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MMPI IN CLINICAL PSYCHODIAGNOSTIC:
RESULTS OF COMPARATIVE RESEARCH STUDY WITH
NEUROTICS, SCHIZOPHRENICS AND PSYCHOTIC DEPRESSIVES

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ABSTRACT

The purpose of this study is to investigate the effectiveness of Minnesota Multiphasic Personality Inventory in psychodiagnostic classification and to find out if there is sex differences in responding to special clinical scales of the MMPI. In this present study three diagnostic categories were compared: neurotics, schizophrenics and psychotic depressives. The 60 subjects were selected from "Bakırköy State Mental Hospital"

It was hypothesized that, the neurotic patients will have higher scores on Hypochondriasis (Hs) and Hysteria (Hy) scales: the schizophrenic patients will have higher scores on Paranoia (Pa), Psychasthenia (Pt), Schizophrenia (Sc) and Mania (Ma) scaler. It was also hypothesized that the psychotic depressives will have higher scores on Depression (D) and Social Introversion (Si) scales.

Concerning with the sex differences, it was hypothesized that females will have higher scores on Hysteria (Hy) and Hypomania (Ma) scales; and males will have higher scores

on Hypochondriasis (Hs) and Psychopathic deviate (Pd) scales.

Also, some demographic factors were obtained by giving a questionnaire such as age, education, education of the mother and father and the presence.

The results show that, as it was hypothesized the neurotic patients have higher scores on Hysteria and Hypochondria scales. The results concerning with schizophrenic patients showed that, they have significantly higher scores on Paranoia, Psychasthenia and Schizophrenia scales. It was also hypothesized that the schizophrenic patients will have higher scores on Hypomania scale: but the results indicate that the neurotic patients have higher scores on this scale. This can be due to the fact that the schizophrenic subjects were not classified into categories such as acute, chronic and etc. The majority of them were chronic schizophrenics.

The results also indicate that the psychotic depressive patients have significantly higher scores on Depression and Social Introversion scales, as it was expected.

Concerning with the sex differences, the males have significantly higher scores on Hypochondria scale as it was hypothesized. On the Hysteria scale no significant sex dif-

ference were found. The results show that females have significantly higher scores on psychopathic deviate and Hypomania scale.

I N T R O D U C T I O N

The Minnesota Multiphasic Personality Inventory (MMPI) has come to occupy a unique place among objective measurements of personality characteristics, both as a clinical instrument for evaluating the individual patient and as a research tool for testing hypothesis concerning the many aspects of human behavior.

A psychologist has to adopt a measuring point of view in the study of personality because he/she has a great need to express his/her observations in terms of quantities rather than words. The psychologist who studies personality is interested in subtle discriminations, and correspondingly in precise descriptions, rather than a layman assesment. Usually a psychologist would like to know the depth of a trait manifesting itself in a individual and the number of particular traits representing that individual. Often he is called upon to make comparisons as well as to establish his standing to certain criteria. All of these processes-i, e. determining the degree, the amount, and comparisons - involve measurement operations.

In the case of a person presenting himself with the complaints of dizziness and constant worry to a mental hygiene clinic, his condition will usually be described by the layman in vague commense terms as "nervous", "restless" and "useless worry". The psychologist will not find these terms adequate, for

he must know the answer of specific questions for diagnostic purposes: Should his conditions be classified as mental disorder A or B? What degree of disease A or B does he display? What would be the prognosis and what kind of treatment will be needed? Measurement is a must to answer any of these questions, and depending on the results, the psychologist, in collaboration with the staff-i.e., psychiatrist and social worker-must decide whether to recommend further tests, specific treatments, hospitalization, or some combination of these. Many of these decisions depend on a complex interaction of factors, but personality measurements or more specifically, certain personality measurement techniques are involved in the process of diagnosis.

Dimensions of personality interesting the psychologist include also the severity of emotional disorders. The basic classification of DSM pertaining to psychopathology, now in use, considers emotional disorders in terms of psychoneurosis, sociopathic personality disturbance and psychosis. The thought processes of individuals diagnosed as psychotic are usually so distorted and bizarre that most persons surrounding them recognize clearly that something is wrong. More specifically, the most common psychosis, schizophrenia, is characterized by delusions, hallucinations, withdrawn behavior, irrational thinking, unusual gesturing, and a "flattening" of affects.

Psychoneurosis is characterized by symptoms of irrational fears, obsessive thoughts that recur persistently, and complaints of physical ailments that have no physiological basis i.e., psychosomatic complaints.

The most popular personality test of the past 30 years grew out of the need to diagnose or detect individuals whose behavior patterns were psychopathological. The MMPI demonstrated its usefulness as diagnostic instrument for this purpose, and thus become an increasingly popular measurement tool for psychologist.

Clinical diagnosis calls for personality measurement and involves classification of patients into clinical types. The problems of clinical diagnosis are fundamentally the same as those of personality measurement in general: a description of personality structure and organization that leads up to the individual's particular set of difficulties.

There are psychologists who oppose classification because they believe that pinning labels on persons (i.e., psychotic or neurotic) does not help them, but is even harmful. Their feelings are that it would probably be more constructive to try to understand the forces and stresses motivating persons to act in particular ways. Those professionals who frown on classification point out that the psychological testing is not as sophisticated as in medicine, and therefore diagnostic labeling is little more than an academic exercise. Nevertheless, because these tests are helpful tools, these psychologists do employ personality testing to clarify some of the dynamics pertaining

to mental patients.

Proponents of clinical diagnosis, on the other hand, agree that labeling per se is not particularly helpful to the patient, but that many diagnostic classifications carry strong implications for treatment for statistical purposes. For example, if in the past a person was diagnosed as "depressive reaction" and he was observed to benefit from a particular treatment, then in the future, persons with the same diagnosis become likely candidates for the same treatment. Furthermore labeling (especially if the diagnosis is correct) facilitates communication between psychologists. Once there is agreement that symptoms X, Y, and Z are associated with "depressive reaction", and that treatment "A" is appropriate, then that particular classification communicates a whole host of information about the nature of a patient's disorder and about appropriate treatment procedures, taking also in consideration some of the patients' idiosyncresis. When more is learned about the etiology, or causes, of particular personality disorder and this etiological knowledge is used in arriving at diagnostic labels, then classifications will communicate also the additional information.

In the meantime, regardless of the classification

controversy these psychologists' interest in administering tests for classification purposes does not mean that they regard motivational forces as unimportant. On the contrary, they are working toward inclusion of these motivational factors in a classification scheme that is more comprehensive than the one currently available.

The present study is concerned with the Minnesota Multiphasic Personality Inventory (MMPI). The rationale behind the investigation is, MMPI is an effective measurement technique in psycho diagnostic classification. This is a comparative research study with three diagnostic groups: neurotics, schizophrenics and psychotic depressives.

In Turkish literature, the studies on the MMPI in clinical settings have not been scientifically investigated, therefore an investigation with the MMPI seemed appropriate.

REVIEW OF THE LITERATURE

In order to provide a theoretical and empirical background for this study, the following areas will be reviewed: The development and history of MMPI, the scale of the MMPI, cross-national validity of the MMPI for psychiatric classification and the evaluation of the MMPI.

Brief History and Development

Starke R. Hathaway gives some historical perspective on the origins of this inventory in several publications (Hathaway 1960, 1965, 1969). Beginning about 1939, Hathaway, a psychologist, and McKinley, a neuropsychiatrist, set out to construct an effective and practical instrument "as an objective aid in the routine psychiatric case work-up of adult patients and as a method for determining the severity of the conditions. As a corollary to this, the inventory was expected to provide an objective estimate of psychotherapeutic effect and other changes in the severity of their conditions over time" (Hathaway, 1965, p.463). It was deemed necessary to make a radical departure from preexisting personality questionnaires, both in mode of derivation and in selection of criteria defining the component scales. These earlier instruments had turned out to be too transparent and undependable, and made relatively little contribution to psychiatric case study (Ellis, 1946; Dahlstrom, 1969).

Embarking upon an empirical approach to scale construction, Hathaway and McKinley (1940) first collected an item pool of 1000 statements. These items were selected from psychiatric examination forms, textbooks of psychiatry, descriptions of psychiatric and neurological examination procedures, and from

earlier published scales of personality and social attitudes. These items were administered to about 200 clinically diagnosed neuropsychiatric patients in the University of Minnesota Hospitals, to more than 1000 normal persons obtained from among those who were visiting relatives in these hospitals, to several hundred students seeking admission to the University of Minnesota and to a sample of residents of the city of Minneapolis. Much of the derivational work was based upon a set of 504 items that survived early efforts to eliminate duplicates, simplify wording and readability, restate in personal declarative form and balance positive and negative wording to avoid excessive correspondance between answering True and acknowledging pathological or social stigmatized characteristics.

The range and balance of general topics covered by this original item set can be seen in the content categories listed in Table 1.

Table 1. An Arbitrary Classification of MMPI Items by Content

Category	Content Area	No. of items
1	General health	9
2	General neurological symptoms	19
3	Cranical nerves	11
4	Motility and coordination	6

5	Sensibility	5
6	Vasomotor,trophic,speech,secretary problems	10
7	Cardiorespiratory system	5
8	Gastrointestinal system	11
9	Genitourinary system	5
10	Habits	19
11	Family and marital relations	26
12	Occupational problems	18
13	Educational problems	12
14	Sexual attitudes	16
15	Religious attitudes	19
16	Political attitudes:law and order	46
17	Social attitudes	72
18	Affect,depressive	32
19	Affect,manic	24
20	Obsessive and compulsive states	15
21	Delusions,hallucinations,illusions, ideas of reference.	31
22	Phobias	29
23	Sadistic,masochistic trends	7
24	Morale	35
25	Items related to masculinity- femininity	55
26	Items to indicate whether the individual is trying to place himself in an improbable acceptable light	15

SOURCE : Hathaway and McKinley (1951)

The 504 items in the preliminary form of the MMPI included all the items listed in table 1 except those in category 25. These items in the area of masculinity - femininity were added somewhat later.

It should be noted that the items making up category 26 in Table 1 were introduced into the MMPI pool as a group, all being modeled on items that had been shown to be indicators of test faking in the studies of honesty and deceit by Hartshorne and May (1928,1930). These 15 items constitute the Lie (L) scale which is one of the validity indicators.

Although the content covered in the MMPI item pool included by far a larger array of personological topics than in any other instrument then available, subsequent studies have indicated that while some areas of emotional maladjustment may be overrepresented (Block,1965)- items referring to values, to primary group relationships, and to mood, temperament, and various special attitudes are probably too scarce to provide a well-balanced coverage of the domain of personality. As Stone

(1965) has shown, items in these several content areas vary widely in the adverse implications that endorsing them may have for one's social acceptability or presentability.

The empirical method of scale derivation employed by Hathaway and McKinley (1940) involves a basic distinction: the test subject is instructed to describe himself as accurately as he can by answering True or False to each of the MMPI statements. But the test scorer and interpreter does not assume that the subject in fact provided a veridical account of himself or of his own experiences by these item endorsements. Subsequent studies (e.g., Greene, 1954; Pinneau and Milton, 1958) have indicated that the trustworthiness of the factual content of these self descriptions varies extensively over the different content areas of the test. This dual orientation has made it crucial that the items be on the one hand sufficiently readable and relevant to engender test acceptance and appropriate test-taking attitudes in the subject. Other aspects of the component items of the MMPI that affect its acceptance by a wide range of test subjects have also been studied. The general results of these investigations indicate that the personal referents in the items, the familiar idioms in which they are couched, their specificity and clarity, as well as the breadth of coverage, all serve to make the task a relatively easy and interesting one for most test subjects (Mehlman and Rand 1960; Hanley 1962; Fiske, 1969). These features combined with the built-in checks upon

the occasional protocol that is faulted by noncompliance or poor comprehension, have undoubtedly helped to bring about the wide acceptance and the diversity of application that the MMPI enjoys (Hathaway, 1965).

The Scales of the MMPI

The scales of the MMPI are as follows:

Validity Scales.

(L) Scale : The first validity indicator in the regular MMPI profile is the fifteen item scale designed to identify deliberate or intentional efforts to evade answering the test frankly and honestly. This scale is called the "Lie" scale. Hathaway and McKinley tailored this scale after a similar scale devised by Hartshorne and May (1928) in their studies of deceit among schoolage children. In their work, Hartshorne and May found that there were a number of common foibles or personal faults which their subjects indicated were generally bad but also acknowledged as true about themselves. They found that some subjects, however would systematically try to make themselves look better by denying these negative attributes even though it was quite likely that these characteristics were just as true for them as for anyone else. Using this general approach, Hathaway and McKinley reworked some of the same content and wrote new statements in the same vein to produce fifteen items that were consistent with the rest of the MMPI item pool in format and wording. These items

were introduced as a set into the pool and arbitrarily scored as an index of falsifying tendency in taking the test.

