVE, MODEST AND SOMEWHAT OVERLY-FEMININE PERSON. IN PSYCHIATRIC SETTINGS, THIS MAY EXPRESS ITSELF IN AN ALMOST MASOCHISTIC WILLINGNESS TO ASSUME BURDENS AND TO PLACE HERSELF IN SITUATIONS IN WHICH SHE WILL BE IMPOSED UPON.

THIS PERSON APPEARS TO BE A COMPETITIVE, ACHIEVEMENT-ORIENTED PERSON WHO IS FORCEFUL AND SPONTANEOUS. IN SOCIAL SITUATIONS, SHE IS LIKELY TO BE ENTHUSIASTIC, FRANK, AND OUTSPOKEN.

THIS PATIENT'S CONDITION APPEARS TO FALL WITHIN THE NEUROTIC RANGE. SHE IS USING NEUROTIC DEFENSES IN AN EFFORT TO CONTROL HER ANXIETY.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

CASE NO: 622546

MMPT REPORT

RESI. NO: 20467

THIS PATIENT IS LIKELY TO BE ANXIOUS AND TENSE, AND TO WORRY A GREAT DEAL. HE IS SOMEWHAT DEPRESSED, ALTHOUGH AGITATION AND ANXIETY ARE MORE PROMINENT. SUSPICION AND MISTRUST OF THE MOTIVATIONS OF OTHERS ARE NOTABLE. HIS INTERPERSONAL RELATIONS, THEREFORE, ARE LIKELY TO BE VARIABLE AND SOMEWHAT DISTANT.

HE TENDS TO BE SOMEWHAT OVERPRODUCTIVE IN THINKING AND ACTION. HE MAY BE RESTLESS, OVER-TALKATIVE AND, IN THE FACE OF FRUSTRATION, IRRITABLE, AGGRESSIVE AND IMPULSIVE. THE NORMAL EXPRESSION OF THIS TRAIT IS ENTHUSIASTIC, ENERGETIC AND PERSISTENT GOAL-DIRECTED ACTIVITY.

HE HAS SOME DIFFICULTY IN DEALING WITH HOSTILE FEELINGS. TO THE EXTENT THAT HE CONTROLS THE DIRECT EXPRESSION OF THESE FEELINGS, HE MAY BE A BITTER, RESENTFUL AND PERHAPS SOMEWHAT IRRESPONSIBLE PERSON. WHERE CONTROL FACTORS ARE NOT PRESENT, HOWEVER, THE HOSTILITY MAY BE EXPRESSED IN DIRECT ANTISOCIAL BEHAVIOR. IN ANY EVENT, HE IS LIKELY TO HAVE PROBLEMS IN ESTABLISHING CLOSE PERSONAL RELATIONSHIPS, AND HE MAY BE UNDEPENDABLE IN TREATMENT.

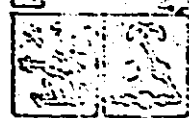
HE APPEARS TO BE AN IDEALISTIC, INNER-DIRECTED PERSON WHO MAY BE SEEN AS QUITE SOCIALLY PERCEPTIVE AND SENSITIVE TO INTERPERSONAL INTERACTIONS. HIS INTEREST PATTERNS ARE QUITE DIFFERENT FROM THOSE OF THE AVERAGE MALE. IN A PERSON WITH A BROAD EDUCATIONAL AND CULTURAL BACKGROUND THIS IS TO BE EXPECTED, AND MAY REFLECT SUCH CHARACTERISTICS AS SELF-AWARENESS, CONCERN WITH SOCIAL ISSUES, AND AN ABILITY TO COMMUNICATE IDEAS CLEARLY AND EFFECTIVELY. IN SOME MEN, HOWEVER, THE SAME INTEREST PATTERNS MAY REFLECT A REJECTION OF MASCULINITY ACCOMPANIED BY A RELATIVELY PASSIVE, EFFEMINATE NON-COMPETITIVE PERSONALITY.

SOME ASPECTS OF THIS PATIENT'S TEST PATTERN ARE SIMILAR TO THOSE OF PSYCHIATRIC PATIENTS. APPROPRIATE PROFESSIONAL EVALUATION IS RECOMMENDED.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPT CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

ROCHE PSYCHIATRIC SERVICE INSTITUTE

106



MMPI REPORT

CASE NO: 622547

RPSI. NO: 26467

THE UNWILLINGNESS OF THIS PATIENT TO ADMIT TO THE RELATIVELY MINOR FAULTS WHICH MOST PEOPLE HAVE SUGGESTS THAT SHE IS A PERSON WITH STRONG NEEDS TO SEE HERSELF, AND TO BE SEEN BY OTHERS, AS AN UNUSUALLY VIRTUOUS PERSON. SUCH PEOPLE TEND TO BE RIGID, DEFENSIVE, AND UNCOMPROMISING INDIVIDUALS WHO STRESS MORAL ISSUES AND EMPHASIZE THEIR OWN INTEGRITY. THEY TEND TO BE FRUSTRATED, INSECURE PEOPLE WHO HAVE LITTLE INSIGHT, AND WHO ARE UNAWARE OF THEIR OWN STIMULUS VALUE. IT IS DOUBTFUL THAT THESE TENDENCIES HAVE INVALIDATED THE PATIENT'S TEST RESULTS, BUT THEY MAY HAVE CAUSED HER TO RECEIVE SOMEWHAT REDUCED SCORES ON THE CLINICAL SCALES.

SHE SEEMS TO BE ATTEMPTING TO MINIMIZE OR DENY FAULTS IN HERSELF. SHE IS HESITANT TO ADMIT TO PSYCHOLOGICAL PROBLEMS, PERHAPS BECAUSE SHE PERCEIVES THEM AS WEAKNESSES. IN SOME NORMALLY FUNCTIONING INDIVIDUALS THIS APPARENT DEFENSIVENESS MAY REPRESENT SELF-ASSURANCE AND A GOOD SELF-CONCEPT. IN AN INDIVIDUAL WITH CURRENT DIFFICULTIES, HOWEVER, IT IS MORE LIKELY TO REPRESENT RESISTANCE AND RELUCTANCE TO ENTER TREATMENT.

THIS PATIENT IS LIKELY TO SHOW PECULIARITIES IN HER BEHAVIOR WHICH SUGGEST THE PRESENCE OF A PERSONALITY DISORDER. MANIFESTATIONS MAY RANGE FROM SOCIAL MALADJUSTMENT AND UNDER-ACHIEVEMENT TO DELINQUENCY, BIZARRE MENTATION, AND FRANKLY PSYCHOTIC BEHAVIOR. MEDICAL PATIENTS WITH THIS PATTERN ARE CHARACTERIZED BY VAGUE COMPLAINTS, ANXIETY AND A RECURRING HISTORY OF CHANGES FROM DOCTOR TO DOCTOR, WITH NO FOLLOW-UP VISITS. IT SHOULD BE EMPHASIZED THAT THE PRESENCE OF THIS PATTERN IS NOT CONCLUSIVE EVIDENCE OF A PERSONALITY DISORDER. HOWEVER, THE HIGH INCIDENCE OF UNUSUAL BEHAVIOR AMONG PATIENTS WITH THIS PATTERN SUGGESTS THAT THE PATIENT SHOULD BE CAREFULLY EVALUATED.

SHE APPEARS TO BE OVER-CONCERNED ABOUT HER BODILY FUNCTIONS AND PHYSICAL HEALTH. SHE TENDS TO OVER-REACT TO ILLNESSES AND TO COMPLAIN AND WORRY. SHE MAY EXPERIENCE FATIGUE, WEAKNESS, AND GENERALIZED ACES AND PAINS WITHOUT CLEAR ORGANIC ETIOLOGY.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

APPENDIX VIII

ROCHE PSYCHIATRIC SERVICE ENGLISH MMPI REPORTS

THE UNWILLINGNESS OF THIS PATIENT TO ADMIT TO THE RELATIVELY MINOR FAULTS WHICH MOST PEOPLE HAVE SUGGESTS THAT HE IS A PERSON WITH STRONG NEEDS TO SEE HIMSELF, AND TO BE SEEN BY OTHERS, AS AN UNUSUALLY VIRTUOUS PERSON. SUCH PEOPLE TEND TO BE RIGID, DEFENSIVE, AND UNCOMPROMISING INDIVIDUALS WHO STRESS MORAL ISSUES AND EMPHASIZE THEIR OWN INTEGRITY. THEY TEND TO BE FRUSTRATED, INSECURE PEOPLE WHO HAVE LITTLE INSIGHT, AND WHO ARE UNAWARE OF THEIR OWN STIMULUS VALUE. IT IS DOUBTFUL THAT THESE TENDENCIES HAVE INVALIDATED THE PATIENT'S TEST RESULTS, BUT THEY MAY HAVE CAUSED HIM TO RECEIVE SOMEWHAT REDUCED SCORES ON THE CLINICAL SCALES.

HE SEEMS TO BE ATTEMPTING TO MINIMIZE OR DENY FAULTS IN HIMSELF. HE IS HESITANT TO ADMIT TO PSYCHOLOGICAL PROBLEMS, PERHAPS BECAUSE HE PERCEIVES THEM AS WEAKNESSES. IN SOME NORMALLY FUNCTIONING INDIVIDUALS THIS APPARENT DEFENSIVENESS MAY REPRESENT SELF-ASSURANCE AND A GOOD SELF-CONCEPT. IN AN INDIVIDUAL WITH CURRENT DIFFICULTIES, HOWEVER, IT IS MORE LIKELY TO REPRESENT RESISTANCE AND RELUCTANCE TO ENTER TREATMENT.

THIS PATIENT IS PRONE TO WORRY, AND IS ANXIOUS AND FEARFUL. HE FINDS IT DIFFICULT TO RELAX, AND MAY DEVELOP A VARIETY OF TENSION SYMPTOMS SUCH AS BACKACHES, MUSCLE SPASMS, AND INSOMNIA. DEPRESSION IS PRESENT, BUT LESS CLEARLY MANIFESTED THAN AGITATION AND ANXIETY. HE MAY HAVE PERIODS OF IMPULSIVE, INCONSIDERATE BEHAVIOR DURING WHICH HIS AGGRESSIVENESS MAY CAUSE DIFFICULTIES IN INTERPERSONAL RELATIONS. HE IS SOMEWHAT SELF-CENTERED AND IMMATURE.

SOME DEPRESSION, DISCOURAGEMENT AND WORRY ARE PRESENT. HE MAY EXPRESS FEELINGS OF SELF-DISSATISFACTION AND REDUCED INITIATIVE. HE LACKS CONFIDENCE AND HAS DIFFICULTY MAKING DECISIONS.

HE UTILIZES REPRESSION AND DENIAL IN RESPONSE TO EMOTIONAL PROBLEMS. HE MAY RESPOND TO SUGGESTION AND REASSURANCE, BUT HE PROBABLY WILL RESIST A PSYCHOLOGICAL EXPLANATION OF HIS DIFFICULTIES. IN PERIODS OF PROLONGED EMOTIONAL STRESS HE MAY DEVELOP ANXIETY ATTACKS AND FUNCTIONAL COMPLAINTS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

THE UNWILLINGNESS OF THIS PATIENT TO ADMIT TO THE RELATIVELY MINOR FAULTS WHICH MOST PEOPLE HAVE SUGGESTS THAT SHE IS A PERSON WITH STRONG NEEDS TO BE SEEN BY OTHERS, AND PERHAPS BY HERSELF, AS AN UNUSUALLY VIRTUOUS PERSON. SUCH PEOPLE TEND TO BE NAIVELY DEFENSIVE AND UNCOMPROMISING INDIVIDUALS WHO STRESS MORAL ISSUES AND EMPHASIZE THEIR OWN INTEGRITY. THEY TEND TO BE FRUSTRATED, INSECURE INDIVIDUALS WHO HAVE LITTLE INSIGHT, AND ARE UNAWARE OF THEIR OWN STIMULUS VALUE. IT IS DOUBTFUL THAT THESE TENDENCIES INVALIDATED THE PATIENT'S TEST RESULTS, BUT THEY MAY HAVE CAUSED HER TO RECEIVE SOMEWHAT REDUCED SCORES ON THE CLINICAL SCALES.

