CHAPTER II

THEORETICAL ORIENTATION: CONCEPTS OF NEUROTICISM, ALIENATION, ANOMIE, ADJUSTMENTS, HOSTILITY AND ANXIETY
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It has already been discussed in the foregoing chapter about the important role psychological, emotional and also personality factors play in the allergic disorders. Before dealing with the review of literature and delving into the methodological aspect of the study, it would be desirable if one arrives at semantic clarification of the concepts of the variables chosen for the present study as given above.

CONCEPT OF NEUROTICISM:

"The emotional disharmony or internal conflict between the individual's innate or developed drives and the inability to gratify them within the physical or cultural possibilities is known as neurosis (Brown, 1957)." This definition of neurosis contains both a biological and a social criterion.

The individual may react to frustrating situations, by a behavior which betrays his inner conflicts. Such
behaviour is then diagnosed under different classifications, e.g., neurotic hyper-sensitivity, anxiety neurosis, compulsive neurosis, phobias, neurotic dependency, neurotically impaired adaptations to changing circumstances, e.g., centricity, suggestibility. He may also show some forms of "neurotic", "infantile" conduct, and the demand for more care and attention, than corresponds to his age and social position. These are forms of psychoneurotic behaviour. They may sometimes even seriously affect the inter-human relations of the individual with those who live or work together with him, but as a rule they do not bring him into a major conflict with society in general. In those with whom these individuals have to live or work, their behaviour usually produces feelings of irritation or ridicule, sometimes aggression, sometimes interest or sympathy, often mixed with a certain disdain. In the western culture, psychoneurotic behaviour patterns are being regarded more and more as forms of mental illness. In other cultures, this is usually not the case, especially if the psychoneurosis is not recognised as a substituted form of behaviour to frustration.

Partly because of the vagueness of the concept of neurosis, there is no agreement as to whether all or some patients suffering from these diseases are neurotic. This question has been subjected to investigation via the concept of neuroticism. Psychosomatic patients are in fact characterized by a high neuroticism score as indicated in the literature. These patients differ physiologically from
neurotics who do not suffer from physical diseases (Cronin, 1951).

In other words, one of the most important factors of personality is the emotionality, or the "neuroticism" as it is often called. In fact many of the present day problems have, in one way or the other, been found to be associated with this major personality dimension, recognised by many independent research workers.

Neuroticism is widely accepted and clinically useful concept and yet people have found it difficult to define. Many clinicians regard it as a "Propensity, in born or acquired, to have maladjusted pattern of behaviour, during times of stress" (Wig and Verma, 1973). Some investigators like Cattell (1965), Cattell and Scheier (1961), Scheier and Cattell (1961) define it as "those personality characteristics which actually differ significantly between clinically judged neurotics and normals."

Scheier and Cattell (1961) believe that neurosis is the central problem in the society and further add that the problem is even more severe when we realise that neurosis cannot be regarded as confined within the institution's walls or to the therapist's couch. Some degree of neurosis exists throughout the entire population, affecting real life adjustments and effectiveness. Therefore, the problem of neurosis is not the exclusive province of the clinician, but has to be considered by any practitioner concerned with
selection and success in school, occupation, marriage, group relation etc. It may be just dramatically relevant for only about five per cent of the population, but it has some real relevance to some degree of adjustment for the other ninety-five per cent as well. Cattell here uses the term neuroticism as synonymous with "neurosis" and feels that it varies in degree among normals as well as abnormals. According to Cattell (1953), "Neuroticism is not a second order factor, but a mixture of anxiety and certain personality primaries which maximally distinguish neurotics from normals".

Unlike Cattell's, a different viewpoint has been presented by Eysenck (1965) who defines neuroticism as "An over reaction on the part of the individual to a variety of stimuli; this over reaction takes the form of very strong emotions being experienced under conditions where most people only feel weak emotions, if any, at all.... There seems very little doubt that differences between people in emotionality or neuroticism are mediated by inherited differences in the liability and excitability of the autonomic nervous system".

According to Eysenck neuroticism dimension is ...
"Powerfully determined by heredity and are likely, therefore, to have some form of physiological, neurological or biochemical basis in the nervous system of the individual". He also says
that "We do not propose that it is the behaviour itself which is inherited, but rather that certain structures in the central nervous system or the autonomic nervous system are inherited, which in turn, by interacting with the environment, play an important part in determining conduct. What is inherited, therefore, is the genotype and what is observed by the psychologist interested in behaviour, is the phenotype. It is neurosis which is learned unadapative response pattern; it is neuroticism which is a constitutional predisposition factor."..."The individual high on neuroticism is conceived to be a person with an over reactive, labile type of nervous system, a person who reacts too strongly and too persistently to strong stimuli" (Eysenck, 1963).