Inspection of the items show that the content refers to denial of aggression, bad thoughts, weakness of character or resolve, poor self-control, prejudices, and even minor dishonesties. Most of these items are scored only on the L scale but some of them also appear on one or more of the other scales.

(F) Scale : The second validity indicator routinely plotted on the standard MMPI profile sheet is the F scale. This scale has variously been designated as the frequency (or infrequency) scale, and sometimes merely as the validity scale. It was designed to detect unusual responding or atypical ways of answering the test items.

The content of the items in the F scale is extremely diverse, ranging from bizarre sensations, strange thoughts, and peculiar experiences to feelings of alienation and isolation from family members, from others, or from social institutions, or to atypical attitudes toward laws, religion, or authority and to a number of unlikely or contradictory beliefs, expectations, and self-descriptions.

(K) Scale : While the two validity indices were introduced as a set at the time the MMPI was published, a third measure, the K scale was added later after experience with the initial complement of validity checks in a number of different clinical settings. This experience indicated that the existing validity indicators (L and F) operated primarily to detect gross instances of protocol invalidation while permitting some important kinds of test distortion to go unrecognized. The research leading to the development of the K scale was devoted to increasing the sensitivity of the validity indices on the test, to identifying the impact of more subtle score-enhancing or score-diminishing factors, and to providing a means of statistically correcting the values of the clinical scales themselves to offset the effects of these factors on the clinical profile. The items in the K scale shows the defensiveness of the subjects.

Clinical Scales.

Scale 1 (Hs) Hypochondriasis: The first scale published on the MMPI was an attempt to measure the personality characteristics related to the neurotic pattern of hypochondriasis (McKinley and Hathaway, 1940). Persons diagnosed to have this disorder shown an abnormal concern for their bodily functions. Their worries and occupations with physical symptoms typically persist in the face of strong evidence against any valid physical infirmity or defect. This worry over their health dominates their life and often seriously restrict the range of their activities and inte

personal relations. The classic picture of hypochondriacs also includes egocentricity, and lack of insight into emotional basis for their preoccupations with somatic processes, and immaturity.

The items that differentiate hypochondriacs from normal subjects range over a variety of bodily complaints. They are not restricted to any particular part of the body or kind of function. They include generalized aches and pains, specific complaints about digestion, breathing, thinking, vision, and sleep, as well as peculiarities of sensation. A few of the items relate to general health or competence.

Scale 2 (D) Depression: The second scale in the clinical profile was established empirically to measure the degree or depth of the clinical symptom pattern of depression. This mood state is characterized generally by pessimism of outlook on life and future, feelings of hopelessness or worthlessness, slowing of thought and action, and frequently by preoccupation with death and suicide.

The majority of the sixty items included in the depression scale were selected directly by comparison of this psychiatric group and normals.

The items in many ways are in accord with general

expectations about the clinical manifestation of psychiatric depression. The items deal with a lack of interest in things, expressed in a general apathy, in a rejection of base impulses, and in a distinct denial of happiness or personal worth. They describe a feeling of being incapable of performing work satisfactorily or controlling one's thought processes. Another cluster of items, indicating physical symptoms, sleep disturbance, and gastrointestinal complaints, is not generally considered part of the depression syndrome, but these features can very frequently be observed in markedly depressed psychiatric patients.

Scale 3 (Hy) Hysteria: This scale was developed to aid in the identification of patients using the neurotic defenses of the conversion form of hysteria. These patients appear to use physical symptoms as a means of solving difficult conflicts or avoiding mature responsibilities.

The items in this scale were selected on the basis of their differentiation from general normals of a group of patients demonstrating conversion reactions.

In terms of its content, this scale is one of the most interesting of the clinical scales. Broadly, it can be seen that the items fall into two categories: somatic items and social facility items. The somatic items from scale 1 (Hs) that appear

on this scale as well are the more specific in bodily reference, such as head, eyes, chest. There are also a few describing tension fears, and worries. There also a number of items in scale 3 that involve the denial of any kind of troubles. These may be denials of inadequacies, of base impulses, and of any sensitivity in social situations.

Scale 4 (Pd) Psychopathic deviate : This scale was developed to measure the personality characteristics of the amoral and asocial subgroup of persons with psychopathic personality disorder. (McKinley and Hathaway, 1944). The major features of this personality pattern include a repeated and flagrant disregard for social customs and mores, an inability to profit from punishing experiences as shown in repeated difficulties of the same kind, and an emotional shallowness in relation to others, particularly in sexual and affectional display.

The criterion group for this scale was made up largely of cases in a psychiatric setting that were being studied at the request of the courts because of delinquent actions. The pattern of delinquency took the form of stealing, lying, truancy, sexual promiscuity, alcoholic overindulgence and forgery.

The content of items on scale 4 ranges widely, reflecting the alienation of the person from his family and extension

of difficulties to school and to authorities generally. Some of the items involve frank admission of personal limitations, poor morale, and sexual troubles. There are also items involving denial of social shyness and assertion of social poise and confidence.

Scale 5 'Mf) Masculinity - femininity: This scale was designed to identify the personality features related to the disorder of male sexual inversion. This syndrome is another homogeneous subgroup in the general category of psychopathic personality, sometimes called pathological sexuality. Persons with this personality pattern often engage in homoerotic practices as part of their feminine emotional makeup; however, many of these men are too inhibited or full of conflicts to make any overt expression of their sexual preferences. The feminism of these men appear in their values, attitudes and interests, and styles of expression and speech, as well as in sexual relationships.

The content is heterogeneous on this scale, ranging over interests in kinds of work, hobbies and pastimes, social activities, religious preferences, and family relationships. There are also items on fears, worries, and personal sensitivities. One important feature of this scale is the amount of frankly sexual material in the items.

Scale 6 (Pa) Paranoia: This scale was developed to evaluate the clinical pattern of paranoia, a diagnostic evaluation that is seldom used by itself but is frequently applied as a modifier of some other personality reaction. The concept of paranoia involves a set of delusional beliefs, frequently including delusions of reference, influence, and grandeur. Although the persons showing these personality features may appear to be well oriented to reality and integrated in the relation of one delusion with another in their belief structure, they may show misperceptions or misinterpretations of their life situations that are markedly out of keeping with their ability and intelligence.

Some of the items that work to separate the criterion cases from normals are frankly psychotic items that are consistent with the textbook descriptions of this disorder: mental peculiarities, delusional and referential material, and the belief that unwarranted pressure has been placed upon them.

Scale 7 (Pt) Psychastenia: This scale was derived to help in the evaluation of the neurotic pattern of psychastenia, or the obsessive-compulsive syndrome. The personality features included are some forms of abnormal fears, worrying, difficulties in concentrating, guilt feelings, and excessive vacillation in

in making decisions. Other frequently noted features include excessively high standards on morality or intellectual performance, self-critical or even self-debasing feelings and attitudes, assumption of rather remote and unemotional aloofness from some personal conflicts.

The content appears to reflect a characterological basis for a vast variety of specific psychastenic symptoms. The items cover such things as anxiety and dread, low self-confidence, doubts about one's competence, undue sensitivity, moodiness, and immobilization.

Scale 8 (Sc) Schizophrenia: The psychotic pattern of schizophrenia for which this scale was derived is very heterogeneous and contains many contradictory behavioral features. This may be in part a result of the way that the pattern is identified in terms of bizarre or unusual thoughts or behavior. Most commonly persons showing this psychiatric reaction are characterized as constrained, cold, and apathetic or indifferent. Other people see them as remote and inaccessible, often seemingly sufficient unto themselves. Delusions with varying degrees of organization, hallucinations and disorientation may appear in various combinations. Inactivity, or endless stereotypy, may accompany the withdrawal of interest from other people or external objects and relationships.

Many of the items reflect the bizarre mentation, the social alienation, the peculiarities of perception, and feelings of persecution included in the classic description of schizophrenia. There are also items which reflect the poor family relationships and the lack of deep interest which are part of the basic syndrome. The scale includes one of the largest subsets of items dealing with sexual matters. There are also items dealing with difficulties in concentration and impulse control.

Scale 9 (Ma) Hypomania: The personality pattern for which this scale was derived is the affective disorder hypomania. Three features characterize this pattern: overactivity, emotional excitement, and flight of ideas. The items in this scale cover a wide range of content. Many of the classic features of the hypomanic patient are apparent in the self-descriptions appearing in these items: The grandiosity, the excitement, and the activity level. Many of the items bearing on moral attitudes and on home and family relationships, and some of those referring to physical and bodily matters, are less obviously related to the general syndrome.

Scale 0 (Si) Social-introversion: The concept of the introversion has had a long and varied course of development in personality formulations. The immediate theoretical antecedent of the adaptation of the concept for the MMPI was a tripartite

analysis by Evans and McConnell (1941) of the general personality characteristics of introversion-extraversion into features of thinking, social participation, and emotional expression.

The items in this scale cover a variety of special sensitivities, insecurities, and worries.

Cross-National Validity of the MMPI for Psychiatric Classification

Determining the predictive effectiveness of the MMPI for psychiatric patients from different cultures is probably the most important problem in cross-cultural research. It is useful to point out that the MMPI was originally developed in a clinical setting, for psychiatric evaluation, with samples of mental patients. Studying psychopathology always requires facing many basic methodological problems, most of them hard to solve.

In cross-cultural psychiatric research we usually have to deal with behavioral descriptions and interpretation made by professional observers (psychologists, psychiatrists, social workers) of subjects from their own cultural setting. In most cases, diagnosis are the most readily available descriptive summaries of behavioral information for grouping psychiatric cases for analysis. We have to bear in mind that every diagnostic judgement is influenced by a number of variables:

the emotional state of the observer, the emotional state of the observed, and the sociocultural influences on both of them. Two kinds of transcultural diagnostic errors are thus possible: Different observers, working with patients in their own culture, might make the same diagnostic judgement about different emotional states; different diagnostic judgements can be made by observers in different cultural settings even when the emotional or psychopathological state is the same.

The simple comparison of behavioral or diagnostic data from different populations is not sufficient unless a standard set of stimuli is used to elicit a class of comparable responses for the different populations. The MMPI seems to fit this basic requirement for correct transcultural comparisons for the following reasons:

- (a) It provides, through the administration of a set of standardized stimuli, a quantitative measurement of relevant emotional variables.
- (b) The availability of translations in several languages makes its use possible in a large number of countries.
- (c) The factor-analytic studies provide support for the hypothesis that the internal structure of the MMPI is comparable in normal reference samples across several cultures and therefore can be considered an adequate measure of the same

behaviors and traits.

In the studies reported below, the MMPI was used in crosscultural comparison of psychiatric samples from different language areas for three main reasons: to analyze the factor structure in several pathological populations in order to verify the results obtained with normal samples; to check the usefulness of the MMPI for identifying the same pathological groups in different cultural settings and discriminating these groups from groups with different types of pathology; to delineate cultural variables that might characterize the same pathological groups across the different national samples considered.

Three samples of psychiatric patients from three different countries were used for these comparisons.

United States Sample. The sample was composed of 1029 male inpatients from the Veterans Administration Hospital in Minneapolis. Three hundred were selected on a random basis; the majority were selected on the basis of presenting complaints, which were used to classify subjects into one of six groups (Kross and Butcher, 1973)

Schizophrenic N:243

Psychotic depressive N:32

Alcoholic	N:196
Psychopathic	N:20
Neurotic	N:260
Miscellaneous	N:268

Italian Sample. The 278 male inpatients were obtained from the University Psychiatric Hospital in Rome. The subjects were grouped according to clinical diagnosis as follows:

Schizophrenic (acute)	N:50
Schizophrenic (chronic)	N:31
Depressed psychotic	N:27
Chronic alcoholic	N:56
Psychopathic	N:44
Hysterical neurotic	N:20
Depressed neurotic	N:37
Anxiety neurotic	N:9
Obsessive-compulsive neurotic ..	N:4

Swiss Sample. The 274 male inpatients and outpatients were obtained from several mental hospitals. Clinical diagnoses were available for about 30 percent of the overall sample.

Drug addiction	N:91
Chronic alcoholism	N:61
Neurotic depression	N:23

Psychotic depression	N:27
Hysterical neurosis	N:18
Depressive reaction	N:15
Depression, other	N:25
Involuntional depression ...	N:21
Neurosis, other	N:22
Personality disorders	N:18
Psychopathy	N:71
Organeurosis	N:39
Epilepsy	N:60

From the descriptions of the three samples it can be seen that they are not homogeneous for several reasons: severity of pathology, diagnostic composition and diagnostic classification systems.

In spite of the heterogeneity of the patient groups, the three pathological samples were subjected to a factor-analytic study and to discriminant-function analysis. The main goal of the factor-analytic study of the psychiatric samples was to determine if factorial validity was maintained in heterogeneous samples of psychiatric patients. The goal of discriminant-function analytic study was to determine the usefulness of the MMPI for discrimination among pathological groups.