THIS PATIENT HAS NO SCORES ON ANY OF THE CLINICAL SCALES WHICH EXCEED THE NORMAL LIMIT. THAT IS, ALL OF HER SCORES ARE BELOW 60 AND THUS MAY BE CONSIDERED NOT TO DEVIATE SIGNIFICANTLY FROM THE AVERAGE PERSON. ALTHOUGH THIS IS A PROFILE OFTEN ASSOCIATED WITH INDIVIDUALS WHOSE PERSONALITIES ARE WITHOUT SIGNIFICANT PATHOLOGY, IT IS ESSENTIAL THAT THIS BE EVALUATED CAREFULLY IF THERE IS EVIDENCE TO SUGGEST DEVIANT BEHAVIOR OR EXPERIENCES.

THIS PERSON MAY BE HESITANT TO BECOME INVOLVED IN SOCIAL RELATIONSHIPS. SHE IS SENSITIVE, RESERVED AND SOMEWHAT UNCOMFORTABLE, ESPECIALLY IN NEW AND UNFAMILIAR SITUATIONS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

MMPI REPORT

CASE NO: 622556

RPSI, NO: 20467
FEB. 09, 1970

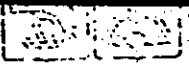
THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. SHE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT SHE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

IT APPEARS THAT THE PATIENT, IN HER RESPONSES TO THE TEST ITEMS, MAY HAVE BEEN OVERLY SELF-CRITICAL. THE VALIDITY OF THE TEST MAY HAVE BEEN SOMEWHAT AFFECTED BY HER TENDENCY TO ADMIT TO SYMPTOMS EVEN WHEN THEY ARE MINIMAL. THIS MAY SUGGEST THAT CURRENTLY SHE FEELS VULNERABLE AND DEFENSELESS, AND THAT SHE IS MAKING AN EFFORT TO CALL ATTENTION TO HER DIFFICULTIES IN ORDER TO ASSURE OBTAINING PROFESSIONAL HELP.

THIS PATIENT IS SOMEWHAT ANXIOUS AND DEPRESSED. SHE IS TROUBLED BY SELF-DOUBTS AND FEELINGS OF INADEQUACY. IN TIMES OF STRESS SHE IS LIKELY TO EXPERIENCE INSOMNIA, FATIGUE, AND REDUCED EFFICIENCY. THERE IS A PERSISTENT, DEPRESSIVE TONE ABOUT THIS PERSON WHICH RESISTS CHANGE AND TENDS TO REMAIN STABLE OVER TIME.

THIS PERSON MAY BE HESITANT TO BECOME INVOLVED IN SOCIAL RELATIONSHIPS. SHE IS SENSITIVE, RESERVED AND SOMEWHAT UNCOMFORTABLE, ESPECIALLY IN NEW AND UNFAMILIAR SITUATIONS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.



MMPI REPORT

CASE NO: 622557

**RPSI. NO: 20467
FEB. 09, 1970**

111

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. SHE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT SHE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT IS PRONE TO WORRY, AND IS ANXIOUS AND FEARFUL. SHE FINDS IT DIFFICULT TO RELAX, AND MAY DEVELOP A VARIETY OF TENSION SYMPTOMS SUCH AS BACKACHES, MUSCLE SPASMS, AND INSOMNIA. DEPRESSION IS PRESENT, BUT LESS CLEARLY MANIFESTED THAN AGITATION AND ANXIETY. SHE MAY HAVE PERIODS OF IMPULSIVE, INCONSIDERATE BEHAVIOR DURING WHICH HER AGGRESSIVENESS MAY CAUSE DIFFICULTIES IN INTERPERSONAL RELATIONS. SHE IS SOMEWHAT SELF-CENTERED AND IMMATURE.

THERE ARE SOME UNUSUAL QUALITIES IN THIS PATIENT'S THINKING WHICH MAY REPRESENT AN ORIGINAL OR INVENTIVE ORIENTATION OR PERHAPS SOME SCHIZOID TENDENCIES. FURTHER INFORMATION WOULD BE REQUIRED TO MAKE THIS DETERMINATION.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

MMPI REPORT

CASE NO: 622602

RPSI. NO: 20467
FEB. 09, 1970

THE UNWILLINGNESS OF THIS PATIENT TO ADMIT TO THE RELATIVELY MINOR FAULTS WHICH MOST PEOPLE HAVE SUGGESTS THAT SHE IS A PERSON WITH STRONG NEEDS TO BE SEEN BY OTHERS, AND PERHAPS BY HERSELF, AS AN UNUSUALLY VIRTUOUS PERSON. SUCH PEOPLE TEND TO BE NAIVELY DEFENSIVE AND UNCOMPROMISING INDIVIDUALS WHO STRESS MORAL ISSUES AND EMPHASIZE THEIR OWN INTEGRITY. THEY TEND TO BE FRUSTRATED, INSECURE INDIVIDUALS WHO HAVE LITTLE INSIGHT, AND ARE UNAWARE OF THEIR OWN STIMULUS VALUE. IT IS DOUBTFUL THAT THESE TENDENCIES INVALIDATED THE PATIENT'S TEST RESULTS, BUT THEY MAY HAVE CAUSED HER TO RECEIVE SOMEWHAT REDUCED SCORES ON THE CLINICAL SCALES.

THIS PATIENT IS SOMEWHAT ANXIOUS AND DEPRESSED. SHE IS TROUBLED BY SELF-DOUBTS AND FEELINGS OF INADEQUACY. IN TIMES OF STRESS SHE IS LIKELY TO EXPERIENCE INSOMNIA, FATIGUE, AND REDUCED EFFICIENCY. THERE IS A PERSISTENT, DEPRESSIVE TONE ABOUT THIS PERSON WHICH RESISTS CHANGE AND TENDS TO REMAIN STABLE OVER TIME.

THERE ARE SOME UNUSUAL QUALITIES IN THIS PATIENT'S THINKING WHICH MAY REPRESENT AN ORIGINAL OR INVENTIVE ORIENTATION OR PERHAPS SOME SCHIZOID TENDENCIES. FURTHER INFORMATION WOULD BE REQUIRED TO MAKE THIS DETERMINATION.

THIS PERSON MAY BE HESITANT TO BECOME INVOLVED IN SOCIAL RELATIONSHIPS. SHE IS SENSITIVE, RESERVED AND SOMEWHAT UNCOMFORTABLE, ESPECIALLY IN NEW AND UNFAMILIAR SITUATIONS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

ROCHE PSYCHIATRIC SERVICE INSTITUTE



CASE NO: 622605

MMPI REPORT

RPSI. NO: 20467
FEB. 09, 1970

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. SHE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT SHE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT EXHIBITS CONTRADICTIONS IN HER BEHAVIOR AND IN HER VIEW OF HERSELF. ON ONE HAND, SHE APPEARS OVERLY CONCERNED ABOUT THE EFFECTS OF HER BEHAVIOR ON OTHERS. ON THE OTHER HAND, SHE SOMETIMES SEEMS INSENSITIVE AND EVEN CALLOUS TOWARD THE NEEDS OF OTHERS. THIS BEHAVIOR MAY APPEAR AS AN ALTERNATION OF PHASES. FOR A PERIOD SHE MAY ACT WITH LITTLE CONTROL, FORETHOUGHT, OR CONSIDERATION FOR OTHERS, AND FOLLOWING SUCH A PERIOD SHE MAY SHOW GUILT, REMORSE AND DEEP REGRET OVER HER ACTIONS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

ROCHE PSYCHIATRIC SERVICE INSTITUTE

114

CASE NO: 622558

MMPI REPORT

RPSI. NO: 20467
FEB. 09, 1970

THE UNWILLINGNESS OF THIS PATIENT TO ADMIT TO THE RELATIVELY MINOR FAULTS WHICH MOST PEOPLE HAVE SUGGESTS THAT SHE IS A PERSON WITH STRONG NEEDS TO SEE HERSELF, AND TO BE SEEN BY OTHERS, AS AN UNUSUALLY VIRTUOUS PERSON. SUCH PEOPLE TEND TO BE RIGID, DEFENSIVE, AND UNCOMPROMISING INDIVIDUALS WHO STRESS MORAL ISSUES AND EMPHASIZE THEIR OWN INTEGRITY. THEY TEND TO BE FRUSTRATED, INSECURE PEOPLE WHO HAVE LITTLE INSIGHT, AND WHO ARE UNAWARE OF THEIR OWN STIMULUS VALUE. IT IS DOUBTFUL THAT THESE TENDENCIES HAVE INVALIDATED THE PATIENT'S TEST RESULTS, BUT THEY MAY HAVE CAUSED HER TO RECEIVE SOMEWHAT REDUCED SCORES ON THE CLINICAL SCALES.

THIS PATIENT MAY HAVE FREQUENT HOME MALADJUSTMENTS BUT IS UNLIKELY TO ACT OUT SOCIALLY. SHE RESPONDS READILY TO ADVICE AND REASSURANCE, BUT HAS LITTLE ABILITY TO ATTAIN INSIGHT. SHE MAY HAVE A HISTORY OF EPISODIC ATTACKS OF DISTRESS MARKED BY ANXIETY, TACHYCARDIA, AND INTESTINAL CRAMPS. SHE MAY SHOW CLASSICAL HYSTERICAL PATTERNS SUCH AS HAVING DRAMATIC AND MEDICALLY ATYPICAL OR IMPOSSIBLE DISORDERS. SHE MAY SHOW AGGRESSIVENESS AND MAY FEEL CONSIDERABLE HOSTILITY, PARTICULARLY TOWARD A DOMINEERING MOTHER. SHE IS UNLIKELY TO SHOW A HISTORY OF SEVERE DEPRESSION, AND HER PHYSICAL PROBLEMS, WHICH ARE PROBABLY NOT OF A SERIOUS NATURE, SHOULD YIELD TO SUPERFICIAL TREATMENT.

SOME DEPRESSION, DISCOURAGEMENT AND WORRY ARE PRESENT. SHE MAY EXPRESS FEELINGS OF SELF-DISSATISFACTION AND REDUCED INITIATIVE. SHE LACKS CONFIDENCE AND HAS DIFFICULTY MAKING DECISIONS.

