

# Uses and Misuses of Ted Kaczynski's MMPI

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# Front Matter

## Abstract

Although case studies can be a helpful didactic aid when teaching personality assessment and illustrating use of a test, they can, of course, not be used as “evidence” that a test “works” or does not work. This article, however, reviews and discusses the far more problematic uses instantiated in a case study of Ted Kaczynski’s Minnesota Multiphasic Personality Inventory (MMPI). A series of errors of omission and commission are identified in Butcher, Hass, Greene, and Nelson’s ([2015]) effort to criticize the MMPI–2–RF. These include not disclosing that Butcher’s interpretive Minnesota Report for Forensic Settings indicates that the protocol is invalid, not including most of the MMPI–2 and MMPI–2–RF scores that contradict the authors’ assertions, and mischaracterizing the MMPI–2–RF findings. Proper use of a case study is then illustrated by a discussion of diagnostic considerations indicated by the MMPI–2–RF findings.

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# Introduction

Case studies can be a helpful didactic aid in personality assessment. They can assist in illustrating the application of general interpretive guidelines as well as of specific nuances. They can also be helpful in demonstrating how to address special circumstances that might justify exceptions to general interpretive rules. Consequently, case studies are commonly and often effectively presented in Minnesota Multiphasic Personality Inventory (MMPI) interpretive guides. Unfortunately, case studies can also be misused, particularly when authors seek to offer them as “evidence” that a test works or does not work. The analysis of Ted Kaczynski’s MMPI results by Butcher, Hass, Greene, and Nelson ([2015]) is a case in point. In this article, I provide the background information needed to understand the context for Kaczynski’s completion of the MMPI, an analysis of Butcher et al.’s ([2015]) misuse of the test results, and an illustration of how such results can properly be used in a challenging diagnostic assessment.

Before turning to the case study, a word is needed about using an identifiable individual’s test results in such cases. Test takers, even in forensic contexts, are generally afforded a measure of privacy that precludes public discussion of their test responses. In Ted Kaczynski’s case, his MMPI–2 answer sheet is part of the public record, and Butcher et al. ([2015]) are not the first to obtain and misuse it in an effort to demonstrate “problems” with the Minnesota Multiphasic Personality Inventory–2 Restructured Form (MMPI–2–RF). They were preceded by Hyman, Caldwell, and Nichols ([2013]), who discussed this case at a meeting of the Society for Personality Assessment. Under normal circumstances, I would not be comfortable discussing an identified individual’s psychological functioning in this public manner, even if, as in this case, all of the information is in the public domain. Unfortunately, that boundary has been breached, and a reply addressing the various errors in Butcher et al.’s ([2015]) analysis is needed to correct the record.

# Brief background

On January 22, 1998, Theodore Kaczynski (the Unabomber) pled guilty to multiple federal charges related to the killing of three individuals and maiming of several others over the course of a 10-year period beginning in 1985. The Unabomber's case had gained international notoriety as suspicions began to mount that a serial killer was involved in a series of letter bomb attacks on academics and others involved with modern technology. On September 19, 1995, the New York Times and Washington Post published an anonymous 35,000-word essay penned by the then-yet-to-be identified Kaczynski. This led his younger brother, David, to alert authorities to his suspicion that these were his brother's writings.

The guilty pleas were the culmination of a series of developments leading up to Kaczynski's trial. As his early January 1998 trial date approached, Kaczynski, who was being held in the Sacramento County Jail, strongly objected to his attorneys' plans to mount an insanity defense. When he perceived that he would not be able to thwart this plan, Kaczynski attempted suicide on January 7, 1998, by fashioning a tourniquet from his underwear and beginning to asphyxiate himself. He discontinued this attempt when he began to feel dizzy, his vision became blurry, and he became concerned that he might sustain brain damage in a nonfatal suicide attempt. When questioned about the resulting abrasion on his neck, Kaczynski acknowledged his suicide attempt to custodial staff and was placed on suicide watch. The judge ordered a competency evaluation, which was conducted by Sally Johnson, MD, who at the time served as Chief Psychiatrist and Associate Warden for Mental Health Services for the Federal Correctional Institution in Butner, North Carolina.