Regarding the relationship between neurosis and neuroticism, Eysenck (1973) accepts that though it is a personality dimension, yet neurotics also score high on this dimension and that his tests do not discriminate between neurotics and personality dimension. Eysenck (1973) feels there is nothing that can be done in principle because whether a person is or is not a psychiatric patient depends more on the facilities available, diagnostic criterion used by G.P.'s than on his actual psychological state.

As stated earlier also, Cattell believes neuroticism to be synonymous with neurosis. Till now, no one has succeeded in developing an instrument which could clearly and
relatively differentiated between personality trait and illness, although some do believe that "there is no essential relationship between personality abnormality and illness and a patient (or, anyone else) can have either, neither, or both". (Foulds, 1974; Presley, 1972). A large body of research exists on the role of neuroticism in various life situations, and in this psychosomatic illness is also included (Joshi & Roy, 1967; Puranik, 1963a, 1963b, 1963c; Aasen, 1968; Vitamaki and Sonkin, 1976; Wahl, Wig, Verma, and Pershad, 1970a, 1970b; Ichendra, 1972; Moudgil and Pershad, 1972; Ramachandran et al., 1974).

It is assumed that conflicts underlying psychosomatic disorders are expressed through physiological stress and strains mainly because psychosomatics try to put a bold face to their problems and then refrain to develop psychological symptoms. Such individuals, although psychologically disturbed, try to behave normally and they let their organs to bear the brunt of psychological conflict. Thus, psychosomatic patients are considered neurotics who try to appear well adjusted and largely succeed in doing this. However, it is not easy to find an adequate operational index of 'normal behaviour or well adjusted behaviour'.

There are endless ways of studying the neuroticism. Presently, neuroticism has been operationally defined as, "those personality characteristics which differ
significantly between clinically judged neurotics and normals" (Cattell, 1965; Cattell and Schierer 1961; Scheirer and Cattell, 1961). For the present investigation, P.G.I. Health Questionnaire N-2 (Verma & Wig, 1975) is chosen. N-2 enables to understand the concept of "Neuroticism" in our population, approaching it systematically and methodically from different angles. N-2 is medically oriented, based on a medical model, starting with the physical symptoms and hence more acceptable to the patient population. On the basis of clinical settings and field researches, it has been suggested that patients expect and want to be asked about their health and appreciate it when such questions are asked. It was further found that patients are more cooperative on such tests while in other tests they are quite resentful and even hostile.

CONCEPT OF ALIENATION

The problem of alienation has been one of the persistent problems in Sociology for a century, beginning with the analysis by Marx (Coser and Rosenberg, 1964). Marx analyzed the wage earner's alienation from the products of his labour and his powerlessness in the scheme of things, as well as other forms of estrangement in social relations. At present time, in all the social sciences, the various synonyms of alienation have a foremost place in studies of human relations.

The concept of alienation seems to have been assigned to the rank of "extremely-useful but loosely defined" higher
construct along with such others, as inauthenticity, anomie, and culture. The concept has proven useful to many contemporary sociologists, social philosophers, and social historians in describing and interpreting man's social behaviour.

The concept of alienation has a prominent place both in the history of sociological thought and in contemporary studies of human relations. Concern with alienation stems from a basic concern with the responsiveness of society to its member's needs. Both social scientists and mental health professionals, in sharing this concern have begun to see widespread alienation as a major element in modern life. What are the social components of alienation? Who are the alienated?

Alienation in the social sense is viewed as a sign of personal dissatisfaction with the structural elements of modern society. This dissatisfaction has been defined in the more recent studies in terms of individual feelings of powerlessness, meaninglessness, normlessness, social isolation and self-estrangement.

Empirical research on alienation has related man's feelings of estrangement from others, from work, from society-to the rapidity of social change, the growth of large and complex social organizations, vast technological development and urbanization. Earlier studies focussed on alienation of the worker from his work situation, which had
become meaningless for him. More lately other forms of alienation have been studied: alienation of the voter from political organisations, alienation of youth from educational institutions and cultural values, alienation of the elderly from the fast-paced life of efficiency and production. Studied too has been the alienation of the black, of the poor, of others for whom life's day-to-day activities and relationships have lost real sense of participation or meaning.