SHE HAS SOME DIFFICULTY IN DEALING WITH HOSTILE FEELINGS. TO THE EXTENT THAT SHE CONTROLS THE DIRECT EXPRESSION OF THESE FEELINGS, SHE MAY BE A BITTER, RESENTFUL AND PERHAPS SOMEWHAT IRRESPONSIBLE PERSON. WHERE CONTROL FACTORS ARE NOT PRESENT, HOWEVER, THE HOSTILITY MAY BE EXPRESSED IN DIRECT ANTISOCIAL BEHAVIOR. IN ANY EVENT, SHE IS LIKELY TO HAVE PROBLEMS IN ESTABLISHING CLOSE PERSONAL RELATIONSHIPS, AND SHE MAY BE UNDEPENDABLE IN TREATMENT.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

ROCHE PSYCHIATRIC SERVICE INSTITUTE

115

CASE NO: 622597

MMPI REPORT

RPSI. NO: 20467
FEB. 09, 1970

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. SHE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT SHE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT HAS NO SCORES ON ANY OF THE CLINICAL SCALES WHICH EXCEED THE NORMAL LIMIT. THAT IS, ALL OF HER SCORES ARE BELOW 60 AND THUS MAY BE CONSIDERED NOT TO DEVIATE SIGNIFICANTLY FROM THE AVERAGE PERSON. ALTHOUGH THIS IS A PROFILE OFTEN ASSOCIATED WITH INDIVIDUALS WHOSE PERSONALITIES ARE WITHOUT SIGNIFICANT PATHOLOGY, IT IS ESSENTIAL THAT THIS BE EVALUATED CAREFULLY IF THERE IS EVIDENCE TO SUGGEST DEVIANT BEHAVIOR OR EXPERIENCES.

THIS PERSON MAY BE HESITANT TO BECOME INVOLVED IN SOCIAL RELATIONSHIPS. SHE IS SENSITIVE, RESERVED AND SOMEWHAT UNCOMFORTABLE, ESPECIALLY IN NEW AND UNFAMILIAR SITUATIONS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

CASE NO: 622588

MMPI REPORT

RPSI. NO: 20467
FEB. 09.1970

116

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. SHE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT SHE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THE PATIENT IS DEPRESSED, AND SHOWS ANXIETY AND UNDUE SENSITIVENESS. SHE SHOWS A TEST PATTERN WHICH RARELY OCCURS EXCEPT AMONG PSYCHIATRIC PATIENTS. INSOMNIA IS COMMON ALONG WITH CHRONIC TENSION. SHE MAY DRINK EXCESSIVELY IN AN EFFORT TO RELAX. FEELINGS OF INADEQUACY, SEXUAL CONFLICT, AND RIGIDITY ARE ACCOMPANIED BY A LOSS OF EFFICIENCY, INITIATIVE AND SELF-CONFIDENCE. THE CONDITION IS NOT A TEMPORARY ONE, BUT WILL TEND TO REMAIN STABLE OVER A LONG PERIOD. SUICIDAL THOUGHTS AND TENDENCIES ARE A POSSIBILITY. THE PATIENT SHOWS A CLINICAL PICTURE CHARACTERIZED PARTICULARLY BY DEPRESSION, TENSION AND OBSSIVE-COMPULSIVE THINKING. PSYCHIATRIC PATIENTS WITH THIS TEST PATTERN ARE ABOUT EVENLY SPLIT BETWEEN PSYCHOTICS AND NEUROTICS. THE SYMPTOMS ARE RESISTANT TO CHANGE, THE CONDITION IS LIKELY TO BE CHRONIC, AND THE PROGNOSIS FOR PSYCHOTHERAPY IS POOR.

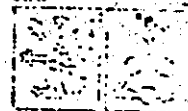
SOME DEPRESSION, DISCOURAGEMENT AND WORRY ARE PRESENT. SHE MAY EXPRESS FEELINGS OF SELF-DISSATISFACTION AND REDUCED INITIATIVE. SHE LACKS CONFIDENCE AND HAS DIFFICULTY MAKING DECISIONS.

SHE UTILIZES REPRESSION AND DENIAL IN RESPONSE TO EMOTIONAL PROBLEMS. SHE MAY RESPOND TO SUGGESTION AND REASSURANCE, BUT SHE PROBABLY WILL RESIST A PSYCHOLOGICAL EXPLANATION OF HER DIFFICULTIES. IN PERIODS OF PROLONGED EMOTIONAL STRESS SHE MAY DEVELOP ANXIETY ATTACKS AND FUNCTIONAL COMPLAINTS.

THIS PERSON MAY BE HESITANT TO BECOME INVOLVED IN SOCIAL RELATIONSHIPS. SHE IS SENSITIVE, RESERVED AND SOMEWHAT UNCOMFORTABLE, ESPECIALLY IN NEW AND UNFAMILIAR SITUATIONS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

ROCHE PSYCHIATRIC SERVICE INSTITUTE



MMPI REPORT

CASE NO: 622592

RPSI. NO: 20467 117
FEB. 1970

HE SEEMS TO BE ATTEMPTING TO MINIMIZE OR DENY FAULTS IN HIMSELF. HE IS HESITANT TO ADMIT TO PSYCHOLOGICAL PROBLEMS, PERHAPS BECAUSE HE PERCEIVES THEM AS WEAKNESSES. IN SOME NORMALLY FUNCTIONING INDIVIDUALS THIS APPARENT DEFENSIVENESS MAY REPRESENT SELF-ASSURANCE AND A GOOD SELF-CONCEPT. IN AN INDIVIDUAL WITH CURRENT DIFFICULTIES, HOWEVER, IT IS MORE LIKELY TO REPRESENT RESISTANCE AND RELUCTANCE TO ENTER TREATMENT.

THIS PATIENT APPEARS TO BE CURRENTLY DEPRESSED. HE SHOWS A PERSONALITY PATTERN WHICH IS FREQUENT AMONG PSYCHIATRIC PATIENTS. FEELINGS OF INADEQUACY, SEXUAL CONFLICT AND RIGIDITY MAY BE ACCOMPANIED BY A LOSS OF EFFICIENCY, INITIATIVE AND SELF-CONFIDENCE. INSOMNIA IS LIKELY TO OCCUR ALONG WITH CHRONIC ANXIETY, FATIGUE AND TENSION. HE MAY HAVE SUICIDAL THOUGHTS. IN THE CLINICAL PICTURE, DEPRESSION IS THE DOMINANT FEATURE. PSYCHIATRIC PATIENTS WITH THIS PATTERN ARE LIKELY TO BE DIAGNOSED AS DEPRESSIVES. THE CHARACTERISTICS ARE RESISTANT TO CHANGE AND WILL TEND TO REMAIN STABLE WITH TIME.

THERE ARE SOME UNUSUAL QUALITIES IN THIS PATIENT'S THINKING WHICH MAY REPRESENT AN ORIGINAL OR INVENTIVE ORIENTATION OR PERHAPS SOME SCHIZOID TENDENCIES. FURTHER INFORMATION WOULD BE REQUIRED TO MAKE THIS DETERMINATION.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. HE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT HE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT IS PRONE TO FANTASY AND DAYDREAMING. HE MAINTAINS DISTANCE FROM PEOPLE AND AVOIDS CLOSE INTERPERSONAL RELATIONSHIPS. HE UTILIZES THE DEFENSES OF PROJECTION AND REPRESSION, AND UNDER STRESS HE MAY BECOME DISORIENTED AND DISORGANIZED.

HE UTILIZES REPRESSION AND DENIAL IN RESPONSE TO EMOTIONAL PROBLEMS. HE MAY RESPOND TO SUGGESTION AND REASSURANCE, BUT HE PROBABLY WILL RESIST A PSYCHOLOGICAL EXPLANATION OF HIS DIFFICULTIES. IN PERIODS OF PROLONGED EMOTIONAL STRESS HE MAY DEVELOP ANXIETY ATTACKS AND FUNCTIONAL COMPLAINTS.

HE APPEARS TO BE AN IDEALISTIC, INNER-DIRECTED PERSON WHO MAY BE SEEN AS QUITE SOCIALLY PERCEPTIVE AND SENSITIVE TO INTERPERSONAL INTERACTIONS. HIS INTEREST PATTERNS ARE QUITE DIFFERENT FROM THOSE OF THE AVERAGE MALE. IN A PERSON WITH A BROAD EDUCATIONAL AND CULTURAL BACKGROUND THIS IS TO BE EXPECTED, AND MAY REFLECT SUCH CHARACTERISTICS AS SELF-AWARENESS, CONCERN WITH SOCIAL ISSUES, AND AN ABILITY TO COMMUNICATE IDEAS CLEARLY AND EFFECTIVELY. IN SOME MEN, HOWEVER, THE SAME INTEREST PATTERN MAY REFLECT A REJECTION OF MASCULINITY ACCOMPANIED BY A RELATIVELY PASSIVE, EFFEMINATE NON-COMPETITIVE PERSONALITY.

IN THE FACE OF EMOTIONAL STRESS AND PRESSURES, THIS PATIENT MAY TEND TO DEVELOP SOMATIC SYMPTOMS. IF PHYSICAL COMPLAINTS EXIST FOR WHICH NO MEDICAL BASIS CAN BE DETERMINED, ATTENTION SHOULD BE FOCUSED ON THE RELIEF OF HIS EMOTIONAL PROBLEMS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

ROCHE PSYCHIATRIC SERVICE INSTITUTE

119

CASE NO: 622554

MMPI REPORT

RPSI. NO: 20467

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. HE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT HE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY. ✓

THIS PATIENT IS AN ANXIOUS, FEARFUL PERSON WHO WORRIES A GREAT DEAL. HE FINDS IT DIFFICULT TO RELAX, AND MAY DEVELOP A VARIETY OF TENSION SYMPTOMS SUCH AS BACKACHES, MUSCLE SPASMS AND INSOMNIA. DEPRESSION IS PRESENT, BUT LESS CLEARLY MANIFESTED THAN AGITATION AND ANXIETY. HE MAY HAVE PERIODS OF IMPULSIVE, INCONSIDERATE BEHAVIOR DURING WHICH HIS LACK OF CONTROL MAY CAUSE DIFFICULTIES IN INTERPERSONAL RELATIONS. HE IS SOMEWHAT SELF-CENTERED AND IMMATURE. ✓

THERE ARE SOME UNUSUAL QUALITIES IN THIS PATIENT'S THINKING WHICH MAY REPRESENT AN ORIGINAL OR INVENTIVE ORIENTATION OR PERHAPS SOME SCHIZOID TENDENCIES. FURTHER INFORMATION WOULD BE REQUIRED TO MAKE THIS DETERMINATION. ✓

HE UTILIZES REPRESSION AND DENIAL IN RESPONSE TO EMOTIONAL PROBLEMS. HE MAY RESPOND TO SUGGESTION AND REASSURANCE, BUT HE PROBABLY WILL RESIST A PSYCHOLOGICAL EXPLANATION OF HIS DIFFICULTIES. IN PERIODS OF PROLONGED EMOTIONAL STRESS HE MAY DEVELOP ANXIETY ATTACKS AND FUNCTIONAL COMPLAINTS.

