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PERSONAL PROBLEMS ASSOCIATED WITH MENTAL HEALTH AND MENTAL ILLNESS

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The trend toward the management of an increasing number of psychiatric patients in the community has led to concern over the evaluation of this policy, particularly with regard to the adjustment of such patients within the community. In the case of patients admitted to a mental hospital, successful treatment must be measured not only by their early discharge from hospital but also by their subsequent social adjustment.

Several studies have shown that a successful outcome for psychiatric patients in the community has depended on such factors as having a job (Stringham, 1952; Cohen, 1955–56; Brown, Carstairs, and Topping, 1958; Simmons, Davis, and Spencer, 1956), and further research will undoubtedly identify other factors with which it is associated; but whatever facet of functioning is investigated, the problem remains of defining a satisfactory level of attainment. The most realistic standards for purposes of comparison would seem to be those achieved by mentally healthy individuals living in the community.

Unfortunately, this random selection of a control group does not necessarily ensure that its members are in fact mentally healthy. It was shown by Pollin and Perlin (1958) that, in a group of 29 volunteer research subjects, significant psychopathology was demonstrated in fifteen cases, in eleven of which psychiatric diagnoses were made. In a comparison between control, neurotic, and psychotic groups by Winokur, Guze, and Pfeiffer (1959), the controls were selected from medical and surgical clinics. However, it has been shown by Culpan, Davies, and Oppenheim (1960) that the incidence of emotional disturbance among patients attending medical and surgical clinics can be considerable. If the comparison is to be a valid one, it is important that the control group should not contain the experimental factors present in the other groups.

Purpose and Method of Study

The purpose of the study is to show the extent to which personal problems experienced by individuals are associated with mental illness. In particular, an attempt will be made to compare both differences and similarities in the problems of schizophrenic, neurotic, and normal individuals when they are living in the community. Such a study will provide one measure of the social adjustment of mentally-ill individuals, show in what ways their problems differ from those of normal people, and indicate the type of social or health services which might be necessary to promote their further adjustment in the community.

The assessment of problems was made by the use of the Adult Form of the Mooney Problem Check List, the essential purpose of which, as explained by Gordon and Mooney (1950), is to help individuals express their personal problems. The Problem Check List is self-administrating, usually takes from 20 to 30 minutes to complete, and contains 288 items which are related to specific problem areas, as shown in Table I.

TABLE I

CATEGORIES OF PROBLEM CHECK LIST
(Gordon and Mooney, 1950)

Problem Areas	Number of Items
1. Health	36
2. Economic Security	36
3. Self-Improvement	36
4. Personality	72
5. Home and Family	36
6. Courtship	18
7. Sex	18
8. Religion	18
9. Occupation	18
Total	288

The individual goes through the items in the Check List, underlining the problems that are of

concern to him. The authors state that the Problem Check List is not a test, and does not yield scores on particular traits. They do claim, however that, when used in surveys of groups, it can help to determine the most prevalent problems expressed within a group, and can provide data which should suggest practical programmes of action.

In the case of the follow-up study of schizophrenics, each patient was sent a copy of the Check List, together with a covering letter, and a stamped addressed envelope. Interviews with the patients were arranged about one month after the Check Lists had been sent, so that non-responders could be prompted and additional information collected. In the case of the prevalence study from which the neurotics and normals were selected, the individuals were first interviewed in their homes and then given a copy of the Check List, which they were asked to complete and return by post.

In this way information obtained by interview was complemented by the patient's own assessment of his problems and *vice versa*.

Comparison Groups of Schizophrenics, Neurotics, and Normal Subjects

Selection of Schizophrenics.—Schizophrenic patients who were referred or admitted to Horton Road and Coney Hill Hospitals in Gloucester, during the period July 1, 1956, to June 30, 1958, were selected for research purposes. To ensure psychiatric comparability, the cases were limited to those in which a diagnosis of schizophrenia was confirmed by one of the authors (B.M.M.). Criteria for diagnosis were based on a clinical impression of schizophrenia backed by the presence of at least one of the following signs which were regarded as evidence of schizophrenia: thought disorder (blocking, withdrawal, incoherence), primary delusions, passivity feelings, pseudo-hallucinations. Findings related to the ecological distribution of these patients and to the initial outcome of their treatment have been reported by Mandelbrote and Folkard (1961, 1961a). A follow-up study of the same group of patients was performed during 1960, and it was from those who were then living in the community that the group of schizophrenics was selected for the present comparison.