BOĞAZIÇI ÜNİVERSİTESİ KÜTÜPHANESİ

National psychiatric samples were analyzed following the same procedures used for the normal national groups. All the

clinical scales and the validity scales of the MMPI were included in the analysis:

The first factor was characterized, across all three samples, by high loadings on scales F, Ma, Sc, Pa, and Pd, with negative loadings on scales K and L. The pathological dimension underlying loadings on the MMPI scales was associated with psychological deterioration and loss of reality contact. At this factor level common psychiatric scale pattern was obtained across the three pathological samples: high loadings on scales F, Pa, Sc, and Ma, and relatively low loadings on Pt. This suggests the existence of an important pathological dimension where deterioration of ego functioning is present in each cultural sample examined (Factor one psychoticism).

The second factor shows a high loading on the neurotic scales, Hs, D, and Hy for three samples. Although for the American and Italian samples the neuroticism dimension seems to be precisely defined by the three neurotic scales, in the Swiss sample it appears also to be associated with social introversion and compulsiveness. On the other hand, the Italian sample shows the lowest loading on the Si scale and the highest on the Hy scale. In all three samples the D-scale loadings falls within the three highest loadings of the factor, and the only negative loading on the clinical scales

is on the Ma scale (Factor two neuroticism).

The common structure across the three samples is a control scale pattern with high loadings on the L and K scales and negative loadings on the F scale and on all the clinical scales except the Hy scale, which has a relatively low positive loadings in the United States and Italian samples, and a fairly high positive loading in the Swiss sample in the direction of the L and K scales. The Si scale plays a larger role in the Italian and United States samples on the third factor than it does for the Swiss population (Factor three overcontrol).

The fourth factor is characterized by a high loading on the Mf scale. As in the normal sample it reflects masculinity femininity dimension.

It is evident from the factor-analytic study that the factor structure of the MMPI is maintained across different cultural samples not only dealing with normal populations, but also when pathological samples from different countries.

The MMPI was originally developed as a clinical instrument to be used mainly in psychiatric settings to provide information about the structure of abnormal personality. Thus, it is important that its predictive utility be determined for psychopathological

samples from different nations and cultures before its broader use in psychiatric settings can be recommended.

The results of the discriminant function analytic study has shown that if the basic classification requirements are met, the MMPI is a powerful instrument in transcultural psychiatric research. The common factor structure across several psychopathological samples and the discriminating power of the instrument in diagnostic samples across different cultures adds considerably to the validity of the MMPI for this area of research and application.

Evaluation of the MMPI

The MMPI has had an impressive impact on personality measurement, but its acceptance, although widespread, has not always been uncritical. Such criticism has come largely from the popular press.

In its favor, much of the MMPI's popularity can be explained by its widespread use and the large number of situations in which it has been found to be valid. The MMPI, to mention only a few instances of what seems to be an infinitely large list of uses, has been found valid as a test to aid in screening and

selection of emotional and adjustmental problems in the following settings: high school (Hathaway and Monachesi, 1951, 1952, 1957); college (Kleinmuntz, 1960b, 1963b, 1963c; Sloan and Pierce-Jones, 1958); military (Green, 1955); medical (Meehl and Dahlstrom, 1960); and industrial (Drasgow and Barnett, 1957).

Furthermore, 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; Taulbee and Sisson, 1957); to measure the extent of patients' overt anxiety-i.e., the extent to which they openly manifest tension, nervousness, insecurity, or fears (Welsh, 1952; Taylor, 1953); and to assess ego strength or the degree to which patients might benefit from treatment (Barron, 1953). Cross-validation studies (repeating validity studies by using new samples of subjects), and evidence for the validity of specific individual MMPI scales for many of these uses, have often and admittedly fallen short of test authors' expectations (Hathaway and McKinley, 1943). Their willingness to publicize their test's inadequacies, however, and hence their recognition of the need for continual work with this instrument, has in no small measure contributed to the test's current success.

On the debit side, the MMPI has been strongly criticized for the unreliability of some of its scales (Anastasi, 1961)

The reliability of the individual scales, computed on the basis of test-retest procedures, ranges from the .50's to the low .90's. Retest lower than these have also been reported in a study with college students where intervals between tests were as short as one week. The mean of these reliabilities was .67 (Gilliland and Colgin, 1951).

The MMPI test authors, when discussing some of the low reliabilities obtained with the clinical scales, have tended to suggest that traditional psychometric criteria of reliability cannot be applied to personality tests (McKinley and Hathaway, 1944). They point out that many traits of personality are highly variable, and that test-retest data on MMPI scales are more a measure of trait variance than of the test's reliability. Such trait variance is especially to be expected among psychiatric patients, where exacerbations and remissions of symptoms are frequent. This is probably true for scales affected by temporary fluctuations. However, split-half reliabilities, which are not subject to such trait fluctuations, have also been exceedingly low. Several studies among psychiatric groups have reported coefficients within the range of .11 (Welsh, 1952) to .96 (Winfield, 1952). In one study with normal college students, a coefficient as low as -.05 (Pa scale) has been reported (Gilliland and Colgin, 1951). Such low reliabilities cannot be so easily explained away. They do

suggest that chance fluctuations influence scale scores.

The effectiveness of any profile interpretation is weakened if the separate scales are subject to change fluctuations. When individual scales are unreliable, many of the profile patterns are unstable. It is important therefore, in future research with the MMPI, to select new items that may replace some of those which contribute to the low reliabilities.

Another argument one not favorable to the MMPI - is that its construction was based on small numbers of subjects (Sarason, 1966). The greatest limitation of the MMPI, as critics have repeatedly indicated (Adcock, 1965; Lingoes, 1965), is its lack of sensitivity in discriminating within abnormal and normal groups themselves. Unquestionably, the MMPI's chief claim to prominence and uniqueness as a personality measuring instrument has always been, and still is, its power to discriminate between those persons coming from normal and those from abnormal populations.

In spite of these arguments, tangible gains are still to be realized as a result of its existence. Sarason (1966, p.158) has stated this matter well:

"The evaluation of the MMPI, or of any other test or procedure, should be based as much on what lessons have been learned from it as on how useful it has proven to be Were a new MMPI to be developed today this sort of criticism would be of value in shaping a better inventory, one of greater discriminatory validity than the present one".

To this need only be added, that self-report inventories could hardly have arrived at their present level of sophistication if it had not been for the MMPI's appearance at the time it did. Prior approaches to inventory construction were naive and uninspiring; and subsequent approaches have borrowed generously and extensively the format of the MMPI.

HYPOTHESES

The specific hypotheses to be tested in the present study are listed below:

1. There will be a relationship between the three diagnostic groups (neurotics, schizophrenics, psychotic depressives) and MMPI clinical scales. That is:
 - a. The neurotic patients will have higher scores on Hypochondria

(Hs) scale than the schizophrenics and psychotic depressives.

b. The neurotic patients will have higher scores on Hysteria (Hy) scale.

2a) The schizophrenic patients will have higher scores on Paranoia (Pa) scale.

b. The schizophrenic patients will have higher scores on Psychastenia (Pt) scale.

c. The schizophrenic patients will have higher scores on Mania (Ma) scale.

d. The schizophrenic patients will have higher scores on Schizophrenia (Sc) scale.

3a) The psychotic depressive patients will have higher scores on Depression (D) scale.

b) The psychotic depressive patients will have higher scores on social-introversion (Si) scale.

4. There will be differences, on responding to the MMPI scales, between males and females.

a. Males will have higher scores on Hypochondriasis (Hs) scale.

b. Females will have higher scores on Hysteria (Hy) scale.

c. Males will have higher scores on Psychopathic deviate (Pd) scale.

d- Females will have higher scores on Hypomania (Ma) scale.

METHOD

SUBJECTS

The population from which the subjects were selected for this research consisted of psychiatric patients from "Bakırköy State Mental Hospital" (Bakırköy Akıl ve Sinir Hastalıkları Hastanesi).

Sixty subjects participated in the present study, representing groups from three diagnostic categories: neurotics, schizophrenics, and psychotic depressives. Each of these groups was composed of 20 subjects, 10 men and 10 women. The patients were selected according to these diagnostic criteria. After an initial interview and evaluating the results of Rorschach test and Weschler Adult Intelligence Scale (WAIS), these subjects were administered the Minnesota Multiphasic Personality Inventory (MMPI) in groups of five. The subjects were wanted to be, at least, graduates of primary school in order to understand and respond to the MMPI items.

MEASUREMENT INSTRUMENT

Two kinds of scales have been utilized in the present

research. The MMPI was used to measure the personality trends of the subjects. In addition, a questionnaire was used to get demographic information about the following variables: age, education, profession, residence, marital status, education of the mother and the father, numbers of sisters or brothers, and number of children.

Minnesota Multiphasic Personality Inventory (MMPI) .

The Minnesota Multiphasic Personality Inventory was developed by Starke R. Hathaway (who in collaboration with J. Charnley McKinley) in 1943. MMPI has 10 clinical scales and 3 validity scales, making a total of 560 items. The items required that the respondent describe himself as accurately as he can by answering True or False to each of the MMPI statements. The Turkish standardized form of the MMPI was prepared by Isik Savasir

The scales are as follows:

Validity Scales.

1. The L scale: The first validity indicator is the fifteen item scale designed to identify deliberate or intentional efforts to evade answering the test frankly and honestly. This scale is called the lie scale or simply the L scale.

2. The F scale: It was designed to deterd unusual responding or atypical ways of answering the test items. The

F scale gives information about the subjects who answer the items without reading them carefully or individuals who intentionally wish to call attention to themselves by giving many unusual or improbable responses.

3. The K scale: The K scale, consists of 30 items which reflects the respondent's guardedness or defensiveness in admitting to certain symptoms and abnormalities.

Clinical Scales.

Scale 1 (Hs) Hypochondriasis: individuals with under concern about health and bodily symptoms.

Scale 2 (D) Depression : Individuals with depressed states and feelings of hopelessness.

Scale 3 (Hy) Hysteria : individuals with multiple physical symptoms of various sorts and for which, in general, there was no known physical basis for the symptoms.

Scale 4 (Pd) Psychopathic deviate: individuals in trouble because of delinquency, habitual lying, stealing, etc.

Scale 5 (Mf) Masculinity-femininity : The items in this scale were selected to differentiate between males and females.

Scale 6 (Pa) Paranoia : Individuals described as having paranoid personalities and characterized as being

suspicious and jealous of others.

Scale 7 (Pt) Psychastenia: individuals with obsessive thoughts, fears, feelings of guilt and anxiety.

Scale 8 (Sc) Schizophrenia: individuals characterized as having marked distortions of reality, bizarre thoughts, and tending to be withdrawn.

Scale 9 (Ma) Mania : individuals characterized as being overactive, excitable and irritable.

Scale 10 (Si) Social introversion : The items in this scale were selected to differantiate between individuals with high and low scores on another scale designed to measure introversion-extraversion.

The various MMPI scales contains items that are also scored in other MMPI scale. The number of items and the code numbers are showed in the following table.

Table 2 : Minnesota Multiphasic Personality Inventory Scales

Scale name	Abbreviation	Code number	No. of items
Lie	L		15
Infrequency	F		64

Correction	K		30
Hypochondriasis	Hs	1	33
Depression	D	2	60
Hysteria	Hy	3	60
Psychopathic deviate	Pd	4	50
Masculinity-femininity	Mf	5	60
Paranoia	Pa	6	40
Psychastenia	Pt	7	48
Schizophrenia	Sc	8	78
Hypomania	Ma	9	46
Social introversion	Si	0	70

PROCEDURE

Appointments were made with the subjects. It took three weeks to make all the initial diagnostic interviews, including the evaluation of Rorschach and WAIS results. The MMPI administration was done in two sessions, as each group contained 5 patients.

The MMPI and the questionnaire were both administered by the investigator to the subjects in the multi-purpose room. After the necessary information given to them, the whole

administration took about 1-1.5 hours, in each session. In all the administrations the investigator herself was present. The subjects were asked to write down the questionnaire on the first page of the MMPI. After finishing this, the investigator read the instructions. A one day break was given between the two sessions, the administrations were made in two sessions because of the subjects were given medicine and their time limitations of other activities in the hospital program.

After all the administrations were done, the raw scores of 60 subjects were computed by hand. And then these raw scores were converted to K corrected T scores (The T scores were found from the table which is behind the Turkish standardized MMPI handbook). In the original, the T scores on which the profile and code are based are standard score equivalents for the raw scores on each of the scales. These T scores were determined by taking the nearest integral value of T in the following table:

$$T_1 : \frac{50 + 10 (X_i - M)}{SD}$$

X_1 : the raw score earned by a particular subject

M : The mean

SD : Standard deviation

In clinical use of the MMPI, to make patterns usable, a coding system is applied that reduces the possible numbers of different profiles to a more practicable size. In coding the profile, each clinical scale is assigned a digit, depending on its serial position, from left to right, on the MMPI profile sheet. Thus Hs becomes 1, D becomes 2, Hy 3, Pd 4, Mf 5, Pa 6, Pt 7, Sc 8, Ma 9, Si 0. The next step is to write down the scale digits in order of their T-score elevations, from highest to lowest. After the digits have been recorded the appropriate elevation symbols are notated. Thus in the Hathaway system, a prime (') is inserted after the last number in the code which represents a T-score of 70 or above. All adjacent scale number for which the T-scores are within one point of each other are underlined; and a dash (-) separates those digits which represent T-score values greater than 54 from those that are less than that value. After the dash, the digits of the lowest scales are written, if they have T-score values less than 46.