Details related here are based on the January 16, 1998, Competency to Stand Trial report written by Dr. Sally Johnson. This report, unsealed and partially redacted by the trial judge in September 1998, is reproduced as supplemental material in Appendix A.

Dr. Johnson diagnosed Mr. Kaczynski as having schizophrenia, paranoid type and a paranoid personality disorder with avoidant and antisocial features. In her report, she identified two long-standing delusional beliefs held by Mr. Kaczynski as the basis for the schizophrenia diagnosis—that he is controlled by modern technology and that he was extremely verbally abused by his parents as a child, leading to his difficulty establishing a relationship with a woman. The diagnosis of paranoid personality disorder was attributed to Mr. Kaczynski's documented pervasive distrust of others, the avoidant features to a long-standing pattern of social inhibition, and the antisocial

features to a pattern of disregard for and violation of the rights of others manifest in his alleged offenses.

Dr. Johnson opined that in spite of these disorders the defendant was competent to stand trial. The trial judge subsequently ruled Kaczynski competent to stand trial on charges that included a possible death penalty. The next day, January 22, 1998, Kaczynski pled guilty to all charges in exchange for a sentence that amounted to life in prison without the possibility of parole. His subsequent efforts to withdraw his plea or have the sentence overturned were unsuccessful, and at the time of this writing he continues to serve his sentence at a Federal Bureau of Prisons supermax facility.

As part of his competency evaluation on January 12, 1998, 5 days after his suicide attempt, Mr. Kaczynski was administered the MMPI-2. Dr. Johnson reported that she scored and interpreted the results with the assistance of psychology staff at the Federal Correctional Institution at Butner. Her report dated January 16, 1998, includes the following description of the MMPI-2 findings:

On the MMPI-2 he presents a profile that is probably valid. He acknowledged more unusual experiences and perceptions than do most individuals, but not to a degree to suggest exaggeration or falsification. Instead, he appeared to approach the test items in an honest and straightforward manner, which included open admission of some strange thoughts, odd perceptions, and feelings of isolation and alienation. His validity profile is consistent with individuals who have psychotic disorders that are mainly in remission at the time of test administration. Overall, the profile should be an accurate reflection of his personality characteristics.

People who respond in similar ways on the clinical scale 0 (elevated in his profile with score of 74) are often described as introverted, shy, and socially insecure. They are uncomfortable with others and may avoid people, even at times when they could be helpful to him. They are likely to dislike and avoid social activities, and will actively keep others at a distance. They are described by others as cold and distant, and are unlikely to express their feelings directly. Despite their avoidance of others, they are very sensitive to what people think of them and may be troubled by the lack of relationships. Such people tend to worry and feel anxious, possibly with episodes of depression. They tend to have rigid and inflexible attitudes, becoming irritable when questioned or confronted.

People with the 4-6 two point code pattern (as evident in Mr. Kaczynski's profile with scale 4 = 69, Scale 6 = 68) are described as viewing the world as threatening and feeling misunderstood or mistreated by others. Such people can be hostile, irritable, and demanding. They are commonly very self-centered and are not concerned about the rights of others. Indeed, they are often resentful of the success of other people and suspicious of their motives. In addition, these people can be impulsive and manipulative, frequently getting into conflict with family and authorities. They often have unstable family lives, personal relationships, poor work and educational histories, and legal problems. This profile is associated with stable characteristics and such people are very resistant to treatment interventions. They often deny that they have problems

and are evasive about discussing them, sometimes refusing to talk about personal shortcomings at all. They avoid close relationships and have trouble getting along with those people with whom they do come in contact, including family members. Such people have vague goals and are indecisive about many aspects of their lives.

