

The logo for the MMPI-A Interpretive System is located on the left side of the header. It consists of a rounded rectangle with a purple top bar, a white middle section containing the text 'MMPI®-A Interpretive System' in purple, and a black bottom bar.

MMPI®-A Interpretive System

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Interpretive Report

by Robert P. Archer, PhD and PAR Staff

Client Information

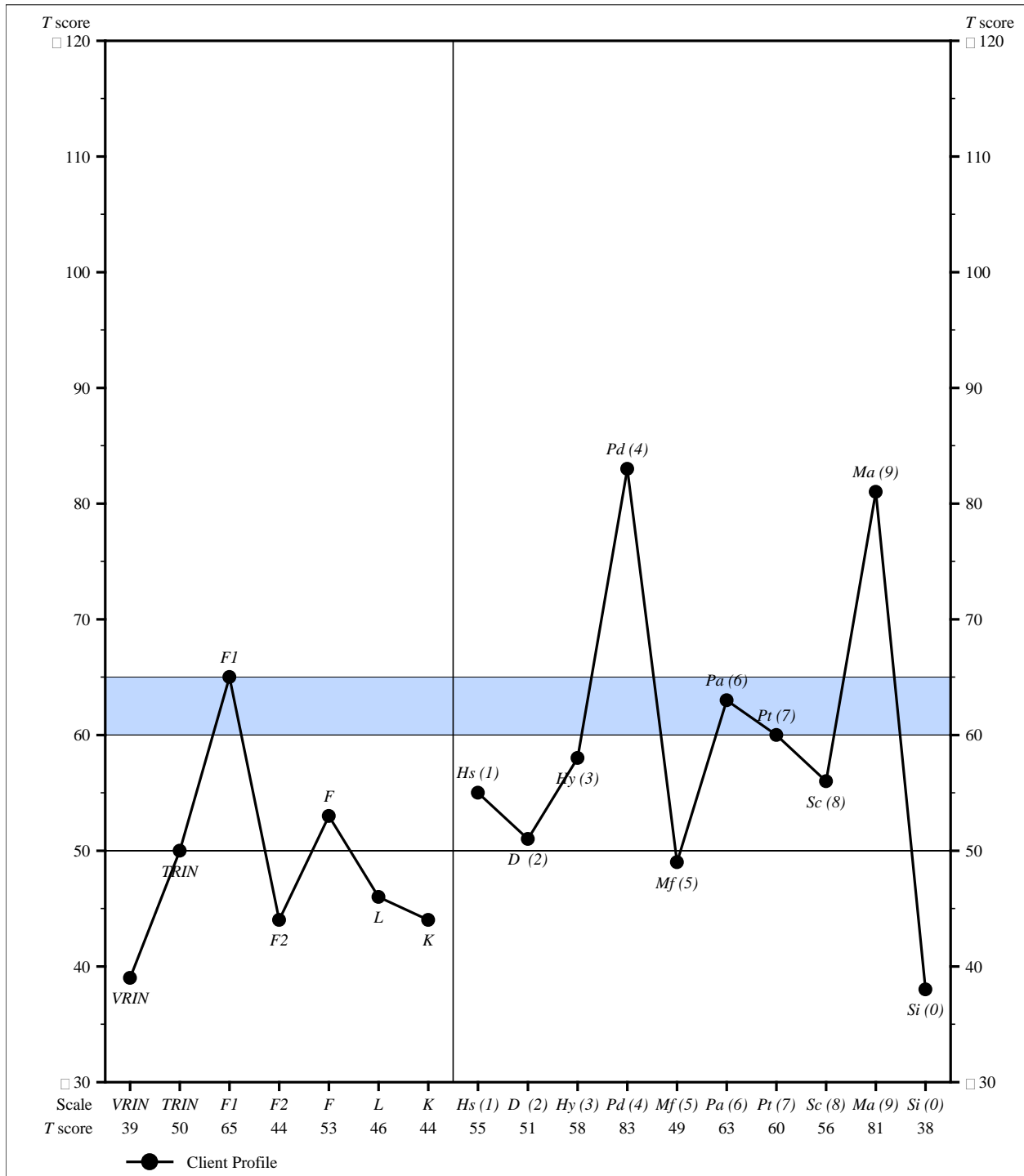
Name: John Sample
Client ID: 1234
Gender: Male
Date of birth: 04/03/1997
Age: 16
Grade level: 10
Setting: Outpatient
Test date: 05/15/2013

This report is intended for use by qualified professionals only and is not to be shared with the examinee or any other unqualified persons.

