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Personality and Coping with Psychiatric Symptoms

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Summary. An attempt was made to extend and cross-validate Mayo's (1969) study of 'normals with symptoms' using the new Personal Illness measures. Groups of psychiatric patients and symptom-free normals were matched with a 'normals with symptoms' group for age and sex. The two symptom groups were similarly matched on the number of symptoms as assessed by the Delusions-Symptoms-States Inventory. On the Personality Deviance Scales the 'normals with symptoms' were found to be the most Extrapunitive group, the symptom-free normals had the lowest Intropunitive scores, whilst the patient group were the lowest scorers on Dominance.

Introduction

Mayo (1969), using the Hostility–Direction of Hostility Questionnaire (Caine *et al*, 1967), found that his 'normals without symptoms' scored significantly lower on General Hostility (the sum of the Extrapunitive and Intropunitive scores) than did his 'normals with symptoms' and 'neurotics'. On Direction of Hostility (the difference between the Intropunitive and Extrapunitive scores) the 'neurotics' were significantly more Intropunitive than 'normals with symptoms', with 'normals with symptoms' rather closer to the 'normals without symptoms'. On the HDHQ sub-scales, 'neurotics' were significantly more self-critical and 'normals with symptoms' significantly more critical of others.

The present report makes use of measures which are sufficiently similar to the HDHQ to provide a basis for comparison with Mayo's study. Our aim, therefore, was to determine whether any of these personality measures would similarly differentiate between 'normals without symptoms', 'normals with symptoms' and psychiatric patients in such a way as to contribute to our understanding of the development of symptoms and of the ability to cope with them once they had arisen.

Procedure

In the course of acquiring data on the Personality Deviance Scales (Foulds and Bedford, in press) and on the Delusions-Symptoms-States Inventory (Foulds and Bedford, 1975) it was found that 13 per cent of the adult normal sample reported psychiatric symptoms. In comparing our results with those of Mayo it should be remembered that he excluded 16 per cent of his normal sample on the grounds that they had consulted a doctor for 'nervous trouble' during the previous 12 months. Although we were unable to carry out such a screening we felt justified in at least regarding our 'normals with symptoms' as coping more adequately than those persons undergoing formal psychiatric treatment.

Instruments

The Delusions-Symptoms-States Inventory (DSSI) contains 12 sets of 7 items each, designed to ascertain the presence or absence of delusions of disintegration, of persecution, of grandeur or of contrition; conversion, dissociative, phobic, compulsive or ruminative symptoms and states of anxiety, of depression or of elation. Each endorsed item is given a score from 1 to 3, according, variously, to the degree of distress experienced, the frequency of occurrence or the certainty of belief. Items answered 'False' score 0.

A patient is categorized as having symptoms if he scores 4 or more on any one or more of the 12 sets. For normal subjects the same criterion was used, except that the state of elation set was

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discounted for reasons discussed elsewhere (Foulds and Bedford, 1976).

The PDS consists of three scales of 12 items each, intended to measure Extrapunitiveness, Intropunitiveness and Dominance. Each item is scored from 1 to 4, most usually from never occurring through seldom, often, to nearly always.

Subjects

Forty-nine of our adult normal subjects were found to meet the above criterion of having symptoms. Since it was desirable to match the three groups for age and sex, and the two symptom groups for total number of symptoms, 6 of the 49 normals had to be dropped. (These were 6 of the youngest with the fewest symptoms.) This group of 'normals with symptoms' will be referred to as NS. There were 37 females and 6 males, with mean age 23·3 years, sd 7·7. Their mean total symptom score was 23·3, sd 11·8.

Group N ('normals without symptoms') consisted of 43 subjects (37 females and 6 males) who scored below 4 on all the 11 relevant DSSI sets. They had mean age 23·7 years, sd 7·1 and total symptom score mean 2·7, sd 3·0.

Group PS consisted of 43 psychiatric patients (37 females and 6 males) who scored 4 or more on at least one of the 12 DSSI sets. Their mean age was 23·9 years, sd 7·9, with mean total symptom score 24·7, sd 10·9.

