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"PERSONALITY EVALUATION AS A PART OF MEDICAL HISTORY"

(Analysis of the Cornell Medical Index forms of 213 psychologically distressed students)

By Z. N. KADRI, M.D., M.R.C.P.E.,
Department of Student Health,
University of Singapore.

"IT IS QUITE IMPORTANT TO KNOW WHAT SORT OF MAN HAS THE DISEASE AS TO KNOW WHAT SORT OF DISEASE THE MAN HAS" — SIR WILLIAM OSLER.

A certain section of Asian medical men with previous medical training largely orientated to somatic field of medicine are inclined to hold the view that psychological ill health hardly exists in this part of the world; as if it were a bye product of western culture and civilisation. On the other hand some clinicians who inspite of recognising the fact that psychological ill health does pose a problem, feel that in terms of priorities it should be viewed as a science of to-morrow, in this country. In any case, most of the experienced clinicians will no doubt subscribe to the view that mental ill health is as much a problem in the east as in any western country.

Significance of Minor Psychiatric Illness:—

In any developing society, anxiety resulting from psychic conflicts and daily stresses and strains of life is inevitable, and perhaps necessary, for it acts as a spur to progress in life. But severe degrees of anxiety and prolonged psychological stresses tend to produce adverse effects on individuals and are likely to produce symptoms which lead to impaired efficiency in work. It is well-known that anxiety states manifest as physiological symtoms and are responsible for frequent absences from work. In almost every discipline of clinical medicine there could be no dearth of case histories where-in patients complained of a variety of bodily symptoms in the absence of physical manifestations and positive laboratory or radiological findings. Thus, though minor psychiatric illness may be of little consequence from the point of view of general mortality, as is the case with diseases such as tuberculosis, cardiac conditions, tropical disorders and cancer; it is of grave significance to the individual, the community and the country's economy. From a physician's point of view also it poses a significant problem because it takes up a great proportion of his valuable time and also because it is often very difficult to manage.

Despite all the firmness one may be capable of displaying, one has to face the question of medical certification in such cases very often. Since the society in general and the employers in particular view sickness certificates issued in the absence of obvious physical disability with doubt and distrust, every medical man finds himself in a quandary from time to time as to what course he should adopt in regard to medical certification of such cases, so that he does not compromise his medical standing and fair name, and at the same time acts in the best interests of his patient.

Prevalence of Minor Psychiatric Illness:—

Gross psychotic conditions, diseases of old age, and mental deficiency are generally not so difficult to recognise, provided they are not masked by physical ailments. But minor psychiatric illness although common in general practice, is not only difficult at times to recognise, but also difficult to define and classify. In this group are included an array of disabling psychological abnormalities, such as various types of psychoneuroses and conditions which present as vague symptoms for which no good cause can be found and are termed as functional disorders.

According to the report of the working party of the Council of the British College of General Practitioners entitled" Psychological Medicine in General Practice" (1958), the accepted figure of mental ill health in the United Kingdom was in the region of 30.0 per cent. In the United States, as far back as in 1932, McLean reported that 27 out of 100 consecutive patients admitted to the medical services

of the University of Chicago out-patient clinic were found to be neurotics, 23 had questionable organic illness, and only 50 had clear cut organic disease.

Neurotic illness of all types is said to be responsible for half a million people absenting themselves from work at any one time in Great Britain (Sanders M.S., 1963). It was observed by T. A. Lloyd Davies (1959) that adolescents employed in industrial establishments in the United Kingdom suffered from the highest sickness absence rate of any age group except that of men just before retirement. In his opinion, the high sickness absence rate in adolescence was an index of social health and was due to difficulty in emotional and mental adjustment to work. Multiple absences, usually of short duration due to sickness are generally indicative of psychological maladjustment or irresponsibility (Lloyd Davies T.A., 1959). A similar situation exists even in the teaching profession, for the results of survey of teachers' health records in the Los Angeles City Schools over a ten year period from 1942-43 to 1953-54 showed that nervous and mental disorders constituted the greatest single cause of teacher absence from work.

Rate of sickness absence encountered in the University students is relatively low when compared with that seen in the youth of similar age group employed in the University, civil service, commercial firms, and industries. Nevertheless, it seems to pose a problem to teachers, parents and the administration who expect the University students to be the healthiest lot in the community. To them absence from classes or practicals unless produced by major physical illness or surgical operation is difficult to comprehend and therefore not easily acceptable. From their point of view, it is not easy to see why University students should have even emotional problems, for student days are considered to be the happiest and most carefree times of life.