# Butcher et al. ([2015]) on Kaczynski's MMPI

In a chapter dedicated to discouraging forensic use of the MMPI-2-RF, Butcher et al. ([2015]) compared and contrasted MMPI-2 and MMPI-2-RF results generated from Ted Kaczynski's MMPI-2 protocol.[1] As just discussed, Kaczynski was administered the test 5 days after he had attempted suicide, reportedly out of frustration over his attorneys' insistence on pursuing an insanity defense. The suicide attempt led to an evaluation of his competency to stand trial, which included administration of the MMPI-2, from which both the MMPI-2 and MMPI-2-RF can be scored.

Butcher et al. ([2015]) presented a figure that contrasts Kaczynski's scores on the MMPI-2 Clinical scales and the MMPI-2/MMPI-2-RF Restructured Clinical scales, which they incorrectly introduced and discussed as his "MMPI-2-RF profile" (p. 259). They stated:

Kaczynski's performance on the MMPI-2 clinical scales shows a pattern of long-term psychological maladjustment. The prominent elevations on the Pd and Pa scales (4-6/6-4 code type) are indicative of features of a paranoid personality disorder. Kaczynski's MMPI-2 profile is highly consistent with past research on mass murderers (Craig, [2008]; Nichols, [2006]). The only RC scale that reached a clinically interpretable range ( $T > 65$ ) was RC2 (Low Positive Emotions), suggesting mild to moderate dysphoric anhedonia. There was a slight elevation on the RC1 (Physical Complaints) scale, but within the normal range. The RC scales did not detect the severe mental health and behavior problems that were noted in the MMPI-2 clinical scale elevations on Pd and Pa and in his actual life experiences involving severe paranoid thought disorder and strong potential for acting out his distorted belief system. The Restructured Form computer report indicated that Kaczynski showed no psychiatric problems, despite his demonstrated aggressiveness and his delusional belief system as established by his behavioral history and detected by the MMPI-2 clinical scales. (p. 259)

Butcher et al.'s ([2015]) analysis includes several errors of omission and commission, which together create a highly misleading picture. The former include omission of the full MMPI-2 and MMPI-2-RF protocols. These are presented as supplemental material in Appendixes B and C, respectively. As seen in Appendix B, Butcher et al.'s omission of Kaczynski's Validity scale scores is consequential. The Fp T score of 99 falls a point shy of the cutoff for an invalid protocol. In fact, Butcher's Forensic Interpretive Report deems the protocol invalid because Fp is greater than 89 (see Figure 1). Because Butcher et al. include criticism of the MMPI-2-RF Interpretive Report,



one might expect that these authors also generated Butcher's own interpretive report for this forensic case. Their failure to report and address its invalidity statement is striking.

Figure 1. MMPI®-2 Forensic interpretive report validity scales page. Validity Scale Profile page excerpted from *The Minnesota Report™: Reports for Forensic Settings* by James N. Butcher. Copyright © 1997, 2001, 2003 by the Regents of the University of Minnesota. Portions excerpted from the MMPI®-2 (Minnesota Multiphasic Personality Inventory®-2) Manual for Administration, Scoring, and Interpretation, Revised. Copyright © 2001 by the Regents of the University of Minnesota. Reproduced by permission of the University of Minnesota Press. All rights reserved. "MMPI®", "Minnesota Multiphasic Personality Inventory®" and "The Minnesota Report™" are trademarks owned by the Regents of the University of Minnesota.

It is worth noting in this context that in her report, Dr. Johnson described Mr. Kaczynski's Validity scale scores as being consistent with those of an individual with a psychotic disorder in remission. However, she was referring to the score on F, not Fp, which had yet to be added to the standard MMPI-2 Validity scales at the time that Dr. Johnson conducted her evaluation. She would not have been aware of the implications of the highly elevated Fp score. The same cannot be said for Butcher et al. ([2015]).