IN THE CONTEXT OF THIS REPORT, ATTENTION SHOULD BE DIRECTED TO THE PATIENT'S AFFIRMATIVE ANSWER TO THE QUESTION "I AM VERY STRONGLY ATTRACTED BY MEMBERS OF MY OWN SEX." ALTHOUGH THE PATIENT MAY HAVE MISINTERPRETED THE QUESTION, THE POSSIBILITY OF HOMOSEXUAL PROBLEMS SHOULD BE EXPLORED. ✓

HE APPEARS TO BE AN IDEALISTIC, INNER-DIRECTED PERSON WHO MAY BE SEEN AS QUITE SOCIALLY PERCEPTIVE AND SENSITIVE TO INTERPERSONAL INTERACTIONS. HIS INTEREST PATTERNS ARE QUITE DIFFERENT FROM THOSE OF THE AVERAGE MALE. IN A PERSON WITH A BROAD EDUCATIONAL AND CULTURAL BACKGROUND THIS IS TO BE EXPECTED, AND MAY REFLECT SUCH CHARACTERISTICS AS SELF-AWARENESS, CONCERN WITH SOCIAL ISSUES, AND AN ABILITY TO COMMUNICATE IDEAS CLEARLY AND EFFECTIVELY. IN SOME MEN, HOWEVER, THE SAME INTEREST PATTERN MAY REFLECT A REJECTION OF MASCULINITY ACCOMPANIED BY A RELATIVELY PASSIVE, EFFEMINATE, NON-COMPETITIVE PERSONALITY. ✓

SOME ASPECTS OF THIS PATIENT'S TEST PATTERN ARE SIMILAR TO THOSE OF PSYCHIATRIC PATIENTS. APPROPRIATE PROFESSIONAL EVALUATION IS RECOMMENDED. ✓

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. HE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT HE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT MAY SHOW A VARIETY OF PHYSICAL COMPLAINTS. AMONG THESE ARE PAIN, WHICH USUALLY APPEARS IN THE HEAD, BACK, OR NECK, OR SYMPTOMS INVOLVING FOOD, SUCH AS DISCOMFORT AFTER EATING AND SOMETIMES ANOREXIA OR HYSTERICAL VOMITING. ALTHOUGH HE IS NOT LIKELY TO BE INCAPACITATED BY HIS SYMPTOMS, THEY ARE LIKELY TO INCREASE WITH EMOTIONAL STRESS. HE MAY HAVE A LONG HISTORY OF INSECURITY AND IMMaturity. DESPITE HIS DISCOMFORT, HE DOES NOT SEEM GREATLY CONCERNED ABOUT HIS EMOTIONAL STATE, AND HE MAY OBJECT TO PSYCHIATRIC STUDY OR TREATMENT BECAUSE OF HIS CONVICTION THAT HIS DIFFICULTY IS ENTIRELY PHYSICAL.

THERE ARE SOME UNUSUAL QUALITIES IN THIS PATIENT'S THINKING WHICH MAY REPRESENT AN ORIGINAL OR INVENTIVE ORIENTATION OR PERHAPS SOME SCHIZOID TENDENCIES. FURTHER INFORMATION WOULD BE REQUIRED TO MAKE THIS DETERMINATION.

HE TENDS TO BE SOMEWHAT OVERPRODUCTIVE IN THINKING AND ACTION. HE MAY BE RESTLESS, OVER-TALKATIVE AND, IN THE FACE OF FRUSTRATION, IRRITABLE, AGGRESSIVE AND IMPULSIVE. THE NORMAL EXPRESSION OF THIS TRAIT IS ENTHUSIASTIC, ENERGETIC AND PERSISTENT GOAL-DIRECTED ACTIVITY.

HE APPEARS TO BE AN IDEALISTIC, INNER-DIRECTED PERSON WHO MAY BE SEEN AS QUITE SOCIALLY PERCEPTIVE AND SENSITIVE TO INTERPERSONAL INTERACTIONS. HIS INTEREST PATTERNS ARE QUITE DIFFERENT FROM THOSE OF THE AVERAGE MALE. IN A PERSON WITH A BROAD EDUCATIONAL AND CULTURAL BACKGROUND THIS IS TO BE EXPECTED, AND MAY REFLECT SUCH CHARACTERISTICS AS SELF-AWARENESS, CONCERN WITH SOCIAL ISSUES, AND AN ABILITY TO COMMUNICATE IDEAS CLEARLY AND EFFECTIVELY. IN SOME MEN, HOWEVER, THE SAME INTEREST PATTERN MAY REFLECT A REJECTION OF MASCULINITY ACCOMPANIED BY A RELATIVELY PASSIVE, EFFEMINATE NON-COMPETITIVE PERSONALITY.

IN THE FACE OF EMOTIONAL STRESS AND PRESSURES, THIS PATIENT MAY TEND TO DEVELOP SOMATIC SYMPTOMS. IF PHYSICAL COMPLAINTS EXIST FOR WHICH NO MEDICAL BASIS CAN BE DETERMINED, ATTENTION SHOULD BE FOCUSED ON THE RELIEF OF HIS EMOTIONAL PROBLEMS.

THIS PATIENT'S CONDITION APPEARS TO FALL WITHIN THE NEUROTIC RANGE. HE IS USING NEUROTIC DEFENSES IN AN EFFORT TO CONTROL HIS ANXIETY.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

ROCHE PSYCHIATRIC SERVICE INSTITUTE

111

MMPI REPORT

CASE NO: 622604

RPSI. NO: 20467
FEB. 09, 1970

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. SHE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT SHE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT TENDS TO WORRY AND MAY SHOW MILD PHYSICAL SYMPTOMS AS A RESULT OF PROLONGED TENSION. SHE IS A SOCIAL CONFORMER AND DOES NOT LIKE TO ADMIT UNACCEPTABLE THOUGHTS OR FEELINGS TO HERSELF OR TO OTHERS. SHE LACKS INSIGHT AND MAY BE EXPECTED TO RESIST A PSYCHOLOGICAL FORMULATION OF HER SYMPTOMS. SHE IS POORLY MOTIVATED TO SEEK PROFESSIONAL ASSISTANCE FOR EMOTIONAL PROBLEMS.

THIS PATIENT'S CONDITION APPEARS TO FALL WITHIN THE NEUROTIC RANGE. SHE IS USING NEUROTIC DEFENSES IN AN EFFORT TO CONTROL HER ANXIETY.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

CASE NO: 622570

MMPI REPORT

RPSI. NO: 20467 122
FEB. 09, 1970

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. HE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT HE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

IT APPEARS THAT THE PATIENT, IN HIS RESPONSES TO THE TEST ITEMS, MAY HAVE BEEN OVERLY SELF-CRITICAL. THE VALIDITY OF THE TEST MAY HAVE BEEN SOMEWHAT AFFECTED BY HIS TENDENCY TO ADMIT TO SYMPTOMS EVEN WHEN THEY ARE MINIMAL. THIS MAY SUGGEST THAT CURRENTLY HE FEELS VULNERABLE AND DEFENSELESS, AND THAT HE IS MAKING AN EFFORT TO CALL ATTENTION TO HIS DIFFICULTIES IN ORDER TO ASSURE OBTAINING PROFESSIONAL HELP.

THIS PATIENT IS LIKELY TO BE ANXIOUS AND TENSE, AND TO WORRY A GREAT DEAL. HE IS SOMEWHAT DEPRESSED, ALTHOUGH AGITATION AND ANXIETY ARE MORE PROMINENT. SUSPICION AND MISTRUST OF THE MOTIVATIONS OF OTHERS ARE NOTABLE. HIS INTERPERSONAL RELATIONS, THEREFORE, ARE LIKELY TO BE VARIABLE AND SOMEWHAT DISTANT.

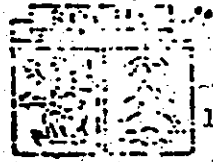
THIS PERSON MAY BE HESITANT TO BECOME INVOLVED IN SOCIAL RELATIONSHIPS. HE IS SENSITIVE, RESERVED AND SOMEWHAT UNCOMFORTABLE, ESPECIALLY IN NEW AND UNFAMILIAR SITUATIONS.

THIS PERSON IS LIKELY TO BE AN INDECISIVE INDIVIDUAL WHO LACKS SELF-CONFIDENCE AND POISE AND IS LIKELY TO BE INHIBITED AND SLOW IN RESPONSE. HE HAS DIFFICULTY CONCENTRATING, AND MAY BECOME DISORGANIZED UNDER STRESS. ALTHOUGH SUPERFICIALLY CONFORMING AND COMPLIANT, HE MAY EXHIBIT CONSIDERABLE PASSIVE RESISTANCE.

THIS PATIENT'S TEST RESULTS ARE SUGGESTIVE OF A SERIOUS PSYCHIATRIC CONDITION. PROFESSIONAL ATTENTION AND EVALUATION ARE STRONGLY RECOMMENDED.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

ROCHE PSYCHIATRIC SERVICE INSTITUTE



123

NO: 622586

MMPI REPORT

RPSI. NO: 20467
FEB. 09, 1970

THE TEST RESULTS ON THIS PATIENT REFLECT AN EXTREME DEFENSIVENESS BUT REVEALING HERSELF PSYCHOLOGICALLY. BECAUSE OF HER UNWILLINGNESS TO TOLERATE ANY SUGGESTION OF PERSONAL INADEQUACY, THE TEST RESULTS ARE OF QUESTIONABLE VALIDITY. THE PATTERN MAY BE THE RESULT OF CONSCIOUS DECEPTION, PERSONAL RIGIDITY AND NAIVETE, OR GENERALIZED NEGATIVISM AND REFUSAL TO COOPERATE. HER TENDENCY TO PRESENT A DISTORTED IMAGE OF HERSELF IS LIKELY TO GENERALIZE TO THE TREATMENT SITUATION AND MAY BE EXPECTED TO INTERFERE WITH THE DEVELOPMENT OF A THERAPEUTIC RELATIONSHIP.

THIS PATIENT'S TEST RESULTS MAY HAVE BEEN DISTORTED BY HER EXTREME DEFENSIVENESS AND UNWILLINGNESS TO TOLERATE ANY SUGGESTION OF PERSONAL DEFICIENCIES AND INADEQUACIES. PERSONS WITH THIS PATTERN TEND TO BE EXCESSIVELY RIGID, PEDANTIC INDIVIDUALS WHO ARE INTOLERANT OF UNCONVENTIONAL BEHAVIOR IN OTHERS. SINCE THEY CANNOT SEE ANYTHING WRONG WITH THEMSELVES, SUCH PATIENTS ARE OFTEN RESISTANT TO PROFESSIONAL ASSISTANCE AND LIKELY TO HAVE A POOR PROGNOSIS FOR MOST VERBAL PSYCHOTHERAPIES.

THIS PATIENT MAY SHOW MILD, EPISODIC, PHYSICAL COMPLAINTS WHICH HAVE LITTLE BASIS IN PHYSICAL PATHOLOGY. ALTHOUGH GENERALLY A PASSIVELY HOSTILE PERSON, SHE MAY HAVE TEMPER OUTBURSTS, PARTICULARLY WHEN HER DEMANDS FOR ATTENTION AND APPROVAL ARE FRUSTRATED. MARITAL DISHARMONY, EXCESSIVE DRINKING, AND SEXUAL PROMISCUITY MAY OCCUR.

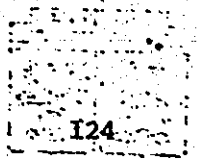
THERE ARE SOME UNUSUAL QUALITIES IN THIS PATIENT'S THINKING WHICH MAY REPRESENT AN ORIGINAL OR INVENTIVE ORIENTATION OR PERHAPS SOME SCHIZOID TENDENCIES. FURTHER INFORMATION WOULD BE REQUIRED TO MAKE THIS DETERMINATION.

SHE IS A RIGID PERSON WHO MAY EXPRESS HER ANXIETY IN FEARS, IMPULSIVE BEHAVIOR AND RUMINATION. SHE MAY BE CHRONICALLY WORRIED AND UNCONFIDENT, WITH MARKED RESISTANCE TO TREATMENT DESPITE OBVIOUS DISTRESS.