Alienation does not mean simple disagreement with another person, even if the disagreement is violent as long as the interaction continues. When one ceases overt communication with another person or persons and withdraws from interaction, social alienation is said to have occurred. We can become alienated from a person, group, even an entire culture or social system. Alienation thus involves a conclusion that one's attempt to communicate with a person (or persons) is pointless. Functional withdrawal from interaction then begins.

Alienation of a person from another can be partial, one can be convinced that he/she will be denied the opportunity for communication on certain topics or at certain times or under certain conditions. As long as he/she is allowed to communicate on most topics most of the time, the degree of alienation is only slight. The severity of alienation increases as a person perceives an increase in
the number of times and areas his/her communication is denied. Complete alienation from an other person may not matter much. Complete or nearly complete alienation from many others can make life miserable. William James (1890) said:

"No more fiendish punishment could be devised, even when such things were physically possible, than that one should be turned loose in society and remain absolutely unnoticed by all members there of".

Alienation does not occur between a person and someone whom he/she has never known. It does occur most noticeably when a person withdraws from interaction with someone he/she has known well, such as parent, wife, or husband.

Generally speaking, one can distinguish between two kinds of alienation i.e., self or personal alienation and social alienation.

When a person withdraws from or avoids another person or persons, then his behaviour is identified as social-alienation. It is defined by Hajda (1961) as follows:

"Alienation is an individual's feeling of uneasiness or discomfort which reflects his exclusion or self-exclusion from social and cultural participation. It is an expression of non-belonging or non-caring, an uneasy awareness or perception of unwelcome contrast with others. It varies in score and intensity."

The common usage of the term often connotes an
implication of mental disturbance. In their psychiatric dictionary, Hinsie and Campbell (1960) define mental alienation as, "The repression, inhibition, blocking or dissociation of one's own feelings so that they no longer seem effective, familiar or convincing to the patient." Thus whenever a person is said to be alienated, there is a connotative suggestions of personal maladjustment.

Alienation from another person does not necessarily mean neurotic behaviour. Neurotic alienation begins when reality is ignored, that is when the preceding conclusions are drawn in the face of identifiable evidence to the contrary. It becomes critical when a person denies his/her own feelings that are at the same time expressed in obvious ways, such as denying that we are angry when we are obviously behaving that way.

Of the numerous definitions given for alienation—feeling of meaninglessness, powerlessness, belongingness, being manipulated, social and self-alienation— an isolate feature in all of them is man's feeling of lack of means (power) to eliminate the discrepancy between his definition of the role he is playing and the one he feels he should be playing in a situation. Alienation is the degree to which one feels powerless to achieve the role he has determined to be rightfully his in specific situations (Clark, 1950).

Merton (1946) emphasizes the significance of pervasive distress as, "The very same society that produces this sense of
alienation and estrangement generate in many a craving for reassurance, an acute need to believe, a flight into faith."

In recent years, the concept has come to the fore round in the work of an increasing number of social scientists in a variety of contexts (Fromm, 1955; Merton, 1946; Seeman, 1959). There have been efforts to specify the various meanings attached to the concept of alienation (Seeman, 1959).

Alienation is a sociological concept and it has been used differently by different people/writers. It has been observed that there is lack of consensus concerning the meaning of alienation. The Oxford Dictionary meaning of alienation is estrangement; and transference of ownership, a feeling of estrangement from and hostility towards society. Such sociological interpretation revolves around this meaning, though it is extended beyond that to include social isolation. To begin with our own times, the modern man when coming to terms with the realities of modern impersonalized life, is often labelled "alienated".

In his book 'The lonely crowd', David Riesman (1950) very pointedly emphasized this fact. The very title of the book seems very significant. Despite of the fact that the modern man is inseparably bound in the web of social life, it is rational and impersonal, sorely lacking the warmth of personal social relationship
of love and security so essential for the personality of the individual. Consequently, the modern man feels lost with the constant fear of what others think of him nagging his mind. He persistently experiences a lack of sense of belonging.

Pappenheim's (1950) discussion in his book 'The Alienation of Modern Man' is relevant in so far as he tries to tackle the subject from both, the objective basis—'which are the existing conditions prevailing in complex capitalistic society'. and on the subjective level the crippling effect such a system has on the worker as well as on the entrepreneur.

Pappenheim further points out that the emergent socio-psychological state leads to a loss of identity, especially on the part of the hypersensitive man and the intellectual. Because such persons experience estrangement from self or society and their effort to reintegrate their crumbling personality; often results in retreatism. Pappenheim, emphasizes this acute awareness of alienation on the part of the people which finds expression in various moods like feelings of anxiety, apathy, isolation.

