

Interpretation of MMPI-2 Clinical Scales

Clinical Scales

- 1 Hypochondriasis (Hs)
- 2 Depression (D)
- 3 Hysteria (Hy)
- 4 Psychopathic Deviate (Pd)
- 5 Masculinity-Femininity (Mf)
- 6 Paranoia (Pa)
- 7 Psychasthenia (Pt)
- 8 Schizophrenia (Sc)
- 9 Hypomania (Ma)
- 0 Social Introversion (Si)

Uniform T Scores

- Development; to assure that T scores have same meaning across scales
- Percentile Equivalents
 - 30 <1
 - 35 4
 - 40 15
 - 45 34
 - 50 55
 - 60 85
 - 65 92
 - 70 96
 - 75 98
 - 80 >99
- High scores – $T \geq 65$
- Do not interpret low scores

Heterogeneity of Scales

- Consider descriptors as tentative
- Determine which descriptors to emphasize
 - Harris-Lingoes subscales
 - Content and Content Component scales
 - Restructured Clinical (RC) scales

Interpretive Tables

- Based on MMPI and MMPI-2 literature
- Descriptors for moderate elevations also apply to higher scores
- Same interpretation for men and women on most scales
- Pathology and personality descriptors at very high levels; only personality descriptors at moderately high levels.

SCALE 1 – HYPOCHONDRIASIS (Hs)

T \geq 75	Extreme and sometimes bizarre somatic concerns; consider somatic delusions; chronic pain
T = 65-74	Somatic complaints, may develop somatic symptoms in times of stress; chronic pain
T=55-64	Somatic complaints; lacks energy, demanding, dissatisfied, complaining, whiny
T = 45-54	Average score; no interpretation
T < 45	Low score; no interpretation
Harris-Lingoes: None	

SCALE 2 – DEPRESSION (D)

T ≥ 75	Serious clinical depression; suicidal ideation; feelings of unworthiness and inadequacy
T = 65-74	Moderate depression, worried, somatic complaints
T=55-64	Dissatisfied with life situation; introverted, withdrawn; restricted range of interests; lacking in self-confidence
T = 45-54	Average score; no interpretation
T < 45	Low score; no interpretation

Harris-Lingoes

- D1 – Subjective Depression
- D2 – Psychomotor Retardation
- D3 – Physical Malfunctioning
- D4 – Mental Dullness
- D5 – Brooding

SCALE 3 – HYSTERIA (Hy)

T ≥ 75	Extreme somatic complaints; consider conversion disorder; reacts to stress by developing somatic symptoms which may disappear when stress subsides; chronic pain
T = 65-74	Somatic symptoms; chronic pain; lacks insight concerning causes of symptoms
T = 55-64	Somatic complaints; denial, immature, self-centered; demanding; suggestible, affiliative
T = 45-54	Average score; no interpretation
T < 45	Low score; no interpretation

Harris-Lingoes

- Hy1 – Denial of Social Anxiety
- Hy2 – Need for Affection
- Hy3 – Lassitude Malaise
- Hy4 – Somatic Complaints
- Hy5 – Inhibition of Aggression

SCALE 4 – PSYCHOPATHIC DEVIATE (Pd)

T ≥ 75	Antisocial behavior; trouble with the law
T = 65-74	Rebellious, non-conforming; family problems; impulsive, angry, irritable, dissatisfied; creative; underachievement; poor work history
T=55-64	unconventional; immature, self-centered; superficial relationships; extroverted, energetic
T = 45-54	Average score; no interpretation
T < 45	Low score; no interpretation

Harris-Lingoes

- Pd1 – Familial Discord
- Pd2 – Authority Problems
- Pd3 – Social Imperturbability
- Pd4 – Social Alienation
- Pd5 – Self-Alienation

SCALE 5 MASCULINITY-FEMININITY (Mf)

Men

T = ≥65	Lacks traditional masculine interests
T = 45-64	Interests similar to most men
T < 45	Traditional masculine interests (macho)

Women

T ≥65	Rejects traditional feminine role
T = 45-64	Interests similar to most women
T = < 45	Traditional feminine interests; may be androgynous

SCALE 6 – PARANOIA (Pa)

T ≥ 75	Psychotic symptoms, including delusions of persecution and ideas of reference
T = 65-74	Paranoid style, guarded, extremely sensitive to opinions of others; may feel mistreated; blames others; suspicious, resentful, withdrawn; hostile and argumentative
T = 55-64	Overly sensitive; guarded, distrustful, angry, resentful
T = 45-54	Average score; no interpretation
T < 45	Low score; no interpretation
Harris-Lingoes	
	Pa1 – Persecutory Ideas
	Pa2 – Poignancy
	Pa3 – Naivete