THIS PERSON IS CHARACTERIZED BY A DENIAL OF ANXIETY OR WORRY. SHE EXPRESSSES SELF-CONFIDENCE, AFFABILITY AND SELF-ACCEPTANCE.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

ROCHE PSYCHIATRIC SERVICE INSTITUTE



MMPI REPORT

CASE NO: 622567

RPSI. NO: 20467
FEB. 09, 1970

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. SHE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT SHE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT HAS NO SCORES ON ANY OF THE CLINICAL SCALES WHICH EXCEED THE NORMAL LIMIT. THAT IS, ALL OF HER SCORES ARE BELOW 60 AND THUS MAY BE CONSIDERED NOT TO DEVIATE SIGNIFICANTLY FROM THE AVERAGE PERSON. ALTHOUGH THIS IS A PROFILE OFTEN ASSOCIATED WITH INDIVIDUALS WHOSE PERSONALITIES ARE WITHOUT SIGNIFICANT PATHOLOGY, IT IS ESSENTIAL THAT THIS BE EVALUATED CAREFULLY IF THERE IS EVIDENCE TO SUGGEST DEVIANT BEHAVIOR OR EXPERIENCES.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

MMPI REPORT

CASE NO: 622606

RPSI. NO: 20467
FEB. 09 1970

125

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. SHE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT SHE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT IS SOMEWHAT ANXIOUS AND DEPRESSED. SHE IS TROUBLED BY SELF-DOUBTS AND FEELINGS OF INADEQUACY. IN TIMES OF STRESS SHE IS LIKELY TO RESPOND WITH INSOMNIA, FATIGUE, AND REDUCED EFFICIENCY. THERE IS A PERSISTENT, DEPRESSIVE TONE ABOUT THIS PERSON THAT RESISTS CHANGE AND TENDS TO REMAIN STABLE OVER TIME.

SHE APPEARS TO BE A CONVENTIONAL AND PERHAPS SOMEWHAT CONSTRICTED PERSON. ALTHOUGH SHE MAY BE CONSIDERATE AND SINCERE IN HER DEALINGS WITH OTHERS, THERE SEEMS TO BE A LACK OF WARMTH AND SPONTANEITY ABOUT HER.

SHE APPEARS TO BE A SENSITIVE, MODEST AND SOMEWHAT OVERLY-FEMININE PERSON. IN PSYCHIATRIC SETTINGS, THIS MAY EXPRESS ITSELF IN AN ALMOST MASOCHISTIC WILLINGNESS TO ASSUME BURDENS AND TO PLACE HERSELF IN SITUATIONS IN WHICH SHE WILL BE IMPOSED UPON.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

ROCHE PSYCHIATRIC SERVICE INSTITUTE

125

CASE NO: 622565

MMPI REPORT

RPSI. NO: 20467
FEB. 09, 1970

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. SHE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT SHE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT IS LIKELY TO BE ANXIOUS AND TENSE, AND TO WORRY A GREAT DEAL. SHE IS SOMEWHAT DEPRESSED, ALTHOUGH AGITATION AND ANXIETY ARE MORE PROMINENT. SUSPICION AND MISTRUST OF THE MOTIVATIONS OF OTHERS ARE NOTABLE. HER INTERPERSONAL RELATIONS, THEREFORE, ARE LIKELY TO BE VARIABLE AND SOMEWHAT DISTANT.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

ROCHE PSYCHIATRIC SERVICE INSTITUTE

127

CASE NO: 622568

MMPI REPORT

RPSI. NO: 20467
FEB. 09, 1970

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. SHE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT SHE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT HAS LOW SCORES ON MOST OF THE CLINICAL SCALES. THERE IS A SUGGESTION THAT SHE MAY BE A SOMEWHAT OVER-SENSITIVE AND MISTRUSTFUL PERSON WHO TENDS TO BLAME OTHERS FOR HER DIFFICULTIES. THIS CHARACTERISTIC MAY LEAD TO POOR INTERPERSONAL RELATIONS, AND SOME SOCIAL ISOLATION.

SHE APPEARS TO BE AN ORDERLY, PRECISE, AND REASONABLE PERSON. ALTHOUGH GENERALLY SEEN AS RELATIVELY MATURE, SHE IS SLOW IN ADJUSTING TO NEW SITUATIONS.

THIS PERSON MAY BE HESITANT TO BECOME INVOLVED IN SOCIAL RELATIONSHIPS. SHE IS SENSITIVE, RESERVED AND SOMEWHAT UNCOMFORTABLE, ESPECIALLY IN NEW AND UNFAMILIAR SITUATIONS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

CASE NO: 622536

MMPI REPORT

RPSI. NO: 20467

DEC. 15, 1969

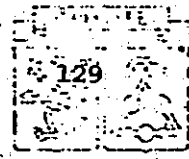
THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. HE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT HE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT IS LIKELY TO BE AN EXTROVERTED, SOMEWHAT OVERACTIVE PERSON WHO TENDS TOWARD IMPULSIVENESS. HE MAY BE A LIVELY CONVERSATIONALIST AND ABLE TO ENTER SOCIAL EVENTS ENTHUSIASTICALLY, BUT HIS POOR JUDGMENT, AND LACK OF TACT AND CONSIDERATION FOR OTHERS MAY RESULT IN HURT FEELINGS AND ALIENATION FROM OTHERS. HE MAY EXPEND GREAT AMOUNTS OF ENERGY AND EFFORT TO SATISFY HIS DESIRES, BUT HE FINDS IT DIFFICULT TO STICK TO DUTIES IMPOSED BY OTHERS. AMONG ADOLESCENTS, COLLEGE STUDENTS, AND SOME LOW SOCIOECONOMIC GROUPS THIS PATTERN APPEARS FAIRLY FREQUENTLY WITHOUT SERIOUS IMPLICATIONS, ALTHOUGH RESTLESSNESS AND IMPULSIVENESS MAY STILL BE ANTICIPATED.

HE MAY HAVE ESTHETIC AND CULTURAL INTERESTS WHICH, ALTHOUGH HIGHLY CORRELATED WITH EDUCATION AND INTELLIGENCE, SUGGEST NONIDENTIFICATION WITH THE SOCIALLY STEREOTYPED MASCULINE ROLE. IN MEN WITH A BROAD EDUCATIONAL AND CULTURAL BACKGROUND THIS IS NOT UNUSUAL, AND MAY BE SUGGESTIVE OF AN INDIVIDUAL WHO IS SENSITIVE, IDEALISTIC AND INTROSPECTIVE. IN SOME MEN HOWEVER, THIS PATTERN REFLECTS A REJECTION OF MASCULINITY ACCOMPANIED BY A RELATIVELY PASSIVE, EFFEMINATE NON-COMPETITIVE PERSONALITY.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

ROCHE PSYCHIATRIC SERVICE INSTITUTE



MMPI REPORT

CASE NO: 622593

RPSI. NO: 20467
FEB. 09.1970

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. HE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT HE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT TENDS TO BE OVER-ACTIVE AND IMPULSIVE. HE SEEKS EXCITEMENT AND AROUSAL, AND IS CHARACTERIZED BY A HIGH ENERGY LEVEL. HE MAY EXPEND GREAT EFFORT TO ACCOMPLISH HIS OWN DESIRES, BUT HE FINDS IT DIFFICULT TO STICK TO DUTIES IMPOSED BY OTHERS. HE MAY BE SOCIABLE AND OUTGOING, BUT HIS POOR JUDGMENT AND LACK OF CONSIDERATION TEND TO ALIENATE OTHERS. POOR WORK ADJUSTMENT AND EXCESSIVE DRINKING ARE LIKELY. AMONG ADOLESCENTS, COLLEGE STUDENTS AND VARIOUS LOW SOCIOECONOMIC GROUPS, THIS PATTERN OCCURS FAIRLY FREQUENTLY AND MAY HAVE LESS SERIOUS IMPLICATIONS. HOWEVER, ACTING OUT AND IMPULSIVENESS MAY BE ANTICIPATED. PSYCHIATRIC PATIENTS WITH THIS PATTERN ARE DESCRIBED AS OVER-ACTIVE, IRRITABLE AND HOSTILE, WITH A POOR RESPONSE TO PSYCHOTHERAPY.

HE APPEARS TO BE AN IDEALISTIC, INNER-DIRECTED PERSON WHO MAY BE SEEN AS QUITE SOCIALLY PERCEPTIVE AND SENSITIVE TO INTERPERSONAL INTERACTIONS. HIS INTEREST PATTERNS ARE QUITE DIFFERENT FROM THOSE OF THE AVERAGE MALE. IN A PERSON WITH A BROAD EDUCATIONAL AND CULTURAL BACKGROUND THIS IS TO BE EXPECTED, AND MAY REFLECT SUCH CHARACTERISTICS AS SELF-AWARENESS, CONCERN WITH SOCIAL ISSUES, AND AN ABILITY TO COMMUNICATE IDEAS CLEARLY AND EFFECTIVELY. IN SOME MEN, HOWEVER, THE SAME INTEREST PATTERN MAY REFLECT A REJECTION OF MASCULINITY ACCOMPANIED BY A RELATIVELY PASSIVE, EFFEMINATE NON-COMPETITIVE PERSONALITY.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

MMPI REPORT

CASE NO: 622594

RPSI. NO: 20467
FEB. 09, 1970

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. SHE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT SHE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

IT APPEARS THAT THE PATIENT, IN HER RESPONSES TO THE TEST ITEMS, MAY HAVE BEEN OVERLY SELF-CRITICAL. THE VALIDITY OF THE TEST MAY HAVE BEEN SOMEWHAT AFFECTED BY HER TENDENCY TO ADMIT TO SYMPTOMS EVEN WHEN THEY ARE MINIMAL. THIS MAY SUGGEST THAT CURRENTLY SHE FEELS VULNERABLE AND DEFENSELESS, AND THAT SHE IS MAKING AN EFFORT TO CALL ATTENTION TO HER DIFFICULTIES IN ORDER TO ASSURE OBTAINING PROFESSIONAL HELP.

THIS PATIENT IS PRONE TO FANTASY AND DAYDREAMING. SHE MAINTAINS DISTANCE FROM PEOPLE AND AVOIDS CLOSE INTERPERSONAL RELATIONSHIPS. SHE UTILIZES THE DEFENSES OF PROJECTION AND REPRESSION, AND UNDER STRESS SHE MAY BECOME DISORIENTED AND DISORGANIZED.

SHE SHOWS UNDUE SENSITIVENESS AND SUSPICION OF THOSE AROUND HER. SHE MAY TEND TO MISINTERPRET THE MOTIVATIONS OF OTHERS, LEADING TO DIFFICULTIES IN HER INTERPERSONAL RELATIONSHIPS.

SHE IS A RIGID PERSON WHO MAY EXPRESS HER ANXIETY IN FEARS, COMPULSIVE BEHAVIOR AND RUMINATION. SHE MAY BE CHRONICALLY WORRIED AND TENSE, WITH MARKED RESISTANCE TO TREATMENT DESPITE OBVIOUS DISTRESS.

THIS PERSON MAY BE HESITANT TO BECOME INVOLVED IN SOCIAL RELATIONSHIPS. SHE IS SENSITIVE, RESERVED AND SOMEWHAT UNCOMFORTABLE, ESPECIALLY IN NEW AND UNFAMILIAR SITUATIONS.