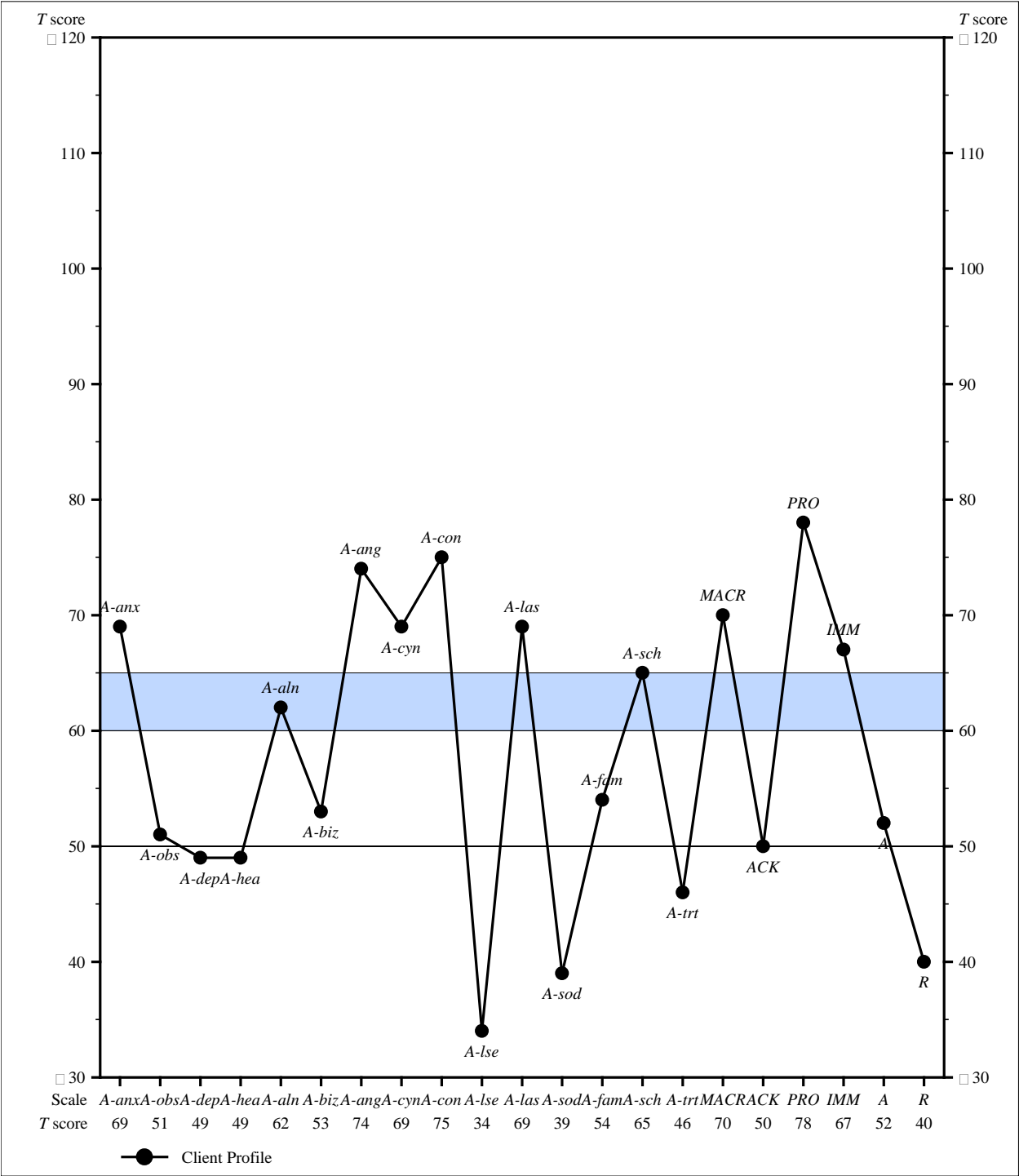
Profile Matches and Scores

	Client profile	Highest scale codetype	Best-fit codetype
Codetype match:		4-9/9-4	4-9/9-4
Coefficient of fit:		0.940	0.940
Scores			
F (Infrequency)	53	53	53
L (Lie)	46	48	48
K (Correction)	44	47	47
Hs (Scale 1)	55	49	49
D (Scale 2)	51	50	50
Hy (Scale 3)	58	49	49
Pd (Scale 4)	83	70	70
Mf (Scale 5)	49	44	44
Pa (Scale 6)	63	54	54
Pt (Scale 7)	60	52	52
Sc (Scale 8)	56	55	55
Ma (Scale 9)	81	72	72
Si (Scale 0)	38	45	45
Codetype definition in <i>T</i> -score points	18	15	15
Mean clinical scale elevation	63.0	56.3	56.3
Mean excitatory scale elevation	73.0	65.4	65.4
Mean age - Females		15.4	15.4
Mean age - Males		15.5	15.5
Percent of cases		6.5	6.5
Configural clinical scale interpretation is provided in the report for the following codetype(s): 4-9/9-4			
Unanswered (?) Items	1		
Welsh code	49""+67-3812/5:0# F/LK:		

