

First of all, let's take the third category—those about whom some doubt of possible abnormality has manifested itself, but who have been cleared up by the MMPI.

I would have no particular objection to that use of the MMPI and someone who has been rated by objective methods as possibly suffering from psychological disturbances.

I would hope that if they are really suffering from psychological disturbances, or appear to be, their methods of clearing them of a different and better nature than the MMPI would be used. But at any rate, to give this to people who are already classified as "possibly disturbed" is, I think, more understandable.

Then we have the large category of those who do not display any abnormality at all, and who also passed the MMPI with flying colors. That is the larger category.

Then you have the category you named first, and that is the one we are interested in, of those who the first indication of whose abnormality was given by the MMPI. But you substantially vitiate this when you say, as you do, that you give them the MMPI right after they arrive. That is before any of the dozen or so processes of eliciting disturbance has had a chance to operate.

Therefore I do not really think, with all due respect, that the Peace Corps has shown to my satisfaction that the MMPI has caught one single case that would not otherwise have been elicited, unless you keep the MMPI results locked up for 12 weeks and then only look at them at the end, and if you could establish in those case histories that there had been absolutely nothing abnormal reported by the host-country nationals, the instructors, the fellow students, the doctors, the health examinations, the psychologists, and so on.

Is that not so? Doesn't this claim of practical verification pretty much wash out?

Dr. CARP. I don't believe so. The whole problem of the nature of proof is difficult. My colleague suggests that maybe for discussion we might give you some of the facts in one individual case in which we feel that the MMPI was useful, and with your permission I will read it.

Mr. REUSS. This will be the case of X?

Dr. CARP. Yes—we call him No. 5.

This 20-year-old man was invited to an agricultural program as a small industries specialist. His performance in training ranged from adequate to outstanding. The staff saw him in a generally favorable light, describing him as competent, able, flexible, and willing. His peers also reacted favorably to him.

The CSC report was generally positive. It indicated that the subject had been adopted by an uncle who others saw as demanding more than the subject was able to produce. He in turn was seen as responding by working to the best of his ability.

By contrast, the MMPI was indicative of either a psychotic or of an adolescent without focus. The MMPI yielded scores of 70 or above on scales 4, 5, and 9, indicating an individual who rejects authority and is somewhat disorganized and hyperactive in thought and action. In addition, the relationship of scale 7 to 8 indicated that the individual may have some looseness in thought.

These results were substantiated in psychological interview and by other psychological tests which indicated very low frustration tolerance, low superego strength, suspiciousness, insecurity, lack of criticalness, tension, and uncertainty of self.

In view of the discrepancies between performance in training and the psychological evaluations, projective techniques and a psychiatric consultation were requested. They confirmed the presence of a psychotic process in the subject, rather than the identity diffusion of adolescence.