In the analysis of the data the following procedures were applied: two-way analysis of variance was applied between the T scores on 13 scales of three diagnostic groups and sex. Second Anova was done on the T scores and 3 diagnostic groups and sex. Third, covariate analysis was done between the scores of the subjects and education.

RESULTS

In this present study, the relationships between the MMPI scales and three diagnostic groups (neurostics, schizophrenics and psychotic depressives) and sex were studied.

Results concerning hypotheses: Hypothesis 1a stated that the neurotic patients will have higher scores on Hs, scale of MMPI than the schizophrenics and psychotic depressives.

Descriptive statistics and analysis of variance were done.

The mean scores and stancard deviations for each diagnostic group on Hs scale are presented in Table 3.

TABLE 3

Comparisons of Means and Standard Deviations for each diagnostic group on Hs. scale of MMPI.

Diagnostic category	Mean	Standard Deviation	Variance
Neurotics	78.20	13.33	177.8
Schizophrenics	49.15	5.39	29.0
Psychotic Depressives	49.52	5.46	29.8

The results of the ANOVA is presented in Table 4.

TABLE 4

ANOVA on Hs scale of MMPI.

	Sum of Squares	Degrees of Freedom	Mean Squares
Between Groups	11017.6826	2	5508.8413
Within Groups	4468.4893	56	79.7945
Total	15486.1719	58	
F : 69.0379			

* $p < .01$

The above results indicate that Hs scale of MMPI has a classification effect on diagnostic groups and a significant difference was found between the neurotics and other groups ($F : 5.01 < 69.0379$ at $P < .01$ level). Then the hypothesis 1a is supported.

Hypothesis 1b stated that neurotic patients will show a difference on Hy scale of MMPI.

Table 5

Comparison of Means and Standard Deviations on Hy scale.

Diagnostic category	Mean	Standard Deviation	Variance
Neurotics	62.30	14.46	209.27
Schizophrenics	35.10	12.46	155.25
Psychotic depressives	30.60	10.82	117.09

The results of the ANOVA table is presented in Table 6.

Table 6

ANOVA on Hy scale of MMPI.

	Sum of squares	Degrees of freedom	Mean square
Between groups	11766.5322	2	5883.2661
Within groups	9150.8018	57	160.5404
Total	20917.3340	59	
F : 36.64			

The results indicate that the hypotheses 1b is supported.
(F : 5.01 < 36.64 at p < .01 level)

Hypothesis 2a stated that schizophrenic patients will have higher scores on Pa, Scale than the neurotics and psychotic depressives.

The mean scores, standard deviations and variance are shown in Table 7.

Table 7

Comparisons of Means, Standard Deviations and Variance for each diagnostic group on Pa Scale of MMPI.

Diagnostic category	Mean	Standard deviation	Variance
Neurotics	51.50	10.65	113.52
Schizophrenics	76.90	25.30	640.51
Psychotic depressives	49.85	15.69	246.45

The results of ANOVO table is presented in Table 8.

Table 8

ANCOVA on Pa scale of MMPI.

	Sum of squares	Degrees of freedom	Mean square
Between groups	9197.2329	2	4598.6165
Within groups	19009.3511	57	333.4974
Total	28206.5840	59	
F : 13.78			

The results indicate that the hypothesis 2a is supported (F:5.01, 13.78; at $p < .001$ level)

Hypothesis 2b stated that schizophrenic patients will show a difference with high scores on Pt scale than the neurotics and psychotic depressives.

The results indicate that, schizophrenic patients showed a significant difference ($F : 5.01 < 50.67$; at $p < .01$ level) by having higher scores on Psychastenia (Pt) scale. That is the hypothesis 2b is supported.

Hypothesis 2c stated that, schizophrenic patients will have higher scores on Hypomania (Ma) scale than the other groups.

The results indicate that, neurotic patients have higher scores on Ma scale. Then the hypothesis 2c is not supported.

Hypothesis 2d stated that, schizophrenic patients will have higher scores on Schizophrenia (Sc) scale.

Table 8 shows the descriptive statistics of three groups

Table 9

The means, standard deviations and variances of three diagnostic groups on the Sc scale of MMPI.

Diagnostic category	Mean	Standard deviation	Variance
Neurotics	52.70	10.95	120.01
Schizophrenics	96.60	4.75	22.56
Psychotic depressive	54.94	4.23	17.94

The results of ANOVA on this Sc scale indicate that the hypothesis 2d is supported ($F : 5.01 < 224.15$ at $p < .01$ level)

Hypothesis 3a stated that the psychotic depressive patients will have higher scores on Depression (D) scale.

The results of descriptive statistics and ANOVA indicate that hypothesis 3a is supported ($F : 5.01 < 52.82$; at $p < .01$ level)

Hypothesis 3b stated that, the psychotic depressive patients will have higher scores on social-introversion (Si) scale than the neurotics and schizophrenics.

The results indicate that, psychotic depressive patients showed a significant difference by having higher scores on Si scale ($F : 5.01 < 33.38$; $p < .01$ level).

Hypothesis 4 stated that, males and females will respond differently to the MMPI scales.

On each scale of the MMPI Analysis of Variance is applied. The results are as follows for each scale:

a. Hypochondria (Hs) scale: There is a sex difference on Hs scale, males having higher scores. So, hypothesis 4a is supported.

b. Hysteria (Hy) scale: No sex difference is found. Then, hypothesis 4b is not supported:

c. Psychopathic deviate (Pd) scale : There is a sex difference on Pd scale but females having higher scores. So, hypothesis 4c is not supported.

d. Hypomania (Ma) scale: There is a significant difference between males and females: females having higher scores. That is, hypothesis 4d is supported.

Sex differences on other scales was also looked at.

The results are as follows:

Depression (D) scale : There is no sex difference on D scale.

Masculinity-femininity (Mf) scale: There is a sex difference, females having higher scores.

Paranoia (Pa) scale : There is no sex difference.

Psychartenia (Pt) scale : There is not a significant difference between males and females.

Schizaphrenia (Sc) scale : No significant difference is found between the two sexes.

Social-introversion (Si) scale : There is not a significant difference between males and females. (For all the scales, the significance level is $p < .01$ level)

Also, covariate analysis is made on the effect of education level and no significant difference is found (Education levels were as follows: 1) University 2) Lycee 3) Middle 4) Primary school)

Additionally, the percentages of subjects' distribution, according to the education, age, the education of the father, the education of the mother and the presence are given in the following tables:

Table 10

The percentages according to the education levels:

	University	Lycee	Middle school	Primary school
N	7	28	13	12
%	11.7	46.7	21.6	20

Table 11

The percentages according to the age levels.

	16-18	19-21	22-30	31-40	41-50	50
N	1	7	18	24	7	3
%	1.6	11.7	30	40	11.7	5

Table 12

The percentages according to the education of the mother.

	University	Lycee	Middle school	Primary school	No educat
N	-	16	11	23	10
%		26.7	18.3	38.3	16.7

Table 13

The percentage according to the education of the father.

	University	Lcyee	Middle school	Primary school	No educatio
N	7	26	8	17	2
%	11.7	43.3	13.3	28.4	3.3

Table 14

Percentages according to the presedence

	City	Small town	Villages
N	47	10	3
%	78.3	16.7	5

DISCUSSION

The present study was designed to compare the differences between neurotics, schizophrenics and psychotic depressives on MMPI clinical scales. It was also conducted to compare the results as a function of sex. The subjects were selected from Bakırköy State Mental Hospital.

Before the interpretation of findings, it seems appropriate to review claimed advantages and to discuss their relevance for both clinical and research applications of the MMPI.

The MMPI content scales possess a respectable degree of internal consistency. This internal consistency must, in part, be attributed to homogenous organization of psychological, physical, and social complaints that seem appropriately combined by a cumulative scoring model (Loevinger, 1957)

The present study was able to provide only very limited evidence bearing on the effectiveness of the content scales in discriminating among traditional psychiatric groups. However, the preliminary evidence obtained was not discouraging. Although the burden of proof is clearly on the content scales, the superiority of scales derived by a contrasted groups strategy need not be conceded a priori when populations other than the

derivation samples are involved (Hase and Goldberg, 1967)

The case for further investigation of substantive aspects of the MMPI may best be presented by calling attention to a basic feature of assessment situations that has tended to be ignored or belittled by sophistic arguments. Regardless of the psychologists' view of a test response, the respondent tends to view the testing situation as an opportunity for communication between himself and the tester or the institution he represents (Carson, 1969, Leary 1957) Obviously, the respondent has some control over what he chooses to communicate, and there are a variety of other factors which may enter to distort the message, many of them attributable to the testing media themselves (Catell, 1961). Nevertheless, difficulties in the system should not lead us to overlook the fact that a message is still involved. The MMPI content scales may be closely attuned to this message and as such may provide a useful supplement to the standard clinical scales.

Viewed from the convenient hindsight of 25 years, the MMPI appears to have been poorly conceived for the purposes it was eventually to serve. The Kraepelinian categories to which it was committed were soon to pass into disfavor. Moreover, the predictive success of the individual

scales in making psychiatric categorizations was considerably less than had been anticipated. Under the impetus of an unprecedented amount of research, there was a shift of emphasis from the psychiatric to the personological implications of the clinical scales.

It seems likely that the MMPI item pool, may be limited as a source of items for building general purpose personality scales (Wiggins and Goldberg, 1965). This may be true with respect to both content and item characteristics and is certainly true of the extent to which the two are confounded. Nevertheless, in the absence of any immediate replacement, it would seem unwise to abandon an inventory that has the empirical virtues, however limited, of the MMPI. Rather, it would seem appropriate to explore the utility of supplemental measures that are not encumbered by all the substantive and psychometric shortcomings of the clinical scales.

The MMPI began with validity based upon the usefulness of the various diagnostic groups from which its scales were derived. Now the burden of its use rests upon construct validity. Only a small fraction of the published data relating clinical or experimental variables to its scales or profiles can be understood in terms of the original approach. If the validity views of the 1941 were the only support for

this inventory, it could not survive. What is happening is that the correlations being observed with other variables in normal and abnormal subjects are filling out personality constructs that emerge to be in turn tested for its ability to survive. It is significant that constructs in the general sense of the construct validity, can be the forerunners of diagnostic classes.

The interpretation of findings will be discussed by taking each scale separately.

The Hypochondria (Hs) and Hysteria (Hy) scores of neurotics were found to be significantly higher ($p < .01$) than that of schizophrenics and psychotic depressives. When the symptoms of neurotics are considered, they will be seen as whingy, complaining, and generally handle their hostile feelings by making those around themselves miserable. Frequently they use somatic complaints to control others; many of the neurotics develop somatic displacements that permit a localization of the difficulty outside of the personality: others develop psychological symptoms of a "reasonable", socially acceptable type. The neurotic patients are very likely to be extremely naive and selfcentered in outlook. They are very demanding of affection and support and endeavor

to get these by indirect and but obstrusively manipulative means. Often they are highly visible or rather uninhibited in social relations; but such relations are carried on at a superficial, immature level. They have strong needs to be liked. Items on thesescales covers these contents. For example: "I have a great deal of stomach trouble" (true), "The top of my head sometimes feels tender" (true), "I am very seldom troubled by constipation" (false), "my sleep is fitful and desturbed" (true) and "I wake up fresh and rested most mornings"(false). "I have never had a fainting spell" (false) "I frequently notice my hand shakes when I try to do something" (true), "I am happy most of the time" (false),

It was hypothesized that the Parania (Pa), Psychartenia (Pt), Schizophrenia (Sc) and Hypomani (Ma) scores of schizophrenics will be significantly higher than neurotics and depressives.

The Paranoia scores of Schizophrenics were found to be significantly higher ($p < .01$) than that of neurotics and depressives. The paranoids or paranoid schizophens are to be defensive, suspicious, Jealous, and liligious: and generally these persons tend to persist in delusional thinking in the face of even the most convincing evidence that their beliefs

are unfounded. Some of the statements on this scale are as follows: "I have no enemies who really wish to harm me" (false), "Someone has it in for me" (true), "I am sure I am being talked about" (true), and "I am happy most of the time" (false).

Again, the results indicate that, as it was hypothesized the schizophrenic patients were found to have significantly higher scores on Psychasthenie (Pt) scale than that of neurotics and depressives. The rationale behind this is that schizophrenic patients generally have anxiety symptoms, inability to resist, irrational fears, self devaluation, ruminative self-doubt; they are usually worried, tense, undecisive and unable to concentrate. The item composition on on this scale covers such personality features as dread, lack of self-confidence, self-doubt, and moodiness. Some examples of items are as follows: "I am inclined to take things hard" (true), "I almost never dream" (false), "I usually have to stop and think before I act even in triffling matters "(true), "I am certainly lacking in selfcondifence" (true), and "I certainly feel uselers at times" (true).

