



From MMPI to MMPI-2-RF/MMPI-3: The abandonment of subterfuge

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Abstract ■ The conceptual-factorial scales of the MMPI-2-RC were constructed in divorce from the empirical categorizing strategy used for the original MMPI and its updated version, the MMPI-2. They were then integrated as a modern asset into a brand new instrument also based on factor analysis, the MMPI-2-RF. The latter was first introduced as a parallel version rather than a substitute for the MMPI/MMPI-2. However, workshops and webinars were multiplied, extolling the superiority of the new test. These subterfuges were then abandoned with the announcement of an MMPI-3, in the fall of 2020. This article, both historical and critical, takes stock of the MMPI-2, comments on the incongruous appearance of the "restructured scales" RC, summarily describes the restructured form MMPI-2-RF, and denounces the dreaded but predicted discarding of the MMPI-2 in favor of the MMPI-2-RF/MMPI-3, heretical avatars of MMPI that have recently surfaced in the market.

Keywords ■ MMPI/MMPI-2, RC scales/MMPI-2-RF, empirical versus factor-theoretic validity, MMPI-3.

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Introduction

Hathaway and McKinley published the Minnesota Multiphasic Personality Inventory (MMPI) manual in 1943, which gave true clinical credence to the empirical psychometric strategy of "contrasting groups" initiated 16 years earlier by Strong (1927) for the vocational field. From a wide range of items, various scales emerged representing a rich variety of descriptions of clinical categories. Once the normative sample has been established, the only thing that ultimately mattered was the final empirical validation of each item in relation to the targeted clinical criterion group.

In 1989, a reissue of the original MMPI test (366 items) resulted in the Minnesota Multiphasic Personality Inventory-2 (MMPI-2, 367 items), now consisting of over 120 scales. In a spirit of continuity, the existing clinical scales have not been revalidated on new contemporaneous groups, nor were the core and supplementary scales of the test (Parisien, 1999, 2014). More or less, the items that made them up remained the same, so that in general the empirical strategies of the original MMPI are and can be legitimately applied to the MMPI-2 (Nichols, 2011).

Some of the authors of MMPI-2 (Butcher et al., 2001),

apart from Butcher and Dahlstrom, worked "quietly" with the discreet consent of The University of Minnesota Press, on a project of new so-called 'restructured clinical scales' (RC scales), this time obeying a factorial theoretical approach whose validation methodology drastically deviated from the traditional empirical approach (known as "by contrasting groups") which characterized in their very essence the MMPI and MMPI-2 Inventories. Since they were developed using a completely different psychometric strategy, it is highly artificially that the new RC scales were integrated into the computerized scoring protocol MMPI-2 Extended Score Report.

In 2008 (Ben-Porath & Tellegen, 2008), the MMPI-2-RF, "RF" for Restructured Form, a self-report instrument of 338 items grouped into 51 new or revised scales including the RC scales, appeared. The conceptual-factorial approach was again favored for all the scales of the MMPI-2-RF (see Parisien, 2021b, 2021a).

Since 2003 (Tellegen et al., 2003), several American publications have appeared, first on RC scales which were generally judged as not fulfilling their promise of validity (see Ranson et al., 2009). As for the MMPI-2-RF, not only did it turn out to contain significant psychometric weaknesses, but it aroused surprise, even indignation, because it illegit-



imately borrowed the acronym MMPI-2 for an instrument which differed essentially from the previous edition from which it claimed to come, except for the 338 items borrowed from the 567 items of the MMPI-2 (ibid., 2009). It was clearly a new instrument, unduly exploiting the acronym MMPI-2 with the suffix RF (Restructured Form). Instrument revised? restructured? new? A confrontation riddled with subterfuges by the authors of the MMPI-2-RF ensued. Indeed, at the time of its publication in 2011 (Tellegen & Ben-Porath, 2011), the MMPI-2-RF was presented by the publishers as a complementary version rather than a replacement for MMPI-2, whereas these same publishers were very actively multiplying workshops and promotional seminars on the web, praising the superiority of the MMPI-2-RF over the MMPI-2.

The ambiguity disappeared in the fall of 2020, the distributors Pearson Assessments and the publishers University of Minnesota Press then announcing the marketing of an MMPI-3 modeled on the MMPI-2-RF, among other things by its factorial psychometric strategy, including the restructured scales RC. Since then, the very commercial survival of the MMPI-2 is in question, as it is in the hands of the same publishers.

From MMPI to MMPI-2. The empirical psychometric strategy.

The original MMPI was launched in 1943 in Minneapolis, Minnesota (Hathaway & McKinley, 1943). Not only was it widely distributed, but it also generated a considerable amount of research. Dahlstrom, Welsh and Dahlstrom mention in 1975 about 6,000 references regarding clinical and research applications on MMPI. Then, over a subsequent 20-year period (1974-1994), Butcher and Rouse (1996) identified over 4,300 references to the MMPI. In the field of personality inventories, these figures are considerable.

Back in the late 1930s, Hathaway and McKinley (1940, 1942) began to construct the MMPI under the new banner of empiricism. After the relative failure of previous personality inventories, whose construction was based on the face validity of each item, essentially a conceptual approach, the table was set for this radical methodological position made explicit by Meehl (1945a, 1945b), who underlined the danger of accepting items solely on the basis of their content or scales according to their obvious interpretation, especially when the data are self-reported. Berg (1959), perhaps in jest, even suggested that the content of a test item is of little importance.

¹By adding the two non-psychopathological scales (which will be validated later and in a different way), i.e. 5 (Mf or Masculinity-femininity) and 0 (Si or Social introversion), we obtain the 10 scales of the current basic clinical profile of MMPI/MMPI-2.

²The empirical strategy was specified at the beginning of the paragraph. We can add "rational" or "conceptual" if the strategy is also based on the "content" of the items. Rational-only strategies were characteristic of attempts at personality inventories before the MMPI appeared (e.g., the failed Woodworth Personal Data Sheet and Bernreuter Personality Inventory: see Greene, 2000, pp. 2 & 4).

The empirical psychometric strategy, called at the time of its appearance "strategy of contrasting groups" or "by comparison of groups", was first proposed by E. K. Strong in his "Inventory of vocational interests" (SVIB: Strong, 1927). Strong had built his inventory by discriminating between various occupational groups and the general male population, based on the distinctive response patterns associated with the different groups. This method of contrasting groups, which ensures the predictive validity of the scales, pleased the pragmatist S. R. Hathaway, who distrusted theories, beliefs and intuitions (see Ruchenne, 2019). It allowed him, for the so-called psychopathological clinical scales of the MMPI, i.e. 1 (Hs or Hypochondria), 2 (D or Depression), 3 (Hy or Hysteria), 4 (Pd or Psychopathic Deviance), 6 (Pa or Paranoia), 7 (Pt or Psychasthenia), 8 (Sc or Schizophrenia), and 9 (Ma or Hypomania), to identify the specific discriminating items of each scale by comparison with the normal population, and to reassess these items by cross-validation.¹ Items that did not repeat their significant discriminating efficiency were discarded.