Selection of Neurotics and Normal Subjects.—A study of the prevalence of mental illness in two areas of Oxfordshire was started in 1960, and psychiatric assessments were made by interviewing individuals in a random selection of households. Every tenth house in these areas was selected from the electoral registers, corrected as far as possible by checking against local planning office data, and all adults over 16 years of age were interviewed. Husband and wife were always seen and children over 16, according to family rank on a random check-card basis, siblings, lodgers, and parents wherever possible. The refusal rate of households was 8 per cent. A preliminary analysis of data revealed a total of 16 per cent. neurotics in this population—11 per cent. males, 19 per cent. females. In all cases the interviews were performed by the same psychiatrist, and it was from the diagnoses based on these interviews that individuals were selected for the group of neurotics and the group of normal subjects. The criteria used for the diagnosis for the neurotic group were symptoms which were sufficient to impair functioning or to cause the respondent to consult his family doctor. Symptoms defined included tension symptoms (headache, inability to relax), autonomic disturbances, palpitations, visceral disturbances, sweating, flushing, somatic symptoms with no organic basis, obsessional thoughts and acts, and mood disturbances including anxiety, irritability, and depression.

Matching the Groups.—The number of variables which can be used for matching groups depends upon the number of relevant variables on which information is available and the number of individuals in each group. In the present study, at the time of the analysis, there were fifty diagnosed neurotics, and these were matched for sex and age with comparable numbers of schizophrenics and normal subjects, as shown in Table II (opposite).

It was not possible to match other variables in this way, but an attempt was made, within the limits of the material, to equate marital status, the number of children of married women, and the occupational social class of the men.

Table III (opposite) shows that the groups are not completely comparable with regard to these latter variables, but the difference is in no case very great. It was not possible to classify the females by occupational social class, as in many cases their occupation was recorded as "housewife", but it seems likely that the number of children possessed by a married woman may have a bearing on the demands made on her and may increase her liability to breakdown.

The frequency distributions of the variables within the normal group have been matched with those of the neurotic and schizophrenic groups.

TABLE II

MATCHED GROUPS OF NORMAL SUBJECTS, NEUROTICS, AND SCHIZOPHRENICS

Age (yrs)	Diagnosis											
	Normal			Neurotic			Schizophrenic			Total		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
21–35	5	10	15	5	10	15	5	10	15	15	30	45
36–50	8	18	26	8	18	26	8	18	26	24	54	78
51–65	2	7	9	2	7	9	2	7	9	6	21	27
Total Subjects	15	35	50	15	35	50	15	35	50	45	105	150

TABLE III

DIAGNOSIS, BY MARITAL STATUS, WOMEN BY NUMBER OF CHILDREN, AND MEN BY SOCIAL CLASS

Variable		Diagnosis											
		Normal			Neurotic			Schizophrenic			Total		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total
Marital Status	Single	5	3	8	1	3	4	5	4	9	11	10	21
	Ever Married	10	32	42	14	32	46	10	31	41	34	95	129
Total Subjects		15	35	50	15	35	50	15	35	50	45	105	150
Number of Children of Married Females	0		4			3			4			11	
	1		10			6			9			25	
	2		11			10			11			32	
	3+		7			13			7			27	
Total Married Females			32			32			31			95	
Social Class* of Males	I+II+III	11			10			7			28		
	IV+V	4			5			4			13		
	Unclassified	0			0			4			4		
Total Males		15			15			15			45		

* Registrar General's Classification of Occupations.

RESULTS

(1) *Frequency of Personal Problems shown by Schizophrenics, Neurotics, and Normal Subjects.*—From the items underlined in the Check Lists a record of the total number of problems for each individual was obtained. The range in the number of problems was from 0 to 125, and for the purposes of analysis a comparison was made between those individuals who marked from 0 to ten items and those who marked eleven or more items. The comparison of number of problems by sex and diagnosis is shown in Table IV.

