

Efficacy of Three MMPI "Organic" Subscales for
the Differentiation of Organic from
Psychiatric Outpatients

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Numerous psychometric tests have been developed to differentiate organic from non-organic populations. However, these tests have proven to be of limited value when organics have been compared to psychiatric samples (Watson, 1984). In response, several authors (e.g., Halperin, Neuringer, Davies, and Goldstein, 1977) have attempted to develop MMPI subscales to adequately differentiate organic from psychiatric populations. The most popular of these have been the Pseudoneurologic (Shaw & Watson, 1966), Schizophrenic-Organicity (Sc-O; Watson, 1971) and the Psychiatric Organic (P-O; Watson & Plemel, 1978) subscales. Since these scales have been standardized with inpatients, their generalizability to outpatient settings is not well understood. In this study the efficacy of the three subscales were assessed in an outpatient, private practice setting. MMPI records of 60 volunteers were re-scored using the three subscales (20 brain damaged and 40 somatoform disorders; mean age = 47.45 and 46.8, respectively; with approximately equal proportion of males and females in each group; mean educational level of 11th grade for both groups).

One way (unequal Ns) ANOVA's were performed between groups for each of the three subscales. Significant group differences ($F = 4.73$, $df = 58$, $p < .05$) were noted on the P-O scale but not on the Pseudoneurologic and SC-O scales. Hit-rates exceeding 60% for correct classification of subjects was accomplished with the P-O subscale while the hit rates of the remaining subscales did not exceed 40%. We were surprised to note, however, that the mean P-O score for the somatoform group (29.28) exceeded that of the

brain-damaged sample (23.85) since this direction is contraindicated by Watson and Plemel's (1978) findings. Thus, while the P-0 scale was an effective discriminator, the direction of the scores was contrary to those found with inpatients in the Watson et. al. study.

It is not surprising to note, however, that the P-0 scale was effective relative to the two other scales. The Pseudoneurologic scale purports to discriminate organic from pseudo-organics while the Sc-0 was developed to discriminate organics from schizophrenics. Thus, the efficacy of the P-0 scale in an outpatient setting appears restricted to the application of differentiation organics from psychiatric samples (which was the original intention of this subscale). Replication of this study in other outpatient settings and with pseudo-organic as well as schizophrenic samples appears warranted.