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General

Relatively, scientific study of personality is a new and fascinating branch of Psychology. In spite of several difficulties, it has made considerable advancement. Within the discipline of psychology, it is at the cross-roads of most of the areas of psychology; it is the point of convergence between the study of development and change of abnormality as well as fulfilment of emotion and thought, of learning and of social relation (1.6).

Measurement is basic to any science, natural or social. In any scientific activity or pursuit or endeavour, investigated, one must develop a tool (e) for observing and measuring the thing of interest. It is the system (s) of measurement which makes the study accurate, objective and communicable. Measurement is one of the important aims of science(1.5, 1.6, 1.10)

There are several definitions of personality, each emphasises different aspects of personality.

Several theories of personality have been
advanced by psychologists from time to time emphasising their own specific standpoint. They have been categorised into four different view points: biological, experimental, social and psychometric (1.12).

The biological viewpoint emphasises that all personality events are studied in terms of interactions among the early experiences, genetic endowment and evolutionary background of the organism, while the experimental viewpoint constructs the events of personality study in terms of uniform learning, perception and higher processes. According to this, uniform processes underlie the human behaviour.

The social viewpoint considers the personality events in terms of social context in which the individual lives and develops. Psychometric trait viewpoint, stresses them in terms of attributes which reflect underlying trait organization. In this study the psychometric traits viewpoint is followed in the pages that follow (1.11, 1.12).

**Personality Measurement:**

Personality measurement is knowingly or
unknowingly attempted by everyone. A clinician in the clinic assesses the personality of the patient. A lawyer assess his client, a layman in the street also assesses the personality of his friend, enemy; or a salesman of his customers etc. Some evaluate personality on the basis of observation of behaviour, or on the basis of interview, and through psychological tests. In this way the personality could be appraised either by observation or interview and test or with the help of all the three. Use of any technique requires to develop a systematic, procedure for assessment of personality (1.12, 1.13)

The assessment of personality through psychological tests, especially self report inventories is economical in terms of time and money and free from the hazard of subjectivity (1.87).

Need for Clinical Services:

The modern age has witnessed tremendous and accelerating advances in science and technology which have led to unprecedented progress and
simultaneously in increase in human problems quite complex and varied. On the one hand one can point to man's increasing control over the forces of nature and this ingenuity in unreveting its secrets the conquest of diseases, and to spectacular cultural advances ; on the other hand one experiences the dangers of a divided world, with nations pouncing upon one another, of thermonuclear warfare, of population explosion, of grinding poverty co-existing with abundance and affluence of other complex problems which man has never faced before. These problems demand immediate solutions if mankind has to survive.

The solution of these problems appear to depend less upon advanced technological know-how and more upon a better understanding of an individual in the society (1.4).

As more and more persons throughout the globe become more and more enmeshed in problems posed by the scientific age, the psychological consequences on their behaviour become increasingly complicated. The impact
of all these comes to be felt and related in various ways; individuals begin to realize the potentialities for a more enriched life, that modern science and technology can provide; side by side they become aware of the inadequacies of many existing political, social and religious institutions and practices. Further, they vaguely sense the inadequacy of many of the beliefs, norms and codes of conduct accepted and transmitted to them by their forefathers (1.3, 1.10).

The outcome of this is that more and more people are acquiring both a hope for 'better life' and a strong feeling of frustration and anxiety. A natural concomitant is the search for new approaches, new guidelines and plans of action (1.10).

Further, the stress and strain of modern living is reflected in the incredible amounts of varied tranquilizing drugs being used, of sleeping pills of large scale addiction etc. Man's own perceptions of himself and his world around him, whether accurate or inaccurate are basically influencing his behaviour. So the opportunities for self-direction places a heavy
demand upon individuals to acquire accurate
information, so as to choose the plan of action best
suited to him.

Need for Quick Diagnosis:

These situations lead to the increasing
need for clinical services for majority of people
in various degrees. Its further development requires
the various tools for diagnosis suitable for both
normal and abnormal adults and adolescents.

By about 1900 a new current of thought
concerning the causation of mental disorders was
introduced by the clinical finding of mental disorder,-
conversion hysteria, was clearly the result of
psychological rather than organic causes. To friend's
classical dictum "Anxiety is the central problem in
neurosis" (1,2) most modern observer would add
"Neurosis is the central problem in society". Neurosis is
generally defined as being in an institution with
a diagnosis of neurosis or otherwise in definite need
of treatment for neurosis. But the problem is even
more severe when we realize that neurosis can not be
regarded as confined within institutions' walls or to the therapist's coach. Some degree of neurosis exist throughout the entire population affecting real life adjustment and effectiveness of behaviour.

(1.3) Therefore, the problem of neurosis is not exclusive province of the clinician, but has to be considered by any practitioner concerned with occupation, marriage, group relation etc. of the population. It may be relevant for only about five percent of the population, but it has some real relevance to degree of adjustment for the other ninety-five percent as well.

Clinical studies with the major personality dimensions show that neurotics do not differ from normal one in dimension only, as some have supposed (1.7) but on many personality dimensions at once (cataclysmic)

Neurotic trend is thus a complex form of deviation involving both innate and environmentally determined inadequacies in many aspects of personality. Thus, the neurotic-associated major and minor personality factors which are called not normal (1.5). They are
1. Inadequacy
2. Ego centricity
3. Over protected emotional sensitivity.
4. Suggestiveness
5. Depression
6. Worry proneness
7. Ergic Tension
8. Ego Weakness
9. Indecisiveness and Rigidity

In this regard the present author has attempted to provide a standard tool in Gujarati for assessing the neuroticism among the individuals. None of the measurements is now recognized as a precondition for dealing with neurosis socially or individually. It is generally necessary to assess the extent of neurotic problems in an individual or group of individuals before any effective plan of action can be undertaken. The author aims at providing an objective score, having close meaningful relation to neurosis (1, 3, 1, 4, 1.10)


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1.15 Wiggins, J.S. (1973), *Personality Prediction Principle of Personality Assessment*
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