The total numbers of individuals, both males and females, were fairly equally distributed in the low-problem and the high-problem groups. There were, however, diagnostic differences, with significantly more neurotics than normal subjects showing eleven or more problems ($\chi^2 = 17{\cdot}15$; d.f. = 1; $P < {\cdot}001$),

TABLE IV

NUMBER OF PERSONAL PROBLEMS, BY SEX AND DIAGNOSIS

Number of Problems	Diagnosis											
	Normal			Neurotic			Schizophrenic			Total		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
0–10	8	24	32	8	13	21	6	18	24	22	55	77
11+	7	11	18	7	22	29	9	17	26	23	50	73
Total Subjects	15	35	50	15	35	50	15	35	50	45	105	150

and significantly more schizophrenics than normals showing eleven or more problems ($\chi^2 = 10{\cdot}12$; $d.f. = 1$; $P < {\cdot}005$). In both instances the differences were due to the females rather than to the males. There were no significant differences between the neurotics and the schizophrenics in the number of problems which they showed.

The analysis of items by problem areas, shown in Table V, shows a higher proportion of positive responses in the first five areas than in the remaining areas. It is unlikely that this is due to failing interest in the subjects towards the end of the Check List, as it is constructed so that the problem areas run horizontally across the page, whilst the particular items are numbered vertically. It is possible that the low response to the items on Courtship and Sex is due to either lack of interest, or to unwillingness to acknowledge problems in these areas.

The neurotics showed significantly more problems than the normal subjects in relation to Physical Health ($\chi^2 = 5{\cdot}76$; $d.f. = 1$; $P < {\cdot}025$), and in relation to Personality ($\chi^2 = 24{\cdot}70$; $d.f. = 1$; $P < {\cdot}001$). An examination of the data shows that both of these differences are due to the greater number of problems expressed by the female neurotics.

(2) *Frequency of Particular Personal Problems shown by Schizophrenics, Neurotics and Normal Subjects.*—An item-analysis was performed of the 288 items in the Check List in relation to psychiatric diagnosis, and a selection was made of those particular problems which were shown by at least ten individuals (20 per cent.) in any one of the groups of schizophrenics, neurotics, or normal subjects. There were 26 such items, and these, classified by problem areas, are shown in Table VI (opposite).

Of the 26 items, twenty were frequent problems for the neurotics, thirteen for the schizophrenics, and six for the normal subjects. These items tended to be clustered in some problem areas more than others, particularly in the areas of Health and Personality, and no problems recurred frequently in the areas of Economic Security, Courtship, Sex, and Occupation.

Differences

(*a*) *Normal Subjects and Neurotics.*—The particular problems felt by significantly more neurotics than normal subjects were feeling tired much of the time, occasionally feeling faint or dizzy, feeling blue or moody, sometimes feeling life hardly worth while, constantly worrying, too nervous or highly strung, and feelings too easily hurt. There were two problems, however, which occurred in significantly more normal subjects than neurotics. Eleven of the normal subjects found it hard to talk before a group, but only one neurotic (so far as is known, none of the neurotics was receiving group-therapy), and not

TABLE V

NUMBER OF ITEMS WITHIN PROBLEM AREAS, RELATED TO DIAGNOSIS

Problem Area	No. of Items	Diagnosis											
		Normal			Neurotic			Schizophrenic			Total		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total
Health ..	0–2	11	20	31	8	10	18	10	18	28	29	48	77
	3+	4	15	19	7	25	32	5	17	22	16	57	73
Economic Security ..	0–2	13	31	44	12	26	38	11	26	37	36	83	119
	3+	2	4	6	3	9	12	4	9	13	9	22	31
Self-Improvement ..	0–2	9	27	36	9	21	30	10	19	29	28	67	95
	3+	6	8	14	6	14	20	5	16	21	17	38	55
Personality ..	0–2	7	26	33	7	13	20	7	22	29	21	61	82
	3+	8	9	17	8	22	30	8	13	21	24	44	68
Home and Family ..	0–2	13	31	44	11	25	36	13	26	39	37	82	119
	3+	2	4	6	4	10	14	2	9	11	8	23	31
Courtship ..	0	13	33	46	15	30	45	13	31	44	41	94	135
	1+	2	2	4	0	5	5	2	4	6	4	11	15
Sex	0	13	34	47	15	28	43	12	30	42	40	92	132
	1+	2	1	3	0	7	7	3	5	8	5	13	18
Religion ..	0	9	23	32	8	27	35	9	25	34	26	75	101
	1+	6	12	18	7	8	15	6	10	16	19	30	49
Occupation ..	0	5	33	38	9	26	35	10	20	30	24	79	103
	1+	10	2	12	6	9	15	5	15	20	21	26	47
Total Subjects		15	35	50	15	35	50	15	35	50	45	105	150