University students in this country with considerable prospects of employment opportunities after graduation, and with greater attachment and responsibilities to their families are less likely to absent from classes and practicals as malingerers. There is no doubt that the sickness absence in this University's student population is mainly due to infections, surgical operations and other somatic conditions. Nevertheless, a certain proportion of sickness absence could only be explained on grounds of minor psychiatric or functional disorders. In majority of such cases, since the psychological conflicts producing the illness are covert, the subjects have no insight into their difficulties. But even when individuals are aware that their symptoms may not be connected with any underlying diseases they do not easily admit of psychological problems or situational stresses immediately facing them. This attitude could perhaps be attributed to certain degree of stigma attached to any form of psychological illness. In this country as anywhere else, people are resistant to admit to psychological difficulties, because of the fear that causation of symptoms outside the somatic field may be construed by others as a slur on their stolid social and mental background.

Importance of Medical Inventories and Their Limitations:—

Many physicians believe that their primary function is to diagnose and treat manifest disease. One does not often need a comprehensive history or an exhaustive physical examination in order to treat obvious disease. However, according to Forkner (1962), the more astute physician realises that his primary task is to find hidden disease and to treat it before obvious signs and symptoms have betrayed the irreversible nature of disease process, and before the health of the individual is undermined. In other words, in case of any disease process case finding and early treatment are the key to eventual eradication of the disease. Although early diagnosis of a psychologically disturbed person may be a very difficult exercise, it is no exception to this rule. In this respect the sooner an individual who is experiencing emotional or adjustment difficulties is offered help the less severe the disability is likely to be (Farnsworth Dana, 1962).

During the early part of this century, properly recorded and analysed medical histories, and carefully observed clinical findings were the mainstay of good medical practice. But with the passage of time and the rapid advancement in various fields of medical and

para-medical sciences with consequent development of better insight into the aetiology, pathology and treatment of what were previously confounding medical problems, increasingly greater reliance has come to be placed on laboratory and other diagnostic procedures. Nonetheless, the importance of elicitation of thorough and accurate medical history remains unmitigated, and no instrument or procedure alone has ever been credited to supplant clinical judgement.

Majority components of psychosomatic and psychic disorders involve personality factors, such as thought, behaviour, attitude and mood. Therefore, whatever may be the nature of medical practice a physician is engaged in, it is imperative that he be familiar with the methods of assessing disturbances of the mind. Just as all physicians have to rely on the laboratory, they ought to rely on and be well versed with certain diagnostic tests carried out by clinical psychologists.

Some consider self-administered inventories followed by medical interview to be a better method for obtaining medical history, irrespective of whether a patient suffers from a purely somatic or psychosomatic illness. They are also time-saving and useful sources of personality data. Administration of these inventories involves asking patients to read recorded questions pertaining to every aspect of health and to circle with pen or pencil either "Yes" or "No" to after each question.

Application of medical inventories are beset with certain difficulties. At times the patient is unable to grasp the implication of the question asked. There are also the problems of prejudice, and malingering. Another pitfall at least in so far as pure psychological inventories are concerned, is that personality traits themselves are to a certain extent changeable from time to time. But just as laboratory tests without proper medical history and clinical examination are of little value in the establishment of correct diagnosis, the medical questionaires without customary interview and clinical assessment would not serve the desired purpose. They are intended to be used as a spring-board for subsequent interview. The interviewer simply examines the subject's answers with a view to identifying problems and for further probing during the interview.

In any study relating to pure psychological responses of human beings importance of cultural factors cannot be overlooked. It is well-known that patterns of behaviour and attitude are to a large extent determined by social traditions, national cultures and previous educational experiences. Therefore, psychological tests designed for application to persons belonging to one cultural or sub-cultural group when applied to individuals belonging to different cultural or sub-cultural groups may fall short in their validity and are liable to come under certain scientific criticism. From a clinical psychiatrist's point of view, individuals of Malay, Chinese, Indian and Ceylonese origin born and brought up in the Malaysian environment are expected to register different responses to questionaires devised in the United States. This objection, however, is not wholly valid at least in so far as the University going population of this country is concerned. A substantial majority of our University students besides experiencing inter-racial or cross cultural influences between themselves have also to a varying extent but constantly been exposed to the Euro-American ways of life. This could be explained on the basis of close historical and political association in the past with the western countries, use of mass media in dissemination of information, and our country's educational policies which have to a large extent been patterned on the British educational system.