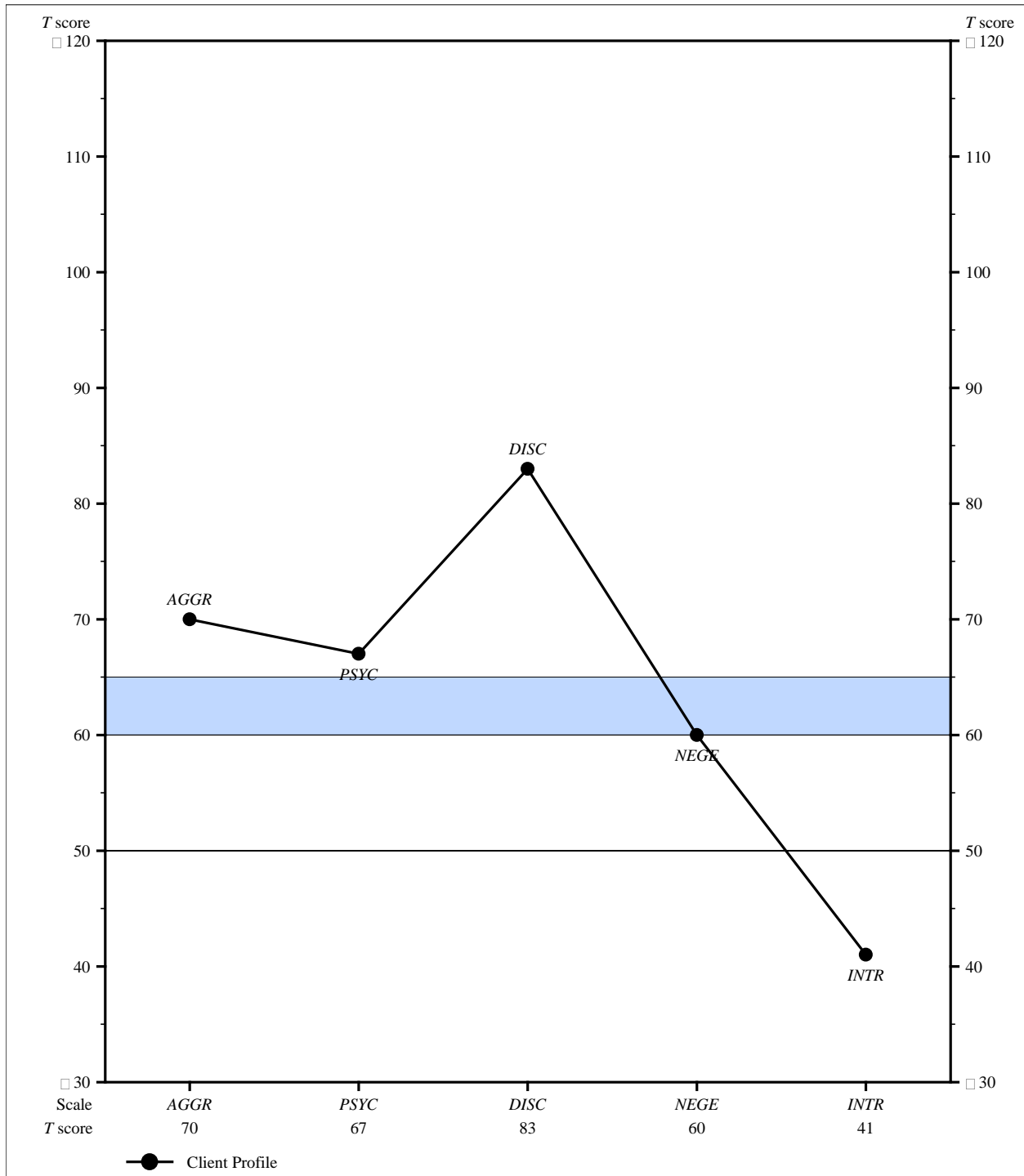
Validity and Clinical Scales



Content and Supplementary Scales



PSY-5 Scales



Harris-Lingoes and Si Subscales

Scale ^a	T score
Depression subscale	
Subjective Depression (D1)	51
Psychomotor Retardation (D2)	41
Physical Malfunctioning (D3)	55
Mental Dullness (D4)	56
Brooding (D5)	41
Hysteria subscale	
Denial of Social Anxiety (Hy1)	61
Need for Affection (Hy2)	46
Lassitude-Malaise (Hy3)	62
Somatic Complaints (Hy4)	53
Inhibition of Aggression (Hy5)	44
Psychopathic Deviate subscale	
Familial Discord (Pd1)	59
Authority Problems (Pd2)	73 ^a
Social Imperturbability (Pd3)	67 ^a
Social Alienation (Pd4)	74 ^a
Self-Alienation (Pd5)	65 ^a
Paranoia subscales	
Persecutory Ideas (Pa1)	78 ^a
Poignancy (Pa2)	42
Naiveté (Pa3)	40
Schizophrenia subscale	
Social Alienation (Sc1)	62
Emotional Alienation (Sc2)	48
Lack of Ego Mastery, Cognitive (Sc3)	55
Lack of Ego Mastery, Conative (Sc4)	57
Lack of Ego Mastery, Defective Inhibition (Sc5)	57
Bizarre Sensory Experiences (Sc6)	47
Hypomania subscale	
Amorality (Ma1)	73 ^a
Psychomotor Acceleration (Ma2)	71 ^a
Imperturbability (Ma3)	55
Ego Inflation (Ma4)	64
Social Introversion subscale	
Shyness/Self-Consciousness (Si1)	36