SCALE 7 – PSYCHASTHENIA (Pt)

T ≥ 75	Extreme psychological turmoil (e. g., fear, anxiety, tension, depression); intruding thoughts, unable to concentrate; obsessive-compulsive symptoms
T = 65-74	Moderate anxiety, depression, fatigue; insomnia, bad dreams; guilt, perfectionism, feels unaccepted
T = 55-64	Anxious, tense, uncomfortable; insecure, lacks self confidence; meticulous, indecisive; shy, introverted
T=45-54	Average score, no interpretation
T < 45	Low score, no interpretation
Harris-Lingoes: None	

SCALE 8 – SCHIZOPHRENIA (Sc)

T ≥ 75	Confused, disorganized thinking; hallucinations and/or delusions; impaired contact with reality; rule out medical conditions, substance abuse
T = 65-74	Schizoid life style; unusual beliefs; eccentric behaviors; confused, fearful, sad; somatic complaints; uninvolved; excessive fantasy and daydreaming
T = 55-64	Limited interest in other people; impractical; feelings of inadequacy and insecurity
T = 45-54	Average score; no interpretation
T < 45	Low score; no interpretation
Harris-Lingoes	
	Sc1 – Social Alienation
	Sc2 – Emotional Alienation
	Sc3 – Lack of Ego Mastery-Cognitive
	Sc4 – Lack of Ego Mastery, Conative
	Sc5 – Lack of Ego Mastery-Defective Inhibition
	Sc6 – Bizarre Sensory Experiences

SCALE 9 – HYPOMANIA (Ma)

T ≥ 75	Manic symptoms, including excessive, purposeless activity; hallucinations, delusions of grandeur; confusion, flight of ideas
T = 65-74	Excessive energy, lacks direction, conceptual disorganization, unrealistic self-appraisal; impulsive, low frustration tolerance
T = 55-64	Active, energetic, extroverted, creative, rebellious, enterprising, impulsive
T = 45-54	Average score, no interpretation
T < 45	Low score; no interpretation
Harris-Lingoes	
	Ma1 – Amoralty
	Ma2 – Psychomotor Acceleration
	Ma3 – Imperturbability
	Ma4 – Ego Inflation

SCALE 0 – SOCIAL INTROVERSION (Si)

T ≥ 75	Extreme social withdrawal/avoidance
T = 65-74	Introverted, depressed, guilty, slow personal tempo; lacks self-confidence; lacks interests; submissive, compliant, emotionally over-controlled
T = 55-64	Shy, timid; lacks self-confidence; reliable, dependable
T = 45-54	Average score, no interpretation
T < 45	Extroverted, gregarious, self-reliant, energetic, competitive, under-controlled, manipulative

Si Subscales

- Si1 – Shyness/Self-Consciousness
- Si2 – Social Avoidance
- Si3 – Self/Other Alienation

INTERPRETATION OF MMPI-2 CODE TYPES

What are code types?

- Code-type groups are more homogeneous
 - Greater likelihood that descriptors will fit individual with the code type
 - More focused descriptors
- Highest clinical scales in a profile
 - High-point codes/One-point code types; highest clinical scale in profile
 - Two-point code types; two highest clinical scales in profile
 - Three-point code types; three highest clinical scales in profile

Guidelines for Interpreting Code Types

- **Excluding scales**
 - Do not include scales 5 and 0 in determining code types. These scales are different in nature from the other eight clinical scales.
 - Most previous code-type research has not included them.
- **Order of scales**
 - Except when interpretive materials specifically indicate otherwise, order of scales in two- and three-point code types is not important (e.g., 13 code and 31 code have same interpretation).

Guidelines for Interpreting Code Types

- Definition
 - Interpret only defined code types -- at least 5 T-score points between lowest scale in code type and next highest clinical scale in profile (excluding 5 and 0).
 - For profiles that do not have defined code types, interpretation should focus on individual scales.
- Elevation
 - When scales in defined code types are elevated ($T > 65$), include both symptoms and personality descriptors in interpretation.
 - When scales in defined code types are not elevated ($T \leq 65$), include personality descriptors but not symptoms in interpretation.