With regard to validity in the same culture, as such, all personality tests, numbering approximately eight hundred are open to question. This is because even the longest one, the Minnesota Multi Phasic inventory which includes more than five hundred questions barely begins to scratch the surface of a total of some 18,000 human personality traits one can find listed in any book of psychology.

The Cornell Medical Index:—

No existing medical inventory designed in the west could be considered to be entirely free from cultural references. However, in the author's view, out of all the tests, the Cornell Medical Index is the most suitable for application in Malaysia, because it is almost free from cultural influences. Valid

somatic and personality appraisals are often possible with the use of Cornell Medical Index alone. And if it is followed by a thorough long interview consisting of family, social and personal history, its value in the field of specific diagnosis is considerably enhanced. In the U.S.A., the Cornell Medical Index has been found to be of use in private medical practice, in hospitals, in teaching, in industry, in army, in research and in the Universities (Brodman K. et al, 1949).

The Cornell Medical Index consists of 195 questions corresponding closely to those usually asked in a detailed and comprehensive medical interview including many of the psychological aspects of the patient's disorder. Questions are in informal language and worded in such a way that they can be understood by persons with a reading knowledge of simple English (Brodman K. et al, 1949). These questions are also available in Chinese, French and Spainish. In the U.S.A. the Mandarin version of the Cornell Medical Index has been found to be helpful in obtaining medical history from the resident Chinese patients who may not be very fluent in English. It usually takes about twenty minutes to complete the entire questionaire. Questions are of four kinds: those relating to bodily symptoms, those relating to past illnesses, those relating to family history, and those relating to thought, behaviour, mood, and feeling. The questions are arranged in sections headed by letters of the alphabet, those in each section being related. (McDowell F. and Wolff H.G., 1960). A list of these sections, together with the number of questions in each, is given in Table 1. Of the total 195 questions included in the inventory 51 relate to such psychic aspects of health, as inadequacy, depression, anxiety, sensitivity, anger and tension.

There are no set rules on how to interpret the answers which are dependent on a physician's knowledge and experience. But McDowell and Wolff (1960) are of the opinion that generally speaking more than two or three "Yes" answers to any of the fifty-one questions relating to patient's moods, feelings, attitudes and behaviour are suggestive of significant psychological disturbance. The fact that many emotionally disturbed persons tend to either give equivocal response to some questions by omitting to answer "Yes" or "No," or write remarks, should also be taken into account while interpreting the results.

Present Study:—

The Cornell Medical Index has been in use in the student health practice of this University as an adjunct to routine medical history for past two years. It has been found that questions pertaining to emotional aspects of patients' life do serve a useful purpose of personality evaluation provided the inventory is followed up by a medical interview during which more personal, family and social history is elaborated.

The original purpose of the inquiry was to survey the incidence of minor psychiatric illness in the student population of this University. This was to be achieved by applying psychological screening to every student as a routine. However, after the procedure was introduced some difficulties were encountered. Some students felt that they were asked too many personal questions which was construed as tantamount to meddling in their private affairs. A few of them tended to give false answers deliberately; whereas a few initially indicated greater psychic distress on an official form than during subsequent face to face interview. Consequently the object of surveying the actual incidence of mental ill health among students had to be temporarily shelved. Instead it was decided to confine our investigations to those who opted to seek advice for emotional problems and were willing to volunteer precise detailed histories and to those who came to consult for physical symptoms in functional disorders.

In the present study, responses registered by the psychologically distressed students only, numbering 213 seen during the year 1963 are analysed. Positive answers to all questions pertaining to psychic aspects of medical history including fatigability and difficulty of concentration in academic work given by all the 213 subjects are recorded in Table 2. And since the negative answers are of no significance all answers in "No" have been excluded. Titles of various groups of questions, such as inadequacy, depression, anxiety, sensitivity, irritability, tension, etc., were not printed in

the original inventories, but are reproduced here for the benefit of the reader only.

It is obvious that of the 213 students suffering from minor psychiatric illness reviewed here, the highest number of 142 or 66.67 per cent gave positive replies to the question "Are your feelings easily hurt?" signifying that such persons are usually very sensitive temperamentally. That such a group has feelings of inadequacy and experiences great difficulty in making up its mind is evident from "Yes" answers given by 114 or 53.52 per cent to the query "Is it always hard for you to make up your mind?" In connection with queries on depression 42.25 per cent usually felt unhappy and depressed and 11.27 per cent expressed varying degrees of suicidal tendencies. Although none of the 213 subjects was ever admitted to a mental hospital, 9 gave a previous history of nervous breakdown and 15 admitted to nervous breakdown in their families. A pattern of marked anxiety was shown by 41 per cent and that of easy irritability by 53 per cent. One hundred and twenty three or 57.75 per cent of all the disturbed person complained of difficulty of concentration in studies, whereas 113 or approximately 53 per cent indicated that they were unnecessarily worried about examinations although no examinations were approaching when the questions were put to them. That fatigability is usually associated with functional disorders is reflected in the 45.54 per cent affirmative answers to the question "Do you often get spells of complete exhaustion or fatigue?" It may be of interest to note that at least 7 per cent of the students falling in this category were used to smoking at least 20 cigarettes daily.

