

CHAPTER II

METHODS AND PROCEDURES

All the items of the SEPI were translated in consultation with both Thai and American psychologists. Since the test is a "verbal test", or a structured test, the matter of language and culture is of utmost importance. In working on the translation many problems arose. Some of the items were changed slightly but some needed to be completely changed. All the items of the test (in English) were classified into 25 headings as follows: (6)

1. General health (9 items).
2. General neurologic symptoms (19 items).
3. Cranial nerves (11 items).
4. Ability and coordination (6 items).
5. Sensibility (5 items).
6. Vasomotor, trophic, speech, secretory problems (10 items).
7. Cardiorespiratory system (5 items).
8. Gastrointestinal system (11 items).
9. Genitourinary system (5 items)
10. Habits (19 items).
11. Family and marital relations (26 items).
12. Occupational problems (10 items).
13. Educational Problems (12 items).
14. Sexual Attitudes (16 items).
15. Religious attitudes (19 items).
16. Political attitudes--law and order (46 items).

17. Social attitudes (72 items).
18. Affect, depressive (32 items).
19. Affect, manic (24 items).
20. Obsessive and compulsive states (13 items).
21. Delusions, hallucinations, illusions, ideas of reference (31 items).
22. Phobias (29 items).
23. Sadistic, masochistic trends (7 items).
24. Morale (33 items).
25. Items primarily related to masculinity-femininity (55 items).
26. Items to indicate whether the individual is trying to place himself in an improbably acceptable light. (15 items).

It was not assumed that an item was properly classified merely because it had been placed in a given category. As a matter of fact, as Hathaway and McKinley wrote in their manual, (7) these classifications are a matter of convenience in handling and in avoiding duplication. Therefore, we worked on the translation using these 26 categories.

In the translation, we tried to hold to the same concept as used in the English language. The procedure for the translation is as follows: all the items were translated into Thai and then all items were translated back into English by a Thai graduate student who was not familiar with the test. This was done for the purpose of checking the meaning in Thai with the meaning in English. After revising items that did not have the same meaning, a final review of the Thai translation was made by the staffs of the Department of Psychology, the Dean of the Faculty of Education and a Thai psychiatrist both of whom are familiar with the English language. After the final corrections had been made, the items were printed in booklet

form in the same order as in the original test.

Sample Originally an attempt was made to give this test to a random sample of 100 male and 100 female freshman students selected from the entire university. Unfortunately, unforeseen circumstances made the results of this test unusable. Instead, the following sample was obtained:

1. Province Group: Twenty-one first year university female students all of whom lived in the girls' dormitory during the 1964-65 (B.E. 2507-08) academic year. These students have an average age of 18.66 years and come from various parts of Thailand, outside Bangkok or Dhoburi.

2. Bangkok Group: Nineteen first year female Faculty of Education students. These students have an average age of 19.17 years and they were born in and live in Bangkok or Dhoburi.

3. Male Group: Sixteen first year male Education students. These students have an average age of 21.62 years. Some were born in Bangkok or Dhoburi and some in the provinces.

At this time it is well to comment that the test was administered a very short time before the yearly examinations began. It is unlikely, therefore, that all the responses necessarily typical responses of Thai students.

The data from the two female samples was treated in the following ways:

- 1) A profile of T-scores based on U.S. normative data was drawn for each student and hypotheses suggested for further research.
- 2) A comparison was made between the percentages of "True" responses to the items of the L scale, the P scale and the K scale between the Province Group and the Bangkok Group.
- 3) A comparison was made between the same above two groups of the percentages of "True" responses to the items of all clinical scales.

4) The computation of the mean score for each scale and its standard deviation was done for each group.

5) The mean profiles were drawn for each of the three groups which were then compared.

The Scales and Their Descriptions.

A. The Validity Scales.

1. The L Scale.

This scale is composed of 19 items. Its contents are concerned with aggressive feelings, bad thoughts and lack of control or conformity. High scores on this scale imply that the testee is attempting to be "good" in the eyes of others.

2. The F Scale.

The scale has 64 items. These items were chosen because they covered a variety of content. In contrast with the L scale, high scores on this scale imply that the testee tends in the direction of adults. These items, on the same time, were chosen because they covered a variety of content. Moreover, in contrast with the L scale, high scores on this scale imply that the response the testee has made are in the direction of faking "bad".

3. The K Scale.

This scale has 30 items. A high K score represents defensiveness about psychological weakness, a low K score represents a willingness to exhibit personal defects and troubles.

B. The Clinical Scales

1. The Hypochondriasis Scale (Hs)

The Hs scale, (33 items) is a measure of the amount of abnormal concern about bodily functions. Persons with high Hs scores are unduly worried over their health. They frequently complain of pains and disorders which are difficult to identify and for which no clear organic basis can be found.

2. The Depression Scale (D)

This second clinical scale of 60 items was established empirically to measure the degree of the clinical pattern of depression. This mood is characterized generally by pessimism of outlook on life and the future, feelings of hopelessness or worthlessness, slowing of thought and action, and often thinking about death and suicide.

3. The Hysteria Scale (Hy)

The Hy scale has 60 items and measures the degree to which the subject is like patients who have developed conversion-type hysteria symptoms. These patients appear to use physical symptoms as a means of solving difficult conflicts or avoiding nature responsibilities. The need for a personality measure to reflect such a predisposition before breakdown was partly the motivation behind the development of this scale.

4. The Psychopathic Deviate Scale (Pd)

The Pd scale uses 50 items to measure the similarity of the subject to a group of persons whose main difficulty lies in their absence of deep emotional response, their inability to profit from experience, and their disregard of social norms.

5. The Interest Scale (Ii)

This scale of 60 items measures the tendency toward masculine or feminine interest patterns. Separate T-scores are provided for the two sexes. When the score is above average, it reflects relatively more feminine interests for men and more masculine interests for women.

6. The Paranoia Scale (Pa)

The Pa scale has 40 items. It was derived by contrasting normal persons with a group of clinic patients who were characterized by suspiciousness, over sensibility and delusions of persecution.

7. The Psychasthenia Scale (Pz)

This scale with 48 items measures the similarity of the subject to psychiatric patients who are troubled by phobias or compulsive behavior.

8. The Schizophrenia Scale (Sc)

The 70 items of the Sc scale measure the similarity of the subject's to patients who are characterized by bizarre and unusual thoughts or behaviors.

9. The Hypomania Scale (Ho)

The Ho scale has 60 items which measure the personality factors characteristic of persons with marked over productivity in thought and action.

10. The Social Introversion Extroversion Scale (Si)

The Si scale of 70 items measures the tendency to participate in social contact with others. A high score reflects a tendency to withdraw and a low score suggests a socially active person.

It is important for us to remember that the descriptions above have their only demonstrated validity in connection with the English version

of the inventory as used in the United States not for the Thai translation in Thailand. Perhaps research in Thailand, of which this study is a beginning, will discover that these scales also have meaning with Thai subjects. The meaning may be the same or may be different. Only further research can answer these questions.