

The Study of the Personality of the Maltese Patient.

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The "typing" of the personality of patients attracted the attention of physicians since the time of Hippocrates; but it was only in relatively recent times that the study of the patient's personality, as an aid to treatment, was taken seriously in hand in the field of medicine.

The current approach to illness is to think of our patients not only as belonging to various groups of pathological conditions, but also as representing some one or other class of human personalities (1).

Personality studies are useful for the following reasons:—

1) From a knowledge of what the individual's reactions have been in the past, we can foretell what his future behaviour pattern is likely to be.

2) Knowing the patient's psychological make-up, we are in a position to overcome the difficulties that may arise during the management of his illness, and to use that kind of approach in investigating and treating his malady which best suits him. For instance, we can determine whether a sympathetic or a firm or a persuasive attitude is most likely to be attended with therapeutic success.

3) By ascertaining what his "standard of normality" was previous to his illness, we can judge to what extent we are able to modify his illness. In other words, the prognosis of the case is determined to a large extent by the limitations of his personality.

4) As Henderson and Gillespie point out, personality studies are particularly important in connection with prophylaxis and the training of children, for knowing the individual's psychological make-up we are able to guide him along channels

which are in harmony with his dispositions (2).

5) The choice of physical and psychological treatment may be dictated, in certain instances, by the particular personality of the patient rather than by the clinical picture which he presents. It has long been known, for instance, that analytical treatment may be harmful to schizoid personalities; while more recently, it has been suggested that leucotomy for obsessional states in schizoid personalities may be undesirable, as it may cause the schizophrenic personality to make headway (3).

6) Curran and Guttman, after stressing the paramount importance of investigating the patient's personality, remark that the significance of the symptoms shown by the patient varies enormously according to the personality setting in which they occur (4). Hence the necessity of studying the patient's personality before assessing the value of the symptomatology presented by the patient.

Obviously, we cannot afford to neglect personality studies in clinical psychiatry. We have now started to recognise their value also in clinical medicine. In fact they form the basis of the current psychosomatic concept in medicine. "Personality study" say Weiss and English, "is just as important in the problems of illness as laboratory investigation" (5).

Psychologists have yet to devise a quantitative method of rating personality. In the meantime, the most practical method consists in an evaluation of certain traits that have been found to "hang together" statistically. Numerous tests and various techniques have been evolved with this

end in view. The varieties of personalities that have been discovered by means of these tests occupy a wide range, but in practice it will be found that the majority fit into one of the following types:—

- a) Cyclothymic (Syntonic of Bleuler, extravert of Jung)
- b) Schizoid (introvert of Jung)
- c) Anxious
- d) Obsessional.

As detailed analysis of the features of each of these personality types are to be found in all standard works on psychiatry, it is unnecessary for the purpose of this paper, to concern ourselves with their description. In fact, this paper deals only with the practical application of existing knowledge and techniques to the problem of studying the personality of the Maltese patient.

The importance of spoken language as an instrument in psychiatric work, is not sufficiently appreciated except by psychiatrists. Elsewhere (6) I have discussed at length the various problems arising out of the use of the Maltese language in psychiatric investigation and treatment.

The Maltese physician and psychiatrist are trained to think and, very often, to express themselves in English — a language which unfortunately is, in the majority of cases, foreign to the culture of the Maltese patient. Difficulties, therefore, crop up when the psychiatrist tries to obtain a profile of the patient's personality. The Maltese psychiatrist has to depend for his guidance on English tests which are intended for the use of patients who not only *speak* that language but who have *thought* during their entire life in that language. A common difficulty experienced by doctors when they first come to the mental hospital, consists in the fact that they find it hard to interview patients or relatives in Maltese, and to use a Maltese vocabulary that will convey exactly to the patient or relative what kind of information is wanted from them. It has been stated that, while the interview is the

commonest method of investigation in psychiatry, it is also the most difficult to carry out (7). Illiteracy makes things worse, so much so that even seasoned psychiatrists have complained about the difficulties of obtaining full psychological data from peasants (8).

It is our experience that, while the patient's relatives are ever ready to express moral judgments on the patient's way of life, more often than not they are unable to give a satisfactory factual history of the onset and development of the patient's illness — let alone an adequate description of the patient's personality. Gozitans are especially notorious in this respect. Indeed, either through their illiteracy or their characteristic reticence, or both, they give one the impression that they are barren of an emotional and intellectual life.