Pappenheim views the apprehension which prevails in this scientifically progressive age of ours as a result of passage of society from Gemeinschaft to Gesellschaft, and alienation for him is inherent in the latter.

While seeking the different meanings of alienation, right
down to Marx, we find something common, the stress on
estrangement either from self or society. In all its
usages, there is a common denominator to the concept of
alienation. Alienation refers to the psychological
state of dissatisfaction with, and estrangement from the
prevailing social arrangements in which the individual
lives and the norms or values that regulate these
arrangements. This state is a reaction to prevailing
social conditions.

Davids (1955) defined alienation as "the disposition to
ego-centricity, distrust, pessimism, anxiety and resentment".
He describes the people with high alienation scores as 'lone
wolves' with grievances, distrustful of their fellowmen,
apprehensive and gloomy in their anticipations of the future.
They differ from individuals low in alienation in that they are
characterised by an apprehensive outlook most of the time.
Davids found that the trait alienation was a consistent
quality of many individuals he tested and that their
perception of the situation in a great many settings
was consistent with the interpretation of the environment as
hostile and dangerous and of themselves as helpless to
significantly alter their fate.

Fromm (1955) in the book 'Sane-Society' says much the
same thing when he explains that "by alienation is meant a mode
of experience in which the person experiences himself as an
alien." This he regards it as the psychological consequence
of the orientation of modern capitalism.
Fromm (1955) came to the conclusion that by alienation is meant a mode of experience in which the person feels himself to be an alien. He has become estranged from himself. He does not experience himself as the centre of his world, as the creator of his own acts, but his acts and their consequences have become his masters whom he obeys or whom he may even worship. The alienated person is out of touch with himself as he is out of touch with any other person. He, like the others, is experienced as things are experienced; with the senses and with common sense, but at the same time without being related to himself and to the world outside productively. Alienation as one finds it in the modern society is almost total; it pervades the relationship of man to his work, to the things he consumes, to the state, to his fellow-man, to himself. Man has created a world of man made things as it never existed before. He has constructed a complicated social machine to administer the technical machine he built. Yet this whole creation of his stands over and above him. He does not feel himself as a creator and centre. The more powerful and gigantic the forces are which he unleashes, the more powerless he feels himself as a human being. He confronts himself with his own forces embodied in things he created, alienated from himself.

Seeman (1959) tried to codify the meanings of alienation right from Marx down to David Riessman. As a result he comes out with five meanings of alienation:
1. **Powerlessness**: An individual's belief that he is incapable of influencing his social and political world under present social and political grounds. In other words, this variant of alienation can be conceived as the expectancy or probability held by the individual that his own behaviour cannot determine the occurrence of the outcomes, or reinforcements, he seeks.

2. **Meaninglessness**: This second type of alienation, refers to the individual's sense of understanding the events in which he is engaged. One may speak of high alienation, in the meaninglessness usage, when the individual is unclear as to what he ought to believe—when the individual's minimal standards for clarity in decision-making are not met. One might operationalize this aspect of alienation by focussing upon the fact that it is characterised by a low expectancy that satisfactory predictions about future outcomes of behaviour can be made.

3. **Normlessness**: A breakdown in regulatory power of social norms over individual behaviour, and the expectations that certain goals can only be achieved through socially unapproved behaviour.

4. **Isolation**: The individual's feeling of apartness from society which he expresses by disputing the high values it attaches to its belief systems.

5. **Self-Estrangement**: The heavy dependence of an individual
behaviour on external rewards and expectations rather than on intrinsic meaninglessness.

A paper by Browning et al. (1961) takes its point of departure from Melvin Seaman's article, on the meaning of alienation. The authors resolve the problems and uncertainties posed by Seaman's ad hoc categories only by conceiving of alienation as a process. They propose that the concept of alienation be regarded as consisting of three stages of development which they call (1) the "predisposing state", (2) the "State of cultural dissatisfaction", (3) the "State of social isolation". The authors suggest that such a reformulation of the categories of alienation as stages of a process renders the concept amenable to sharper empirical use, which is also Seaman's end.