The results support the hypothesis that schizophrenic patients have significantly higher scores ($p < .01$) on Schizophrenia scale than that of neurotics and depressives.

The diagnostic group named schizophrenics include persons with marked distortions of reality, those whose symptoms include bizarre thinking, withdrawal from interpersonal contact, ambivalence and inappropriate affect, in psychopathology. Perusal of several of the items, reveals the nature of the dimension being tapped: "Peculiar odors come to me at times" (true), "Most of the time I wish I were dead" (true), "I often feel as if things were not real" (true), "I believe I am a condemned person" (true), and "Everything tastes the same" (true).

It was hypothesized that, schizophrenic patients will have higher scores on Hypomania scale. But the results indicate that neurotic patients have significantly higher scores on this scale. When selecting subjects into the schizophrenia group, no subgroupings were made, such as acute schizophrenics, chronic schizophrenics and etc. The majority of the schizophrenic patients in the "Bakırköy State Mental Hospital" were chronic schizophrenics, so their affects are flat; but when the neurotics are taken into consideration, their affects are more intense and for the majority their first entry to the hospital.

The psychotic depressive patients showed significantly higher scores ($p < .01$) on Depression and Social Introversion scales, than that of neurotics and schizophrenics as it was hypothesized. Depressed patients are often considerably slowed down in their activities and tend to describe themselves as worthless, hopeless, and desperate individuals. They tend to be silent and retiring, withdrawn and are seen by others as aloof, evasive, timid and more or less inhibited. Among the items that appear on Depression and Social Introversion scales, and the direction in which they are scored, are the followings: "I usually feel that life is worth while" (false), "I am easily awakened by noise" (true), "At times I am full of energy" (false), and "Once in a while I laugh at a dirty joke" (false), "I am not usually self-conscious" (false), "I enjoy social gatherings just to be with people" (false), "Whenever possible I avoid being in a crowd" (true).

On the sex differences the results showed that males have significantly higher scores ($p < .01$) on Hypochondria (Hs) scale, as it was hypothesized. It is thought that in Turkish culture-men are given greater importance and value than women by their parents and surroundings; as a result their ego-strengths become weaker and when they face with psychological problems, they prefer somatiza-

tion mechanism.

It was hypothesized that females will have significantly higher scores on Hysteria scale than males; but this hypothesis was not born out to be true. It may be due to the fact that, the 78.3% of the subjects were living in Istanbul, but the first place they lived were several villages of Turkey. In the villages, the rules of society are more rigid, and the tolerance on moral and ethic standards are very low; so especially females have to repress their sexual feelings, interests and etc. When they come to the cities, the rules are getting loose and moral and ethic standards are more tolerable. In addition there is an anomy in the cities in general. When they face with these new ethic and moral standards through a process, they tend to behave as citizens and they do not feel to repress their feelings anymore, as a result hysterical symptoms are seen namely.

It was hypothesized that the males will have significantly higher scores on psychopathic deviate (Pd) scale, but the results indicate that Females have significantly higher scores ($p < 01$). The rationale behind this hypothesis was that in Turkish culture, males are given more freedom to behave as deviants, but the results indicate the reverse. It may be due to the same reason concerning with the results with hysterical

symptom, that is the anomaly in the cities; these two results seem to be related with each other. In cities, psychopathic behaviors are seen more frequently than in the villages, so they face with different identification objects where the repressions are not seen anymore. In addition, this finding may be due to another reason: when the males behave ^{as} deviants they do not receive any disapproval from their environment, but when the females behave like deviants (lying, stealing etc) they are generally thought to be pathological. This may have raised the psychopathic deviate scores of females.

It must be indicated that various personalities of an individual and the motivational factors influencing their appearance must be known. Personality test data depend greatly upon the situation of testing, which is itself a function of both of the particular items and of the more obvious environmental factors. Skilled manipulation of the environmental testing situation is crucial to elicit the personalities wished to be measured. It is clear that a test should be sensitive to these various personality aspects because the data are valid only for the proper role. Different persons, instructions, surroundings, and implied uses of the data are needed to elicit different personalities of the individual. The various profiles are all valid.

The subsequent wide use and availability of the test permits easier replication and application of experimental results. If an investigator uses the MMPI, then more information is easily added to the substantial find already accumulated and the tool to use in replication or further work is readily available.

At present, several reasons exist for closer examination of patient population as a normative group that may be useful in future efforts to improve the discriminative power of the MMPI. Basic among these reasons is the growing appreciation of the MMPI as a screening device that may be used to identify emotional problems in psychiatric settings, hence permitting conservation and better utilization of scarce manpower and skills psychiatric occupations. There is also increasing recognition of the need for more precise information about the "self-reporting attitude" or "set" to give either defensive or overly self-critical answers to MMPI items in different populations.

In the light of this limited study and bearing in mind that no investigation has been conducted in Turkey, so far, wide generalizations would be misleading. On the other hand, this study sheds light on the necessity of further investigation on this subject in Turkey. Longitudinal research, especially for larger samples in Turkey would be advisable.

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APPENDIX A

MINNESOTA
ÇOK YÖNLÜ KİŞİLİK ENVANTERİ

"Başla" demeden sayfayı açmayınız.

Bu kitapçıkta sıra ile numaralanmış birtakım sorular bulacaksınız. Her soruyu okuyarak KENDİ DURUMUNUZA GÖRE DOĞRU YA DA YANLIŞ OLUP OLMADIĞINA karar veriniz.

Vereceğiniz karara göre her sorunun cevabını cevap kağıdına işaretleyiniz. Sağ tarafta örneği verilen cevap kağıdını gözden geçiriniz. Soruya vereceğiniz cevap sizin durumunuza göre "doğru veya çoğu zaman doğru" ise D harfinin altındaki çizgiye "X" işareti koyunuz. Sorunun cevabı sizin durumunuza göre "yanlış veya genel olarak doğru değilse "Y" harfinin altındaki çizgiye "X" işareti koyunuz. Soru sizin durumunuza uymuyor veya bu konu-

Doğru olarak işaretlenmiş cevap kağıdının örneği:

D	X	-
A	X	-
B	-	X
C	-	-
D	-	-

da bir şey bilmiyorsanız cevap kağıdı üzerine hiç bir işaret koymayınız.

Kendiniz hakkında kendi kanınızı bildireceğinizi hatırdan çıkarmayınız. "Mümkünse bütün soruları cevaplandırmaya çalışınız".

Cevap kağıdını işaretlerken sorunun numarası ile işaretlediğiniz yerin numarasının aynı olmasına dikkat ediniz. Değiştirmek istediğiniz cevabı iyice siliniz ve bu defter üzerine hiç bir işaret koymayınız.

MÜMKÜNSE her soruyu cevaplandırmaya çalışınız.

1. Teknik yazılardan hoşlanırım
2. İstahım iyidir
3. Çok defa sabahları dinç ve dinlenmiş olarak uyanırım.
4. Kütüphaneci olarak çalışmayı seveceğimi sanıyorum
5. Gürültüden kolayca uyanırım
6. Cinayet haberlerini okumaktan hoşlanırım
7. Çoğu zaman el ve ayaklarımın sıcaklığı iyidir.
8. Günlük hayatım beni ilgilendirecek şeylerle doludur.
9. Bugün de hemen hemen eskisi kadar iyi çalışabiliyorum.
10. Çoğu zaman boğazım tıkanır gibi olur.
11. İnsan rüyalarını anlamaya çalışmalı ve kendini onlara göre ayarlamalıdır.

- 12.Polis romanlarından ya da esrarengiz yazılardan hoşlanırım.
- 13.Büyük bir sinir gerginliği içinde çalışırım.
- 14.Ayda bir iki defa ishal olurum.
- 15.Arasıra söylenemeyecek kadar ayıp şeyler düşünürüm.
- 16.Hayatta kötülükler hep beni bulur.
- 17.Babam iyi bir adamdır.
- 18.Pek seyrek kabız olurum.
- 19.Yeni bir işe girince kimin gözüne girme gerektiğini öğrenmek isterim.
- 20.Cinsel yaşamımdan memnunum.
- 21.Zaman zaman evi bırakıp gitmek istemişimdir.
- 22.Arasıra kontrol edemediğim gülme ve ağlama nöbetlerine tutulurum.
- 23.Tekrarlanan mide bulantısı ve kusmalar bana sıkıntı verir.
- 24.Kimse beni anlamıyor
- 25.Şarkıcı olmayı isterim.
- 26.Basık derde girince susmayı tercih ederim.
- 27.Bazen kötü ruhların beni etkileri altına aldığına hissedirim.
- 28.kötülüğe kötülükle karşılık vermek prensibimdir.
- 29.Çoğu kez midem ekşir.
- 30.Bazen canım küfretmek ister.
- 31.Sık sık geceleri kabus geciririm.
- 32.Zihnimi bir iş üzerinde toplamada güçlük çekerim.
- 33.Başımdan çok garip ve tuhaf şeyler geçti.

- 34.Çoğu zaman öksürüğüm vardır.
- 35.Başkaları engel olmasaydı daha çok başarılı olurum.
- 36.Sağlığım beni pek kaygılandırmaz.
- 37.Cinsel yaşamım yüzünden başım derde girmedi.
- 38.Gençliğimde bir devre ufak tefek şeyler çaldım.
- 39.Bazen içimde birşeyler kırmak isteği geçer.
- 40.Başka bir şey yapmaktansa çoğu zaman oturup hayal kurmayı severim.
- 41.Kendimi toparlayamadığım için günler, haftalar hatta aylarca hiç bir şeye el sürmediğim olur.
- 42.Ailem seçtiğim (veya seçmek istediğim) mesleği beğenmiyor.
- 43.Kuşkulu ve rahatsız uyurum
- 44.Çoğu zaman başımın her tarafı ağrır.
- 45.Her zaman doğruyu söylemem.
- 46.Şimdi her zamankinden daha iyi düşünüp tartabiliyorum.
- 47.Ortada hiç bir neden yokken haftada bir ya da daha sık birdenbire her yanıma ateş basar.
- 48.Başkaları ile bir arada iken kulağıma çok garip şeyler gelmesinden rahatsız olurum.
- 49.Kanunların hemen hepsi kaldırılrsa daha iyi olur.
- 50.Bazen ruhum vücudumdan ayrılır.
- 51.Sağlığım bir çok arkadaşımınki kadar iyidir.
- 52.Uzun zamandan beri görmediğim okul arkadaşlarım ya da tanıdıklarım önce benimle konuşmazlarsa onları görmemezlikten gelmeyi tercih ederim.

- 53.Hocaların dua okuyup üflemesi hastalığı iyileştirir.
- 54.Tanıdıklarımın çoğu beni sever.
- 55.Kalp ve göğüs ağrılarından hemen hemen hiç şikayetim yoktur.
- 56.Çocukken okuldan kaçtığım için bir iki defa cezalandırıldım.
- 57.İnsanlarla çabucak kaynaşırım.
- 58.Kuran'ın buyundukları bir bir çıkmaktadır.
- 59.Çok defa benden az bilenlerden emir alarak çalışmak zorunda kaldım.
- 60.Her gün gazetelerin baş yazılarını okumam.
- 61.Gerektiği gibi bir hayat yaşayamadım.
- 62.Vücudumun bazı yerlerinde çok defa yanma, gıdıklanma, karıncalanma veya uyusukluk hissederim.
- 63.Büyük abdest yapmada ya da tutmada hiç bir güçlük çekmem.
- 64.Bazen başkalarının sabrını tüketecek kadar bir şeye saptırılır kalırım.
- 65.Babamı severim.
- 66.Etrafımda başkalarının görmedikleri eşya,hayvanlar veya insanlar görürüm.
- 67.Başkalarının mutlu görüldüğü kadar mutlu olmayı isterdim.
- 68.Ensemde nadiren ağrı hissederim.
- 69.Kendi cinsimden olanları oldukça çekici bulurum.
- 70.Körebe oyunundan hoşlanırdım.

71. Birçok kimseler başkalarının ilgi ve yardımlarını sağlamak için talihsizliklerini abartırlar.
72. Hemen hemen her gün mide ağrılarından rahatsız olurum.
73. Ben önemli bir kimseyim.
74. Çoğu zaman kız olmayı isterdim. (Şayet kız iseniz) Kız olduğuma hiç üzülmedim.
75. Arasına öfkelenirim.
76. Çoğu zaman kendimi hüzünlü hissederim.
77. Aşk romanları okumaktan hoşlanırım.
78. Şiiri severim.
79. Kolay incinmem.
80. Bazan hayvanlara rahat vermem.
81. Orman bekçiliği gibi işlerden hoşlanacağımı sanıyorum.
82. Tartışmalarda çabucak yenilirim.
83. Çok çalışabilen ya da çalışmak isteyen kişinin başarılı olma şansı yüksektir.
84. Bugünlerde artık hiç ilerleme umudum kalmamış gibi hissediyorum.
85. Kullanamayacak bile olsam bazan başkalarının ayakkabı, eldiven vb. gibi özel eşyaları o kadar hoşuma gider ki dokunmak ve asırmak isterim.
86. Kendime hiç güvenim yoktur.
87. Çiçek satıcısı olmayı isterdim.
88. Genel olarak hayatın yaşanmaya değer olduğu kanısındayım.
89. İnsanlara gerçeği kabul ettirmek güçtür.
90. Bugün yapmam gereken işleri arasına yarına bıraktığım olur.