12/21

- Somatic discomfort & pain; presents self as physically ill; concerned about health and bodily functions; overreacts to minor physical dysfunction; symptoms likely to be in digestive system; weakness, fatigue; dizziness; resists psychological interpretations of symptoms
- Anxious, tense, nervous; restless, irritable; dysphoric, brooding, unhappy; loss of initiative, but not clinically depressed
- Self-conscious; introverted and shy in social situations; withdrawn and reclusive; doubts about own ability; shows vacillation and indecision about even minor matters; hypersensitive; suspicious and untrusting in relationships; passive-dependent; harbors hostility toward those who are perceived as not offering enough attention and support
- Excessive use of alcohol is common; usually given neurotic diagnosis (hypochondriacal, anxiety, or depressive); not good risk for traditional psychotherapy; can tolerate high levels of discomfort before becoming motivated to change; utilizes repression and somatization; lacks insight and self-understanding; resists accepting responsibility for own behavior; short-lived symptomatic changes often occur

13/31

- Usually diagnosed as psychophysiological or neurotic (hysterical, hypochondriacal); classic conversion symptoms may be present; severe anxiety and depression absent; functions at reduced level of efficiency; physical symptoms increase under stress and often disappear when stress subsides
- Prefers medical explanations of symptoms; resists psychological interpretations; denying, rationalizing, un insightful; sees self as normal, responsible, and without fault; lacks appropriate concern about symptoms and problems; overly optimistic and pollyannaish
- Immature, egocentric, selfish; insecure with strong needs for attention, affection, sympathy; dependent but unaccepting of dependency; outgoing and socially extraverted but relationships are superficial; lacks genuine involvement with people; exploits social relationships; lacks skills in dealing with opposite sex; may lack heterosexual drive
- Harbors resentment and hostility toward those who are perceived as not offering enough attention and support; overcontrolled; passive-aggressive with occasional angry outbursts; conventional and conforming in attitudes and beliefs
- Not motivated for psychotherapy; expects definite answers and solutions to problems; may terminate therapy prematurely when therapist fails to respond to demands

14/41

- Severe hypochondriacal symptoms, especially nonspecific headaches; indecisive, anxious; socially extraverted but lacks skills with opposite sex; feels rebellious toward home and parents but doesn't express these feelings; excessive use of alcohol likely; lacks drive; poorly defined goals; dissatisfied, pessimistic; demanding, grouchy, bitchy; resistant to traditional psychotherapy

18/81

- Harbors feelings of hostility and aggression but can't express them in modulated, adaptive manner; either inhibited and "bottled-up" or overly belligerent and abrasive; feels socially inadequate; lacks trust in other people; isolated, alienated; nomadic-life style; unhappy and depressed; flat affect; may be confused and distractible; can be diagnosed as schizophrenic

19/91

- Extreme distress and turmoil; anxious, tense, restless; somatic complaints; reluctant to accept psychological explanations; superficially extraverted, aggressive, and belligerent but actually passive-dependent person who is trying to deny it; ambitious; high drive level but lacks clear goals; frustrated by inability to achieve at high level; sometimes found in brain-damaged persons who are experiencing difficulty in coping with deficits

23/32

- Typically does not experience disabling anxiety but does feel nervous, tense, worried; sad, depressed; experiences fatigue, exhaustion, weakness; lacks interest and involvement in life situation; can't get started on things; decreased physical activity; gastrointestinal complaints
- Passive, docile, dependent; self-doubts, inadequacy, insecurity, helplessness; elicits nurturance from others; interested in achievement, status, power; competitive, driven but afraid to place self in directly competitive situations; seeks increased responsibility but dreads pressure associated with it; feels he/she doesn't get adequate recognition for accomplishments; hurt by even minor criticism
- Overcontrolled; can't express feelings; feels "bottled-up"; denies unacceptable impulses; avoids social involvement; feels especially uncomfortable around opposite sex; sexual maladjustment, including frigidity and impotence, is common
- Functions at lowered level of efficiency for long periods; tolerates a great deal of unhappiness; usually diagnosed as depressive neurosis; not very responsive to psychotherapy; not introspective; lacks insight; resists psychological formulations of problems

24/42

- Often in difficulty with law; impulsive and unable to delay gratification of impulses; little respect for social standards and values; acts-out; excessive drinking likely
- Frustrated by lack of own accomplishments; resentful of demands placed by others; following acting-out may express guilt and remorse but is not sincere; suicidal ideation and attempts possible (especially if both scales are grossly elevated)
- Energetic, sociable, outgoing; creates favorable first impression; tendencies to manipulate others; causes resentment in long-term relationships; beneath facade of competent, comfortable person is self-conscious, self-dissatisfied, passive-dependent person; may express need for help and desire to change, but prognosis for psychotherapy is poor; likely to terminate therapy prematurely when stress subsides or when extracted from legal difficulties