The following questionnaire in Maltese has been devised in order to overcome these handicaps of both psychiatrist and informant. Its final casting was arrived at after the questions were tested on many subjects interviewed during the past six months. This procedure was adopted in order to ascertain that the questions were drawn up in a form which the informant could understand. Many of the questions in fact, are more or less exact reproductions of expressions or idioms used by the informants themselves.

This questionnaire contains a number of questions which are meant to elicit information about the behaviour, thoughts and emotional reactions of the subject. They have been so selected that their affirmative replies should reveal the basic features of the individual's normal psychological make-up, and should enable the investigator to classify the subject according to the personality types already mentioned.

The English equivalent of the question in Maltese is given on the right hand side of the page. This plan has been adopted in order to render the Maltese question

clear enough where the investigator may be in some doubt as to its exact meaning; and also, to secure the description in the English language of the patient's personality in standard terms. Such a procedure will enable different investigators using this questionnaire to meet on common ground for the purpose of psychosomatic and statistical studies of personality.

The questionnaire necessarily suffers from the limitations of the descriptive approach. It is only intended to give a "silhouette" of the patient's personality, rather than a full detailed portrait. Like all questionnaires, it requires the full cooperation of the informant in order to give reliable results. It is also important that

the informant should be of, at least, average intelligence, a good observer and on familiar terms with the person under investigation. A good "rapport" between informant and investigator is also essential. Unreliability of the results due to the absence of any of these factors will show itself in the test by an undue "scatter" — that is, on completing the questionnaire the investigator will find that the answers are spread in such a way that no definite type of personality emerges from their synthesis.

Since it is quite possible for a person to possess features of more than one personality-type (e.g. anxious-obsessional, schizoid-obsessional, etc.), it is important to distinguish these mixed forms from "scatter".

QUESTIONNAIRE

Cycloid personality.

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|---|---|
| 1. Bniedem li jaf ihobb u jaf jghali? | Emotionally responsive? |
| 2. Ihobb jagħmilha man-nies? | Sociable? |
| 3. Ta' hafna hbieb? | Friendly? |
| 4. Ta' natural ferriehi? | Cheerful? |
| 5. Ihobb jiċċajta? | With a sense of humour? |
| 6. Bniedem li jhoss?
(ta' qalbu żgħira?) | Soft-hearted? |
| 7. Jaf imur ma kulhadd? | Gets on well with people? |
| 8. Jieħu l-hajja kif tiġi? | Takes life as it comes? |
| 9. Javda lil kulhadd? | Trustful? |
| 10. Jitlagħlu malajr imma jikkalma
malajr ukoll? | Flares up easily but is as easily calmed? |
| 11. Habrieki? | Active? |
| 12. Ma jaqta' qalbu minn xejn? | Self-confident? |
| 13. Jieħu gost b'kollox? | Enjoys life? |
| 14. Ikollu jghidlek kelma jghidilek?
(ma jzomm xejn fl-istonku?) | Outspoken? |
| 15. Ihobb jiddeverti? | Fond of amusements? |
| 16. Ġie li jixrob għax ikun imdejjaq? | Drinks because of depressive feelings? |
| 17. Bniedem li ma jzommx f'qalbu? | Bears no malice? |
| 18. Bniedem li ddawru malajr? | Tends to give in, to compromise? |
| 19. Ibatu bil buli? | Subject to fits of mild depression? |