Setting aside (for now) the question of the validity of Mr. Kaczynski's MMPI-2 results, there are several errors of commission in Butcher et al.'s ([2015]) analysis of his Clinical scale scores. They characterize the results as showing "prominent elevations on the Pd and Pa scales (4-6/6-4 code type) [that] are indicative of features of a paranoid personality disorder" (p. 259). However, as seen in Appendix B, the 46/64 code type is not considered "well-defined." When discussing MMPI-2 code type interpretation elsewhere in their book, Butcher et al. ([2015]) stated:

The psychologist should also examine the other clinical scales not contained within the code type, as well as the content and supplementary scales, any subscales of all of these scales, and the critical items in developing the interpretation of a specific MMPI-2 profile. It is extremely important to examine these other scales when the code type is not well defined; that is when it has at least a 5 T-score difference with the next highest scale. In fact, when the code type is not well defined, the psychologist may want to use a single-scale interpretation of the entire MMPI-2 profile. (p. 66)

Characterizing Kaczynski's 46/64 code type as "prominent" is inconsistent with his actual test scores. Moreover, applying Butcher et al.'s ([2015]) recommendations for code type interpretation, and specifically examining Kaczynski's scores on the Content Scale Bizarre Mentation (T score 46) and the PSY-5 Scale Psychoticism (T score 49), reveals no evidence of disordered thinking. Examination of his scores on the Harris-Lingoes subscales for Scale 6 shows a T score of 52 on Persecutory Ideas (Pa1), and examination of the Koss-Butcher Critical Items under Persecutory Ideas (p. 11 of Appendix B) shows only one item with content related to mistrust of people in general.[2]

In short, an interpretation of Kaczynski’s full MMPI–2 protocol following Butcher et al.’s ([2015]) recommendation does not support their assertion that the results identify severe mental health problems and delusional beliefs. In fact, examination of Butcher’s Minnesota Report: Adult Clinical System for this set of scores (which uses a higher Fp cutoff and consequently can be generated) reveals no mention of paranoia, paranoid personality disorder, or delusional beliefs. Under “Diagnostic Considerations,” the report indicates:

Individuals with this MMPI–2 clinical profile tend to have long-standing personality traits, such as aggressiveness and hypersensitivity, that might predispose them to psychological and interpersonal stress. Features of a personality disorder are characteristic of individuals with this profile pattern.

Butcher et al. ([2015]) also claimed incorrectly that “Kaczynski’s MMPI–2 profile is highly consistent with past research on mass murderers[3] (Craig, [2008]; Nichols, [2006])” (p. 259). Examination of the two sources cited indicates that neither supports this assertion. Nichols (2006) is a case study of the MMPI–2 of Jeffery Dahmer, whose MMPI–2 Clinical scale profile bears no resemblance to Kaczynski’s. Nowhere in Nichols (2006) would one find any basis for supporting Butcher et al.’s claim that Kaczynski’s MMPI–2 profile is “highly consistent with past research on mass murders.” Craig ([2008]) reviewed the research literature on MMPI–2 profiles of murderers (not mass murderers). He concluded his analysis by stating, “The literature reviewed here suggests that there is no single MMPI profile code type specific to people who murder. There are certain code types that appear more frequently within groups of murderers, but they also appear in those who do not murder” (p. 402). Kaczynski’s MMPI–2 profile does not resemble any of the code types to which Craig ([2008]) here referred.

To summarize, Butcher et al.’s ([2015]) description of Kaczynski’s MMPI–2 profile:

1.

|

Does not inform the reader that based on Butcher’s MMPI–2 Forensic Interpretive Report Kaczynski’s protocol is invalid owing to a high Fp score.

|

2.

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Does not provide all of the MMPI–2 scores that the authors indicate elsewhere in the same book are needed to properly interpret the protocol.

|

3.

