

1. PERSONALITY AND PSYCHOLOGICAL SYMPTOMS

Our approach in understanding the early symptoms of any person who comes to us is to understand him from the angle of his personality and more importantly, the overall current and past functioning of his personality. We also take into account the personalities and the environment of his carers, particularly the parents and the siblings.

The topic of personality, we consider, is crucial in understanding the background of any psychological issues from minor interpersonal conflicts to recognizable psychiatric disorders. Personalities have been scientifically studied for the past two decades and much clarity has now come on to this topic. Earlier, the diagnosis of any psychiatric illness took the first place and then came the assessment of personality.

In our reckoning the assessment of personality based on the latest work and thinking is uppermost in the understanding and management of any abnormal psychological phenomenon. Without knowing a person, how can we embark upon treatment?

We wish to explain what we mean by personality.

PERSONALITY IS IN A WAY THE MANNER IN WHICH, WE PERCEIVE OUR SELF AND OTHERS AND ALSO THINK, FEEL AND BEHAVE IN RELATION TO OTHERS.

Every individual has an individuality about him/her which would be well known to the near relatives. One can be quiet, well behaved, and aloof or could be over talkative, energetic and full of life and vigor. Some people are perfectionists, very methodical and indulge in abnormally excessive cleanliness. Most of their time, they spend in cleaning themselves and their surroundings. In paranoid personality, there is lack of trust and thinking is dominated by suspiciousness without any justification. Schizoid personality disorder with emotional coldness, quiet, and withdrawn, does not show love or affection towards anyone, indifferent to relationships and prefers to be aloof and indifferent to social

obligations. Anger is another feature which forms part of one's personality. Some people have more anger and some less but some are angry all the time.

One must try to find out, when change in the normal behavior was first noticed. In all cases of psychiatric illness, there would be exaggeration of his normal personality traits or he becomes the opposite of what he was before the illness. This is more important when the person concerned is a young man who is pursuing his studies and at one stage he begins to show not only scholastic decline, but also becomes quiet, withdrawn and isolated and prefers social isolation. He feels different from others and behaves accordingly.

We need to first establish his personal identity which is known as **SELF IDENTITY**. Does he or she know who he is?

Does he or she know who he is and what is expected of him, his level of **SELF ESTEEM**?

Once he has some idea about his self and esteem, then he must have some idea about **HIS ROLE AND HIS PATH IN FUTURE**. Many youngsters, we found are confused and have no idea of their self-worth. They may have lofty ambitions, but without any required action plans. They may not have realistic short and long term goals.

Having established that, we need to explore his interactions with people around him and assess the level of his empathy, which is **HIS REGARD AND FEELINGS FOR OTHERS AND HIS LEVEL OF INTIMACY WITH HIS NEAR AND DEAR ONES**.

Fortunately, there is a method available to measure the degree of derangement on these parameters of personality and once that is established, it would be easier to work out a management plan. The idea of going through this procedure is to make everybody including the person who may be seeking psychiatric help, aware of these aspects. If you are interested in actual measurement of your personality functioning, please read the details at the end of this booklet.