Schizoid personality

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| 1. Jieħu għalieh mix-xejn? | Easily offended? |
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2. Ma jafda lil hadd?	Mistrustful?
3. Ghajjur?	Jealous?
4. Jahseb hażin (suspettuż)?	Suspicious?
5. Jidhirli li n-nies ma jistmawhx biżżejjed?	Complains of lack of due respect from people?
6. Jahseb li n-nies jaghtu każ tiegħu iżżejjed (jissindikawh)?	Complains that people pay undue attention to him?
7. Ma jagħmilha ma' hadd (ta' bla kumpannija)?	Unsociable?
8. Maġmul ta' għalih wahdu?	Likes to be by himself?
9. Izomm ruhu lura (timidu)?	Timid?
10. Misthi?	Shy?
11. Ta' ftit kliem?	Reticent?
12. Jippreferi joqghod id-dar ghax in-nies idejquh?	Avoids social contacts?
13. Imur passigġati wahdu fejn m'hemmx nies?	Prefers loneliness?
14. Ma jiftaħ qalbu ma' hadd?	Reserved?
15. Ma jiddelitta b'xejn?	Has no interests or hobbies?
16. Ta' rasu iebes?	Stubborn?
17. Bniedem li ma jafx jiċċajta?	Devoid of a sense of humour?
18. Bniedem serju żżejjed?	Too serious?
<i>Anxious personality</i>	
1. Jinfena għall-iċken inkwiet?	Easily worries?
2. Jinfixel meta jkollu jagħmel xi biċċa xogħol malajr?	Gets flustered when doing things quickly?
3. Jikkonfondi jew jisthi meta jkellem xi superjur tiegħu?	Feels upset when he speaks to a superior?
4. Jinfixel meta jkollu jiltaqa' ma' nies li ma jafhomx?	Afraid of meeting strangers?
5. Jitilgħulu n-nervi malajr għall-iċken haġa?	Trifling things make him irritable?
6. Jirrabja jekk meta jkun irid xi haġa ma jakkwistahix malajr?	Loses his temper when he is frustrated?
7. Jaqta' qalbu mix-xejn?	Lacks self-confidence?
8. Jinqata meta jisma' hoss għall-arrieda?	Jumpy on hearing unexpected noises?
9. Ma jissaportix fil-maġhluq?	Cannot bear being in enclosed spaces?
10. Jiddejjaq fil-folla tan-nies?	Cannot bear being in a crowd?
11. Ġie li jaqbd u bħal biżgħa mingħajr ma jaf għaliex?	Does he feel anxious without knowing why?
12. Jgħejja ma' ajr fuq ix-xogħol?	Easily fatigued?
13. Jisbah għajjin filgħodu avolja ikun raqad bil-lejl?	Gets up feeling tired in the morning?
14. Meta jinqwieta jhoss—	When he is upset, does he
a) nifsu qasir?	a) feel breathless?
b) uġieħ in-nahha ta' qalbu?	b) feel pains near his heart?
c) qalbu tferfer?	c) feel his heart racing?
d) bħal roġhda?	d) shake or tremble?

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| e) għoqda fl-istonku jew griżmu? | e) feel fullness in stomach or throat? |
| f) toqta f'rasu? | f) get a heavy head? |
| 15. Spiss jegħreq anki meta ma tkunx shana? | Sweats a lot even when weather is not hot? |
| 16. Jibża ż-żejjed mil-mard? | Is he unduly afraid of disease? |
| <i>Obsessional personality</i> | |
| 1. Jagħmel l'affarijiet bir-reqqa? | Meticulous? |
| 2. Jagħmel l-affarijiet bil-mod biex ikun ċert li jagħmilhom sewwa? | Does things slowly to be certain that they are done right? |
| 3. Ġieli, wara li jkun spiċċa xi biċċa xogħol, iħoss li jrid jerġa' jaraha biex ikun ċert li għamilha sewwa? | Does he feel the urge to check whether he has done a thing properly? |
| 4. Ġieli jirripeti l-istess haġa bosta drabi (per eżempju, irod is-salib aktar min darba)? | Does he repeat actions over and over again? |
| 5. Jahseb fil-bogħod? | Anticipates the future? |
| 6. Ix-xogħol tiegħu biss joghġbu? | Satisfied only by his own work? |
| 7. Diffiċli tikkuntentah? | Difficult to please? |
| 8. Skrupluż? | Over-religious? |
| 9. Ta dixxiplina qawwija? | Strict disciplinarian? |
| 10. Fitt fl-indafa? | Over concerned about cleanliness? |
| 11. Ibatu biex jiehu deċiżżjoni? | Indecisive? |
| 12. Jitqażżeż iż-żejjed? | Has excessive fear of dirt? |
| 13. Jahsel idejh ta spiss? | Washes his hands frequently? |
| 14. Jiffitta f'affarijiet bħal ma huma:— għalaqx il-bieb ta barra, tefhiex id-dawl, qalx l'orazzjoni sewwa? | Subject to obsessions about closing of doors, putting out lights, saying prayers properly? |

References:

- (1) Nicole G. J. — "Psychopathology", 1942, p. 203.
- (2) Henderson D.K. & Gillespie R.D. — "Textbook of Psychiatry", 1944, p. 91.
- (3) British Medical Journal, July 1st 1950, p. 44.
- (4) Curran D. & Guttmann E. — "Psychological Medicine", 1943, p. 147.
- (5) Weiss E. & English O.S. — "Psychosomatic Medicine", 1944, p. 6.
- (6) Cassar P. — "Linguistic Difficulties in the Treatment of the Maltese Neurotic", in "The Sundial", Vol. 4, No. 9, February 1949.
- (7) De Sanctis S. & Ottolenghi S. — "Trattate Pratico di Psicopatologia Forense", Milano, 1920, p. 1097.
- (8) Kretschmer E. — "Physique and Character", 1945, p. 150.