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Identifies findings of severe mental health problems, paranoia, and delusions that are inconsistent with

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a.

|

an interpretation following the authors' own recommendations for MMPI-2 interpretation and

|  
b.

|  
the diagnostic considerations listed in Butcher's Clinical Interpretive Report for this case.

|  
4.

|  
Incorrectly claims that the profile is "very consistent with past research on mass murderers," citing sources that actually contradict this claim.

|  
Butcher et al.'s (2015) analysis of Kaczynski's MMPI-2-RF protocol (reproduced in Appendix C) also includes errors of omission and commission. As with the MMPI-2, the authors fail to provide the full set of MMPI-2-RF scores. Examination of the Validity scale profile in Appendix C shows that Kaczynski's Fp-r T score is 94, not quite as high as the MMPI-2 Fp score, but high enough to indicate the need for caution when interpreting the substantive scale scores in this case.[4] They also failed to report, let alone address, Kaczynski's elevated scores on Suicidal Death Ideation (SUI), Family Problems (FML), Social Avoidance (SAV), Disaffiliativeness (DSF), and Introversion/Low Positive Emotions (INTR-r) scales. The SUI elevation is certainly relevant in light of Kaczynski's suicide attempt 5 days prior to completing the MMPI. Furthermore, to be discussed later, the other elevations provide information that, although not directly pertinent to the referral question of competence to stand trial, is consistent with much of what is known about Kaczynski's psychological makeup.

As to errors of commission, Butcher et al. ([2015]) stated that "the Restructured Form computer report indicated that Kaczynski showed no psychiatric problems," when in fact, after cautioning about possible overreporting, the report synopsis stated:

Scores on the substantive scales indicate emotional and interpersonal dysfunction. Emotional-internalizing findings include suicidal ideation and depression. Interpersonal difficulties include family problems, social avoidance, and a dislike of people and being around them.

and the "Diagnostic Considerations" section lists "Depression-related disorders" and "Disorders associated with social avoidance such as avoidant personality disorder."

To summarize, Butcher et al.'s ([2015]) description of Kaczynski's MMPI-2-RF findings:

1.

|  
Does not provide scores on 42 of the 51 MMPI-2-RF scales.

|  
2.

|  
Claims that the only elevated MMPI-2-RF score was on RC2, when in fact the full protocol also shows elevations on SUI, FML, SAV, DSF, and INTR-r.

|  
3.

|  
Incorrectly claims that the MMPI-2-RF Clinical Interpretive Report “indicated that Kaczynski showed no psychiatric problems.”  
|

# What can we learn from Kaczynski's MMPI results?

The first issue to be considered is whether Kaczynski's MMPI-2 and MMPI-2-RF protocols are valid and interpretable. His T scores of 99 on Fp (Appendix B) and 94 on Fp-r (Appendix C) raise significant concerns about overreporting when considered on the basis of interpretive guidelines in the respective test manuals. An alternative interpretation is that these scores reflect severe psychopathology. However, in both inventories, scores on other validity scales are inconsistent with either overreporting or severe psychopathology. Specifically, scores on MMPI-2 F and MMPI-2-RF F-r are actually appreciably lower ( $F = 82$  and  $F-r = 42$ ) than those on Fp and Fp-r. The differences between these two versions of F reflects that unlike MMPI-2 F and Fp, MMPI-2-RF F-r and Fp-r are nonoverlapping. In any event, neither overreporting nor severe psychopathology likely account for Kaczynski's very high Fp and Fp-r scores. The most plausible explanation is that his interpersonal disinterest and alienation from family and society, and the very unusual belief systems at their core, led Kaczynski to produce a very rare pattern of responses, which in this case accurately reflect his functioning. This would be a challenging case to make in forensic testimony, but it is the most plausible interpretation.

