is counted on a scale for estimating the amount of depression. We did not just decide that going to church was related to depression. We had the response frequencies from men who complained that they were depressed. They answered "True" with a frequency of only 20 percent. You will note that the normals answered "True" with a frequency of 42 percent—22 percent more often. Now this difference also turned up for women who were depressed. We adopted a "False" response to this item as a count on the depression scale of the MMPI. We do not even now know why depressed people say they go to church less often. Note that you are not depressed if you say "False" to this one item. Actually, 55 percent of the normals answered "False." Use of the item for an MMPI scale depended on the fact that even more of the depressed persons answered "False" and so if you say "False" you have added one item more in common with depressed people that with the normals despite the fact that more than half the normals answered as you did.

Even psychologists very familiar with the MMPI cannot tell to which scale or scales an item belongs without looking it up. People often ask for a copy of a test so they can cite their objections to items they think objectionable, and they assume that the meaning of the item is obvious and that they can tell how it is interpreted. I am often asked what specified items mean. I do not know because the scoring of the scales has become so abstracted that I have no contact with items.

One more point along this line. Only 6 of the above 19 items are counted on one of the regular scales that are mostly used for personality evaluation. Four more are used on a measure that is only interpreted in estimation of the ability of the subject to follow directions and to read well enough. In fact, about 200 of the whole set of items did not end up on any one of the regularly used scales. But, of course, many of these 200 other items occur on one or another of the many experimental MMPI scales that have been published.

We cannot change or leave out any items or we lose an invaluable heritage of research in mental health. To change even a comma in an item may change its meaning. I would change the words of some items, omit some, and add new ones if I could. A new test should be devised, but its cost would be on the order of $100,000 and we are not at this time advanced enough so that the new one would be enough better to compensate for the loss of the research and diagnostic value of the present MMPI even in view of its manifest weaknesses.

The subject of professional training brings me to my next line of response. It is appropriate that the public should be aware of the uses of such tests as the MMPI, but I have repeatedly pointed out that it is far more important that the public should be aware of the persons who are using the test and of the uses to which it is put. In this context, the distributor of the MMPI, the Psychological Corp. of New York City, accepts and practices the ethical principles for test distributors that have been promulgated by the American Psychological Association. These rules prohibit the sale of tests to untrained or incompetent persons. Use or possession of the MMPI by others is prohibited but, since this carries no present penalty, the distributor is helpless except for his control of the supply. Tests, as I have said above, are not like switchblade knives, designed to be used against people; they offer potential contributions to happiness. And I cannot believe that a properly accredited clinical psychologist or psychiatrist or physician who may use the MMPI would under any circumstances use it to the disadvantage of the persons being tested. If he does so, he is subject to the intraprofessional ethical-practice controls that are explicit and carry sanctions against those of us who transgress. The MMPI provides data which, like certain medical data, are considered by many to be helpful in guidance and analysis and understanding of people. Of course, in the making of this point, I am aware that their is no absolute meaning to what is ethical. What one group may think should be done about a certain medical examination disclosure may be considered by another group to be against the patient's interest. I cannot do more than extend this ubiquitous ethical dilemma to the use of the personality test.

The essential point is that such tests should not be used except in professional circles by professional people and that the data it provides should be held confidential and be protected within the lawful practice of ethics. When these requirements are not met, there is reason for complaint. I hope I have made it clear that it is also my conviction that the MMPI will hurt no one, adult or child, in the taking of it. Without defending all uses of it, I surely defend it, and instruments like it, when they are in proper hands and for proper purposes. Monachesi and I have tested 15,000 ninth-grade school children with the MMPI. This took us into public schools all over the State, even into some parochial schools. In all of this testing, we had no difficulties with children, parents, or teachers except for a few courteous inquiries. We are now publishing what we hope will