27/72

- Anxious, tense, nervous; worries excessively; vulnerable to real and imagined threat; anticipates problems before they occur; overreacts to minor stress; somatic symptoms; fatigue, exhaustion, tiredness; depressed, unhappy, sad; weight loss, slow personal tempo, slowed speech, retarded thought processes; pessimistic about overcoming problems; broods, ruminates
- Strong need for achievement and recognition for accomplishments; high expectations for self and others; guilty when goals are not met; indecisive; feels inadequate, insecure, inferior; intro-punitive; rigid in thinking and problem solving; meticulous and perfectionistic; may be excessively religious and extremely moralistic
- Docile and passive-dependent in relationships; can't be even appropriately assertive; capacity for forming deep, emotional ties; elicits nurturance from others; highly motivated for psychotherapy; remains in therapy; considerable improvement likely; usually diagnosed as neurotic (depressive, obsessive-compulsive, anxious)

28/82

- Anxious, agitated, tense, jumpy; sleep disturbance, inability to concentrate, forgetfulness, confused thinking; inefficient in carrying out responsibilities; unoriginal and stereotyped in thinking and problem solving; somatic symptoms; underestimates seriousness of problems; unrealistic self-appraisal
- Dependent, unassertive; irritable, resentful; fears loss of control and doesn't express emotions; denies impulses, dissociative periods of acting out may occur; sensitive to reactions of others; suspicious of motivations of others; history of being hurt emotionally and fear of being hurt more; avoids close interpersonal relationships; feelings of despair and worthlessness
- Suggestive of serious maladjustment (especially if both scales are grossly elevated); most common diagnoses are manic-depressive psychosis, involuntional melancholia, and schizophrenia, schizo-affective type; chronic, incapacitating symptomatology; guilt-ridden; clinically depressed; soft and reduced speech, retarded stream of thought, tearfulness; apathy, indifference; preoccupation with suicidal thoughts, and may have specific plan for doing away with self

29/92

- Self-centered, narcissistic; ruminates about self-worth; expresses concern about achieving at high level but sets self up for failure; in younger persons may suggest identity crisis
- Anxious, tense; somatic complaints in gastrointestinal tract; not particularly depressed but may have history of serious depression; uses alcohol as escape from stress and pressure; denying feelings of inadequacy and worthlessness and defending against depression through excessive activity; alternating periods of increased activity and fatigue; most common diagnosis is manic-depressive psychosis; sometimes found for brain-damaged patients who have lost control or who are trying to cope with deficits through excessive activity
- Uses alcohol as escape from stress and pressure; denying feelings of inadequacy and worthlessness and defending against depression through excessive activity; alternating periods of increased activity and fatigue; most common diagnosis is manic-depressive psychosis; sometime found for brain-damaged patients who have lost control or who are trying to cope with deficits through excessive activity

34/43

- Chronic, intense anger; harbors hostile and aggressive impulses but can't express them appropriately; usually overcontrolled, but occasional brief episodes of assaultive, violent acting-out; lacks insight into origins and consequences of behavior; extrapunitive; does not see own behavior as problematic
- If scale 4 is higher than scale 3 (at least 5 T-score points), problems with uncontrolled anger expression are more likely; if scale 3 is higher than scale 4 (at least 5 T-score points), uncontrolled anger expression is less likely
- Free of disabling anxiety and depression; somatic complaints may occur; occasional upset does not seem to be related directly to external stress
- Deep, chronic feelings of hostility toward family members; demands attention and approval from others; sensitive to rejection; hostile when criticized; outwardly conforming but inwardly rebellious; sexual maladjustment and promiscuity common; suicidal thoughts and attempts may follow acting-out episodes; most common diagnoses are passive-aggressive personality and emotionally unstable personality

36/63

- Problems do not seem acute or incapacitating; moderate tension and anxiety; physical complaints; deep-chronic feelings of hostility toward family members; does not express negative feelings directly; may not recognize hostile feelings within self; defiant, uncooperative, hard to get along with; mildly suspicious and resentful; self-centered, narcissistic; denies serious psychological problems; naive, Pollyannaish attitude toward world