Setting aside questions about protocol validity, is there any evidence of a thought disorder in Kaczynski's MMPI? As already discussed, the short answer is "no." The only potential indicator of disordered thinking is his T score of 68 on Clinical Scale 6. However, this is counterindicated by the absence of elevation on any of the other MMPI-2 or MMPI-2-RF thought dysfunction scales, including the relevant Harris-Lingoes subscale (Pa1). Examination of the 15 items Kaczynski answered in the keyed direction on Scale 6 shows responses reflecting heterogeneous content themes and no evidence of persecutory thinking. To infer, based on these responses, that there is evidence of thought disorder requires belief in "subtle measurement," which Butcher, in personal communications to me, has likened to belief in the Tooth Fairy, Santa Claus, and the Easter Bunny.

As reviewed earlier, Dr. Johnson did diagnose Mr. Kaczynski with schizophrenia, paranoid type and a premorbid paranoid personality disorder with antisocial and avoidant features. However, she indicated that other experts disagreed with this diagnosis, noting that prosecution experts Phillip Resnick and Park Dietz, although they did not have access to the defendant, had concluded based on interviews and record reviews they conducted that there is no evidence Mr. Kaczynski suffered from

delusions. Instead, they viewed his psychiatric problems as falling in the schizoid or schizotypal range of personality disorders (Appendix A, p. 22). The absence of elevation on MMPI-2 and MMPI-2-RF thought dysfunction indicators is consistent with Resnick and Dietz's conclusions. Alternatively, this could reflect Mr. Kaczynski's unwillingness to pursue an insanity defense, which, to succeed, would have required that he report some psychotic symptoms.

If not a thought disorder, what, if any, possible psychopathology is indicated based on Mr. Kaczynski's MMPI results? Butcher's Clinical Interpretive Report, which, as discussed earlier, does not raise the possibility of a thought disorder, indicates unspecified features of a personality disorder for diagnostic consideration. The MMPI-2-RF Clinical Interpretive Report lists depression-related disorders and disorders associated with social avoidance such as avoidant personality disorder for further consideration. Dr. Johnson also identified features of an antisocial personality disorder.

The moderate elevation on Clinical Scale 4 could be viewed as evidence supporting possible antisocial personality disorder features. However, here too, none, of the remaining relevant MMPI-2 scales (Content Scale Antisocial Practices, PSY-5 scales Aggressiveness and Disconstraint, the Harris-Lingoes subscales) or MMPI-2-RF scales (Higher-Order Scale Behavioral Externalizing Dysfunction, Restructured Clinical Scale Antisocial Behavior, Specific Problems Scales Juvenile Conduct Problems, Substance Abuse, and Aggression, and PSY-5 Scales Aggressiveness-Revised and Disconstraint-Revised) support this inference. Rather, the Harris-Lingoes scales indicate that the elevation on Scale 4 is primarily a reflection of familial dysfunction.

Regarding the possibility of a depression-related disorder, the absence of elevation on the Restructured Clinical scale Demoralization (RCd) coupled with collateral information indicating that Mr. Kaczynski's despondency stemmed from his objection to mounting an insanity defense, indicate that his prominent elevation on RC2 (T score 76), although reflecting a pronounced lack of positive emotional experiences, appears unrelated to ongoing depression. Other disorders characterized by low positive emotions include schizophrenia, posttraumatic stress disorder, and schizoid personality disorder. As already discussed, there are no indications of a thought disorder in Mr. Kaczynski's MMPI, nor are there any signs of an anxiety disorder. Other prominent MMPI-2-RF elevations are on FML (79), SAV (70), DSF (78), and INTR-r (83). In view of these elevations, it is informative that the Diagnostic and Statistical Manual of Mental Disorders (5th ed. [DSM-5]) criteria for a schizoid personality disorder include:

A pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings ... as indicated by four (or more) of the following:

- a.  
|  
Neither desires nor enjoys close social relationships, including being part of a family.  
|
- b.

|  
Almost always chooses solitary activities.