At the beginning of the 1964-65 session, the whole position in regard to including mental screening with routine physical examination was reviewed. Because it was felt that despite certain limitations encountered in previous years it was worthwhile applying the procedure to all freshmen in order to determine the rate of prevalence of psychic distress among the student population. Hence the practice of asking the freshmen to fill up the modified Cornell Medical Index including all the questions pertaining to behaviour and mood was resumed at the commencement of the current academic session. Response from the students to this has so far been very satisfactory, and no one has objected or refused to complete the forms. It was also decided to conclude the inventory by asking the question "Are there any personal or emotional problems you wish to discuss privately and confidentially?" The insertion of this final query was intended to find out the proportion of students who were willing to admit the existence of psychic disturbance and were also prepared to seek alleviation of symptoms through medical counselling. This could also serve the purpose of planning the future expansion of medical guidance and counselling facilities in this University.

Of the first one hundred and eighty fresh entrants who have already passed through this screening programme since the beginning of the current academic year, 32 exhibited varying degrees of psychic distress of whom twenty two replied that they wished to discuss their problems further thereby indicating that they needed medical help at least in the form of medical counselling.

Summary

1. Minor psychiatric illness is of great importance to the individual because of the personal disability it produces. However, because of impaired efficiency in work it leads to, and frequent absences from the job it gives rise to, it is of grave significance to the community at large. From a physician's point of view it also poses a problem in that it takes a great proportion of his valuable time and is often very difficult to treat.

2. Exact incidence of minor psychiatric illness in this country is not known, nor is it known to what extent it might have in the past affected adversely the economy of this country. But figures quoted here from the United Kingdom and the United States where surveys have been conducted leave us in no doubt that substantial segments of the general population in the two countries are afflicted with this disability.

3. Despite rapid advances in every branch of medical science, no laboratory method or

any other procedure so far known to us can replace a good medical history, clinical examination and clinical judgement. Nevertheless like any other ancillary diagnostic test, psychometry even in its elementary form has a place as a supplement to diagnostic evaluation, especially in the field of psychosomatic and psychic health. There is no doubt that it is quite helpful in probing intangible personality problems of patients.

4. The Cornell Medical Index originally designed at the Cornell University is a valuable and time-saving personality probing adjunct to any medical case history recording. Questions relating to human behaviour, mood and thought contained in the inventory may not be as numerous as we would like to have, nevertheless the index does serve a very useful purpose; and provided it is followed up by a personal face to face interview, it is of great assistance in the detection of early disease.

5. Analysis of the affirmative answers relating to behaviour and mood patterns of 213 psychologically disturbed students seen in the student health practice of this University over a period of one academic year is given here. This is to show the reader what can be achieved through the application of the Cornell Medical Index particularly when a physician is dealing with an ailment with no somatic basis.

6. Of the first one hundred and eighty freshmen who have already been subjected to routine medical history and clinical examination in 1964, twenty two expressed the desire to obtain further guidance and counselling.

TABLE 1

The Sections on the Cornell Medical

INDEX

Section	Questions Referring to	Numbers of Questions
A	Eyes and ears	9
B	Respiratory system	18
C	Cardio vascular system	13
D	Digestive tract	23
E	Musculo skeletal system	8
F	Skin	7
G	Nervous system	18
H	Genito-urinary system	11
I	Fatigability	7
J	Frequency of illness	9
K	Miscellaneous diseases	15
L	Habits	6
	MOOD AND FEELING PATTERNS	
M	Inadequacy	12
N	Depression	6
O	Anxiety	9
P	Sensitivity	6
Q	Anger	9
R	Tension	9
	Total:	195

TABLE 2

Tabulation of Individual Positive Responses
(Total Number of Forms — 213)