TABLE VI

PERSONAL PROBLEMS RELATED TO PSYCHIATRIC DIAGNOSIS

Problem Area	Check List Item	Diagnosis				
		Normal	Neurotic	Schizophrenic	Total	χ^2 ; Probability
Health	Feeling tired much of the time	8	19	22	49	* 8·05 ; $p < ·005$
	Sleeping poorly	8	11	6	25	** 5·07 ; $p < ·025$
	Catching a good many colds	4	5	10	19	Not significant
	Stomach trouble	3	10	6	19	Not significant
	Feet hurt or tire easily	11	11	12	34	Not significant
	Having trouble with my eyes	2	6	11	19	** 5·66 ; $p < ·025$
	Troubled by headaches	8	13	11	32	Not significant
	Occasionally feeling faint or dizzy	5	14	12	31	* 4·16 ; $p < ·05$
	Occasional pressure or pain in my head	5	11	10	26	Not significant
Self-Improvement	Not being as efficient as I should like	7	14	8	29	Not significant
	Wanting to improve my mind	6	11	8	25	Not significant
	Wishing I had a better educational background	10	14	7	31	Not significant
	Needing a vacation	4	6	10	20	Not significant
	Not having enough social life	4	10	10	24	Not significant
Personality	Lacking self-confidence	8	11	14	33	Not significant
	Taking things too seriously	12	21	13	46	Not significant
	Finding it hard to talk before a group	11	1	8	20	* 7·67 ; $p < ·01$
	Feeling blue and moody	2	11	7	20	* 5·66 ; $p < ·025$
	Sometimes feeling life is hardly worth while	2	11	7	20	* 5·66 ; $p < ·025$
	Constantly worrying	3	16	12	31	* 9·36 ; $p < ·005$
						** 5·02 ; $p < ·025$
	Too easily moved to tears	6	12	7	25	Not significant
	Too nervous or highly strung	1	11	9	21	* 7·67 ; $p < ·01$
						** 5·44 ; $p < ·025$
	Feelings too easily hurt	6	17	13	36	* 5·64 ; $p < ·025$
Home and Family	Worries about a member of my family	9	14	8	31	Not significant
	Mother or Father not living	11	7	5	23	Not significant
Religion	Not going to church often enough	10	0	5	15	* 9·00 ; $p < ·005$

NOTES: (1) Total number of patients = 50 Normals, 50 Neurotics, and 50 Schizophrenics.
(2) All problems were felt by at least 10 individuals in one of the groups.
(3) * = comparison of Normals and Neurotics; ** = comparison of Normals and Schizophrenics.
(4) In all tests of significance, $d.f. = 1$.

going to church often enough was a problem to ten normal subjects, but to no neurotics.

(*b*) *Normal Subjects and Schizophrenics.*—Four items were felt as problems by significantly more schizophrenics—feeling tired much of the time, having trouble with the eyes, constantly worrying, and too nervous or highly strung.

(*c*) *Neurotics and Schizophrenics.*—There were no significant differences between neurotics and schizophrenics on any of the particular items which were felt to be problems.

SIMILARITIES

There were some items for which the criterion for inclusion in Table VI (shown by at least ten individuals in any one group) was met by more than one of the diagnostic groups.

(*a*) *Normal Subjects and Neurotics.*—Three items were felt as problems by ten or more normal subjects and ten or more neurotics—feet hurting or tiring easily, wishing I had a better educational background, and taking things too seriously.

