British male homosexuals, most of whom were working class men and only very few had ever had psychiatric treatment. Those questions that tapped parent-child relationships produced information completely in accord with our own. In 1969, Snortum *et al.* and Evans independently reported on their studies of non-patient male homosexuals. They had no contact with any member of our research team but used those items from our published work that concerned parent-child relationships. The type of patterns each author noted in a heterogeneous non-patient sample matched the descriptions of our own sample.

Shortly following the publication of our book, the London *Times Literary Supplement* of 17 August 1962 had this to say: 'The conclusions reached are of great interest . . . the authors' views are supported by evidence which has been collected in such a way that subjective bias is excluded as far as possible; and until further equally careful studies have either supplemented or disproved this work, it must be allowed to stand.' Robertson's study does not appear to qualify for this role.

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MMPI PERFORMANCE IN CHRONIC MEDICAL ILLNESS: THE USE OF COMPUTER-DERIVED INTERPRETATIONS

DEAR SIR,

Goldstein and Reznikoff (2), exploring the adequacy of computer interpretations of the MMPI performance of chronically ill renal patients, suggest that such a group may erroneously be labelled as hypochondriacs when they are in fact merely describing their medical disorder. This conclusion is based upon their finding that a sample of patients receiving haemodialysis treatment for chronic renal failure had significantly higher mean scores on the hypochondriasis, depression, and hysteria scales than did a group of general medical patients; and on differences on the frequency of the appearance of computer-derived interpretative statements in the protocols of the two groups.

While we do not dispute the potential for the misinterpretation of any psychological test, we do contend their misuse is not a function of whether the particular instrument is scored and interpreted by computers or by men. If the MMPI is used only as a means of 'labelling' patients, it is a misuse. When used to assist the physician in understanding and identifying certain psychological adjustments the patients are making to their life situation, including their physical illness and its treatment, he, not the computer, must accomplish the integration of pertinent data. To do otherwise is a misuse.

We further feel that the data presented by Goldstein and Reznikoff are not sufficiently compelling to conclude that their chronic patients were erroneously labelled. To begin with, the significant elevations on the hypochondriasis, depression and hysteria scales for the haemodialysis group appears to be based upon a comparison with a control group. Although the authors are to be commended for their use of control subjects, it should be noted that the testing of this group was done 'in the convalescent stage'. The haemodialysis group must be considered in a treatment phase. We cannot help but wonder if an MMPI given to the control group immediately prior to their being treated might not have shown more somatic concern and anxiety; if so, the differences between the groups would possibly not have been significant. One might ask if the mean scores of the haemodialysis group on these scales were above

TABLE I

Proportion of haemodialysis and general medical patients having statement

Statement	Per cent		t	Significance
	Haemo-dialysis patients	General medical patients		
Moderately depressed, worrying, preoccupied	59	23	2·46	·05
Considerable number of physical complaints, etc. ..	41	14	2·03	·05
Consider psychiatric diagnosis	36	27	·65	N.S.
Great number of chronic physical complaints, etc. ..	36	23	·99	N.S.

a T score of 70, which is generally considered to be a significant elevation. A more direct proof of the authors' explanation for score elevations would be a demonstration of significant group differences in the frequency of response to those items on the scales concerned with 'physical symptoms'. These data are not presented.

Goldstein and Reznikoff essentially obtain their estimate of the potential for misinterpretation from a comparison of the ten most frequently printed MMPI statements about the haemodialysis group with the corresponding frequencies for the general medical group. We have recast some of these data and derived Table I, which shows the proportion of individuals in each group having certain printed MMPI statements alluding to depression, presence of psychiatric condition and physical complaints, and the significance of ihe difference between the proportions. It is interesttng to note that the difference in the number of general medical and haemodialysis patients that would be considered for psychiatric diagnosis is nonsignificant. Using this index, one cannot conclude a great tendency or potential to misdiagnose the chronically ill group. Considering the nature of their illness and treatment, it would be surprising if the haemodialysis group were not more depressed, worried, and pessimistic and did not have more physical complaints from the control group. These data argue for the concurrent validity of the MMPI rather than against it. For these reasons, we feel the following represents a more constructive, compelling interpretation of the data.

First, if the MMPI is to assist the clinician in detecting neurosis in his patient, then it is the clinician's responsibility to be aware of concurrent systemic disease and/or concomitant physiological symptoms. This can be accomplished via a complete medical work-up of the patient. The results of the psychological testing are reviewed and interpreted within this context.

The kinds of scale combinations identified as elevated for the haemodialysis patients suggest a psychophysiological reaction, with anxiety, depression and possible deep-seated psychosexual passivity (1, 4). The MMPI in this instance, regardless of how it is scored, has accomplished the job intended by Hathaway and McKinley (3). We argue the haemodialysis patients are indicating difficulty in coping with the realities of their illness and treatment via MMPI self-report. They are identifying where they need help. While everyone uses defence mechanisms, in this case the defence mechanisms being employed may be exercised daily for an indefinite duration. It would be healthier to assist the patients in accepting reality, since they will probably need this treatment indefinitely. Denial and reaction formation are implied by Goldstein and Reznikoff (2) as being reflected in the masculinity-femininity scores. These defence mechanisms are considered by us as less reality-oriented than rationalization. Although in this instance reality is unpleasant, it is nonetheless the reality the patients recognize and need help to cope with.

The elevations on the hypochondriasis, depression and hysteria scales are possibly suggestive of the techniques being employed by the patient to control anxiety and depression. But, more important, it demonstrates the anxiety and depression experienced. We suggest it is more constructive to focus on these aspects of MMPI interpretation. To conclude that the use of computer-derived interpretive statements increases the potential for misinterpretation of chronically ill medical patients is erroneous, since one of the purposes of the MMPI is to *assist* the physician. If it is the physician's, clinician's or diagnostician's responsibility to be aware that the patient is being treated for chronic renal failure, then it is inconsistent to label the patient 'hypochondriac'. The integration of the medical history and psychometric data is accomplished by the clinician, physician or diagnostician, not the computer. As an objective ancillary procedure, the MMPI has accomplished its intended purpose in assisting the physician by identifying certain psychological adjustments they are making to their physical illness and its treatment. It is in this spirit that these kinds of procedures should be employed to aid in understanding and assisting the patient rather than simply labelling him.

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