This psychometric strategy is called "validity of practical utility" by Laurencelle (1998, chap. 3, pp. 108-110), or else "meaningful measurement" (i.e. to discriminate based on an established criterion) by Caldwell (2006): it is this discrimination in relation to an external and objective criterion which constitutes here the essential element. It is also applied for other scales of the MMPI/MMPI-2, some using mixed conceptual / empirical procedures.²

The MMPI-2. Continuity recalibration

For the edition of the MMPI-2 of 1989, in a spirit of continuity with the original MMPI of 1943, there was no clinical revalidation of the already existing scales, both the basic clinical scales and the supplementary scales (Parisien, 1999, 2014).

In addition, 106 of the 566 items of the MMPI were set aside (not all being explicitly justified: see Greene, 1991, p. 23), i.e. all of the 16 repeated items (T-R), 13 items among the 3 scales of validity (L, F and K) and the 10 basic clinical scales, and 77 items among the last 167 items of the MMPI.

From the old pool of items, 460 items were thus retained, of which 68 were reformulated, and 89 new items were added for new content scales (see Butcher et al., 1990). Eighteen (18) of the new items were ultimately unused, empirical verifications leading to this decision. Overall, the loss and change of items from versions 1 to 2 of the MMPI was slight, not compromising the validity of the original scales.



Normative information, absent when the MMPI-2 was published in 1989, can be found in Brophy (1996) for the MMPI following scales neglected by the authors of the MMPI-2: Dy (Dependence), Pr (Prejudice), St (Status social), Cn (Control) and Lb (Lower back pain), under the pressure of influential authors (for a detailed description, see Parisien, 2014).

Parisien (1999) reviews the literature on empirical standards still available from the original MMPI and those still applicable in MMPI-2. On the other hand, in 1989 (see Parisien, 1989), Butcher argued that two major reasons pleaded in favor of a renormalization of the MMPI, namely the apparent vulnerability of the psycho-legal expert in court in the face of 50-year-old standards, and the non-comparability of the scores, the distributions of the linear T scores used corresponding to different percentile ranks from one scale to another (due to the statistical skewness and kurtosis properties of the score variable).³

After the renunciation of a possible standardization of the scores of the clinical scales, this in order to preserve the continuity with the standards of Hathaway and McKinley, a less "brutal" transformation of the raw scores was developed, via the standardized T scores ('Uniform T-scores'). As Parisien had mentioned in 1989 when Butcher came to Montreal (at the pre-conference seminar on May 10, 1989):

"This procedure allows the results of all clinical scales to be placed on the same distribution, while retaining the skewed nature of the distributions for the interpretation of high levels. The composite distribution of various clinical scales was therefore identified and each individual distribution was then fitted to the composite distribution... This novel strategy would make it possible to make the odds T equivalent of a distribution to the other, altering only very slightly the elevation obtained by the traditional method. Basically, the principle of linear transformation of results would be preserved." (Parisien, 1989, p. 6).

This new procedure has been explained elsewhere (see Greene, 2000, 2011; see also Friedman et al., 2015, pp. 19-23), without ever being questioned.

³As shown in contemporary research by Colligan et al. (1983), the current average profiles are above the central T score of 50 (± 5), this being reproduced with the norms of the MMPI-2. The reason lies in a statistical artifact. When the MMPI was established in the 1940s, the instructions provided for a "DON'T KNOW" response category alongside the "TRUE" and "FALSE" categories. The task consisted of categorizing answer cards, one card per item, the average number of omissions being at the time 30. Now, using answer sheets, item books and new instructions, there are almost no more omissions. This initially produced a surplus of responses and a concomitant elevation of T scores, hence the decision at MMPI-2 to place the new limit of normality at T = 65 rather than T = 70.

⁴In MMPI-2, a code-type corresponds to the identification numbers of the two scales whose T score (on a scale of mean 50 and standard deviation 10) exceeds 65. The first number denotes the highest scale (e.g. code 7 for the #7 Pt or Psychasthenia scale).

The advantages of the MMPI-2

Nichols (2011) tells us that the chief strength of the MMPI-2 lies in its essential continuity with the MMPI. From one instrument to another, there are only minor changes, while the similarities are considerable. Generally speaking, the empirical strategies of the MMPI are applied to the MMPI-2. Moreover, Sellbom and Ben-Porath (2006, p. 29) reported that MMPI/MMPI-2 had already resulted in over 8,800 citations in peer-reviewed scientific journals.

Let us remember that, in the years 1935-1940, the individuals forming the MMPI criterion groups used to assemble the eight clinical scales deemed psychopathological were not grouped on the basis of specific psychopathological diagnoses (this is only a decade later that the DSM-I from the APA, 1952, appeared), but rather based on common traits or symptoms as judged by the test's authors. Each category of respondents was originally intended to define a scale peak corresponding to a "diagnosis" (e.g., a peak #2 or D should correspond to a "clinical judgment") of depression, while ultimately it was used to develop code-types underlying specific clinical descriptions, typically a pair or triad of highly clinical scales.⁴ This is why a significantly elevated result on one of these scales cannot itself amount to a diagnosis as understood in the present days. Furthermore, the weak link between a specific code-type (one of whose elements represents the name of a diagnosis, e.g. Hysteria, Depression, Schizophrenia, etc.) and a psychiatric diagnosis according to the DSM is well documented by Greene (2011, p.167-168; see also Greene, 1988). This is why one should refer to the clinical scales by their number rather than by their name (e.g. scale #8 rather than the Schizophrenia scale). Nichols (2011) reminds us of this when he mentions that some scale names (e.g. Psychasthenia) are no longer in use today (see Helmes & Reddon, 1993). This is also the case for scale #4 (Psychopathic deviance). Even for the other scales, the reference constructs have evolved, as have the behavioral correlates identified over many years of research. In fact, attempting at MMPI-2 in 1989 to construct an entirely new set of basic clinical scales would have been at considerable risk in maintaining the painstakingly constructed links between the original scales and their empirical correlates. Moreover, despite their imperfections, the properties of the basic scales are well known, and they have been analyzed since the 1940s from every angle: the long accumulation of empirical



correlates has somehow protected them from the original interpretation based on outdated construct “diagnoses” of their origin.

Regarding the alleged agedness of the groups-criteria, it is advisable to take into account the rapid changes that characterize the theories in psychopathology. Both the MMPI authors’ (especially Hathaway’s) distrust of theories, beliefs and intuitions, and the high reliability of the contrasting groups method (i.e. emphasis on establishing faithful and valid empirical links between the ratings and the data configurations obtained) have allowed the MMPI instrument to endure and develop, resisting the winds of conceptual, theoretical and taxonomic change. Indeed, the original criterion groups would not themselves have become empirically obsolete, as some have suggested.

The criticisms of Helmes and Reddon (1993), relating to the ambiguities between the categorical (e.g. “diagnosis”) and dimensional (e.g. descriptive trait) measurement models touch on a more sensitive aspect. On the one hand, in a categorical model, the purpose of the measurement is to identify whether or not the respondent belongs to a group (e.g. schizophrenia) on the basis of objective criteria: this is a principle of probability on which is based the approach of code-types developed by the method of contrasting groups. On the other hand, in a dimensional model, it is rather a question of evaluating the quantity or strength of a particular and conceptually defined trait: it is then a question of the degree or severity of the trait. This duality of references sometimes leads, more often than not, to harmful inferences and conclusions. As Nichols (2011) states about the weaknesses of the MMPI-2,

“The confounding of categorical and dimensional models of measurement, leading at times to inferential ambiguities regarding the probability versus the severity of disorder.”
(Nichols, 2011, p.297)

Finally, the same authors (Helmes and Reddon) link the structural problems of the MMPI/MMPI-2 to the redundancy among the clinical scales (and other scales), the cause of which would be an overlapping of items (“items overlap”) which inflates the inter-correlations between the scales.

This problem of overlapping items between the clinical scales is not trivial: it is substantial. In clinical samples, the average inter-correlation between the basic clinical scales ranges between 0.55 and 0.60 (Nichols, 2011, p. 12). Considering the eight basic psychopathological clinical scales (the numbering of which is analogous to that of the RC scales), the total of items reaches the figure of 411, of which 112 (27%) are unique (Greene, 2011, table 4.32, page 146). Therefore, 299 items (73%) are shared by two or more

scales, fostering their mutual redundancy.

Based on the 259 items rated on at least one of the eight scales in question, 101 items (39%) overlap with one or more other scales. Of these 101 items, 66 overlap only one other scale, 29 three scales, 4 four scales, and 2 five scales. If we count the number of overlaps of each pair of scales rather than the total number of item overlaps, we arrive at a total of 197 (see Friedman et al., 2015, Table 10.1).

Helmes and Reddon (1993) indicated that this state of affairs would lead to an impoverishment of the discriminant validity between the scales as well as a blurring of the factorial structure of the test. Of course, the sensitivity of all these scales is increased, to the detriment of their specificity.

THE EMERGENCE OF RESTRUCTURED RC SCALES IN THE MMPI-2

In 2003, with the approval of the publishing house The University of Minnesota Press, the eight RC scales, newly scored with a different, contradictory construction strategy compared to that of the MMPI/MMPI-2, were introduced into the MMPI-2 Extended Score Report by ‘NCS-Pearson Assessments computer-based scoring service’. Since then, several American publications have appeared on the Restructured RC Clinical Scales derived from part of the set of MMPI-2 items. The authors of these RC scales (Tellegen et al., 2003), in 2006, taxed the MMPI-2 with ‘blind empiricism’ (Tellegen et al., 2006, p. 149). By this detraction, they tried to legitimize their own theoretical approach to new scales to be integrated into the MMPI-2. In the meantime, these scales have been the subject of serious warnings about their questionable validity as well as their vulnerability to attitudes of minimization or exaggeration on the part of the respondents. The reader can consult a recent review of the literature in this regard in Parisien (2021b, 2021a).

MMPI-2-RF: THE RESTRUCTURED FORM OF MMPI-2

Is the MMPI-2-RF a revision, a reform, or another instrument? The MMPI-2-RF (“RF” for Revised Form: see Tellegen & Ben-Porath, 2011) is a controversial instrument. The primary litigation is tied to the use of the name MMPI, which Ruchenne (2019, p. 565) claims suggest “a direct filiation with the MMPI-2”. Ruchenne even titled Part VI of his 2019 manual: “The MMPI-2-RF or the impostor”. This is not the simple mood swing of a French-speaking European specialist, but rather an exact reflection of the opinion of the vast majority of American authors who are experts in MMPI-2, including Butcher, Greene, Nichols, Friedman, Caldwell, to name only those among many more.

The MMPI-2-RF *is not a revision* of the MMPI-2 (Butcher et al., 2015): this is also the verdict heralded by the five cur-



rent American textbooks on the MMPI-2: Butcher (2011); Friedman et al. (2015); Graham (2012); Greene (2011); Nichols (2011). Ruchenne's French-language manual (2019) is no exception to American textbooks: the MMPI-2-RF is rather a profound change from the MMPI-2 and the acronym "MMPI" should therefore be removed from its name.

The RF version of the 'new MMPI' should be considered an essentially new instrument, distinct from a simple revised version or update of the MMPI-2, as was the case for the transition from the MMPI to the MMPI-2 in 1989. In short, it is poorly identified, unverified on several aspects, and it enjoys neither the psychometric empirical support characteristic of previous MMPIs nor the complementary interpretive data of the MMPI-2 (Friedman et al., 2015, p. 593).

For Greene (2011), the MMPI-2-RF is an improper, even illegitimate designation, because the only links it keeps with the MMPI-2 are its pool of items, its normative group as well as validity scales grossly similar yet substantially modified. It is rather a new self-reported inventory for which the authors chose to borrow items from the MMPI-2 item pool and use its normative group (Greene, 2011, p. 22). With the MMPI-2-RF, it is not possible to use code-types for interpretation, a process that benefits from decades of accumulation of interpretive data for the MMPI/MMPI-2, nor is it possible to use the supplementary and content scales, as they cannot be scored from this new test. The pool of clinical and research information from the MMPI and MMPI-2 is also inaccessible, if not unusable.

Ben-Porath, one of the authors (along with Tellegen) of the new test, has a different view. He wrote in 2013 that "to call this (RF) instrument anything other than a restructured version of the MMPI-2 would, in fact, be misleading." The disagreeing authors (Butcher et al., 2015) respond that, on the contrary, this place the forensic expert in a position where he must himself document, even argue how the MMPI-2 measures could have been transferred to the MMPI-2-RF and plead on their empirical support. In short, the question is: "How are the new measures and the traditional validated scales related?". Finally, an "acceptable" answer would seem problematic, as it would require the use of a far-fetched reasoning, a non-existent methodological gateway... or unconvincing subterfuge.

Structure of the MMPI-2-RF

Apart from the validity scales, the MMPI-2-RF (like the MMPI-3) consists of a hierarchical factorial structure (top-down model). At the top level are the three (3) High-Order Scales (H-O), i.e. three major components derived from a factor analysis and called Emotional-Internalizing-Dysfunction (EID), Thought Dysfunction

(THD), and Behavioral-Externalizing-Dysfunction (BXD). At the intermediate level are the Restructured Clinical (RC) Scales, discussed above. The lower level is composed of the Specific Problems Scales (SP), each which very few items: Somatic/Cognitive Scales (N=5); Internalizing Scales (N=9); Externalizing Scales (N=4); Interpersonal Scales (N=5). At the same level are placed the Interest Scales (AES and MEC), and the Personality Psychopathology Five Scales (PSY-5).

The validity scales of the MMPI-2-RF: a universe often different from the MMPI-2

The validity scales of the MMPI-2-RF bear the same name as those of the MMPI-2, however they have been substantially modified. Greene (2011, pp. 326-338) and Friedman et al. (2015, pp. 555-565) detail the changes, which can be seen in particular by the replacement of 40% to 75% of old items with new ones.

Of greater concern is that, in 2013, a search of the electronic literature (Butcher et al., 2015, chap. 14), with the keywords "MMPI-2-RF" and "Validity Scales", did only identify a total of 15 publications for these combined keywords, 11 of these from Ben-Porath and his team, while a similar search with MMPI found 291 articles on MMPI-2. Still on the issue of the validity of the answers, several specialists (see Gass & Odland, 2012; Harp et al., 2011; Rogers et al., 2011; Weiss et al., 2010; : see Rogers & Granacher, 2011) have come to the conclusion that the validity measures of the MMPI-2-RF poorly manage to perform well in the detection of malingering (simulation, falsification) from respondents. The same authors go on to assert that it will take several more years before research will allow the use of the validity indices of the MMPI-2-RF in the forensic field.

One may ask why should what is not considered good in the forensic field (because of the high stakes and pervasive contestation) be deemed acceptable in the clinical field, where the well-being of suffering individuals is at stake?

Informative Limit on "Specific Problem Scales"

The MMPI-2-RF scales mentioned above have significant psychometric weaknesses. For example, there is no explanation for the items being assigned to a particular scale rather than another one, which leads to ambiguities in some of these scales. Moreover, the scales are very short (4 to 10 items), entailing the risk of and questionable content validity and poor psychometric reliability. At best, such scales succeed in correctly classifying half of a given target group. Finally, a search by Butcher et al. (2015, chap. 14), this time with keywords "MMPI-2-RF and Specific Problems Scales", identified only 7 publications, each reporting only descriptive statistics. The lack of psychometric audits and corresponding updates could only lead to that.



This lack of information suggests that all clinicians, whether or not they work in the forensic field, should refrain from using these scales.

The use of non-gendered norms

While referring to the same normative group as that constituted for the MMPI-2, Ben-Porath and Tellegen (2008) decided to use gender-neutral norms, simultaneously subtracting 224 women in order to obtain, on the guise of fairness, an equal number of men and women respondents (resulting sample: $N = 1,138 \times 2$); they report minimal gender differences on the MMPI-2-RF. However, for four of the “Specific Problem Scales”, Butcher et al. (2015) observe the following difficulties. For the JCP (Juvenile Conduct Problems) and SUB (Substance Abuse) scales, with non-gendered norms (compared to gendered norms), the male T scores are at lower levels and the female ones can deviate from it by up to 10 T units (i.e. 1 standard deviation) for the highest raw scores. The user should therefore be cautious until this empirical question is clarified. A similar shift pattern is observed for the AXY (Anxiety) and HCP (Head Pain Complaints) scales.

In conclusion

For decades, the MMPI/MMPI-2 has been a leading instrument for assessing various aspects of personality and psychopathology not only in North America, but worldwide. The MMPI-2-RF, on the other hand, suffers from too many flaws and potential problems to be considered at this time a valid and acceptable substitute for the MMPI-2. In their construction strategy, the authors left out too much information regarding, for example, items related to antisocial attitudes, work functioning, family problems, negative life events.⁵ The instrument is currently significantly lacking on several fronts: research on measurement validity, information on new scales, availability of gender-neutral norms only, poor sensitivity to detecting mental health problems (see Butcher et al., 2015).

The borrowing of the “MMPI-2” name is also problematic. As Greene wrote:

“The MMPI-2-RF should not be conceptualized as a revised or restructured form of the MMPI-2, but as a new self-report inventory that chose to select items from the MMPI-2 item pool and to use its normative group” (Greene, 2011, p. 22).

The borrowing of the acronym “MMPI-2” would there-

fore constitute an imposture (see Ruchenne, 2019, part VI), the American authors having refrained generally from using this term “imposture” themselves, perhaps for fear of forever alienate their traditional publishers, ‘The University of Minnesota Press’, kings and masters of the MMPI-2. There is one exception wherein Friedman and Nichols (2017) used the terms «misnomer», «hijacking the name», «masquerade», «marketing ploy», and finally «impostor».

Some authors, in particular Friedman, Bolinsky, Levak and Nichols (see Friedman et al., 2015), have in a first step shown extreme restraint, even understanding, towards the authors of the MMPI-2-RF, emphasizing the positives of the project. Thereby :

- “The RC scales were designed and developed by recruiting items semantically appropriate to the constructs selected for the MMPI-2, some relying on correlational analysis, rather than based on and constructed according to their predictive clinical value exploiting the so-called “contrast groups” approach. The authors pointed out that it must be accepted that we have arrived at imperfect measurements of the constructs that the authors intended to measure, and that in fact some of these constructs may contain more syndromic complexity than was intended first (e.g. RC4 and RC9). Thus, future research should help understand what RC scales measure rather than what they do not” (Friedman et al., 2015, p. 552);
- The authors referred to Tellegen et al. (2003), recalling that the creation of the RC scales could encourage research in the construction of additional scales related to important clinical aspects other than those reached by the clinical scales of the MMPI 2, avoiding the confusion brought by the Demoralization component (ibid., p. 553);
- They pointed out that one of the advantages of MMPI-2-RF would be its brevity (338 items) compared to that of MMPI-2 (567 items). In the context of using a battery of tests, this would prove to be a definite advantage (ibid., p. 591);⁶
- Another advantage of the MMPI-2-RF would be its hierarchical theoretical approach from High-order Scales to “Specific Problem Scales”, which makes interpretation simpler and shorter. It could also aid academic learning (ibid., p. 592);
- They claimed that the passage of time would allow research to increase the empirical correlates and discriminant validity of the MMPI-2-RF scales (ibid., p. 592);
- Finally, they argued that at the time of its publication

⁵These are the aspects that the MMPI-3 could add to its scales compared to the MMPI-2-RF, these additions however not changing anything in the basic shortcomings.

⁶The remark on the brevity of the MMPI-2-RF was no doubt intended to accommodate the opposing camp, but it should be remembered that there already exists an abbreviated MMPI-2 comprising the first 370 items of the MMPI-2, and which makes it possible to score all the validity scales as well as the clinical scales.



in 2011, the MMPI-2-RF was offered by The University of Minnesota Press as a parallel version rather than a replacement for the MMPI-2, and that the MMPI-2 continued to be fully supported by the test publishers (see Ben-Porath & Tellegen, 2011).

The abandonment of subterfuge

Alert from Friedman and Nichols (2017)

In November 2017, Friedman and Nichols said they feared the possible release of the MMPI-3. Indeed, a director of the University of Minnesota Press had given them the information that an MMPI-3 was planned and under construction. This director did not hide that it would then be a “marketing stunt”. The acronym “MMPI” is a significant commercial lure for publishers as it invariably attracts a large number of clinical psychologists, a clientele eager for novelties based on “solid” in the field of personality assessment and psychopathology.

Ben-Porath (2017, p. 277) had indicated that MMPI-2-RF was introduced as an alternative rather than a substitute for MMPI-2. However, publishers The University of Minnesota Press and distributor Pearson Assessments for the MMPI Instruments have been claiming for the past decade that the new standard in personality and psychopathology measurement is the MMPI-2-RF. We saw above that this new instrument does not represent an evolution, but rather a new differing instrument, divorced from the empirical strategy of contrasting groups at the roots of the MMPI. Its authors had prefer a factorial-analytical construction strategy, based on a theoretical model of mood, a model that is not unanimously accepted (see Carroll et al., 1999; Green et al., 1999; Ranson et al., 2009).

In the end, the former MMPI-2, which is a *construct-oriented* instrument, was transformed with the RC scales to a *content-oriented* questionnaire using items based on their face validity and factorially confirmed by it. In fact, the RC scales have higher correlations with the content scales (or other similar scales) of the MMPI-2 than with the clinical scales (see for example Tellegen & Ben-Porath, 2008, 2011). These significant psychometric anomalies did not prevent the publishers from being very active in setting up workshops and seminars on the web in the world of continuing education and in promoting the alleged superiority of the MMPI-2-RF over the MMPI-2.

In June 2017, a report from the University of Minnesota’s Internal Audit Department stated:

«The development of an MMPI-3 instrument has not been mentioned in any of the annual requests for proposals, even though Yossef Ben-Porath received \$154,000 in 2017 for ‘Further developments of the MMPI-2-RF/MMPI-3’

» (see Friedman & Nichols, 2017).

In this regard, Friedman and Nichols (2017) also point out that

«The 2017 award for Ben-Porath’s proposal was awarded without the Press publically advertising the intent of the Press to fund development of the MMPI-3 assessment. This gives the impression of favoritism regarding access to funding for development and research proposals by the ‘Press’ ».

Lally and Williams (2017) recently reported that, in 2016, the MMPI-2:

«... continues to be more widely used than the MMPI-2-RF (61 percent to 39 percent), despite years of marketing the MMPI-2-RF as the “new standard”, the introduction of new MMPI-2-RF products, and the discontinuation of MMPI-2» (see Abstract of the article).

The use of the acronym “MMPI” being already an advertising hoax, the abandonment of the suffix “RF” for the eventual MMPI-3 is undoubtedly another one revealing a new subterfuge.

Perhaps the time has come to accept as reality what Adams wrote in 2000, namely :

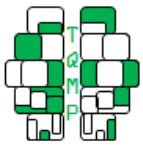
«The decision to revise a test itself may be made in an environment wherein the economic return of a test becomes the salient factor in decision making about the test.» (Adams, 2000, p. 282)

Such a mercantile attitude can be motivated by the encouragement of new projects and the need to provide global support to the publishing company. Thus, decisions based on finance or the market can influence whether a test is revised as much as it is set aside (see Knauss, 2019).

Answer by Ben-Porath (2018) and its implications

Four months later, Ben-Porath (March 2018) offers an answer to Friedman and Nichols (November 2017). One could say that he takes them in stride and goes about it in a somewhat casual and caricatured manner.

1. First, Ben-Porath claims that “the prospect of a new version of MMPI triggered behavior in them [*the team in charge*] almost identical to their reactions to the release of MMPI-2 almost 30 years ago and to MMPI-2-RF in 2008”. He adds: “from skeptical critics, they became fervent defenders of the MMPI-2”. He detaches the events here from their context, that of a confrontation provoked by the main authors of MMPI-2 in 1989. Parisien (1999) summarizes the influence struggles as well as the “MMPI versus MMPI-2”



version issues. The involved authors, especially Butcher, Graham, Ben-Porath, and Tellegen, were exceptionally controlling and closed-minded in the early years.⁷ This has been soberly confirmed to ourselves by R. L. Greene during a telephone conversation (personal communication in June 2002). It must be remembered that, for 50 years, the MMPI had been represented in the clinical and scientific literature by dozens of American researchers and authors, some of them emeritus. Suddenly, without any preparation, they were placed before a *fait accompli*, depriving them of a certain amount of information on the MMPI scales as well as barring their access to the new normative sample of the MMPI-2 (see Parisien, 1999, p. 266 and 274-278; Parisien, 2014, p. 276, 279, and 299-300). After several external pressures, it was not until 3-7 years later (see Kohutek, 1992b, 1992a; Brophy, 1996) that additional standards were relaxed, i.e. made available, for certain scales disregarded with no explicit reason by the new authors. The role played here by author W.G. Dahlstrom (appointed to the MMPI-2 committee in deference to his leading position at the MMPI) was undoubtedly significant. In 2014, Parisien wrote: “As for the Ss scale, Caldwell (1997, –1997b in the quoted text–) presents the 73 items in the MMPI-2 with the means and standard deviations of the contemporary normative sample, released by Dahlstrom, whom he thanks for the information”. It goes without saying that Dahlstrom, official co-author of MMPI-2 and ancestral representative of MMPI, had access to the contemporary normative sample. It was then the legacy of 50 years of data accumulation that was in question. Eventually, tempers died down, at the cost of all sorts of compromises and concessions.

By the publication and distribution of the MMPI-3, with the RC scales and the MMPI-2-RF integrated therein, it is on the contrary the identity and the very existence of the MMPI/MMPI-2 that are at stake, including the hundreds of thousands of accumulated data on which its empirical validity and ‘practical utility’ is based. Whatever their real motivation, the authors of the new instrument, through publishers, use the acronym MMPI to appropriate an instrument that no longer corresponds to what they subsequently created (see Parisien, 2021b, 2021a). The controlling commercial authorities play a much more powerful role here, that of relegating the MMPI-2 to oblivion. It is indeed the publishers who possess this supreme power. And they will do so to the extent that they are convinced that the MMPI-2-RF/MMPI-3 will provide them with the financial returns they expect.

2. Ben-Porath, no doubt to avoid controversy, laments from Friedman and Nichols (2017) the absence of “a serious and intellectually honest analysis” concerning the RC scales, the MMPI-2-RF and a future MMPI-3. Should we

have hoped for such a serious analysis in *The National Psychologist Newspaper*, a publication deemed not particularly ‘analytical’ whereas, as documented above, Ben-Porath’s regrets can easily be mopped up by the extensive literature catalogued here which includes, among others, Friedman and Nichols’s (2017) questioning; see also Parisien (2021b, 2021a).

3. Ben-Porath also questions that “interpretation of MMPI-2 has been largely a-theoretical since ‘Day 2’, when the original diagnostic constructs were abandoned in favor of theory-less code-types”. In doing so, he reveals his bias as well as that of the authors of the new instrument, based on a specific theoretical a priori model cast in concrete, a model which is far from unanimous in the scientific literature.

4. Ben-Porath complains that he was falsely identified by Friedman and Nichols as a lone artisan of the MMPI-3. Here is a denunciation of intent that is biased and unfair. Indeed, Friedman and Nichols merely noted what was available to the University of Minnesota’s Internal Audit Department, namely: “The development of an MMPI-3 instrument” does not appear in any of the queries annual, although Yossef Ben-Porath received in 2017 \$154,000. for ‘further development of the MMPI-2-RF/MMPI-3’. Inevitably, the impression of favoritism denounced by Friedman and Nichols could only apply to the name mentioned by the University of Minnesota, Yossef Ben-Porath.

5. Ben-Porath takes pride in the fact that Friedman and Nichols (see Friedman et al., 2015) titled their publication ‘Psychological Assessment with the MMPI-2/MMPI-2-RF’ (700 pages), where the authors devote, he writes, “a chapter that provides detailed interpretive guidelines for the MMPI-2-RF”. If the MMPI-2-RF is not related to the MMPI-2, and if it is the psychometric disaster they claim, what is it doing in the main title of the book and in a chapter of the 3rd edition of their book on the MMPI?”. Note first that Greene (2011) also introduced the name MMPI-2-RF in the title of his 3rd edition, ‘The MMPI-2/MMPI-2-RF’, An Interpretive Manual (628 pages), where he devotes 51 pages (18 to 23 and 324 to 368) to this new instrument. Greene goes further, also devoting 98 pages (369 to 466) to a detailed comparison of an interpretive process he proposes between the MMPI-2 and the MMPI-2-RF.

What academia does Ben-Porath think he is in? In a basket of crabs, where each seeks to take his due at the expense of the other? On the contrary, it was observed that the authors Friedman et al. (2015) “showed extreme restraint, even understanding, towards the authors of the MMPI-2-RF, emphasizing the positive points of the project”, as we mentioned above. Greene, the most demanding of critics concerning the appropriation of the MMPI acronym by

⁷Only Butcher and Graham could testify if Ben-Porath and Tellegen were the main schemers in this struggle for control.



the authors of the RC scales, is also the one who has made the most effort to find a use for this new instrument which is the MMPI-2-RF, now the MMPI-3, after a few minor additions that did not change the substance of the psychometric problem.

Emergence of the MMPI-3 (2020)

In the fall of 2020, one could find on the Internet an announcement of Pearsonclinical.Inc. on the "MMPI-3", presenting the following text ⁸ :

2020 / Yossef S. Ben-Porath Ph.D./Auke Tellegen Ph.D.
Coming in 2020: The MMPI-3 builds on the history and strengths of the MMPI instruments to provide an empirically validated, psychometrically up-to-date standard for psychological assessment.
Age group: 18 and over.
Delivery format: On the web (Q-global), on the computer (Q-local) or on paper and pencil.
Time required: 25-50 minutes.
Reporting Options: Scores, Clinical Interpretation, and Police Candidate Interpretation reports.
Qualification level: C.

The announcement on the Internet in the fall of 2020 (see table above) puts the limits of RC scales back on the agenda. In fact, on the "Reporting options" line, the service offer "interpretation for police candidate" can only be worrying given the lack of sensitivity of the RC scales in the detection of psychopathology (see Butcher et al., 2015). However, here is a field of service (i.e. "Police Candidate Interpretation reports") where, for the past ten years and in particular in 2020-2021, we find in the United States headlines on the serious misconduct of a good number of police officers. The use of RC scales would likely result in a significant number of "false negative" results in personnel selection. Remember that, in the field of aeronautics, the FAA (Federal Aviation Administration) strongly discourages its psychologists from using the MMPI-2-RF rather than the MMPI-2. It is based on the proven psychometric deficiencies of the MMPI-2-RF, extensively detailed in this article (see also Friedman & Nichols, 2021; and Parisien, 2021b, 2021a).

Feedback about the MMPI-3

On January 12, 2021, Finnerty published an article in *Psychology Dot News* about the appearance of MMPI-3. He wrote :

«...if you're going to use the MMPI-3, it would make sense to be sure you know what it actually is that you're using... Remember in the world of science there is a difference between marketing materials and independent scien-

tific evidence free from bias and conflict of interest. Please keep that in mind when you see this iteration of the MMPI marketed as "MMPI-3" with the available courses primarily being presented by someone with a financial interest in the adoption of the MMPI-3.»

Also in January 2021, Friedman and Nichols published a critical text of the MMPI-3 in *The National Psychologist Newspaper*, also reproduced in Finnerty (2021, : see previous paragraph). Therein, they stated that the FAA (Federal Aviation Administration) would not allow the use of the MMPI-3 for pilots and air traffic controllers, as it had previously decided in 2011 concerning the MMPI-2-RF. This means that, for the FAA (as for the majority of MMPI-2 experts), the MMPI-3 and the MMPI-2-RF are not acceptable substitutes for the MMPI-2 for evaluations carried out for medical certification purposes by the FAA, especially for hiring.

After the publication of the MMPI-2-RF in 2008, the FAA conducted an internal study comparing the sensitivity of the MMPI-2-RF to that of the MMPI-2. For disqualified job applicants with MMPI-2 scores of 65 or higher, the corresponding reformed MMPI-2-RF scales yielded scores of 55 to 60, producing an excess of false negative decisions. The same is likely true for the MMPI-3 because, copying the MMPI-2-RF, the MMPI-3 does not use the MMPI clinical scales as the MMPI-2 does, and thus does not exploit the MMPI-2's code-types interpretation approach based on decades of accumulated correlations that come from an empirical research tradition (see Friedman & Nichols, 2021).

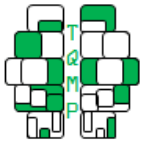
Additionally, since the FAA had many years of experience using the MMPI-2, it has accumulated responses from more than 5,000 air traffic controller candidates and pilots, which allowed a valid comparative inter-test analysis. Further research with 20,000 candidates confirmed the MMPI-2 standards and the usefulness of the MMPI-2 in assessing these candidates (Greene et al., 2021).

It should be noted that the MMPI-2 (rather than the MMPI-2-RF, and now its equivalent the MMPI-3) continues to this day to be widely used not only in the Naval Aerospace Medical Institute, but also in the law enforcement agencies and in other sectors sensitive to public safety for the selection and evaluation of personnel (Butcher et al., 2018).

Critical conclusion: Is the MMPI-3 the end of a historical track?

The question is the following: can we tolerate that the authors of the MMPI-2-RF, in connivance with the publish-

⁸This 20-page reference comes from the Internet in the context of promoting MMPI-3, a recent reference (end of 2020) which has not yet (to our knowledge) given rise to any substantive critical comment in the scientific literature.



ers, unduly appropriate the name "MMPI" to prosper in the market, even if it means commercially pushing MMPI-2 out the door to make room for MMPI-3?

However, let's not give in to a scenario of an exaggerated panic. Ruchenne writes:

"As we finished writing this book, we noticed that the *Éditions du Centre de Psychologie Appliquée* (ECPA) decided to forgo the distribution of the MMPI-2 in France, redirecting French-speaking professionals towards the acquisition and use of the MMPI-2-RF alone. It is regrettable that French-speaking practitioners no longer have access to a tool as powerful as it is useful as the MMPI-2. This amounts to barring access to decades of research and clinical use, which is difficult to accept. Convinced of the value of MMPI-2, we are working, with optimism and tenacity, to resume its publication in France as soon as possible." (Ruchenne, 2019, p. 568) [free translation]⁹

It is this reality that Ben-Porath and his colleagues would not consider (or do they clearly have it in mind with adverse intentions?), while the editors The University of Minnesota Press have life and death rights over the MMPI-2. These publishers, naturally attentive to their commercial interests, should not want to sell off their goodwill by eliminating the MMPI-2. But there are signs that they have decided to go all out for their new instruments, with the MMPI acronym, against the indications of the research data and the opinion of the best specialists.

What seems clear is that it is not the overt intention of MMPI-2 proponents (see Friedman et al., 2015) to throw out the MMPI-2-RF. Rather, these authors argue that this test may represent a new albeit misnamed instrument that still needs to be proven and validated, independently of the MMPI-2. However, the latter has the right to exist given its qualities as well as the many services it has rendered and can still render: this seems to be a context of reaching out. Furthermore, Ben-Porath's (2018) personal belief that "the background scales of the MMPI-2-RF are conceptually and empirically linked to the psychological constructs that are the subject of current work in the fields of personality and psychopathology" only seems to indicate in him a feeling of omnipotence, rather than testifying to a well-considered common sense. On the contrary, everyone should retain the humility necessary to accept that everyone has a role to play with regard to the measurement of personality and

psychopathology. No one has the right to impose his point of view by usurping the identity of the other, at the risk of causing that other to disappear. Of course, those with the purse strings, including The University of Minnesota Press, have the power to decide the issue.

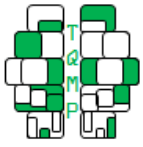
References

- Adams, K. M. (2000). Practical and ethical issues pertaining to test revisions. *Psychological Assessment, 12*, 281–286.
- APA. (1952). *Diagnostic and statistical manual of mental disorder*. American Psychiatric Association.
- Ben-Porath, Y. S. (2017). An update to Williams and Lally's (2016) analysis of MMPI-2-RF acceptance. *Professional Psychology: Research and Practice, 48*(4), 275–278.
- Ben-Porath, Y. S. (2018). The more things change... Friedman and Nichols react to a new version of the MMPI. *The National Psychologist Newspaper, March, 19*, 1–99.
- Ben-Porath, Y. S., & Tellegen, A. (2008). *MMPI-2-RF: Manual for administration, scoring and interpretation*. University of Minnesota Press.
- Ben-Porath, Y. S., & Tellegen, A. (2011). *Minnesota Multiphasic Personality Inventory-2-Restructured Form: Manual for administration, scoring, and interpretation*. University of Minnesota Press.
- Berg, I. A. (1959). The unimportance of test item content. In *Objective approaches to personality assessment* (pp. 83–99). D. Van Nostrand Company inc.
- Brophy, A. L. (1996). Provisional statistics for MMPI-2 dependency, prejudice, social status, control, and low back pain scales. *Psychological Reports, 78*, 1075–1078.
- Butcher, J. N. (2011). *A beginner's guide to the MMPI-2, 3rd ed.* American Psychological Association Press.
- Butcher, J. N., Front, C. M., & Ones, D. S. (2018). Assessing psychopathology in high-risk occupations. In J. N. B. Binitperiod J. M. Hooley (Ed.), *APA handbook of psychopathology: Vol. 1, psychopathology: Understanding, assessment, and treating adult mental disorders* (pp. 245–272). Washington, DC.
- Butcher, J. N., Graham, J. R., Ben-Porath, Y. S., Tellegen, A., Dahlstrom, W. G., & Kaemmer, B. (2001). *MMPI-2 manual for administration and scoring*. University of Minnesota Press.
- Butcher, J. N., Graham, J. R., Williams, C. L., & Ben-Porath, Y. S. (1990). *Development and use of the MMPI-2 content scales*. University of Minnesota Press.

⁹The MMPI-2-RF has now become the MMPI-3 (although it is still not available in French-speaking Europe, according to an email from mid-June 2022 sent to us by Daniel Ruchenne). It is equipped with some improvements always based on the same premises and method of construction and it remains marked by the same methodological and psychometric discontinuity with the MMPI/MMPI-2 (see Parisien, 2021b, 2021a). It is still based on the restructured RC scales, while illegitimately keeping the "MMPI" acronym. We should have at least called this new avatar "MMPI-2-RF-2" instead of "MMPI-3". This is a major case of adulteration in the history of clinical psychometrics.