Social Avoidance (Si2)	38
Alienation-Self and Others (Si3)	54

^a *T* scores for subscales printed in bold are $T \geq 65$ and the corresponding Main Clinical scale is $T \geq 60$.

Content Component Scales

Scale ^a	T score
Depression	
Dysphoria (A-dep1)	47
Self-Depreciation (A-dep2)	52
Lack of Drive (A-dep3)	47
Suicidal Ideation (A-dep4)	42
Health Concerns	
Gastrointestinal Symptoms (A-hea1)	46
Neurological Symptoms (A-hea2)	46
General Health Concerns (A-hea3)	45
Alienation	
Misunderstood (A-aln1)	64
Social Isolation (A-aln2)	38
Interpersonal Skepticism (A-aln3)	73 ^a
Bizarre Mentation	
Psychotic Symptomatology (A-biz1)	48
Paranoid Ideation (A-biz2)	75
Anger	
Explosive Behavior (A-ang1)	66 ^a
Irritability (A-ang2)	70 ^a
Cynicism	
Misanthropic Beliefs (A-cyn1)	58
Interpersonal Suspiciousness (A-cyn2)	69 ^a
Conduct Problems	
Acting-Out Behaviors (A-con1)	70 ^a
Antisocial Attitudes (A-con2)	68 ^a
Negative Peer Group Influences (A-con3)	51
Low Self-Esteem	
Self-Doubt (A-lse1)	36
Interpersonal Submissiveness (A-lse2)	38
Low Aspirations	
Low Achievement Orientation (A-las1)	69 ^a
Lack of Initiative (A-las2)	49
Social Discomfort	
Introversion (A-sod1)	36
Shyness (A-sod2)	44

^a *T* scores for subscales printed in bold are $T \geq 65$ and the corresponding Main Content scale is $T \geq 60$.

Content Component Scales (continued)

Scale ^a	T score
Family Problems	
Familial Discord (A-fam1)	63
Familial Alienation (A-fam2)	49
School Problems	
School Conduct Problems (A-sch1)	69^a
Negative Attitudes (A-sch2)	74^a
Negative Treatment Indicators	
Low Motivation (A-trt1)	45
Inability to Disclose (A-trt2)	53

^a T scores for subscales printed in bold are $T \geq 65$ and the corresponding Main Content scale is $T \geq 60$.

Specified Setting

This adolescent was assessed in an outpatient setting.

Configural Validity Scale Interpretation

This adolescent has produced a consistent MMPI-A response pattern, reflected in acceptable values on validity scales VRIN and TRIN.

This F-L-K validity scale configuration is indicative of an adolescent who responded to the MMPI-A in a valid, accurate, and cooperative manner. The validity scale features produced by this teenager are characteristic of normal adolescents and are unusual for teenagers evaluated in psychiatric settings.

Both F1 and F2 T scores are below 90. T-score values of 90 or greater on either F1 or F2 are likely to indicate problems with profile validity.

Validity Scales

Raw (?) = 1

There were a few item responses omitted in completing this MMPI-A. These omissions may represent areas of limitation in the adolescent's life experience that rendered certain items unanswerable or limitations in the adolescent's reading ability. There is little probability of profile distortion as a result of these few item omissions.

Variable Response Inconsistency (VRIN) = 39

VRIN scores in this range suggest that the adolescent responded to test items with an acceptable level of consistency.

True Response Inconsistency (TRIN) = 50

TRIN scores in this range suggest that the adolescent responded to test items with an acceptable level of consistency.

Infrequency 1 (F1) = 65

Scores in this range reflect a marginal or moderate elevation in unusual psychiatric symptomatology as presented in the first part of the MMPI-A test booklet.

Infrequency 2 (F2) = 44

Scores in this range may be produced by normally adjusted adolescents who have had very conventional life histories or by adolescents with psychological problems who are consciously or unconsciously attempting to deny serious psychopathology as presented in the latter part of the MMPI-A test booklet.

Infrequency (F) = 53

Scores in this range usually indicate that the respondent has answered the test items in a manner similar to most normal adolescents. Although some clinical scale scores may be elevated, this teenager has not reported many symptoms of highly deviant/unusual psychopathology.

Lie (L) = 46

Scores in this range suggest an appropriate balance between the admission and the denial of common social faults. These adolescents are often viewed as flexible and psychologically sophisticated.