91. Benimle alay edilmesine aldırımam.
92. Hemşire olmayı isterdim.
93. Yükselmek için bir çok kimse yalan söylemekten kaçınmaz.
94. Sonradan pişman olacağım pek çok şeyi yaptığım olur.
95. Namazımı hemen hemen muntazam kılarım.
96. Ailemle pek az kavga ederim.
97. Bazan zararlı ya da çok kötü işler yapmak için içimde çok güçlü bir istek duyarım.
98. Kıyamet gününe inanıyorum.
99. Gürültülü eğlencelere katılmaktan hoşlanırım.
100. Bildiğim bir konuda bir kimse saçma sapan ya da cahilce konuşursa onu hemen düzeltirim.
101. Bence cinsel yönden kadınlar da erkekler kadar serbest olmalıdır.
102. En büyük mücadelelerimi kendimle yaparım.
103. Vücudumda pek az seyirme ve kasılma olur.
104. Başıma ne gelirse gelsin aldırış etmiyorum.
105. Keyfim yerinde olmadığı zaman tersliğim üzerimdedir.
106. Çoğu zaman büyük bir hata ya da kötülük yaptığım duygusuna kapılırım.
107. Çoğu zaman mutluyumdur.
108. Çoğu zaman bana, kafam şişmiş ya da burnum tıkanmış gibi gelir.
109. Bazı kimseler o kadar amirane davranırlar ki haklı bile olsalar içimden dediklerinin aksini yapmak gelir.
110. Bana kötülük etmek isteyen biri var.

- 111.Sırf heyecanlanmak için tehlikeli bir işe girişmedim.
- 112.Doğru bildiğim şeyler için çoğu zaman direnmek zorunda kalırım.
- 113.Kanunların uygulanması gerektiğine inanırım.
- 114.Çoğu zaman başık sıkı bir çember içindeymiş gibi hissedirim.
- 115.Ahirete inanırım.
- 116.Bahse girdiğim yarış ya da oyunlardan daha çok zevk alırım
- 117.Bir çok kimseler daha çok yakalanmaktan korktukları için dürüsttüler.
- 118.Dersten kaçtığım için araya müdüre gönderildiğim oldu.
- 119.Konuşma tarzım her zamanki gibidir. (Daha yavaş ya da hızlı değil, yayvanlaşmış ya da kısık da değil)
- 120.Evde sofraya adabına dışardaki kadar dikkat etmem.
- 121.Aleyhimde bazı tertipler kurulduğuna inanıyorum.
- 122.Tanıdığım insanların çoğu kadar becerikli ve zeki olduğumu sanıyorum.
- 123.Beni takip edenler olduğuna inanıyorum.
- 124.Birçokları kaybetmektense çıkarlarını korumak için pek doğru olmayan yollara başvururlar.
- 125.Midemden oldukça rahatsızım.
- 126.Tiyatrodan hoşlanırım.
- 127.Dertlerimin çoğundan kimin sorumlu olduğumu biliyorum.
- 128.Kan görünce korkmam ya da fenalasmam.
- 129.Bazan ters ve suratsız olurum.
- 130.Hiç bir zaman kan kusmadım ya da kan tükürmedim.

131. Hastalığa yakalanacağım diye kaygılanmam.
132. Çiçek koleksiyonu yapmayı ve evde çiçek yetiştirmeyi severim.
133. Hiçbir zaman normal olmayan cinsel ilişkilere girişmedim.
134. Bazen kafamdaki düşünceler o kadar hızlıdır ki söylemeyi yetiştiremem.
135. Farkedilemeyeceğimden emin olsam sinemaya biletsiz girirdim.
136. Bana iyilik yapan kimselerin genel olarak gizli bir aracı olabileceğini düşünürüm.
137. Aile hayatım tanıdığım kimselerin çoğununki kadar iyi olduğuna inanıyorum.
138. Eleştiri beni çok kırar.
139. Bazen sanki kendimi ya da başkasını incitmek zorundaymışım gibi hissedirim.
140. Yemek pişirmeyi severim.
141. Davranışlarımı çoğu zaman etrafımdakilere göre ayarlarım.
142. Bazen hiçbir işe yaramadığımı düşünürüm.
143. Çocukken başlarına ne gelirse gelsin aralarındaki birliği koruyan bir gruptaydım.
144. Asker olmak isterdim.
145. Bazen biriyle yumruk yumruğa kavgaya girişmek istediğim olur.
146. Seyahat edip gezip tozmadıkça mutlu olamam.
147. Çabuk karar vermediğim için çok fırsat kaçırdım.

- 148.Önemli bir iş üzerinde çalışırken başkalarının isimi yarıda kesmeleri sabrını taşırır.
- 149.Hatıra defteri tutardım.
- 150.Oyunda kaybetmektense kazanmayı isterim.
- 151.Biri beni zehirlemeye çalışıyor.
- 152.Çoğu geceler zihmini hiçbir şey kurcalamadan uykuya dalarım.
- 153.Son bir kaç yıl içinde sağlığım çoğu zaman iyi idi.
- 154.Hiç sinir nöbeti ya da havale geçirmedi.
- 155.Ne şişmanlıyorum ne de zayıflıyorum.
- 156.Bir şeyler yapıp sonra ne yaptığımı hatırlayamadığım zamanlar oldu.
- 157.Çoğu kez sebepsiz yere cezalandırıldım.
- 158.Çabuk ağlarım.
- 159.Okuduğumu eskisi kadar iyi anlayamıyorum.
- 160.Hayatımda hiçbir zaman kendimi şimdiki kadar iyi hissetmedim.
- 161.Bazan başımda bir sızı hissederim.
- 162.Birisinin bana kurnazca oyun etmesine çok içerlerim.
- 163.Çabucak yorulmam.
- 164.Üzerinde çalıştığım konularda okuyamı ve incelemelerde bulunmayı severim.
- 165.Önemli kimseleri tanımayı severim, çünkü böylece kendimi de önemli bir kimse gibi görürüm.
- 166.Yüksek bir yerden aşağıya bakmaya korkarım.
- 167.Ailemden herhangi birinin mahkemelik olması beri rahatsız etmez.

- 168.Zihnimde bir gariplik var.
- 169.Parayı ellemekten korkmam.
- 170.Başkalarının hakkımda ne düşündükleri beni rahatsız etmez.
- 171.Bir eğlencede başkaları yapsalar bile, ben taşkınlık yapmaktan rahatsız olurum.
- 172.Çoğu kez utangaçlığımı örtbas etmek ihtiyacını duyarım.
- 173.Okulu severdim.
- 174.Hiç bayılma nöbeti geçirmediim.
- 175.Pek az başım döner ya da hiç dönmez.
- 176.Yıldandan büyük bir korkum yoktur.
- 177.Annem iyi bir kadındır.
- 178.Hafızam genellikle iyidir.
- 179.Cinsel konularda sıkıntım vardır.
- 180.Yeni tanıştığım kimselerle konuşma konusu bulmada güçlük çekerim.
- 181.Canım sıkılınca heyecan yaratmayı severim.
- 182.Aklımı oynatmaktan korkuyorum.
- 183.Dilencilere para vermeyi doğru bulmam.
- 184.Sık sık nereden geldiğini bilmediğim sesler duyarım.
- 185.Herkes kadar iyi işitirim.
- 186.Bir şeyler yapmağa girisince ellerimin çok defa titrediğini farkedirim.
- 187.Ellerimde beceriksizlik ya da sakarlık yok.
- 188.Gözlerim yorulmadan uzun süre okuyabilirim.
- 189.Çoğu zaman bütün vücudumda bir halsizlik duyarım.
- 190.Başım pek az ağrır.
- 191.Bazan utanınca çok terlerim.

- 192.Yürürken nezlesi ya da astım nöbetlerim yoktur.
- 193.Saman nezlesi ya da astım nöbetlerim yoktur.
- 194.Hareketlerimi ve konuşmamı kontrol edemediğim fakat etrafımdan olup bitenden haberdar olduğum nöbetler geçirdiğim oldu.
- 195.Tanıdığım herkesi sevmem.
- 196.Hiç görmediğim yerlere gitmekten hoşlanırım.
- 197.Biri beni soymaya (herseyimi almaya) çalışıyor.
- 198.Çok az hayal kurarım.
- 199.Çocuklara cinsiyetle ilgili temel gerçekler öğretilmelidir.
- 200.Fikir ve düşüncelerimi çalmak isteyen biri var.
- 201.Keşke bu kadar utangacı olmasam.
- 202.Kendimi cezayı hak etmiş suçlu bir insan olarak görüyorum.
- 203.Gazeteci olmak isterdim.
- 204.Gazeteci olsaydım daha çok tiyatro haberlerini yazmaktan hoşlanırdım.
- 205.Bazan çalmaktan ya da dükkanlardan eşya aşırırmaktan kendimi alamam.
- 206.Bir çok kimseden daha çok dindarımdır.
- 207.Çeşitli oyun ve eğlencelerden hoşlanırım.
- 208.Flört etmeyi severim.
- 209.Günahlarımın affedilemeyeceğine inanıyorum.
- 210.Her şeyin tadı aynı geliyor.
- 211.Gündüzleri uyuyabilirim fakat geceleri uyayamam.
- 212.Evdekiler bana çocuk muamelesi yapıyor.
- 213.Yürürken kaldırımdaki yarıklara basmamaya dikkat ederim.

- 214.Cildimde üzülmeğe değer kabarıklık ya da sivilçe yok.
- 215.Çok içki kullandım.
- 216.Başka ailelere göre bizim evde sevgi ve arkadaşlık pek azdır.
- 217.Sık sık kendime birşeyleri dert edinirim.
- 218.Hayvanların eziyet çektiğini görmek beni üzmez.
- 219.İnşaat mütahitliğinden hoşlanacağımı sanıyorum.
- 220.Annemi çok severim.
- 221.Bilimden hoşlanırım.
- 222.Karşılığını veremeyeceğim durumlarda bile arkadaşlarımdan yardım istemekte güçlük çekmem.
- 223.Avlanmayı çok severim.
- 224.Annem babam hep beraber olduğum kimselerden çok defa hoşlanmıyorlar.
- 225.Bazan biraz dedikodu yaptığım olur.
- 226.Ailemdeki bazı kişilerde canımı çok sıkan alışkanlıklar var.
- 227.Uykuda gezdiğimi söylerler.
- 228.Bazan alışılmamış bir kolaylıkla karar verebileceğimi hissediyorum.
- 229.Çeşitli kulüp ve derneklere üye olmayı isterim.
- 230.Kalbimin hızlı çarptığını hemen hemen hiç hissetmem ve çok seyrek nefesim tıkanır.
- 231.Cinsiyet hakkında konuşmayı severim.
- 232.Bazan üzerime çok fazla iş alırım.

233. Pek çok insan karşı çıksa da kendi fikrimi sonuna kadar savunurum.
234. Çabuk kızar ve çabuk unuturum.
235. Aile kurallarından oldukça bağımsız ve özgürüm.
236. Sıklıkla kara kara düşünürüm.
237. Akrabalarımın hemen hepsi bana karşı anlayış gösterir.
238. Zaman zaman yerimde duramayacak kadar huzursuzluk duyduğum devreler olur.
239. Aşkta hayal kırıklığına uğradım.
240. Görünüşüme hiç aldırmam.
241. Kendi içinde tutup başkalarına söylenemeyen şeyler hakkında sık sık rüya görürüm.
242. Bir çoklarından daha sinirli sayılmam.
243. Hemen hemen hiç bir ağrı ve sızım yok.
244. Davranışlarım başkalarınca yanlış anlaşılmaya elverişlidir.
245. Ailem beni olduğumdan daha hatalı bulur.
246. Boynumda sık sık kırmızı lekeler olur.
247. Kimseden sevgi görmüyorum.
248. Bazan ortada hiç bir neden yokken hatta işler kötüye gittiği zaman bile kendimi fazlasıyla mutlu hissederim.
249. Öbür dünyada şeytan ve cehennem olduğuna inanırım.
250. Hayatta önüne her geleni kapmağa çalışan insanları suçlamam.
251. Kendimi kaybedip yaptığım işi aksattığımı ve etrafımda olup bitenlerin farkında olmadığımı zamanlar oldu.
252. Hiç kimse başkasının derdine aldırıs etmiyor.

