This Week's Citation Classic

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A personality rating was designed to measure clinically relevant dimensions of neuroses: free-floating, phobic, and somatic anxiety; obsessionality; and depression and hysteria (HYS). Neurotic outpatients were differentiated from normal controls. The sub-tests correlated low with each other, significantly with the external criterion. The need to further investigate the HYS scale was noted. [The Science Citation Index® (SCI®) and the Social Sciences Citation Index® (SSCI®) indicate that this paper has been cited in over 165 publications since 1966.]

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"Interested in psychosomatic problems, Crisp and I needed a brief, standardized measurement of mental status as routinely assessed by psychiatrists. The most widely used questionnaire in the UK, the Eysenck Personality Inventory (EPI), measures neuroticism and extraversion. Important and robust dimensions, certainly, but, for a clinician, neuroticism in particular needed further differentiation. Tests widely used in the US are either too long and forbidding for the psychologically unsophisticated British outpatient, the Minnesota Multiphasic Personality Inventory (MMPI) especially, or they are idiosyncratic in conception as with Cattell's 16-Personality Factor (16 PF)." "Discussion with psychiatric and psychological colleagues suggested the sub-tests for a new test. The Middlesex Hospital Questionnaire has now been renamed the Crown-Crisp Experiential Index (CCEI). The sub-tests measure free-floating anxiety; phobic and somatic anxiety; obsessionality; and depression and hysterical traits. A preliminary form of the test was standardized, item-analyzed, shortened, and tested for reliability and validity as described in our original publication. Further standardization, data, and clinical and research applications up to the end of 1979 are summarized in Manual of the Crown-Crisp Experiential Index. Three more recent independent validations are by Bagley and Alderman using factor analysis and a US validation by Mavissakalian and Michelson. The CCEI has been translated into Italian, Hebrew, and Hindi.

"The CCEI has been used to investigate a variety of specific problems. These include study difficulty in students; parents of handicapped children; bereavement; deliberate self-harm; fire raisers; personality in Ménière's disease; stereotactic leucotomy; epilepsy; hypertension; rheumatoid arthritis; cigarette smoking; sickness absence in industry; ischaemic heart disease; anorexia nervosa; obesity; back pain; and sleep disturbance.

"There are two problem areas in relation to the test. First, the impossibility of measuring clinical hysteria: the HYS sub-scale correlates highly with EPI extraversion of which it is probably a measure especially of the sociability component. A second problem is that the CCEI sub-scale assesses both symptoms and personality traits. This has been clearly demonstrated with the obsessional (OBS) sub-scale. Factor analysis has revealed two short scales, one measuring obsessional neurotic symptoms, the other obsessionality as a personality trait. It seems possible that the level of citation and the relative popularity of the CCEI relates to its genuine fulfillment of a need for a brief, easily administered and scored personality test with a psychiatric base, useful for testing clinically devised hypotheses particularly in the psychosomatic field."