Correction (K) = 44

The majority of adolescents obtain scores in this range, which represent an appropriate balance between self-disclosure and guardedness. Prognosis for psychotherapy is often good because such adolescents are open to discussion of life problems and symptoms.

Configural Clinical Scale Interpretation

4-9/9-4 Codetype

This MMPI-A profile is classified as a 4-9/9-4 codetype. It occurs more frequently among adolescents than adults and is found in 7% to more than 10% of adolescents, depending on the clinical setting.

Teenagers who obtain this profile type display a marked disregard for social standards and are likely to manifest problems related to acting-out and impulsivity. They are described as egocentric, narcissistic, selfish, and self-indulgent, and are often unwilling to accept responsibility for their behaviors. In social situations, these teenagers are extroverted and appear to make an excellent first impression. Their egocentric interpersonal style, however, typically results in chronic difficulties in establishing close and enduring relationships. They are usually referred for treatment because of defiance, disobedience, impulsivity, provocative behavior, and truancy in school. Additionally, the IMM score indicates this adolescent might be described as immature, easily frustrated, impatient, defiant, egocentric, and concrete. Many teenagers with this codetype will develop a history of repeated legal violations and court actions. Findings from the A-con content scale indicate that this adolescent has reported attitudes and behaviors related to conduct disorder symptomatology. Drug or alcohol use is also common among adolescents with this codetype. Findings from supplementary scales related to substance abuse (MAC-R, ACK, or PRO) also indicate that this adolescent has an increased probability of alcohol or drug abuse problems.

Adolescents who produce this codetype frequently receive Cluster B Personality Disorder diagnoses (301.XX) and/or Conduct Disorder diagnoses (312.8). Their primary defense mechanism consists of acting-out, and these teenagers often enter treatment settings without evidence of substantial emotional distress such as anxiety or depression. Therapists perceive these adolescents as resentful of authority figures, narcissistic, egocentric, socially extroverted, self-centered, selfish, and demanding. Adults with this codetype have a markedly poor prognosis for personality or behavior change as a result of psychotherapy. The prognosis for adolescents with this codetype probably is inversely related to the age at which psychotherapy is undertaken: The earlier the psychological intervention, the greater the probability of successful treatment. Treatment efforts might focus on the relationships between the adolescent's behavior and its environmental consequences; that is, holding the adolescent consistently responsible for his behavior and setting

appropriate limits and consequences for irresponsible or antisocial behaviors. In this latter regard, the use of carefully structured legal restrictions, such as clearly defined probation contingencies, are often useful for teenagers who have manifested repeated legal violations.

Clinical Scales

Scale 1 (Hs) = 55

The obtained score is within normal or expected ranges. This adolescent has not expressed a pattern of unusual concerns or preoccupations regarding physical health or functioning.

Scale 2 (D) = 51

The obtained score is within normal or expected ranges, and depressive symptomatology was not reported as a problem area for this adolescent.

Scale 3 (Hy) = 58

The obtained score is within normal or expected ranges, and this adolescent probably has the capacity to acknowledge unpleasant issues or negative feelings.

Scale 4 (Pd) = 83

Scale 4 high points are very common among adolescents, particularly among those in psychiatric or criminal justice settings. Scores in this range are typical for adolescents who are characterized as rebellious, hostile toward authority figures, and defiant. These adolescents often have histories of poor school adjustment and problems in school conduct. High scores on this scale present an increased probability of overtly delinquent behavior. These adolescents often show an inability to delay gratification and are described as being impulsive and having little tolerance for frustration and boredom.

Primary defense mechanisms typically involve acting-out, and such behaviors may be unaccompanied by feelings of guilt or remorse. Although these adolescents typically create a good first impression and maintain an extroverted and outgoing interpersonal style, their interpersonal relationships tend to be shallow and superficial. They are eventually viewed by others as selfish, self-centered, and egocentric.

Scale 5 (Mf) = 49

The obtained score is within normal or expected ranges and indicates standard interest patterns in the traditional masculine activities.

Scale 6 (Pa) = 63

Adolescents who obtain scores in this range tend to display marked interpersonal sensitivity and may be suspicious and distrustful in interpersonal relationships. They tend to be perceived by others as hostile, resentful, and argumentative. They often have difficulty in establishing therapeutic relationships due to marked interpersonal guardedness, and they may have problems in school adjustment.

Scale 7 (Pt) = 60

The *T*-score value obtained for this basic MMPI-A scale is at a marginal or transitional level of elevation. Some of the following descriptors may not apply to this adolescent.

Scores in this range are typically obtained by adolescents who are described as anxious, tense, indecisive, self-critical, and perfectionistic. They often have marked feelings of insecurity, inadequacy, and inferiority and maintain unrealistically high standards for their performance. At extreme elevations, the score may indicate clear patterns of intense ruminations and obsessions.