THE TEST RESULTS ON THIS PATIENT ARE STRONGLY SUGGESTIVE OF A MAJOR EMOTIONAL DISORDER. APPROPRIATE PROFESSIONAL EVALUATION AND CONTINUED OBSERVATION ARE SUGGESTED.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

622529

RFSI. NO: 20467

DEC. 15, 1969

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. HE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT HE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT MAY HAVE FREQUENT HOME MALADJUSTMENTS BUT IS UNLIKELY TO ACT OUT SOCIALLY. HE RESPONDS READILY TO ADVICE AND REASSURANCE, BUT HAS LITTLE ABILITY TO ATTAIN INSIGHT. HE MAY HAVE A HISTORY OF EPISODIC ATTACKS OF DISTRESS MARKED BY ANXIETY, TACHYCARDIA AND INTESTINAL CRAMPS. HE MAY SHOW CLASSICAL HYSTERICAL PATTERNS SUCH AS HAVING DRAMATIC AND MEDICALLY ATYPICAL OR IMPOSSIBLE DISORDERS. HE MAY SHOW AGGRESSIVENESS AND MAY FEEL CONSIDERABLE HOSTILITY, PARTICULARLY TOWARD A DOMINEERING OTHER. HE IS UNLIKELY TO SHOW A HISTORY OF SEVERE DEPRESSION AND HIS PHYSICAL PROBLEMS, WHICH ARE PROBABLY NOT OF A SERIOUS NATURE, SHOULD YIELD TO SUPERFICIAL TREATMENT.

HE APPEARS TO BE OVER-CONCERNED ABOUT HIS BODILY FUNCTIONS AND PHYSICAL HEALTH. HE TENDS TO OVER-REACT TO ILLNESSES AND TO COMPLAIN AND WORRY. HE MAY EXPERIENCE FATIGUE, WEAKNESS, AND GENERALIZED ACHES AND PAINS WITHOUT CLEAR ORGANIC ETIOLOGY.

HE HAS SOME DIFFICULTY IN DEALING WITH HOSTILE FEELINGS. TO THE EXTENT THAT HE CONTROLS THE DIRECT EXPRESSION OF THESE FEELINGS, HE MAY BE A BITTER, RESENTFUL AND PERHAPS SOMEWHAT IRRESPONSIBLE PERSON. WHERE CONTROL FACTORS ARE NOT PRESENT, HOWEVER, THE HOSTILITY MAY BE EXPRESSED IN DIRECT ANTISOCIAL BEHAVIOR. IN ANY EVENT, HE IS LIKELY TO HAVE PROBLEMS IN ESTABLISHING CLOSE PERSONAL RELATIONSHIPS, AND HE MAY BE UNDEPENDABLE IN TREATMENT.

IN THE FACE OF EMOTIONAL STRESS AND PRESSURES, THIS PATIENT MAY TEND TO DEVELOP SOMATIC SYMPTOMS. IF PHYSICAL COMPLAINTS EXIST FOR WHICH NO MEDICAL BASIS CAN BE DETERMINED, ATTENTION SHOULD BE FOCUSED ON THE RELIEF OF HIS EMOTIONAL PROBLEMS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

CASE NO: 622534

KAPI REPORT

RPSI. NO: 20467

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. HE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT HE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT SEEMS TO BE A PERSON WHO HAS DIFFICULTY MAINTAINING CONTROLS OVER HIS IMPULSES. WHEN HE BEHAVES IN A SOCIALLY UNACCEPTABLE MANNER, HE IS LIKELY TO EXPERIENCE GUILT AND DISTRESS, ALTHOUGH HIS CONCERN MAY REFLECT SITUATIONAL DIFFICULTIES RATHER THAN AN EXPRESSION OF INTERNAL CONFLICTS. HE MAY EXHIBIT A CYCLIC PATTERN OF ACTING OUT, FOLLOWED BY GUILT, AND SUBSEQUENTLY BY FURTHER ACTING OUT. THIS PATTERN IS PARTICULARLY LIKELY IN THE CONTEXT OF A DRINKING PROBLEM. AT THE PRESENT TIME, HE SEEMS TO BE DEPRESSED, RESTLESS AND SOMEWHAT AGITATED. HIS BEHAVIOR SHOWS A SELF-DEFEATING AND SELF-PUNITIVE TENDENCY. HE IS DISTRESSED ABOUT HIS FAILURE TO ACHIEVE HIS GOALS, AND PESSIMISTIC ABOUT THE FUTURE. ALTHOUGH HE MAY EXPRESS FIRM INTENTIONS TO CHANGE HIS BEHAVIOR, THE PATTERN IS A PERSISTENT ONE AND THE LONG RANGE PROGNOSIS IS NOT ENCOURAGING. ASSISTING HIM TO A BETTER ADJUSTMENT WILL PROBABLY REQUIRE MODIFICATION OF HIS ENVIRONMENT, WARM SUPPORT AND FIRM LIMITS.

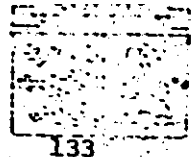
THERE ARE SOME UNUSUAL QUALITIES IN THIS PATIENT'S THINKING WHICH MAY REPRESENT AN ORIGINAL OR INVENTIVE ORIENTATION OR PERHAPS SOME SCHIZOID TENDENCIES. FURTHER INFORMATION WOULD BE REQUIRED TO MAKE THIS DETERMINATION.

HE APPEARS TO BE AN IDEALISTIC, INNER-DIRECTED PERSON WHO MAY BE SEEN AS QUITE SOCIALLY PERCEPTIVE AND SENSITIVE TO INTERPERSONAL INTERACTIONS. HIS INTEREST PATTERNS ARE QUITE DIFFERENT FROM THOSE OF THE AVERAGE MALE. IN A PERSON WITH A BROAD EDUCATIONAL AND CULTURAL BACKGROUND THIS IS TO BE EXPECTED, AND MAY REFLECT SUCH CHARACTERISTICS AS SELF-AWARENESS, CONCERN WITH SOCIAL ISSUES, AND AN ABILITY TO COMMUNICATE IDEAS CLEARLY AND EFFECTIVELY. IN SOME MEN, HOWEVER, THE SAME INTEREST PATTERN MAY REFLECT A REJECTION OF MASCULINITY ACCOMPANIED BY A RELATIVELY PASSIVE, EFFEMINATE NON-COMPETITIVE PERSONALITY.

SOME ASPECTS OF THIS PATIENT'S TEST PATTERN ARE SIMILAR TO THOSE OF PSYCHIATRIC PATIENTS. APPROPRIATE PROFESSIONAL EVALUATION IS RECOMMENDED.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE KAPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

ROCHE PSYCHIATRIC SERVICE INSTITUTE



133

CASE NO: 622596

MMPI REPORT

RPSI. NO: 20467
FEB. 09, 1970

THE UNWILLINGNESS OF THIS PATIENT TO ADMIT TO THE RELATIVELY MINOR FAULTS WHICH MOST PEOPLE HAVE SUGGESTS THAT SHE IS A PERSON WITH STRONG NEEDS TO SEE HERSELF, AND TO BE SEEN BY OTHERS, AS AN UNUSUALLY VIRTUOUS PERSON. SUCH PEOPLE TEND TO BE RIGID, DEFENSIVE, AND UNCOMPROMISING INDIVIDUALS WHO STRESS MORAL ISSUES AND EMPHASIZE THEIR OWN INTEGRITY. THEY TEND TO BE FRUSTRATED, INSECURE PEOPLE WHO HAVE LITTLE INSIGHT, AND WHO ARE UNAWARE OF THEIR OWN STIMULUS VALUE. IT IS DOUBTFUL THAT THESE TENDENCIES HAVE INVALIDATED THE PATIENT'S TEST RESULTS, BUT THEY MAY HAVE CAUSED HER TO RECEIVE SOMEWHAT REDUCED SCORES ON THE CLINICAL SCALES.

THIS PATIENT EXHIBITS CONTRADICTIONS IN HER BEHAVIOR AND IN HER VIEW OF HERSELF. ON ONE HAND, SHE APPEARS OVERLY CONCERNED ABOUT THE EFFECTS OF HER BEHAVIOR ON OTHERS. ON THE OTHER HAND, SHE SOMETIMES SEEMS INSENSITIVE AND EVEN CALLOUS TOWARD THE NEEDS OF OTHERS. THIS BEHAVIOR MAY APPEAR AS AN ALTERNATION OF PHASES. FOR A PERIOD SHE MAY ACT WITH LITTLE CONTROL, FORETHOUGHT, OR CONSIDERATION FOR OTHERS, AND FOLLOWING SUCH A PERIOD SHE MAY SHOW GUILT, REMORSE AND DEEP REGRET OVER HER ACTIONS.

SOME DEPRESSION, DISCOURAGEMENT AND WORRY ARE PRESENT. SHE MAY EXPRESS FEELINGS OF SELF-DISSATISFACTION AND REDUCED INITIATIVE. SHE LACKS CONFIDENCE AND HAS DIFFICULTY MAKING DECISIONS.

THERE ARE SOME UNUSUAL QUALITIES IN THIS PATIENT'S THINKING WHICH MAY REPRESENT AN ORIGINAL OR INVENTIVE ORIENTATION OR PERHAPS SOME SCHIZOID TENDENCIES. FURTHER INFORMATION WOULD BE REQUIRED TO MAKE THIS DETERMINATION.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

3.2

(H)

ROCHE PSYCHIATRIC SERVICE INSTITUTE

138

CASE NO: 622528

MMPI REPORT

RPSI. NO: 20467
DEC. 15, 1969

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. SHE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT SHE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT IS A TENSE, ANXIOUS, DEPRESSED INDIVIDUAL WHO IS OVER-CONTROLLED, HAS DIFFICULTY EXPRESSING HER FEELINGS, AND IS FILLED WITH SELF-DOUBT. ALTHOUGH SHE MAY SEEM INDUSTRIOUS AND CONSCIENTIOUS IN HER WORK, SHE IS TORN BETWEEN A NEED TO BE COMPETITIVE AND A FEAR OF FAILURE. SHE MAY SUFFER FROM FATIGUE, WEAKNESS, AND LOW ENERGY LEVEL.

THERE ARE SOME UNUSUAL QUALITIES IN THIS PATIENT'S THINKING WHICH MAY REPRESENT AN ORIGINAL OR INVENTIVE ORIENTATION OR PERHAPS SOME SCHIZOID TENDENCIES. FURTHER INFORMATION WOULD BE REQUIRED TO MAKE THIS DETERMINATION.

SHE IS A RIGID PERSON WHO MAY EXPRESS HER ANXIETY IN FEARS, COMPULSIVE BEHAVIOR AND RUMINATION. SHE MAY BE CHRONICALLY WORRIED AND TENSE, WITH MARKED RESISTANCE TO TREATMENT DESPITE OBVIOUS DISTRESS.

THIS PERSON MAY BE HESITANT TO BECOME INVOLVED IN SOCIAL RELATIONSHIPS. SHE IS SENSITIVE, RESERVED AND SOMEWHAT UNCOMFORTABLE, ESPECIALLY IN NEW AND UNFAMILIAR SITUATIONS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

ROCHE PSYCHIATRIC SERVICE INSTITUTE

135

CASE NO: 622536

KMPI REPORT

RFSI. NO: 20467
DEC. 15, 1969

THIS PATIENT'S POORLY CONTROLLED ANGER MAY BE EXPRESSED IN TEMPER OUTBURSTS, OFTEN AS A RESPONSE TO THE FRUSTRATION OF CHILDISH DEMANDS FOR ATTENTION AND APPROVAL. SHE IS HIGHLY SENSITIVE TO REJECTION, AND HER ANGER IS ESPECIALLY LIKELY TO BE DIRECTED TOWARD FAMILY MEMBERS. WHEN HER ANGER IS SUPPRESSED AND INTERNALIZED, SUICIDE ATTEMPTS ARE A POSSIBILITY. MOODINESS, DEPRESSION AND HEAVY DRINKING ARE FREQUENTLY FOUND IN SUCH INDIVIDUALS.