|  
c.

|  
Has little, if any, interest in having sexual experiences with another person.

|  
d.

|  
Takes pleasure in few, if any, activities.

|  
e.

|  
Lacks close friends or confidants other than first-degree relatives.

|  
f.

|  
Appears indifferent to the praise or criticism of others.

|  
g.

|  
Shows emotional coldness, detachment, or flattened affectivity. (American Psychiatric Association, 2013, pp. 652–653)

|  
The elevations on FML and DSF are consistent with the first criterion, the DSF score is also consistent with the second and fifth criteria, the elevated RC2 score (as already discussed) is consistent with the fourth criterion, and, coupled with the absence of elevation on any of the remaining indicators of emotional dysfunction, it is also consistent with the seventh criterion.

In short, the diagnosis most consistent with Mr. Kaczynski's MMPI results is a schizoid personality disorder, which, as discussed earlier, was also one of the possibilities raised by the prosecution experts in this case. The MMPI-2-RF results, in particular, point to an individual detached from and disinterested in social interactions, at odds with his family, lacking positive emotional experiences, who is at risk for suicide. This is not to suggest that Dr. Johnson misinterpreted the available information on Mr. Kaczynski's psychiatric condition. Although indications are that she did pay limited attention to the defendant's MMPI-2 scores, she did, of course, not have access to his MMPI-2-RF results.

# Conclusions

Butcher et al.'s ([2015]) attempt to use Ted Kaczynski's MMPI results to criticize the MMPI-2-RF is misguided in two distinct ways. First, a case study cannot properly be used as "evidence" that a psychological test does not work. Evidence of test validity, pro or con, requires empirical data and/or a conceptual framework within which to evaluate correlations with extratest criteria and item content. Single cases with test results that (unlike Mr. Kaczynski's) are in fact inconsistent with information about a test taker do not prove that the test does not work, barring claims (nonexistent in the case of the MMPI-2-RF) that the test is foolproof. Second, in this case, as documented in the catalog of Butcher et al.'s ([2015]) errors of omission and commission, there is no evidence that the MMPI-2-RF "misses" some important MMPI-2 findings. Rather, as illustrated particularly effectively with the MMPI-2-RF, when properly considered in the context of the unique circumstances surrounding the Kaczynski evaluation, the test results point to a possible alternative diagnosis.



# Back Matter

## Notes

1.

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Sellbom and Wygant ([2018]) provide a detailed response to Butcher, Hass, Greene, and Nelson's ([2015]) criticisms of the MMPI-2-RF and its use in forensic assessments.

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2.

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Item content was removed from Appendix B to protect test security.

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3.

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Butcher et al. ([2015]) incorrectly used the term mass murder, which is typically used to refer to the killing of multiple individuals in a single instance. The proper term would be serial killer, which is used to denote multiple single killings over a period of time (Federal Bureau of Investigation, [2005]).

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4.

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A more detailed discussion of this finding follows later in this article.

|

## Disclosure

Yossef Ben-Porath is a paid consultant to the MMPI Publisher, the University of Minnesota, and Distributor, Pearson. As coauthor of the MMPI-2-RF he receives royalties on sales of the test.

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- Figure 1. MMPI®-2 Forensic interpretive report validity scales page. Validity Scale Profile page excerpted from *The Minnesota Report™: Reports for Forensic Settings* by James N. Butcher. Copyright © 1997, 2001, 2003 by the Regents of the University of Minnesota. Portions excerpted from the MMPI®-2 (Minnesota Multiphasic Personality Inventory®-2) Manual for Administration, Scoring, and Interpretation, Revised. Copyright © 2001 by the Regents of the University of Minnesota. Reproduced by permission of the University of Minnesota Press. All rights reserved. “MMPI®”, “Minnesota Multiphasic Personality Inventory®” and “The Minnesota Report™” are trademarks owned by the Regents of the University of Minnesota.

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