Scale 8 (Sc) = 56

The obtained score is within normal or expected ranges and suggests intact reality testing and coherent thought processes.

Scale 9 (Ma) = 81

Scores in this range are typically obtained by adolescents who are described as overactive, impulsive, distractible, and restless. They frequently prefer action to thought and reflection. They are often unrealistic and grandiose in terms of goal-setting. These adolescents have a greater likelihood of school conduct problems and delinquent behaviors. They are perceived by others as self-centered, egocentric, talkative, and energetic. At marked elevations, scores in this range may reflect a presence of symptoms related to mania such as flight of ideas, grandiose self-perceptions, and euphoric mood.

Scale 0 (Si) = 38

Adolescents who score in this range are extroverted and gregarious. They appear to have a strong need for affiliation and are interested in social status and social recognition. Although socially competent and confident, these adolescents are often viewed by others as superficial and insincere in interpersonal relationships. Although often intellectually gifted, these teenagers frequently have a history of academic underachievement.

Additional Scales

Content and Content Component Scales

The MMPI-A content component scales should not be viewed as “stand alone” scales, but rather should be interpreted in relation to elevated scores on the corresponding content scales. Specifically, the content component scales should be interpreted only in the presence of a *T* score of 60 or greater on the content scale. Further, content component scales should not be interpreted even under these circumstances unless the specific content component scale *T* score is 65 or greater. Examination of the content component scales under appropriate circumstances can identify the most important and salient components associated with an elevated score for a given content scale. If most or all of the content component scale scores are elevated in the presence of an elevated score on the parent content scale, it is possible to assume with greater certainty that the adolescent endorsed items associated with the entire range of content for that content scale. Therefore, in the following sections, interpretations for content component scales will be provided only if the content component scale score is greater than or equal to 65 and the corresponding content scale score is greater than or equal to 60.

Anxiety (A-anx) = 69

Scores in this range are often produced by adolescents who are tense, anxious, nervous, and ruminative. Concentration and low endurance or rapid fatigue may also be problem areas.

Obsessiveness (A-obs) = 51

The obtained score on this content scale is within normal or expected ranges.

Depression (A-dep) = 49

The obtained score on this content scale is within normal or expected ranges.

Health Concerns (A-hea) = 49

The obtained score on this content scale is within normal or expected ranges.

Alienation (A-aln) = 62

Scores in this range reflect marginal elevations on the Alienation scale. These adolescents may be experiencing some emotional distance or feelings of alienation from others.

This adolescent's elevated score on the Interpersonal Skepticism content component scale indicates the adolescent feels unsupported by others and may feel unjustly criticized by his parents and/or individuals in his peer group.

Bizarre Mentation (A-biz) = 53

The obtained score on this content scale is within normal or expected ranges.

Anger (A-ang) = 74

Scores in this range are produced by adolescents who may be described as irritable, grouchy, impatient, angry, and hostile. Anger-related problems may include physical aggressiveness. Endorsement of individual items composing the A-ang scale should be reviewed with the adolescent.

This adolescent produced an elevated score on the Explosive Behavior content component scale. This finding suggests that he has the potential to exhibit violent or explosive behaviors when angry, including physical violence and destroying property.

This adolescent produced a significantly elevated score on the Irritability content component scale, reflecting a tendency to harbor feelings of irritability and anger. This adolescent may display considerable impatience and annoyance over even minor problems or disagreements and may be viewed by others as argumentative and hostile.

Cynicism (A-cyn) = 69

Scores in this range are produced by adolescents who may be described as distrustful, cynical, and suspicious of the motives of others. These adolescents may believe that all people lie, cheat, steal, and selfishly manipulate others for their personal gain.

This adolescent produced an elevated score on the Interpersonal Suspiciousness content component scale, indicating a heightened level of cynicism regarding the motives and behaviors of other people. These adolescents may feel that others are "out to get them" and are generally suspicious and mistrustful.

Conduct Problems (A-con) = 75

Scores in this range are produced by adolescents who are likely to have impulsivity problems and display behaviors related to conduct disorder. They hold beliefs or attitudes in conflict with societal norms and standards and have particular difficulty dealing with authority figures.

This adolescent produced a significantly elevated score on the Acting-Out Behaviors content component scale. Adolescents who produce similar elevations often have histories of antisocial behavior, including shoplifting, stealing, and other criminal activities. These adolescents are also at increased likelihood for problems with drug or alcohol abuse and may meet diagnostic criteria for Conduct Disorder or Oppositional Defiant Disorder.

This adolescent produced an elevated score on the Antisocial Attitudes content component scale, indicating that he harbors a variety of antisocial beliefs and attitudes. Adolescents who produce these elevations often show a disregard for rules and laws and are more likely than other adolescents to meet the criteria for Conduct Disorder.

Low Self-Esteem (A-lse) = 34

The obtained score on this content scale is within normal or expected ranges.