- 253.Hatalı davranışlarını görsem bile insanlara arkadaşça davranabilirim.
- 254.Birbiriyle şakalaşan kimseler arasında olmayı severim.
- 255.Secimlerde bazen oyumu pek az tanıdığım kimselere veriririm.
- 256.Gazetelerin ilgi çeken tek yeri resimli mizah sayfasıdır.
- 257.Yaptığım işlerde genel olarak başarı elde edeceğime inanırım.
- 258.Allahın varlığına inanırım.
- 259.İşe başlamada güçlük çekerim.
- 260.Okulda iken ağır öğrenenlerden biri idim.
- 261.Ressam olsaydım çiçek resimleri yapardım.
- 262.Dana güzel olmamam beni rahatsız etmez.
- 263.Soğuk günlerde bile kolayca terlerim.
- 264.Kendime tam anlamıyla güvenim vardır.
- 265.Hiç kimseye güvenmemek en doğrusudur.
- 266.Haftada bir ya da daha sık, çok heyecanlanırım.
- 267.Topluluk içinde olduğumda üzerinde konuşacak uysun konular bulmada güçlük çekerim.
- 268.Karamsar olduğum zaman heyecanlı bir olay hemen beni bu durumdan çıkarır.
- 269.Bazen zevk için başkalarını kendimden korkuturum.
- 270.Evden çıkarken kapının kilitli ve pencerenin kasalı olup olmadığı aklıma takılmaz.
- 271.Başkalarının saflığını kendi çıkarlarına kullanan kimseleri ayıplamam.
- 272.Bazen kendimi enerji dolu hissederim.

273. Derimin bazı yerlerinde uyuşukluk hissedirim.
274. Görme gücüm eskisi kadar kuvvetlidir.
275. Birisi zihnimi kontrol ediyor.
276. Çocukları severim.
277. Bazan bir madrabazın kurnazlığı beni o kadar eğlendirir ki yakayı ele vermemesini dilerim.
278. Çok defa tanımadığım kimselerin bana eleştirici bir gözle baktıklarını hissedirim.
279. Hergün gereğinden fazla su içerim.
280. Bir çok kimseler kendilerine yararı dokunacağı için arkadaş edinirler.
281. Kulaklarım çok az çınlar ya da uğuldar.
282. Genellikle sevdiğim aile üyelerine karşı bazen nefret duyarım.
283. Gazete muhabiri olsaydım en çok spor haberleri yazmayı isterdim.
284. Hakkımda çok konuşulduğundan eminim.
285. Arasında acık saçık bir fıkraya güldüğüm olur.
286. En çok yalnız olduğum zaman mutlu olurum.
287. Arkadaşlarıma kıyasla beni korkutan şeyler çok azdır.
288. Tekrarlanan mide bulantısı ve kusmalar bana sıkıntı verir.
289. Bir suçlu avukatının becerikliliği sayesinde cezadan kurtulunca kanunlara karşı daima nefret duyarım.
290. Çok gergin bir hava içinde çalışıyorum.
291. Hayatımda bir ya da birkaç kere birisinin beni hipnotize ederek bana birşeyler yaptığını hissettim.
292. Başkaları benimle konuşuncaya kadar ben onlarla konuşmağa

başlamam.

293. Birisi zihmini etkilemeye çalışıyor.

294. Kanunla hiç başım derde girmedi.

295. Masal okumayı severim.

296. Hiçbir neden yokken kendimi son derece neşeli hissettiğim zamanlar olmuştur.

297. Cinsiyetle ilgili düşünceler beni rahatsız eder.

298. Birkaç kişinin birlikte başları derde girince en iyisi yakalarını kurtarmak için aynı hikayeyi uydurmak ve bundan caymamaktır.

299. Duygularımın birçok kimselerden yoğun olduğunu düşünürüm.

300. Hayatımda hiçbir zaman bebek oynamaktan hoşlanmadım.

301. Çoğu zaman hayat benim için bir yükür.

302. Cinsel davranışlarımdan dolayı hiçbir zaman başım derde girmedi.

303. Bazı konularda o kadar alınganım ki onlar hakkında konuşmam bile.

304. Okulda sınıf karşısında konuşmak bana çok güç geldi.

305. Başkalarıyla beraber olduğum zaman bile kendimi yalnız hissederim.

306. Bana karşı mümkün olan anlayış gösteriliyor.

307. İyi beceremediğim oyunları oynamaya yanaşmam.

308. Zaman zaman evi bırakıp gitmeyi çok istemişimdir.

309. Birçokları kadar çabuk arkadaş edinebildiğimi sanıyorum.

310. Cinsel hayatım doyurucudur.

311. Gençlik yıllarımda bir devre ufak tefek şeyler yaşadım.

312. İnsanların arasında olmaktan hiç hoşlanmam.

313. Değerli eşyasını tedbirsizce ortada bırakıp çalışması-
na neden olan kimse bunu çalan kadar hatalıdır.

314. Arasına söylenemeyecek kadar kötü şeyler düşünürüm.

315. Hayatın hep kötü tarafları bana nasip olmuştur.

316. Hemen hemen herkesin başını derde sokmamak için yalan söy-
leyebileceğime inanırım.

317. Birçok kimselerden daha hassasım.

318. Günlük hayatım beni ilgilendiren şeylerle dolu.

319. İnsanların çoğu başkalarına yardım etmek için zarfete
girmekten hoşlanmazlar.

320. Rüyalarımın çoğu cinsel konularla ilgilidir.

321. Kolaylıkla mahcup olurum.

322. Para ve işi kendime dert ederim.

323. Başımdan çok tuhaf ve acayip olaylar geçmiştir.

324. Hiç kimseye aşık olmadım.

325. Ailemin yaptığı bazı şeyler beni korkutmuştur.

326. Bazan kontrol edemediğim güne ve ađlama nöbetlerine
tutulurum.

327. Annem ya da babam çok defa beni makul bulmadığım emirlere
bile itaat ettirdiler.

328. Zihmini bir konu ya da iş üzerinde toplamakta güçlük çekerim

329. Hemen hemen hiç rüya görmedim.

330. Hiç felç geçirmedik ya da kaslarımda olađan üstü bir hal-
sizlik duymadım.

- 331.Eğer insanlar sırf düşmanlık olsun diye beni engellemeselerdi daha başarılı olurum.
- 332.Bazen nezle olmadığım halde sesim çıkmaz ya da değişir.
- 333.Beni hiç kimse anlamıyor
- 334.Bazen tuhaf kokular duyarım
- 335.Zihnimi bir konu üzerinde toplayamam
- 336.Insanlara karşı sabrım çabuk tükenir.
- 337.Çoğunlukla bir takım şeyler ve kimseler için meraklanıp huzursuzlanırım.
- 338.Hayatımın çoğu kimselerinkinden daha fazla tasa ve kaygı içinde geçtiğine eminim.
- 339.Çoğu zaman ölmüş olmayı isterdim.
- 340.Bazen o kadar heyecanlanırımki uykuya dalmam güçleşir.
- 341.Bazen beni rahatsız edecek kadar iyi işitirim.
- 342.Bana söylenenleri hemen unuturum.
- 343.Önemsiz ufak şeylerde bile karar verip işe girişmeden önce durur ve düşünürüm.
- 344.Gördüğüm kimse ile karşılaşmamak için sıklıkla yolumu değiştiririm.
- 345.Sıklıkla olup bitenler bana gerçek değilmiş gibi gelir.
- 346.Reklamlardaki ampuller gibi önemsiz şeyleri sayma alışkanlığım vardır.
- 347.Bana gerçekten kötülük yapmak isteyen hiçbir düşmanım yoktur.
- 348.Bana umduğumdan fazla dostluk gösteren insanlara karşı tetikte bulunmağa çalışırım.
- 349.Acayip ve tuhaf düşüncelerim vardır.
- 350.Yalnızken garip şeyler duyarım.

351. Küçük bir seyahat için bile evden ayrılırken telaşlanır ve kaygılanırım.
352. Beni incitmeyeceğini bildiğim şeylerden ya da insanlardan bile korktuğum oldu.
353. Başkalarının daha önce toplanıp konuştuğu odaya girmekten çekinmem.
354. Bıçak gibi çok keskin ve sivri şeyler kullanmaktan korkarım.
355. Sevdiğim kimseleri bazen incitmekten hoşlanırım.
356. Dikkatimi bir konu üzerinde toplamada birçok kişiden daha fazla güçlük çekerim.
357. Yeteneğimi küçümsediğim için birçok defalar başladığım işi yarıda bıraktım.
358. Kötü ve çok defa korkunç kelimeler zihmini kurcalar ve bunlardan kendimi kurtaramam.
359. Bazen önemsiz düşünceler aklımdan geçer ve beni günlerce rahatsız eder.
360. Hemen hemen her gün beni korkutan birşey olur.
361. Herşeyi kötüye yorma eğilimindeyim.
362. Birçok kimselerden çok daha hassasım
363. Bazan sevdiğim kimselerin beni incitmesinden hoşlandığımı oldu.
364. Hakkımda onur kırıcı ve kötü sözler söylüyorlar
365. Kapalı yerlerde huzursuzluk duyarım
366. İnsanlar arasında bile olsam çok defa kendimi yalnız hissederim.
367. Yangından korkmam

368. Sonradan pişman olacağım şeyler yapmak ya da söylemek korkusuyla bazen bir kimseden uzak durduğum oldu.
369. Kararsızlığım yüzünden yapılması gerekli bir çok işi yapamamışımdır.
370. Çalışırken acele etmek zorunda olmaktan nefret ederim.
371. Aşırı derecede kendini dinleyen bir insan değilim.
372. Elimdeki işi en iyi şekilde yapmayı isterim.
373. Yalnızca bir tek doğru din olduğundan eminim.
374. Arasıra zihnim her zamankinden daha ağır işler.
375. Çok mutlu olduğum ve iyi çalıştığım zamanlarda neşesiz veya dertli bir insanla karşılaşmak keyfimi tamamen kaçırır.
376. Polisler genellikle dürüştür.
377. Toplantılarda kalabalığa karışmaktan çok yalnız başına oturur ya da bir tek kişiyle ahbaplık ederim.
378. Kadınları sigara içerken görmekten hoşlanmam
379. Çok nadiren karamsarlığa kapılırım.
380. Ne yapsam zevk alamıyorum.
381. Kolay öfkelenen biri olduğumu söylerler.
382. Yapmak istediğim şeylere karar verirken, başkalarının ne düşüneceğini dikkate almam.
383. İnsanlar çoğu zaman beni hayal kırıklığına uğrattırılar.
384. Kendimle ilgili her şeyi anlatabileceğim hiç kimse yok.
385. Şimşek çakması da korkularımdan biridir.

- 386.Çok tertipli ve titizim.
- 387.Ailem her davranışıma fazla karışıyor
- 388.Karanlıkta yalnız kalmaktan korkarım
- 389.Tasarlamış olduğum planlar çok defa o kadar güçlükle dolu göründü ki bunlardan vazgeçmek zorunda kaldım.
- 390.Birinin hatasını önleme gayretimin yanlış anlaşılmasına çok üzülürüm.
- 391.Dansa gitmeyi severim
- 392.Fırtınadan çok korkarım.
- 393.Yük çekmeyen atlar döğülmeli ya da kamçılanmalıdır
- 394.Başkalarına sık sık akıl danışırım
- 395.Gelecek, bir insanın ciddi planlar yapamayacağı kadar belirsizdir.
- 396.İşler yolunda gittiği zaman bile çoğu kez herseye karşı bir aldırmazlık içinde olduğumu hissederim.
- 397.Bazen güçlükler öylesine üst üste gelir ki onlarla baş edemiyecmişim gibi hissederim.
- 398.Çoğu kez "keşke tekrar çocuk olsaydım" diye düşünürüm.
- 399.Kolay kolay kızmam.
- 400.Eğer bana fırsat verilse dünya için çok yararlı işler yapabileirim.
- 401.Sudan hiç korkmam
- 402.Ne yapacağıma karar vermeden önce uzun uzun düşünürüm
- 403.Bir çok şeyin olup bittiği böyle bir devirde yaşamak hoş bir şey.