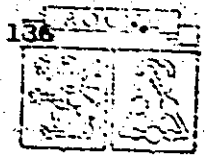
THERE ARE SOME UNUSUAL QUALITIES IN THIS PATIENT'S THINKING WHICH MAY REPRESENT AN ORIGINAL OR INVENTIVE ORIENTATION OR PERHAPS SOME SCHIZOID TENDENCIES. FURTHER INFORMATION WOULD BE REQUIRED TO MAKE THIS DETERMINATION.

SOME DEPRESSION, DISCOURAGEMENT AND WORRY ARE PRESENT. SHE MAY EXPRESS FEELINGS OF SELF-DISSATISFACTION AND REDUCED INITIATIVE. SHE LACKS CONFIDENCE AND HAS DIFFICULTY MAKING DECISIONS.

THIS PERSON MAY BE HESITANT TO BECOME INVOLVED IN SOCIAL RELATIONSHIPS. SHE IS SENSITIVE, RESERVED AND SOMEWHAT UNCOMFORTABLE, ESPECIALLY IN NEW AND UNFAMILIAR SITUATIONS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE KMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

ROCHE PSYCHIATRIC SERVICE INSTITUTE



CASE NO: 622518

MMPI REPORT

RPSI. NO: 20467
DEC. 15, 1969

THE UNWILLINGNESS OF THIS PATIENT TO ADMIT TO THE RELATIVELY MINOR FAULTS WHICH MOST PEOPLE HAVE SUGGESTS THAT SHE IS A PERSON WITH STRONG NEEDS TO SEE HERSELF, AND TO BE SEEN BY OTHERS, AS AN UNUSUALLY VIRTUOUS PERSON. SUCH PEOPLE TEND TO BE RIGID, DEFENSIVE, AND UNCOMPROMISING INDIVIDUALS WHO STRESS MORAL ISSUES AND EMPHASIZE THEIR OWN INTEGRITY. THEY TEND TO BE FRUSTRATED, INSECURE PEOPLE WHO HAVE LITTLE INSIGHT, AND WHO ARE UNAWARE OF THEIR OWN STIMULUS VALUE. IT IS DOUBTFUL THAT THESE TENDENCIES HAVE INVALIDATED THE PATIENT'S TEST RESULTS, BUT THEY MAY HAVE CAUSED HER TO RECEIVE SOMEWHAT REDUCED SCORES ON THE CLINICAL SCALES.

SHE SEEMS TO BE ATTEMPTING TO MINIMIZE OR DENY FAULTS IN HERSELF. SHE IS HESITANT TO ADMIT TO PSYCHOLOGICAL PROBLEMS, PERHAPS BECAUSE SHE PERCEIVES THEM AS WEAKNESSES. IN SOME NORMALLY FUNCTIONING INDIVIDUALS THIS APPARENT DEFENSIVENESS MAY REPRESENT SELF-ASSURANCE AND A GOOD SELF-CONCEPT. IN AN INDIVIDUAL WITH CURRENT DIFFICULTIES, HOWEVER, IT IS MORE LIKELY TO REPRESENT RESISTANCE AND RELUCTANCE TO ENTER TREATMENT.

THIS PATIENT HAS NO SCORES ON ANY OF THE CLINICAL SCALES WHICH EXCEED THE NORMAL LIMIT. THAT IS, ALL OF HER SCORES ARE BELOW 60 AND THUS MAY BE CONSIDERED NOT TO DEVIATE SIGNIFICANTLY FROM THE AVERAGE PERSON. ALTHOUGH THIS IS A PROFILE OFTEN ASSOCIATED WITH INDIVIDUALS WHOSE PERSONALITIES ARE WITHOUT SIGNIFICANT PATHOLOGY, IT IS ESSENTIAL THAT THIS BE EVALUATED CAREFULLY IF THERE IS EVIDENCE TO SUGGEST DEVIANT BEHAVIOR OR EXPERIENCES.

THIS PERSON TAKES AN ACTIVE, ASSERTIVE ROLE IN DEALING WITH GROUPS. SHE IS LIKELY TO BE SEEN BY OTHERS AS SOCIABLE, ENTHUSIASTIC AND OUTGOING, ALTHOUGH THESE SAME CHARACTERISTICS MAY CAUSE OTHERS TO REGARD HER AS ELUSTERY, IMPULSIVE OR IMMATURE. SIMILARLY, HER COMPETITIVENESS, PERSUASIVENESS AND AGGRESSIVENESS MAY CAUSE OTHERS TO SEE HER AS AN OPPORTUNISTIC AND MANIPULATIVE PERSON.

THIS PERSON IS CHARACTERIZED BY A DENIAL OF ANXIETY OR WORRY. SHE EXPRESSES SELF-CONFIDENCE, AFFABILITY AND SELF-ACCEPTANCE.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

CASE NO: 622521

MMPI REPORT

RPSI. NO: 20467
DEC. 15, 1969

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. HE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT HE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

IT APPEARS THAT THE PATIENT, IN HIS RESPONSES TO THE TEST ITEMS, HAVE BEEN OVERLY SELF-CRITICAL. THE VALIDITY OF THE TEST MAY HAVE BEEN SOMEWHAT AFFECTED BY HIS TENDENCY TO ADMIT TO SYMPTOMS EVEN WHEN THEY ARE MINIMAL. THIS MAY SUGGEST THAT CURRENTLY HE FEELS VULNERABLE AND DEFEATIST, AND THAT HE IS MAKING AN EFFORT TO CALL ATTENTION TO HIS DIFFICULTY IN ORDER TO ASSURE OBTAINING PROFESSIONAL HELP.

THIS PATIENT SHOWS A PERSONALITY PATTERN WHICH OCCURS FREQUENTLY AMONG PERSONS WHO SEEK PSYCHIATRIC TREATMENT. FEELINGS OF INADEQUACY, SEXUAL CONFLICT AND RIGIDITY ARE ACCOMPANIED BY A LOSS OF EFFICIENCY, INITIATIVE AND SELF-CONFIDENCE. INSOMNIA IS LIKELY TO OCCUR ALONG WITH CHRONIC ANXIETY, FATIGUE AND TENSION. HE MAY HAVE SUICIDAL THOUGHTS. THE CLINICAL PICTURE, DEPRESSION IS THE DOMINANT FEATURE. PSYCHIATRIC PATIENTS WITH THIS PATTERN ARE LIKELY TO BE DIAGNOSED AS DEPRESSIVES OR ANXIETY REACTIONS. THE BASIC CHARACTERISTICS ARE RESISTANT TO CHANGE AND WILL TEND TO REMAIN STABLE WITH TIME. AMONG MEDICAL PATIENTS WITH THIS PATTERN, A LARGE NUMBER ARE SERIOUSLY DEPRESSED, AND OTHERS SHOW SOME DEPRESSION, ALONG WITH FATIGUE AND EXHAUSTION. THERE ARE FEW SPONTANEOUS RECOVERIES, ALTHOUGH THE INTENSITY OF THE SYMPTOMS MAY BE CYCLIC.

THERE ARE SOME UNUSUAL QUALITIES IN THIS PATIENT'S THINKING WHICH MAY REPRESENT AN ORIGINAL OR INVENTIVE ORIENTATION OR PERHAPS SOME SCHIZOID TENDENCIES. FURTHER INFORMATION WOULD BE REQUIRED TO MAKE THIS DETERMINATION.

HE TENDS TO BE SOMEWHAT OVERPRODUCTIVE IN THINKING AND ACTION. HE MAY BE RESTLESS, OVER-TALKATIVE AND, IN THE FACE OF FRUSTRATION, IRRITABLE, AGGRESSIVE AND IMPULSIVE. THE NORMAL EXPRESSION OF THIS TRAIT IS ENTHUSIASTIC, ENERGETIC AND PERSISTENT GOAL-DIRECTED ACTIVITY.

HE MAY HAVE ESTHETIC AND CULTURAL INTERESTS WHICH, ALTHOUGH HIGHLY CORRELATED WITH EDUCATION AND INTELLIGENCE, SUGGEST NONIDENTIFICATION WITH THE SOCIALLY STEREOTYPED MASCULINE ROLE. IN MEN WITH A BROAD EDUCATIONAL AND CULTURAL BACKGROUND THIS IS NOT UNUSUAL, AND MAY BE SUGGESTIVE OF AN INDIVIDUAL WHO IS SENSITIVE, IDEALISTIC AND INTROSPECTIVE. IN SOME MEN HOWEVER, THIS PATTERN REFLECTS A REJECTION OF MASCULINITY ACCOMPANIED BY A RELATIVELY PASSIVE, EFFEMINATE, NON-COMPETITIVE PERSONALITY.

SOME ASPECTS OF THIS PATIENT'S TEST PATTERN ARE SIMILAR TO THOSE OF PSYCHIATRIC PATIENTS. APPROPRIATE PROFESSIONAL EVALUATION IS RECOMMENDED.

7.
138
ROCHE PSYCHIATRIC SERVICE INSTITUTE

CASE NO: 622522

MMPI REPORT

RPSI. NO: 20467
DEC. 15, 1969

THIS PATIENT HAS NO SCORES ON ANY OF THE CLINICAL SCALES WHICH EXCEED THE NORMAL LIMIT. THAT IS, ALL OF HER SCORES ARE BELOW 60 AND THUS MAY BE CONSIDERED NOT TO DEVIATE SIGNIFICANTLY FROM THE AVERAGE PERSON. ALTHOUGH THIS IS A PROFILE OFTEN ASSOCIATED WITH INDIVIDUALS WHOSE PERSONALITIES ARE WITHOUT SIGNIFICANT PATHOLOGY, IT IS ESSENTIAL THAT THIS BE EVALUATED CAREFULLY IF THERE IS EVIDENCE TO SUGGEST DEVIANT BEHAVIOR OR EXPERIENCES.

SHE APPEARS TO BE AN ORDERLY, PRECISE, AND REASONABLE PERSON. ALTHOUGH GENERALLY SEEN AS RELATIVELY MATURE, SHE IS SLOW IN ADJUSTING TO NEW SITUATIONS.

THIS PERSON MAY BE HESITANT TO BECOME INVOLVED IN SOCIAL RELATIONSHIPS. SHE IS SENSITIVE, RESERVED AND SOMEWHAT UNCOMFORTABLE, ESPECIALLY IN NEW AND UNFAMILIAR SITUATIONS.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

CASE NO: 522526

MMPI REPORT

RPSI. NO: 20467
DEC. 15, 1969

THE TEST RESULTS OF THIS PATIENT APPEAR TO BE VALID. HE SEEMS TO HAVE MADE AN EFFORT TO ANSWER THE ITEMS TRUTHFULLY AND TO FOLLOW THE INSTRUCTIONS ACCURATELY. TO SOME EXTENT THIS MAY BE REGARDED AS A FAVORABLE PROGNOSTIC SIGN SINCE IT INDICATES THAT HE IS CAPABLE OF FOLLOWING INSTRUCTIONS AND ABLE TO RESPOND RELEVANTLY AND TRUTHFULLY TO PERSONAL INQUIRY.