Question	Total Number of "Yes" Answer	Percentage of "Yes" Answer
Inadequacy		
1. Do you sweat or tremble a lot during examinations or questioning?	74	34.73
2. Do you get nervous and shaky when approached by a superior?	94	44.13
3. Does your work fall to pieces when the boss or a superior is watching you?	75	35.21
4. Does your thinking get completely mixed up when you have to do things quickly?	98	46.00
5. Must you do things very slowly in order to do them without mistakes?	102	47.88
6. Do you always get directions and orders wrong?	15	7.041
7. Do strange people or places make you afraid?	38	17.84
8. Are you scared to be alone when there are no friends near you?	33	15.49
9. Is it always hard for you to make up your mind?	114	53.52
10. Do you wish you always had someone at your side to advise you?	109	51.17
11. Are you considered a clumsy person?	24	11.27
12. Does it bother you to eat anywhere except in your own home?	32	15.02
Depression		
13. Do you feel alone and sad at a party?	51	23.94
14. Do you usually feel unhappy and depressed?	90	42.25
15. Do you often cry?	15	7.041
16. Are you always miserable and blue?	48	22.54
17. Does life look entirely hopeless?	24	11.27
18. Do you often wish you were dead and away from it all?	24	11.27
Anxiety		
19. Does worrying continually get you down?	87	40.84
20. Does worrying run in your family?	72	33.80
21. Does every little things get on your nerves and wear you out?	44	20.65
22. Are you considered a nervous person?	70	32.86
23. Does nervousness run in your family?	23	10.80
24. Did you ever have a nervous breakdown?	9	4.225

Tabulation of Individual Positive Responses — (Continued)

Question	Total Number of "Yes" Answer	Percentage of "Yes" Answer
25. Did anyone in your family ever have a nervous breakdown?	15	7.041
26. Were you ever a patient in a mental hospital (for your nerves)?	0	0
27. Was anyone in your family ever a patient in a mental hospital (for their nerves)?	10	4.694
Sensitivity		
28. Are you extremely shy or sensitive?	93	43.66
29. Do you come from a shy or sensitive family?	32	15.02
30. Are your feelings easily hurt?	142	66.67
31. Does criticism always upset you?	117	54.93
32. Are you considered a touchy person?	73	34.27
33. Do people usually misunderstand you?	74	34.73
Irritability		
34. Do you have to be on your guard even with friends?	51	23.94
35. Do you always do things on sudden impulse?	104	48.82
36. Are you easily upset or irritated?	113	53.04
37. Do you go to pieces if you don't constantly control yourself?	70	32.86
38. Do little annoyances get on your nerves and make you angry?	100	46.94
39. Does it make you angry to have anyone tell you what to do?	91	42.72
40. Do people often annoy and irritate you?	42	19.72
41. Do you flare up in anger if you can't have what you want right away?	46	21.60
42. Do you often get into a violent rage?	22	10.33
Tension		
43. Do you often shake or tremble?	27	12.68
44. Are you constantly keyed up and jittery?	30	14.08
45. Do sudden noises make you jump or shake badly?	52	24.41
46. Do you tremble or feel weak whenever someone shouts at you?	35	16.43
47. Do you become scared at sudden movements or noises at night?	87	40.84
48. Are you often awakened out of your sleep by frightening dreams?	33	15.49
49. Do frightening thoughts keep coming back in your mind?	49	23.00

Tabulation of Individual Positive Responses — (Continued)

Question	Total Number of "Yes" Answer	Percentage of "Yes" Answer
50. Do you often become suddenly scared for no good reason?	33	15.49
51. Do you often break out in a cold sweat?	17	7.980
Study Difficulties		
52. Do you get unnecessarily worried about examinations?	113	53.06
53. Do you tend always to worry over small things?	125	58.68
54. Do you find that your mind tends to wander badly, so that you lose track of what you are doing?	123	57.75
55. Are you troubled by feelings of intellectual inferiority?	88	41.31
Neurotic Traits		
56. Do you bite your nails badly?	18	8.450
57. Are you troubled by stuttering or stammering?	26	12.21
58. Are you a sleep walker?	5	2.347
59. Were you a bed wetter between the ages of 8 and 14?	31	14.55
Fatigability		
60. Do you often get spells of complete exhaustion or fatigue?	97	45.54
61. Does working tire you out completely?	78	36.62
62. Do you usually get up tired and exhausted in the morning?	74	34.73
63. Does every little effort wear you out?	30	14.08
64. Does nervous exhaustion run in your family?	15	7.041
Habits		
65. Do you find it impossible to take a regular rest period each day?	70	32.86
66. Do you find it impossible to take regular daily exercise?	101	47.42
67. Do you smoke more than 20 cigarettes a day?	15	7.041

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