(*b*) *Normal Subjects and Schizophrenics.*—Two items were felt as problems by ten or more normal subjects and ten or more schizophrenics—feet hurt or tire easily, and taking things too seriously.

(*c*) *Neurotics and Schizophrenics.*—Ten items were felt as problems by ten or more neurotics and ten or more schizophrenics—feeling tired much of the time, feet hurt or tire easily, troubled by headaches, occasionally feeling faint or dizzy, occasional pressure or pain in the head, not having enough social life, lacking self-confidence, taking things too seriously, constantly worrying, and feelings too easily hurt.

(*d*) *Normal Subjects, Neurotics, and Schizophrenics.*—Two items were felt as problems by ten or more individuals in each of the three groups—feet hurt or tire easily, and taking things too seriously.

The most frequent problems of particular groups were feeling tired much of the time, shown by 44 per cent. of the schizophrenics and by 38 per cent. of the neurotics, and taking things too seriously, shown by 42 per cent. of the neurotics. These percentages are higher than for any problem shown by the normal subjects, but the most frequent problem (shown by 24 per cent. of them) in the latter group was taking things too seriously.

Discussion

The Mooney Problem Check List differentiated schizophrenics and neurotics from normal subjects in the total number of personal problems shown, but did not differentiate schizophrenics from neurotics. This discrimination between normal and abnormal, however, would appear to apply to women rather than to men.

These findings, together with the fact that neurotics showed more problems related to Physical Health and to Personality than did normal subjects, confirm the findings of Culpan, Davies, and Oppenheim (1960), who compared neurotics and normal subjects by use of the Cornell Medical Index.

The Mooney Problem Check List is not intended as a substitute for other methods of assessment, but Gordon and Mooney (1950) suggest several advantages which may accrue if the patient completes the Check List before the interview. In its present form it is probably too long for some purposes, and it seems likely that a shortened form, using carefully selected items, would be more useful in community surveys.

In attempting to assess the extent to which particular personal problems are associated with mental disturbance, it is important to know the prevalence of these problems in the general population, and how often they occur in normal people. In the present study, the normal subjects and neurotics were selected by a random procedure during the course of an investigation of the prevalence of mental illness in the community, and their mental health was assessed in a psychiatric interview. In other words, the normal subjects were diagnosed as such, and not merely assumed to be healthy because they were not receiving psychiatric treatment. This method would seem to be more valid than using volunteers, attenders at medical and surgical clinics, or other special groups as "controls" for research purposes.

Findings of this kind may help in the classification of clinical pictures associated with mental illness. Some of the items appeared to differentiate the normal subjects from the neurotics and the schizophrenics, either separately or together, but there were other frequent problems which seemed to be common to two of the groups, or even to all three of them. In evaluating the post-hospital adjustment of schizophrenics, the evidence would suggest that many of the personal problems they experience, whilst different from those of normal individuals, are similar to those of neurotics.

This type of research helps to highlight the fact that some personal problems are characteristic of more than one clinical condition, and even of normal individuals. Certain problems of schizophrenics (and neurotics) living in the community have become more apparent as a result of this investigation and should provide an additional guide to the medical and social help required for more adequate management of psychiatric problems in the community.

The Check List in its present form is not an adequate quantitative measure of adjustment, but development of a more comprehensive questionnaire and interview technique along these lines could be worthwhile.

Summary

(1) Groups of normal subjects, neurotics, and schizophrenics, all living in the community, were matched for sex and age, and compared by the use of the Mooney Problem Check List.

(2) Female neurotics and schizophrenics showed significantly more problems than normal females.

(3) Neurotics showed significantly more problems related to Physical Health and to Personality than did normal subjects.

(4) There were nine particular problems differentiating normal and neurotic persons, and four differentiating normal and schizophrenic persons, but none differentiating neurotics and schizophrenics.

(5) Ten particular problems were frequently felt by both neurotics and schizophrenics; three by both normal subjects and neurotics; and two by normal subjects, neurotics, and schizophrenics.

(6) Some of the theoretical and practical implications of the findings are discussed.

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