Low Aspirations (A-las) = 69

Scores in this range are produced by adolescents who have few, or no, educational or life goals or objectives. These adolescents often have patterns of poor academic achievement. They tend to become frustrated quickly and give up, and they do not apply themselves in challenging situations.

This adolescent produced a significantly elevated score on the Low Achievement Orientation content component scale, indicating he or she does not endorse attitudes or behaviors associated with strong academic performance. These adolescents often have difficulty performing in school and may have a higher rate of school avoidance and truancy than other adolescents.

Social Discomfort (A-sod) = 39

The obtained score on this content scale is within normal or expected ranges.

Family Problems (A-fam) = 54

The obtained score on this content scale is within normal or expected ranges.

School Problems (A-sch) = 65

Scores in this range are produced by adolescents who are encountering significant behavioral and/or academic problems within the school setting. These adolescents often have developed a negative attitude toward academic achievement and activities. The possibility of learning disabilities or developmental delays should be evaluated.

This adolescent produced an elevated score on the School Conduct Problems content component scale, indicating an increased likelihood of problems with school authorities and a history of multiple disciplinary actions. Adolescents who produce elevated scores on this content component scale may engage in a variety of acting-out behaviors in the school environment and have an increased risk for alcohol or drug involvement.

This adolescent produced an elevated score on the Negative Attitudes content component scale, often found among adolescents who underachieve in the academic environment and may get into trouble because of conflicts with their teachers or a history of school truancy. They do not value or like school and often resist completing homework or participating in school activities.

Negative Treatment Indicators (A-trt) = 46

The obtained score on this content scale is within normal or expected ranges.

Supplementary Scales**MacAndrew Alcoholism (MAC-R) = 70**

High scores for adolescents have been related to an increased probability of alcohol and substance abuse. Behaviorally, these adolescents typically appear to be extroverted, sensation-seeking, and impulsive. They may have a higher incidence of Conduct Disorder diagnoses than other adolescents. The high probability of alcohol and drug abuse problems strongly suggests that this teenager's need for substance abuse prevention or treatment interventions be evaluated. Caution should be exercised in

interpreting high MAC scores for adolescents in minority racial groups. It is probable that a high rate of false positive errors may occur for nonwhite respondents.

Alcohol-Drug Problem Acknowledgement (ACK) = 50

This score is within acceptable or normal ranges on the ACK scale. Because an adolescent may underreport drug or alcohol use, related attitudes, or related symptoms, MAC-R and PRO scale scores should also be carefully reviewed to optimally screen for alcohol- and drug-related problems.

Alcohol-Drug Problem Proneness (PRO) = 78

Scores in this range are produced by adolescents who are at increased risk for drug and alcohol problems. MAC-R and ACK scale scores should also be carefully reviewed. This adolescent has produced significantly elevated scores on one or more substance abuse-related scales, and substance use or abuse issues may be a significant factor in any problems occurring in the school setting.

Immaturity (IMM) = 67

Scores in this range are produced by immature adolescents. These adolescents are easily frustrated, impatient, defiant, and exploitative in interpersonal relationships. They are likely to have histories of academic and social difficulties. They are egocentric, tend to externalize blame, and are simplistic and concrete in cognitive processes.

Anxiety (A) = 52

The obtained score is within normal or expected ranges and indicates unremarkable levels of anxiety and discomfort.

Repression (R) = 40

Adolescents with scores in this range have been described as spontaneous, excitable, enthusiastic, impulsive, talkative, and argumentative. In interpersonal relationships they are often perceived as self-seeking and self-indulgent. They tend to employ defense mechanisms that emphasize acting-out.

The Personality Psychopathology-Five (PSY-5) Scales

The interpretation of the PSY-5 scales is provided in this report in order to complement interpretive data derived from the MMPI-A basic and content scales. The correlates of these research scales have received limited investigation in adolescent populations, and the interpreter is urged to apply caution in using these scales with adolescents.

Aggression (AGGR) = 70

High AGGR scorers may be described as displaying poor control of their tempers, and they often engage in aggressive behavior as a method of accomplishing their goals. They may be involved in bullying others and have a higher frequency of assaultive, externalizing, and acting-out behaviors than other adolescents. Their aggressive behavior often has an instrumental function-that is, they use aggression to accomplish or achieve goals or objectives.

Psychoticism (PSYC) = 67

Adolescents who produce PSYC scale scores in this range are likely to exhibit some psychotic-like behaviors and to be perceived by others as unusual or odd. Adolescents who produce these scores are often perceived as being anxious, obsessive, and socially withdrawn.

Disconstraint (DISC) = 83

Adolescents who produce DISC scores in this range are typically described as exhibiting problems with externalizing behavior and poor impulse control. These adolescents are more likely to engage in acting-out and drug-abuse behaviors as well as to exhibit a variety of delinquent behaviors. Adolescents who score high on the DISC scale are also more likely to have engaged in delinquent or conduct-disorder behaviors.