38/83

- Intense psychological turmoil; anxious, tense, nervous; fearful, worried; phobias; depression and feelings of hopelessness; can't make even minor decisions; wide variety of physical complaints; vague and evasive when talking about complaints and difficulties
- Immature, dependent; strong needs for attention and affection; intropunitive; apathetic, pessimistic, not actively involved in life situation; unoriginal, stereotyped approach to problems; insight-oriented therapy not effective, but responsive to supportive therapy
- Disturbed thinking; problems in concentration; lapses of memory; unusual, unconventional ideas; loose ideational associations; obsessive ruminations; delusions, hallucinations, irrelevant, incoherent speech may be present; most common diagnosis is schizophrenia

46/64

- Immature, narcissistic, self-indulgent; passive dependent; makes excessive demands on others for attention and sympathy; resentful of demands made on them; females overly identified with traditional female role and very dependent on males; doesn't get along well with others, especially members of opposite sex; suspicious of motivation of others; avoids deep emotional involvement; repressed hostility and anger; irritable, sullen, argumentative, generally obnoxious; resentful of authority
- Denies serious psychological problems; rationalizes, transfers blame; can't accept responsibility for own behavior; unrealistic and grandiose in self-appraisals; unreceptive to psychotherapy; usually diagnosed as passive-aggressive personality or schizophrenia, paranoid type

47/74

- Alternates between periods of gross insensitivity to the consequences of own actions and excessive concern about the effects of own behavior; episodes of acting-out followed by temporary guilt and self-condemnation; vague somatic complaints; tense, fatigued, exhausted; dependent, insecure; requires almost constant reassurance of self-worth; in therapy responds symptomatically to support and reassurance

48/84

- Doesn't seem to fit into environment; odd, peculiar, queer; non-conforming and resentful of authority; may espouse radical religious or political views; erratic, unpredictable; problems with impulse control; angry, irritable, resentful; acts-out in asocial ways; delinquency, criminal acts, sexual deviation may be present; excessive drinking and drug abuse (especially hallucinogens); underachievement, marginal adjustment
- Deep feelings of insecurity; exaggerated needs for attention and affection; poor self-concept; sets self up for rejection and failure; periods of suicidal obsessions; distrustful; avoids close relationships; impaired empathy; lacks basic social skills; withdrawn, isolated; sees world as threatening and rejecting; withdraws into fantasy or strikes out in anger as defense against being hurt; accepts little responsibility for own behavior; rationalizes; blames others for difficulties; harbors strong concerns about masculinity or femininity; obsessed with sexual thoughts; afraid of being unable to perform sexually; may indulge in antisocial sexual acts in attempt to demonstrate sexual adequacy; most common diagnoses are schizophrenia (paranoid type), asocial personality, schizoid personality, and paranoid personality

49/94

- Marked disregard for social standards and values; antisocial behavior; poorly developed conscience, easy morals, fluctuating ethical values; wide array of delinquent acts (alcoholism, fighting, sexual acting-out, etc.)
- Narcissistic, selfish, self-indulgent; impulsive; can't delay gratification of impulses; poor judgment; acts without considering consequences of acts; fails to learn from experience; does not accept responsibility for own behavior; rationalizes shortcomings and failures; blames difficulties on others; low frustration tolerance; moody, irritable, caustic; intense feelings of anger and hostility which are expressed in occasional emotional outbursts
- Ambitious, energetic; restless, overactive; seeks out emotional stimulation and excitement; uninhibited, extraverted, talkative; creates good first impression; superficial relationships; incapable of deep emotional ties; keeps others at emotional distance; beneath facade of self-confidence and security is immature, insecure, and dependent; usual diagnosis is antisocial personality or emotionally unstable personality

68/86

- Intense feelings of inferiority and insecurity; lacks self-confidence and self-esteem; feels guilty about perceived failures; withdrawal from activity; emotional apathy; suicidal ideation; not involved with other people; suspicious and distrustful; avoids deep emotional ties; deficient in social skills; most comfortable when alone; resents demands placed on him/her; moody, irritable, unfriendly, negativistic; schizoid life-style
- Usually diagnosed as schizophrenia, paranoid type (especially if both scales are very elevated and higher than Scale 7); clearly psychotic behavior may be present; thinking is autistic, fragmented, tangential, and circumstantial; bizarre thought content; difficulties in concentrating, attending, memory; poor judgment; delusions of persecution and/or grandeur; feelings of unreality; preoccupied with abstract or theoretical matters to exclusion of specific aspects of life situation; blunted affect; rapid and incoherent speech; lacks effective defenses; reacts to stress and pressure by withdrawing into fantasy and daydreaming; may have difficulty differentiating between fantasy and reality