Results

Table I shows the means and standard deviations for the three groups on Extrapunitiveness, Intropunitiveness and Dominance, together with the t and p values for differences between them.

Both 'symptom groups' score significantly higher on Intropunitiveness than do 'normals without symptoms'. Since it has been shown that all three personality measures are relatively stable over a one month period, even when symptoms have changed considerably (Foulds and Bedford, 1977, *op cit*), it seems likely that high Intropunitive scores increase the likelihood of developing symptoms.

The NS Group scores significantly higher than the PS and N groups on Extrapunitiveness. High Extrapunitive scores may therefore decrease the likelihood of symptoms leading to breakdown.

The PS group scores significantly lower on Dominance than the N and NS groups. Low Dominance scores may therefore increase the likelihood of symptoms leading to breakdown.

Discussion

There are some difficulties of description in comparing the current PDS results with Mayo's earlier findings using the HDHQ. Most particularly the HDHQ has been scored at three different levels (a) subscale e.g. self-criticism or

Table I

Means and standard deviations on Extrapunitiveness, Intropunitiveness and Dominance for 'normals' with and without symptoms and patients, together with t and p values of difference

Group	n	Extrapunitive		Intropunitive		Dominance	
		$\bar{X}$	sd	$\bar{X}$	sd	$\bar{X}$	sd
N	43	25·1	3·7	25·5	3·9	28·8	4·0
NS	43	29·2	4·6	28·1	5·4	29·3	5·5
PS	43	26·4	5·9	29·2	6·2	26·3	5·2
		t	p	t	p	t	p
N v NS		4·55	<·001	2·56	<·02	0·48	NS
N v PS		1·22	NS	3·31	<·01	2·50	<·02
NS v PS		2·45	<·02	0·88	NS	2·60	<·02

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criticism of others, (b) major scales i.e. Intropunitiveness (I) or Extrapunitiveness (E), (c) scores derived from these major scales i.e. Direction of Hostility (I minus E) and General Hostility (E plus I). By contrast the PDS has to date only been used at the major scale level. Although a Direction score could be calculated to indicate the balance of the expression of punitiveness this would not take into account the absolute value of the major scale scores. Thus, a subject with equally high Intropunitiveness and Extrapunitiveness scores would obtain the same Direction score as the person scoring equally low on both scales. In computing General Hostility a contrary loss of information is possible; namely that any *difference* between the modes of expression is lost in the overall total. For these reasons we have been hesitant to apply the HDHQ manner of scoring to the PDS.

However, it is evident from Table 1 that the present results are in line with Mayo's finding that the symptom groups (NS and PS) scored higher on General Hostility, as our symptom-free normals (N) are again the lowest group on *both* Extrapunitiveness *and* Intropunitiveness.

On the balance of hostile attitudes (I minus E) his finding that psychiatric patients are more Intropunitive in direction is also borne out; but our NS group, although again closer to group N, is not intermediate. The 'normals with symptoms' are, in fact, slightly more Extrapunitive in direction than the symptom-free normals.

Mayo's finding that his NS group was significantly more critical of others (a subscale of HDHQ Extrapunitiveness) than was his PS group is closely replicated by the significant difference on PDS Extrapunitiveness for the same groups.

His finding that the PS group was more self-critical (a subscale of HDHQ Intropunitiveness) than his NS group is not supported by our PDS Intropunitiveness results.

Conclusions

Low scores on PDS Intropunitiveness differentiated 'normals without symptoms' from 'normals with symptoms' and psychiatric patients. High scores on PDS Extrapunitiveness differentiated 'normals with symptoms' from 'normals without symptoms' and from patients with symptoms. Low scores on PDS Dominance differentiated patients with symptoms from 'normals' either with or without symptoms.

From these findings it is concluded that these three personality measures may make some contribution to our understanding of the development of symptoms and of the ability to cope with symptoms once they have arisen. Clearly many other factors, including other personality and situational variables, will need to be investigated before our understanding is complete enough to lead to confident action. The time when this desideratum is achieved is unlikely to be brought nearer by the current fashion of decrying the importance of personality or attitudinal variables.

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