THIS PATIENT IS PRONE TO WORRY, AND IS ANXIOUS AND FEARFUL. HE FINDS IT DIFFICULT TO RELAX, AND MAY DEVELOP A VARIETY OF TENSION SYMPTOMS SUCH AS SACKACHES, MUSCLE SPASMS AND INSOMNIA. DEPRESSION IS PRESENT, BUT IT IS LESS CLEARLY MANIFESTED THAN AGITATION AND ANXIETY. HE MAY HAVE PERIODS OF IMPULSIVE, INCONSIDERATE BEHAVIOR DURING WHICH HIS AGGRESSIVENESS MAY CAUSE DIFFICULTIES IN INTERPERSONAL RELATIONS. HE IS SOMEWHAT SELF-CENTERED AND IMMATURE.

HE HAS SOME DIFFICULTY IN DEALING WITH HOSTILE FEELINGS. TO THE EXTENT THAT HE CONTROLS THE DIRECT EXPRESSION OF THESE FEELINGS, HE MAY BE A BITTER, RESENTFUL AND PERHAPS SOMEWHAT IRRESPONSIBLE PERSON, WHERE CONTROL FACTORS ARE NOT PRESENT, HOWEVER, THE HOSTILITY MAY BE EXPRESSED IN DIRECT ANTISOCIAL BEHAVIOR. IN ANY EVENT, HE IS LIKELY TO HAVE PROBLEMS IN ESTABLISHING CLOSE PERSONAL RELATIONSHIPS, AND HE MAY BE UNDEPENDABLE IN TREATMENT.

HE MAY HAVE ESTHETIC AND CULTURAL INTERESTS WHICH, ALTHOUGH HIGHLY CORRELATED WITH EDUCATION AND INTELLIGENCE, SUGGEST NONIDENTIFICATION WITH THE SOCIALLY STEREOTYPED MASCULINE ROLE. IN MEN WITH A BROAD EDUCATIONAL AND CULTURAL BACKGROUND THIS IS NOT UNUSUAL, AND MAY BE SUGGESTIVE OF AN INDIVIDUAL WHO IS SENSITIVE, IDEALISTIC AND INTROSPECTIVE. IN SOME MEN HOWEVER, THIS PATTERN REFLECTS A REJECTION OF MASCULINITY ACCOMPANIED BY A RELATIVELY PASSIVE, EFFEMINATE, NON-COMPETITIVE PERSONALITY.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

ROCHE PSYCHIATRIC SERVICE INSTITUTE



CASE NO: 622527

MMPI REPORT

RPSI. NO: 20467
DEC. 15, 1969

SHE SEEMS TO BE ATTEMPTING TO MINIMIZE OR DENY FAULTS IN HERSELF. SHE IS HESITANT TO ADMIT TO PSYCHOLOGICAL PROBLEMS, PERHAPS BECAUSE SHE PERCEIVES THEM AS WEAKNESSES. IN SOME NORMALLY FUNCTIONING INDIVIDUALS THIS APPARENT DEFENSIVENESS MAY REPRESENT SELF-ASSURANCE AND A GOOD SELF-CONCEPT. IN AN INDIVIDUAL WITH CURRENT DIFFICULTIES, HOWEVER, IT IS MORE LIKELY TO REPRESENT RESISTANCE AND RELUCTANCE TO ENTER TREATMENT.

THIS PATIENT MAY SHOW A VARIETY OF VAGUE PHYSICAL COMPLAINTS. PERIODS OF CONFUSION AND DISORIENTATION ARE LIKELY, AND WHERE THESE OCCUR THE POSSIBILITY OF A PSYCHOTIC OR PRE-PSYCHOTIC CONDITION SHOULD BE CONSIDERED. HER HOME LIFE MAY HAVE BEEN SEVERELY DISRUPTED BY POOR CONTROL OVER HER HOSTILITY. THIS IS THE KIND OF PATIENT WHO SHOWS LITTLE RESPONSE TO SIMPLE REASSURANCE AND, IN TREATMENT, IS UNLIKELY TO ATTAIN MUCH INSIGHT INTO HER PERSONALITY DIFFICULTIES.

SOME DEPRESSION, DISCOURAGEMENT AND WORRY ARE PRESENT. SHE MAY EXPRESS FEELINGS OF SELF-DISSATISFACTION AND REDUCED INITIATIVE. SHE LACKS CONFIDENCE AND HAS DIFFICULTY MAKING DECISIONS.

SHE IS A RIGID PERSON WHO MAY EXPRESS HER ANXIETY IN FEARS, COMPULSIVE BEHAVIOR AND RUMINATION. SHE MAY BE CHRONICALLY WORRIED AND TENSE, WITH MARKED RESISTANCE TO TREATMENT DESPITE OBVIOUS DISTRESS.

THIS PATIENT'S CONDITION APPEARS TO FALL WITHIN THE NEUROTIC RANGE. SHE IS USING NEUROTIC DEFENSES IN AN EFFORT TO CONTROL HER ANXIETY.

NOTE: ALTHOUGH NOT A SUBSTITUTE FOR THE CLINICIAN'S PROFESSIONAL JUDGMENT AND SKILL, THE MMPI CAN BE A USEFUL ADJUNCT IN THE EVALUATION AND MANAGEMENT OF EMOTIONAL DISORDERS. THE REPORT IS FOR PROFESSIONAL USE ONLY AND SHOULD NOT BE SHOWN OR RELEASED TO THE PATIENT.

REFERENCES.

- Botha, E. Verbally expressed values of bilinguals. Journal of Psychology, 1968, 25, 159-164.
- Bringmann, W.G., The computer vs The technologist: Comparison of psycho-Balance, W.D.G. & logical reports on normal and elevated MMPI profiles.
- Giesbrecht, C.A. Psychological Reports, 1972, 31, 211-217.
- Campeau, P. The Effects of French-English Bilingualism on Personality Test Performance, Unpublished MA Thesis, University of Windsor, 1970.
- Cattell, R.B. Some deeper significance of the computer for the practicing psychologist. Personnel and Guidance Journal, 1965, 44, 160-166.
- Chevrier, J.M. Inventaire Multiphasique de la Personalite, (Minnesota), Montreal: Institut de Recherches Psychologiques, 1961.
- Child, I. Personality in Culture. In Borgatta, E.F. and Lambert, W.W. (Eds.), Handbook of Personality Theory and Research. Chicago: Rand McNally, 1968.
- Christipherson, P. Bilingualism. London: Methuen, 1948.
- Dahlstrom, W.G. & Welsh, G.S. An MMPI Handbook: A Guide to Use in Clinical Practice and Research. Minneapolis: The University of Minnesota Press, 1960.
- Diebold, A.R., Jr. & McCord, W.M. The consequences of early bilingualism in cognitive development and personality formation. In E. Norbeck, (Eds.) D. Price-Williams, The Study of Personality: An Interdisciplinary Appraisal. New York: Holt, Rinehart and Winston, 1968, 218-245.
- Ervin, S.M. Language and TAT content in bilinguals. Journal of Abnormal and Social Psychology, 1964, 68, 500-507.
- Finney, J.C. Methodological problems in programmed composition of psychological test reports. Behavioral Science, 1967, 13, 413-416.
- Gignac, L. The Study of the Effects of French-English Bilingualism on Personality Test Performance, Unpublished MA Thesis, University of Windsor, 1970.
- Gilberstadt, H. A Handbook for Clinical and Actuarial MMPI Interpretation. Philadelphia: W.B. Saunders, 1965.

- Glatt, K. M. An evaluation of the French, Spanish and German Translations of the MMPI. Acta Psychologica, 1969, 29, 65-84.
- Gleuk, B.C., Jr. Comparison of computer derived personality profile and & Reznikoff, M. projective psychological test findings. American Journal of Psychiatry, 1965.
- Hathaway, S.R. Introduction. In Fowler, R.D. The MMPI Notebook: A Guide to the Use of the Automated MMPI. Nutley, N. J.: Roche Psychiatric Service Institute, 1967.
- Haugen, E. The analysis of linguistic borrowing. Language, 1960, 26, 210-231.
- Hoffman, M.N.H. The Measurement of Bilingual Background. New York: Columbia University Teachers College, 1934.
- Hovey, H.B. & Semi-automatic interpretations of the MMPI. Journal of Lewis, E.G. Clinical Psychology, 1967, 23, 123-134.
- Kleinmuntz, B. Clinical Information Processing by Computer. New York: Holt, Rinehart and Winston, Inc. 1969.
- Krichev, A. The effects of various types of French-English bilingualism on objectively measured personality characteristics. Unpublished doctoral dissertation, University of Windsor, 1970.
- Lambert, W.E. Measurement of linguistic dominance of bilinguals. Journal of Abnormal and Social Psychology, 1955, 50, 197-200.
- Lambert, W.E. & The Influence of language-acquisition contexts on bilingualism. Journal of Abnormal and Social Psychology, 1958, 56, 239-244.
- Lotz, J. The nature and function of language. In S. Saporta (Ed.), Psycholinguistics: A Book of Readings. New York: Holt, Rinehart and Winston, 1961, 1-14.
- Lowie, R.H. A case of bilingualism. Word, 1945, 1, 249-259.
- Mackey, W.F. The description of bilingualism. Canadian Journal of Linguistics, 1962, 7, 51-85.
- Manning, H.M. Programmed interpretation of the MMPI. Journal of Projective Techniques and Personality Assessment. 1972, 25, 116-124.
- Marks, P.A. The Actuarial Description of Abnormal Personality. Baltimore: Williams & Wilkins, 1963.
- Osgood, C.E. Psycholinguistics: A survey of theory and research problems. Supplement to Journal of Abnormal and Social Psychology, 1954, 49, 1-203.

- Osgood, C.E. Psycholinguistics. In S. Koch (Ed.), Psychology: A Study of Science, 6, New York: McGraw-Hill Book Co., 1963, 244-316.
- Paitich, D. Clark Multiple Choice Word List, Institut de Recherches Psychologiques, Montreal, 1969.
- Rome, H.P. Symposium on automation techniques in personality assessment. Mayo Clinic 37: 61-82 (Jan. 1962).
- Sapir, E. The status of linguistics as a science. Language, 1929, 5, 297-304.
- Siegel, S. Nonparametric statistics for the behavioral sciences. New York: McGraw Hill, 1956, 111-115.
- Sundberg, N.D. The use of the MMPI for cross-cultural personality study. Journal of Abnormal and Social Psychology, 1956, 52, 281-283.
- Swenson, W.M. A totally automatic psychological test: Experience in a medical centre. Jama 191: 925-927, 1965.
- Tallent, N. Clinical psychological consultation. Englewood Cliffs, N.J.: Prentice-Hall, 1963.
- Webb, J.T., Validation of a computerized MMPI interpretation system.
Miller, M.L. Proceedings, 77th Annual Convention, APA, 1969.
& Fowler, R.D.
- Weinreich, U. Languages in Contact. New York: Linguistic Circle, 1953.

VITA AUCTÓRIS.

- 1947 Born in Montreal, Quebec, Canada, to Doris and Alfred Fishbach
- 1953-61 Educated at Edward VII School in Montreal
- 1961-64 Received secondary instruction at Baron Byng High School in Montreal.
- 1968 Graduated with the degree of Bachelor of Arts (Majors) from Sir George Williams University, Montreal.
- 1969 Registered as a full-time graduate student at the University of Windsor, Windsor, Ontario.
- 1971 Psychometrist, Children's Psychiatric Research Institute, London, Ontario.