69/96

- Very dependent; strong need for affection; vulnerable to real or imagined threat; feels anxious much of the time; may be tearful and tremble; overreacts to minor stress; responds to severe stress by withdrawing into fantasy; can't express emotions in adaptive, modulated way; may alternate between overcontrol and direct, uncontrolled emotional outbursts
- Psychiatric patients with this code usually diagnosed as schizophrenia, paranoid type; likely to show signs of thought disorder; complains of difficulties in thinking and concentrating; stream of thought retarded; ruminative, overrideational, obsessional; may have delusions and hallucinations; speech may be irrelevant and incoherent; disoriented and perplexed, poor judgment

78/87

- Great deal of turmoil; not hesitant to admit to psychological problems; lacks defenses to keep self comfortable; depressed, worried, tense, nervous; may be confused and in state of panic; poor judgment; doesn't profit from experience; introspective; ruminative, overideational
- Chronic feelings of insecurity, inadequacy, inferiority; indecisive; lacks socialization experiences; not socially poised or confident; withdraws from social interactions; passive-dependent; can't take dominant role in relationships; difficulties with mature heterosexual relationships; feels inadequate in traditional sex role; sexual performance poor; engages in rich sexual fantasies
- Neurotic, psychotic, and personality disorder diagnoses equally likely; as Scale 8 becomes greater than Scale 7, likelihood of psychotic diagnosis increases; even when diagnosed as psychotic, blatant psychotic symptoms may not be present

89/98

- Self-centered, infantile in expectations of others; demands much attention; becomes resentful and hostile when demands are not met; fears emotional involvement; avoids close relationships; socially withdrawn and isolated; especially uncomfortable in heterosexual relationships; poor sexual adjustment
- Hyperactive; emotionally labile; agitated, excited; loud, excessive talk; unrealistic in self-appraisal; grandiose, boastful, fickle; vague, evasive, and denying in talking about difficulties; may state no need for professional help; high need to achieve and pressure to do so; performance tends to be mediocre; feels inferior, inadequate; low self-esteem; limited involvement in competitive or achievement-oriented situations
- Serious psychological disturbance (especially if both scales grossly elevated); most common diagnosis is schizophrenia (catatonic, schizo-affective, paranoid); severe thinking disturbance may be present; confused, perplexed, disoriented; feelings of unreality; difficulty in thinking and concentrating; unable to focus on issues; odd, unusual, autistic, circumstantial thinking; bizarre speech (clang associations, neologisms, echolalia); delusions, hallucinations; sometimes found for adolescent drug users

123/213/231

- Usually diagnosed as neurotic (hypochondriacal, anxiety, depressed) or psychophysiologic reactions; somatic complaints, particularly gastrointestinal; secondary gain from symptoms; sleep disturbance; feels despondent, hopeless, perplexed; conflicted over dependency and self-assertion; keeps others at emotional distance; low energy level; lacks sex drive; sexual problems; takes few risks; good work and marital adjustment

132/312

- “Conversion valley”; usually diagnosed as hysterical neurosis or psychophysiological reaction; classic conversion symptoms may be present; converts stress and difficulties into physical complaints; lacks insight; resists psychological explanations of problems; denial and repression; passive-dependent in relationships; sociable; important to be liked by others; conforming and conventional

138

- Usually diagnosed as paranoid schizophrenic or paranoid personality; agitated, excitable, loud, short-tempered; depressive spells and suicidal preoccupation; somatic symptoms may be delusional in nature; sexual and religious preoccupation; thinking disturbance and blocking; excessive drinking; ambivalent feelings toward others; suspicious, jealous; restless, bored

139

- May be diagnosed as chronic brain syndrome or conversion reaction; if cbs may have spells of irritation, temper outbursts, and assaultiveness

278/728

- Has features of both psychosis and neurosis; often diagnosed as pseudoneurotic or latent schizophrenic; brief acute psychotic episodes; tense, nervous, fearful; feels depressed, despondent, hopeless; suicidal ruminations; blunted or inappropriate affect; problems in concentrating and attending; schizoid life-style; isolated, shy, withdrawn, introverted; lacks basic social skills; feels inadequate and inferior; sets high standards for self and feels guilty when they aren't met; somatic symptoms; interested in obscure subjects

687/867

- “Psychotic valley”; most common diagnosis is paranoid schizophrenia; thought disorder likely; similar to 68/86; hallucinations, delusions, suspicious; blunted affect; shy, withdrawn, introverted; aggressive when drinking; problems with memory and concentration