Negative Emotionality/Neuroticism (NEGE) = 60

Adolescents who produce elevated scores on the Negative Emotionality/Neuroticism scale are likely to be described by others as anxious, tense, worried, and apprehensive. These adolescents may have a history of internalizing behaviors and may be seen as dependent or excessively reliant on others for direction and reassurance. In addition to anxiety and withdrawal, substantial guilt and remorse are likely to be experienced by these adolescents.

Introversion/Low Positive Emotionality (INTR) = 41

The obtained score is within normal or expected ranges.

Harris-Lingoes and Si Subscales

The interpretation of Harris-Lingoes and Si subscales is provided in this program because of the potential relevance of these data to adolescent profiles. The correlates of these research scales have not been examined in adolescent populations, however, and the user is cautioned that the following interpretive statements are based on findings in adult populations.

Subjective Depression (D1) = 51

The obtained score is within normal or expected ranges.

Psychomotor Retardation (D2) = 41

The obtained score is within normal or expected ranges.

Physical Malfunctioning (D3) = 55

The obtained score is within normal or expected ranges.

Mental Dullness (D4) = 56

The obtained score is within normal or expected ranges.

Brooding (D5) = 41

The obtained score is within normal or expected ranges.

Denial of Social Anxiety (Hy1) = 61

The obtained score is within normal or expected ranges.

Need for Affection (Hy2) = 46

The obtained score is within normal or expected ranges.

Lassitude-Malaise (Hy3) = 62

The obtained score is within normal or expected ranges.

Somatic Complaints (Hy4) = 53

The obtained score is within normal or expected ranges.

Inhibition of Aggression (Hy5) = 44

The obtained score is within normal or expected ranges.

Familial Discord (Pd1) = 59

The obtained score is within normal or expected ranges.

Authority Problems (Pd2) = 73

High Pd2 scorers resent authority and societal demands, and they often have histories of academic and legal difficulties. They have definite opinions about what is right and wrong, and they stand up for their beliefs.

Social Imperturbability (Pd3) = 67

High Pd3 scorers deny social anxiety and dependency needs. They defend their opinions vigorously and at times seem exhibitionistic.

Social Alienation (Pd4) = 74

High Pd4 scorers feel misunderstood, alienated, isolated, and estranged from others. They are lonely, unhappy, and uninvolved people who blame others for their own problems and shortcomings. They are often insensitive and inconsiderate in relationships and will later verbalize regret and remorse for their actions.

Self-Alienation (Pd5) = 65

High Pd5 scorers describe themselves as feeling uncomfortable and unhappy. They have problems with concentration and attention, and they do not find their life to be especially interesting or rewarding. They verbalize guilt and regret and display negative emotions in an exhibitionistic manner. Excessive alcohol abuse may be a problem.

Persecutory Ideas (Pa1) = 78

High Pa1 scorers view the world as very threatening. They feel misunderstood and unfairly blamed or punished. They are suspicious and untrusting, and they may have delusions of persecution. They place blame for their problems on external sources.

Poignancy (Pa2) = 42

The obtained score is within normal or expected ranges.

Naiveté (Pa3) = 40

The obtained score is within normal or expected ranges.

Social Alienation (Sc1) = 62

The obtained score is within normal or expected ranges.

Emotional Alienation (Sc2) = 48

The obtained score is within normal or expected ranges.

Lack of Ego Mastery-Cognitive (Sc3) = 55

The obtained score is within normal or expected ranges.

Lack of Ego Mastery-Conative (Sc4) = 57

The obtained score is within normal or expected ranges.

Lack of Ego Mastery-Defective Inhibition (Sc5) = 57

The obtained score is within normal or expected ranges.

Bizarre Sensory Experiences (Sc6) = 47

The obtained score is within normal or expected ranges.

Amorality (Ma1) = 73

High Ma1 scorers perceive others as selfish, dishonest, and opportunistic; consequently, they feel justified in behaving in similar ways themselves. They seem to gain vicarious satisfaction from the manipulative exploits of others. They are usually quite frank and deny feeling guilty.

Psychomotor Acceleration (Ma2) = 71

High Ma2 scorers experience acceleration of speech, thought processes, and motor activity. They are hyperactive and labile. They are restless and tense, and they may feel elated without understanding why. When they are bored, they seek out excitement, and they sometimes harbor impulses to do shocking and harmful things.

Imperturbability (Ma3) = 55

The obtained score is within normal or expected ranges.

Ego Inflation (Ma4) = 64

The obtained score is within normal or expected ranges.

Shyness/Self-Consciousness (Si1) = 36

The obtained score on the Si1 subscale is within expected or normal ranges.

Social Avoidance (Si2) = 38

The obtained score on the Si2 subscale is within expected or normal ranges.

Alienation-Self and Others (Si3) = 54

The obtained score on the Si3 subscale is within expected or normal ranges.

End of Report