- 404.Hatalarını düzelterek kendilerine yardım etmeye çalıştığım.
insanlar amacımı çoğu kez yanlış anlarlar.
- 405.Yutkunmakta güçlük çekmem
- 406.Uzman dendiği halde benden pek fazla bilgili olmayan insanlarla sıklıkla karşılaşırım.
- 407.Genel olarak sakinim ve kolay sinirlenmem.
- 408.Bazı konular hakkında hislerimi o kadar gizleyebilirim ki insanlar bilmeden beni incitebilirler.
- 409.Elimde olmadan çok ufak bir şeyden münakaşa çıkarıp karşımdakini kırıyorum.
- 410.Madrabazı kendi silahı ile alt etmekten hoşlanırım
- 411.İyi tanıdığım bir kimsenin başarısını duyduğum zaman adeta kendimi başarısızlığa uğramış hissederim.
- 412.Hastalandığım zaman doktora gitmekten korkmam.
- 413.Günahlarım için ne kadar ağır ceza görsem iyidir.
- 414.Hayal kırıklıklarını o kadar ciddiye alırım ki bunları zihnimden söküp atamam.
- 415.Fırsat verilse iyi bir önder olurum.
- 416.Yakınlarımdan sağlığından çok endişe ederim.
- 417.Sırada beklerken biri önüme geçmeye kalkarsa ona çıkışı-
şırım.
- 418.Bazen hiç bir işe yaramadığımı düşünürüm.
- 419.Küçükken okuldan sık sık kaçırdım.
- 420.Başımdan dinle ilgili olağan üstü yaşantılar geldi
- 421.Ailemde çok sinirli insanlar var.
- 422.Ailemde bazı kişilerin yapmış olduğu işler beni utandırmıştır.
- 423.Balık tutmayı çok severim

424. Hemen hemen her zaman açlık duyarım.
425. Sık sık rüya görürüm.
426. Kaba ya da can sıkıcı insanlara karşı bazan sert davran-
dığım olur.
427. Açık sacık hikayelerden utanıp rahatsız olurum.
428. Gazetelerin baş yazılarını okumaktan hoşlanırım
429. Ciddi konular üzerinde verilen konferansları dinlemekten
hoşlanırım.
430. Karşı cinsten olanları çekici bulurum.
431. Başa gelebilecek talihsizlikler beni oldukça telaşlandırır
432. Kuvvetli siyasi fikirlerim vardır.
433. Bir zamanlar hayali arkadaşlarım vardı.
434. Otomobil yarışçısı olmayı isterdim.
435. Genel olarak kadınlarla çalışmayı tercih ederim.
436. İnsanlar genel olarak başkalarının haklarına saygı göster-
mekten çok kendi haklarına saygı gösterilmesini isterler.
437. Kanuna aykırı davranmadan kanunun bir gediğinden yararlan-
makta zarar yoktur.
438. Bazı insanlardan o kadar nefret ederim ki ettiklerini bulunca
içimden oh derim.
439. Beklemek zorunda kalmak beni sinirlendirir.
440. Başkalarına anlatmak için hoş fıkraları hatırımda tutmaya
çalışırım.
441. Uzun boylu kadınlardan hoşlanırım.
442. Özünü yüzünden uyumadığım zamanlar oldu.
443. Başkalarının gereği gibi yapamadığımı sandığı şeyleri yap-
maktan vaz geçtiğim oldu.

444. Başkalarının cahilce inançlarını düzeltmeye çalışmam.
445. Küçükken heyecan veren şeyler yapmaktan hoşlanırdım.
446. Az parayla oynanan kumardan hoşlanırım.
447. Mastürbasyonda kendi cinsimle ilgili hayal beni tahrik eder.
448. Sokakta, otobüs ve dükkanlarda bana bakan insanlardan rahatsız olurum.
449. İnsanlarla bir arada olmayı sağladığı için toplantı ve davetleri severim.
450. Kalabalığın verdiği coşkudan hoşlanırım.
451. Neşeli arkadaşlar arasına karışınca üzüntülerimi unuturum
452. Arkadaş edinemiyorum.
453. Küçükken mahalledeki arkadaş ya da akran gruplarına katılmaktan hoşlanmazdım.
454. Orman ya da dağdaki bir kulübede tek başıma yaşamaktan mutlu olabilirim.
455. İçinde bulunduğum grubun deki kodularına ve konuşmalarına sıklıkla konu olmam.
456. İnsan makul bulmadığı kanunlara aykırı hareketlerinden ötürü cezalandırılmamalıdır.
457. Bence insan hiç bir zaman alkollü bir içkiyi ağzına almamalıdır.
458. Çocukken benimle en fazla ilgilenen erkek (baba, üvey baba vb) bana karşı çok sert davranırdı.
459. Çaba göstermekle yenemeyeceğimi bildiğim bazı kötü alışkanlıklarım var.

460. Az iç kullandım ya da hiç kullanmadım.
461. Kısa bir zaman için bile olsa başladığım işi bir kenara bırakmak bana güç gelir.
462. Küçük abdestimi yapmada ya da tutmada güçlük çekmem.
463. Sek sek oyununu oynamaktan hoşlanırdım.
464. Hiç hayal görmedim.
465. Birkaç kez hayatım boyunca yaptığım işte hevesimi yitirdiğim olmuştur.
466. Doktor önerisi dışında hiçbir ilaç ya da uyku hapi kullanmadım.
467. Çok defa (otomobil, plaka numarası gibi) hiç önemli olmayan numaraları ezberlerim.
468. Sıklıkla sinirli ve asık suratlı olurum.
469. Onlardan önce düşündüğüm için başkaları benim fikirlerimi kıskanıyorlar.
470. Cinsiyetle ilgili şeylerden nefret ederim.
471. Okulda hal ve gidişten kırık not alırdım.
472. Yanının karşısında büyülenmiş gibi olurum.
473. Mümkün olduğu kadar kalabalıktan uzak kalmaya çalışırım.
474. Başkalarından daha sık küçük abdeste çıkmam.
475. Sıkıştırıldığım zaman gerçeğin ancak bana zarar vermeyecek kısmını söylerim.
476. Tanrı bana özel bir görev vermiştir.
477. Arkadaşlarımla birlikte işlediğim bir suçtan esit şekilde suçlu olduğum zaman onları ele vermektense bütün suçu üzerime almayı tercih ederim.

478. Çok deęişik bir aile ortamından gelmiş olmayı isterdim.
479. Yabancılarla tanışmaktan kaçınmam.
480. Karanlıktan çok defa korkarım.
481. Bir şeyden kurtulmak için hasta numarası yaptığım olmuştur.
482. Trende, otobüste vb. rastladığım kimselerle çok defa konuşurum.
483. Peygamberimiz göęe çıkma gibi mucizeler göstermiştir.
484. Homoseksüellięi çok ięrenç buluyorum.
485. Bir erkek bir kadınla beraber olunca genel olarak onun cinsiyetiyle ilgili şeyler düşünür.
486. İdrarımda hiç bir zaman kan görmedim.
487. Uęraştığım iş yolunda gitmeyince hemen vaz geçerim.
488. Sık sık dua ederim.
489. Yaşamı yalnızca üzüntülü, sıkıntılı tarafları ile benimseyen insanlara sempati duyarım.
490. Haftada bir kaç kere kuran okurum.
491. Sadece bir tek dinin doęruluęuna inananlara tahammül edemem.
492. Zelzele düşüncesi beni çok korkutur.
493. Tam dikkat isteyen işleri, beni dikkatsizliğe sürükleyen işlere tercih ederim.
494. Kapalı ve küçük yerlerde bulunmaktan çok rahatsız olurum.
495. Kusurlarını düzeltmeye çalıştığım insanlarla genel olarak gayet açık konuşurum.

- 496.Eşyayı hiçbir zaman çift görmem. (Yani tek olan şeyleri çift görmem)
- 497.Macera hikayelerinden hoşlanırım.
- 498.Açık sözlü olmak her zaman iyidir.
- 499.Gerçekten önemsiz olan bir şey üzerinde bazan sebepsiz olarak haddinden fazla üzüldüğüm olur.
- 500.Bana parlak gelen bir fikre hemen kapılır giderim.
- 501.Başkalarından yardım beklemektense genel olarak bir işi kendi başıma yapmayı tercih ederim.
- 502.Herhangi bir olay hakkındaki görüşümü başkalarına açıkça belirtmekten hoşlanırım.
- 503.Başkalarının hareketlerini çok beğenip beğenmediğimi pek belli etmem.
- 504.Değersiz gördüğüm ya da acıdığım kimseye bu duygularımı belli etmekten çekinmem.
- 505.Zaman zaman kendimi öyle güçlü ve enerjik hissederim ki böyle zamanlarda günlerce uykuya ihtiyaç duymadığım olur.
- 506.Sinirleri çok gergin bir insanım.
- 507.İşler iyi gidince arslan payını kendilerine alan fakat hata yapıınca bunu başkalarının üzerine atan insanlarla karşılaştım.
- 508.Koku alma duyum herkes kadar iyidir.
- 509.Bazan çekingenliğim yüzünden hakkımı arayamam.
- 510.Pislik ve kir beni ürkütüp iğrendirir.
- 511.Herkesten gizli tuttuğum bir hayal dünyam var.
- 512.Yıkanmaktan hoşlanmam.

513. Kış mevsimini severim.

514. Erkek gibi davranan kadınlardan hoşlanırım.

515. Evimizde daima gerekli ihtiyaç maddeleri bulunurdu. (yeteri kadar yiyecek, giyecek vs. gibi)

516. Ailemde çabuk kızan kimseler var.

517. Hiç bir şeyi iyi yapamam.

518. Bazı durumlarda olduğumdan fazla üzüntülü görünmeye çalıştığım olmuştur.

519. Cinsel organlarımda bir bozukluk var.

520. Genel olarak görüşlerimi kuvvetle savunurum.

521. Bir grup içinde konuşma yapmam ve çok iyi bildiğim bir konuda fikrimi söylemem istenince kaygılanmam.

522. Örümcekten korkmam.

523. Yüzüm hemen hemen hiç kızarmaz.

524. Kapı tokmaklarından hastalık veya mikrop alacağımdan korkmam.

525. Bazı hayvanlardan ürkerim.

526. Gelecek bana ümitsiz görünüyor.

527. Ailem ve yakın akrabalarım birbirleri ile oldukça iyi geçinirler.

528. Yüzüm başkalarından daha sık kızarmaz.

529. Pahalı elbiseler giymeyi isterim.

530. Sebepsiz yere sık sık içim sıkılıyor ve ağlamak istiyorum.

531. Bir konu üzerinde karar verdiğimi zannetsen bile başka biri fikrimi kolayca değiştirebilir.

532. Acıya başkaları kadar ben de dayanabilirim.
533. Sık sık geçirmekten şikayetim yoktur.
534. Çoğunlukla başladığım işten en son vazgeçen ben olurum.
535. Hemen hemen her zaman ağızımda kuruluk olur.
536. Beni acele ettirenlere kızarım.
537. Afrika'da arslan avına çıkmak isterdim.
538. Terzilikten hoşlanabileceğimi sanıyorum.
539. Fareden korkmam.
540. Yüzüme hiç felç inmedi.
541. Cildime ufak bir şeyin dokunmasından çok huylanırım.
542. Şimdiye kadar rengi kapkara büyük abdest yapmadım.
543. Haftada bir kaç kez korkunç bir şey olacaktıymış duygusuna kapılırım.
544. Çoğu zaman yorgunluk hissederim.
545. Bazan aynı rüyayı tekrar tekrar görürüm.
546. Tarih okumaktan hoşlanırım.
547. Toplantı ve kalabalık eğlencelerden hoşlanırım.
548. Elimdeyse açık saçık numaraların yapılacağı eğlence yerlerine gitmem.
549. Karşıma çıkacak güçlülüklerden korkar ve kaçarım.
550. Kapı mandallarını onarmaktan hoşlanırım.
551. Bazan başkalarının kafamın içindekilerini okuduğundan eminim.
552. Bilimsel yayınları okumaktan hoşlanırım.
553. Açık yerlerde veya geniş meydanlarda tek başıma kalmaktan korkarım.

554.Sıkıntım oldukça alkol alırım.

555.Bazan çıldıracaktım gibi olurum.

556.Kılık kıyafetime çok itina ederim.

557.Hayatı fazla ciddiye almıyorum.

558.Birçok kimseler kötü cinsel faaliyetlerinden dolayı suçludurlar.

559.Gece yarısı çoğunlukla korkuya kapıldığım olur.

560.Bir şeyi nereye koyduğumu unutmaktan çok şikayetçiyimdir.

561.Ailem benim için büyük bir dayanaktır.

562.Çocukken en fazla bağılandığım ve hayran kaldığım kimse bir kadındı.

563.Macera hikayelerini aşk hikayelerinden daha çok severim.

564.Yapmak istediğim fakat başkalarının beğenmediği bir işten kolayca vazgeçerim.

565.Yüksek bir yerde iken içimden atlama isteği gelir.

566.Sinamalardaki aşk sahnelerini severim.

APPENDIX B

ANKET

AÇIKLAMA : Aşağıda istenilen bilgileri doldurun.

Adı-Soyadı:

Cinsiyeti:

Yaşı:

Eğitim durumu : 1. Üniversite mezunu

2. Lise mezunu

3. Orta okul mezunu

4. İlkokul mezunu

Medeni durumu:

Mesleği:

Yaşadığı yer : 1. Şehir

2. Kasaba

3. Köy

Annenin eğitim durumu 1. Üniversite mezunu

2. Lise mezunu

3. Orta okul mezunu

4. İlkokul mezunu

5. Yok

- Babanın eğitim durumu : 1. Oniversite mezunu
2. Lise mezunu
3. Ortaokul mezunu
4. İlkokul mezunu
5. Yok

Kardeş sayısı:

Çocuk sayısı: