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A COMPARATIVE STUDY OF MMPI PROFILES OF PSYCHIATRIC PG's v/s MEDICAL PG's

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SUMMARY

MMPI profiles of 10 psychiatric PG's have been compared with 10 medical PG's. The findings are discussed statistically and otherwise. Both the groups fall within the range of normal. Some interesting findings are not unexpected, if a larger section of population could be studied preferably over a span of few years.

There exists a general impression that a significant number of individuals belonging to the field of psychiatry have personality problems. A variety of psychiatric morbidities ranging from cigarette smoking, alcoholism and other addictions, emotional problems to a high rate of suicide attempted or committed have been reported.

John Tamerin (1972) has remarked on the possibility that psychiatrists may be having a higher level of psychopathology. In a questionnaire study with 75 psychiatrists by Gordon Bermark (1977) it was revealed that 85.4% had emotional problems. Burden of need to control emotions, omnipotent wishes and the frustration thereof, ambiguity in the field, emotional drain resulting from a constant demand to be emphatic, enforced physical passivity and struggle over professional identity were listed as few of the possible explanations. Groesbeck (1977) viewed psychiatrists as wounded physicians in their traditional role of psychic healers and blamed the unconscious motive that was never resolved nor realized by many psychiatrists to be : the need to cure one's own inner 'wounds', unresolved conflicts and the need to 'cure' one's own parents. Bissell (1976) has found 17.4% of the alcoholic physicians to be formed by psychiatrists ; while Blachly *et al.* (1968) in a study of suicide rate of 16 medical specialities reported that in psychiatrists it was the highest.

Thus many researchers have emphasized on the likelihood of all types of psychiatric morbidities in psychiatrists to be a result of (1) the amount and (2) the special professional stress involved in the practice. However the equally important variable of basic abnormality of the "to be psychiatrist's" personality has not been studied in isolation by any of the above-mentioned workers in a controlled study.

Holt's (1959) classic study on personality growth in psychiatric residents is an important reference point in this connection. He has quoted Erikson saying that early adulthood is a time when a young person gropes to find out who he is and what he is going to become. Thus choosing and growing into an occupational role becomes an important function of his personality.

In the light of reviewed literature it was decided to conduct a study to test a hypothesis that it is the basic abnormal personality that makes one take psychiatry as a career.

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MATERIAL AND METHOD

Because of practical difficulties, senior consultants could not be included in the study and hence we were forced to be content with the testing of personality profiles of post-graduate students in psychiatry as compared to those from general medicine. It was postulated that during psychiatric residency the burden of professional responsibilities is lacking, both in magnitude and duration, to produce any significant change in the personality profile. It was substantiated by the observations of Pasnu and Bayley (1971) who studied personality patterns in first year residents at a major university.

Ten male post-graduates in psychiatry constituted the index group A. Male medical postgraduates from the same institution were invited to participate in the study and first ten who volunteered formed group B. Since the experimental group was quite familiar with the MMPI test, it was thought prudent to orient medical PG's in the test to minimize the impact of test-sophistication. None of the participants suffered from any significant active medical illness at the time of giving the test. All the participants took MMPI, revised type, individually. To weed out the effect of current life stress on the responses all individuals were scored on social readjustment rating scale (SRRS) of Holmes and Rahe (1967) in terms of life change units. Personal clinical interviews and projective techniques were deliberately omitted to maintain a reasonable degree of anonymity. MMPI answer forms were scored by the clinical psychologist.

Results have been discussed in the form of comparison between profiles (individual and mean) of subjects from the two groups with the statistical aid.

ANALYSIS OF THE RESULTS

TABLE I—*Sample Characteristics*

Particulars	Gr. A.	Gr. B.
Mean Age (in Yrs) 't'=0.19, N.S.	25.75	25.9
Mean experience in the speciality (months) 't'=0.68, N.S.	22.5	19.8
Mean current stages (C.C.U.) Score) .. 't'=0.432, N.S.	148.6	143.2

As regards the sample characteristics individuals from both the groups were found to be matching on various demographic variables, e.g. age, sex, socio-cultural background, academic achievements, years of postgraduates training and current life stress.

The mean MMPI profile of group 'A' fell completely within 1 SD on either side of the mean of 50 in terms of standard Score. A small peak (if one could call it a peak), was seen on Si scale which just touched 1 SD line. The profile more or less conformed with the normal as depicted by Anastasi (1969). The mean profile of group B essentially fell within normal limits though two peaks at D and MF scales were

TABLE II—*Mean Profiles of Gr. A & Gr. B*

G	C	F	K	HS	D	HY	Pd	MF	Pa	Pt	Sc	Ma	Si
Gr. A	4.1	5.3	16.1	12.4	19.3	18.3	20.1	22.4	6.8	24	27.6	19.5	25.3
Gr. B	5.1	6.5	12.4	10.8	22.1	17.5	18.7	27.8	8	25.3	21.3	19.2	23.3
t	0.196	0.194	.414	.152	.143	.218	.517	1.754	0.964	0.559	0.829	0.09	0.257

All value of t are N.S.

noticed, both beyond 1 SD but within 2 SD.

The differences between the means of individual scales were not statistically significant (even at levels varying from 10% to 50%). However, if a histogram is constructed it would gives a strong impression that not so negligible a difference is seen between two groups on 2 scales. Sc and MF—Higher Sc score in group A and higher MF score in group B.

COMENTS

While statistically very little of significance has emerged from observations, we are inclined to believe that this itself is very significant. Contrary to general impression psychiatric residents have not shown any significant personality disturbances in this study. In fact the mean profile compares very well with that of the normal as depicted by Anastasi (1969).

Then, we had our results looked at by the Clinician and the following impression emerged :

(i) 5 from each group have crossed 2 SD limits on at least 1 scale.

(ii) In group A only one out of these 5 has crossed 2 SD limits on two scales.

(iii) In group B two out of these 5 have crossed this limit on 4 scales each.

These findings, if at all, appear to weigh in favour of group A.

A histogram would show that there may be greater schizoid tendencies in group A and greater difficulties in masculine identification in group B, second observation being rather inexplicable. However, it has already been noted that in the age group concerned, high MF scores are not uncommon. Could it then mean that while group B subjects are in tune with natural deviation occurring at that age while group A subjects have matured sooner in this respect ?

It would be worth repeating MMPI of these participants a few years from now and see if any meaningful differences emerge.

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