- Butcher, J. N., Hass, G. A., Greene, R. L., & Nelson, L. D. (2015). *Using the MMPI-2 in forensic assessment*. American Psychological Association.
- Butcher, J. N., & Rouse, S. V. (1996). Personality: Individual differences and clinical assessment. *Annual Review of Psychology, 47*, 87–111.
- Caldwell, A. B. (1997). Whither goest our redoubtable mentor, the MMPI/MMPI-2? *Journal of Personality Assessment, 68*(1), 47–68.
- Caldwell, A. B. (2006). Maximal measurement or meaningful measurement: The interpretive challenges of the MMPI-2 restructured clinical (RC) scales. *Journal of Personality Assessment, 87*, 193–201.
- Carroll, J. M., Yik, M. S. M., Russell, J. A., & Feldman-Barrett, L. (1999). On the psychometric principles of affect. *Review of General Psychology, 3*(1), 14–22.
- Colligan, R. C., Osborne, D., Swenson, W. M., & Offord, K. P. (1983). *The MMPI: A contemporary normative study*. Praeger.
- Finnerty, T. (2021). *The faa won't be using the MMPI-3; should you?* <http://psychology.news/>
- Friedman, A. F., Bolinsky, P. K., Levak, R. W., & Nichols, D. S. (2015). *Psychological assessment with the MMPI-2/MMPI-2-RF. third edition*. Routledge. Taylor et Francis Group.
- Friedman, A. F., & Nichols, D. S. (2017). MMPI-3: Revision of MMPI-2 or marketing hype? *The National Psychologist Newspaper, November*, 1–99.
- Friedman, A. F., & Nichols, D. S. (2021). MMPI-3 prohibited by FAA for psychological and neuropsychological evaluations. *The National Psychologist Newspaper, January*, 1–99.
- Gass, C. S., & Odland, A. P. (2012). Minnesota multiphasic personality–revised form symptom validity scale—revised (MMPI-2-RF-FBS-r; also known as fake bad scale): Psychometric characteristics in a nonlitigation neuropsychological setting. *Journal of Clinical and Experimental Neuropsychology, 34*, 561–570.
- Graham, J. R. (2012). *MMPI-2: Assessing psychopathology and personality (4th ed.)* Oxford University Press.
- Green, D. P., Salovey, P., & Truax, K. M. (1999). Static, dynamic, and causative bipolarity of affect. *Journal of Personality and Social Psychology, 76*(5), 856–867.
- Greene, R. L. (Ed.). (1988). *The MMPI: Use with specific populations*. Allyn & Bacon.
- Greene, R. L. (1991). *The MMPI-2/MMPI: An interpretive manual*. Allyn et Bacon.
- Greene, R. L. (2000). *The MMPI-2: An interpretive manual — 2nd edition*. Allyn et Bacon.
- Greene, R. L. (2011). *The MMPI-2/MMPI-2-RF: An interpretive manual — 3rd edition*. Allyn et Bacon.
- Greene, R. L., Nichols, D. S., Front, C. M., & King, R. E. (2021). *Screening air traffic control specialists with the MMPI-2: Scale modifications to increase predictive utility* [Technical report, Office of Aerospace Medicine, Federal Aviation Administration, Washington, D.C].
- Harp, J. P., Jasinski, L. J., Shandera-Ochsner, A. L., Mason, L. H., & Berry, D. T. R. (2011). Detection of malingered adhd using the MMPI-2-RF. *Psychological Injury and Law, 4*, 32–43.
- Hathaway, S. R., & McKinley, J. C. (1940). A multiphasic personality schedule: I. construction of the schedule. *Journal of Psychology, 10*, 249–254.
- Hathaway, S. R., & McKinley, J. C. (1942). A multiphasic personality schedule: III. the measurement of symptomatic depression. *Journal of Psychology, 14*, 73–84.
- Hathaway, S. R., & McKinley, J. C. (1943). *The minnesota multiphasic personality inventory manual*. University of Minnesota Press.
- Helmes, E., & Reddon, J. R. (1993). A perspective on developments in assessing psychopathology: A critical review of the MMPI and MMPI-2. *Psychological Bulletin, 113*, 453–471.
- Knauss, L. K. (2019). Ethical and professional issues in assessment. In 4. chap., p. In M. Selbom, & J. A. Suhr (Eds.), *Part 1* (pp. 38–48). Cambridge University Press.
- Kohutec, K. J. (1992a). The location of items on the wiggins content scales on the MMPI-2. *Journal of Clinical Psychology, 48*, 617–620.
- Kohutec, K. J. (1992b). Wiggins content scales and the MMPI-2. *Journal of Clinical Psychology, 48*, 215–218.
- Lally, S. J., & Williams, C. L. (2017). Response to ben-porath's update to williams and lally (2017). *Professional Psychology: Research and Practice, 48*(4), 282–285.
- Laurencelle, L. (1998). *Théorie et techniques de la mesure instrumentale*. Presses de l'Université du Québec.
- Meehl, P. E. (1945a). The dynamics of “structured” personality tests. *Journal of Clinical Psychology, 1*, 296–303.
- Meehl, P. E. (1945b). An investigation of a general normality or control factor in personality testing. *Psychological Monographs, 4*, 1–99.
- Nichols, D. S. (2011). *Essentials of MMPI-2 assessment (2nd ed.)* John Wiley et Sons, Inc.
- Parisien, M. (1989). Le MMPI-2: Surtout de bonnes nouvelles. *Psychologie Québec, 6*(4), 6–7.
- Parisien, M. (1999). Le MMPI et le MCMI en expertise psycholégale. In *L'expertise psycholégale. balises méthodologiques et déontologiques* (pp. 263–308). Presses de l'Université du Québec.
- Parisien, M. (2014). Le MMPI et le MCMI en expertise psycholégale. In *L'expertise psycholégale, 2ième édition* (pp. 273–326). Presses de l'Université du Québec.



- Parisien, M. (2021a). Empirical vs. factorial validity in personality inventories. the MMPI-2 and the restructured RC scales. *The Quantitative Methods for Psychology*, 17(3), 329–344.
- Parisien, M. (2021b). Validité empirique versus validité factorielle dans les inventaires de personnalité : Le MMPI-2 et les échelles restructurées RC. *The Quantitative Methods for Psychology (TQMP)*, 17(2), 87–104.
- Ranson, M. B., Nichols, D. S., Rouse, S. V., & Harrington, J. I. (2009). Changing or replacing an established psychological assessment standard: Issues, goals, and problems with special reference to recent developments in the MMPI-2. In J. N. Butcher (Ed.), *Oxford library of psychology* (pp. 112–139). Oxford University Press.
- Rogers, R., Gillard, N. D., Berry, D. T. R., & Granacher, R. P. (2011). Effectiveness of the MMPI-2-RF validity scales for feigned mental disorders and cognitive impairment: A known-groups study. *Journal of Psychopathology and Behavioral Assessment*, 33, 355–367.
- Rogers, R., & Granacher, R. P. (2011). Conceptualization and assessment of malingering. In E. Y. Drogin, F. M. Dattilio, R. L. Sadoff, & T. G. Gutheil (Eds.), *Handbook of forensic assessment: Psychological and psychiatric perspectives* (pp. 659–678). Wiley.
- Ruchenne, D. (2019). *L'examen clinique de la personnalité avec le MMPI-2 et le MMPI-A*. Mardaga.
- Sellbom, M., & Ben-Porath, Y. S. (2006). The minnesota multiphasic personality inventory-2. In R. P. Archer (Ed.), *Forensic uses of clinical assessment instruments* (pp. 19–55). Psychology Press.
- Strong, E. K. (1927). Vocational interest test. *Educational Record*, 8, 107–121.
- Tellegen, A., & Ben-Porath, Y. S. (2008). Empirical correlates of the MMPI-2 restructured clinical (RC) scales in mental health, forensic, and nonclinical settings: An introduction. *Journal of Personality Assessment*, 90, 119–121.
- Tellegen, A., & Ben-Porath, Y. S. (2011). *Minnesota Multiphasic Personality Inventory-2-Restructured Form: Technical manual*. University of Minnesota Press.
- Tellegen, A., Ben-Porath, Y. S., McNulty, J., Arbisi, P., Graham, J. R., & Kaemmer, B. (2003). *MMPI-2: Restructured clinical (RC) scales: Development, validation, and interpretation*. University of Minnesota Press.
- Tellegen, A., Ben-Porath, Y. S., Seldom, M., Arbisi, P. A., McNulty, J. L., & Graham, J. R. (2006). Further evidence on the validity of the MMPI-2 restructured clinical (RC) scales: Addressing questions raised by rogers, sewell, harrison and jordan and nichols. *Journal of Personality Assessment*, 87, 148–171.
- Weiss, P., Bell, K., & Weiss, W. (2010). Use of the MMPI-2 restructured clinical (RC) scales in detecting criminal malingering. *Journal of Police and Criminal Psychology*, 25, 49–55.

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