The critiques of Seaman's research on reformatory inmates are given. Coleman (1965) in his critique suggests that the results imply one's own sensitivity to environmental cues is based on the perception of what effect one can have on the environment. The results have relevance to the case of the Negro's difficulty in accommodating to urban life since their early history was in a feudalistic type of social structure in which the Negro's total relationship to society was mediated through the paternalistic farm owner. This relationship contributed to the total lack of authority over his destiny and to a corresponding lack of responsibility for his daily affairs. In the second critique, J.C. and A.C.
Nourishons maintain that Harms referred to Marx's use of alienation is narrow and distorts the meaning. His use of the Internal versus External control scale as a measure of powerlessness in alienation is mistaken, since it is used to measure a number of dimensions with a high degree of independence. Seeman replies that the complexities of the Karlism version of alienation are not sacrificed in the usage proposed. He argues that generality of the concept of powerlessness was an empirical matter; he did not start by postulating generality—the data suggested it. There is a need to find out a great deal more about the conditions and the limits of generality; it is an open, empirical matter.

Pearlin Leonard (1962) defined alienation "as subjectively experienced powerlessness to control one's own work activities". Scott Harlin (1964) concluded that as a key concept in social sciences, alienation refers to various mental states, often identified by such terms as "powerlessness", "meaninglessness", and "anomie". In a social psychological framework, alienation is viewed as the quality of personal experience which is the product of specific social conditions (Simmel, 1957).

Keniston Kenneth (1967, 1968) studied college students intensively and concluded that alienation seems to beset youth most heavily. In other words, he suggested that the "uncommitted" or alienated youth as compared to the other "committed" or dedicated to social reform have poor
relationships with their parents and reject parental values. They are truly alienated from the society, ruthless, and convinced that the world is unreliable and unresponsive. They believe that the normal social roles people play have no salience or holding power for them. They have been referred to as "disillusioned, despairing, without social identity (Adler, 1963, 1970).

Blauner (1963) viewed alienation as a quality of personal experience which results from specific kinds of social arrangements.

Three fundamental categories of the concept of alienation, from the point of view of a modern philosophy of science as examined by Harwit (1966) are:

1. The psychological meanings;
2. the sociological tradition as derived from Marx;
3. alienation as part of the general cultural milieu and of a mass cultural approach. Two distinct modalities of analysis are given, one formal and the other descriptive. The various meanings and levels at which the term "Alienation" can be employed must first be thoroughly understood in order for social scientists to be able to explore alienation as a central variable in discussing other features of social structure and process. The field of philosophy could help to clarify this and could show how various usages of alienation are either synonymous,
overlap in or entirely different from one another. The field might develop some kind of logical or periodic table of alienation.

A theoretical discussion of alienation was presented by Merton (1957). He described alienation as, "the unresponsiveness of the world to the actor, which subjects him to forces he neither comprehends nor guises. Alienation is not only a feeling of resentment and dissatisfaction but also an expression of the objective conditions which subject a person to forces beyond his understanding and control". Alienation has structural bases and psychic consequences. As these aspects of alienation are often confused, the society is referred to as alienating and its members as being alienated. The roots of alienation are not in interpersonal relations and intrapsychic processes but in the societal and political structure. An alienated man may be passive or active in his orientation towards his condition. A passively alienated man is subject to societal forces and acquiesces to his state, whereas an actively alienated man is similarly subject to such forces, but he is committed to a fundamentally different society and works to realize it. He is much more likely to be conscious of his condition and to strive to transform it.

King, Pearl (1963) discussed the concept of alienation from a historical perspective which includes the contributions of existentialists and the relation of concepts of self,
ego, and identity to the meaning of alienation. Alienation is first considered as a split in self (e.g., true self with which one identifies and a false self from which one operates) and then as a process which alienates the self from others.

A more fruitful approach to the problem of alienation may be to relate the person's dissatisfaction to the specific social conditions that produced it and then to follow its consequences over time.

Carson (1965) hypothesized that there are four contributory conditions of alienation in mass society - the techno-industrial revolution, the bureaucratic reorganization, consumption patterns and leisure life, and disenchantment and the Freudian ethic. Individuals do seek to reduce the stress and strain of mass alienation by seeking social structure: a series of patterned social relationships. However, since change itself has been institutionalized, a semi-alienation has become an established expectation in the mass society.

Maurice (1966) studied certain structural features underlying role-taking and concluded that alienation is found to be a threat to role-action, a paralysis of the volitional force which binds the elements of role-action together. When the order of elements comprising the structure of role-action is immobilized, there results a deformation
of society which can properly be called "alienation".

Scott (1964) concluded that recent advances in sociological theory have made it possible to indicate systematically the social conditions linked to these states. It is held that all socially meaningful behaviour consists of four components: values, norms, roles, and facilities. The various dimensions of alienation are accounted for by the individual's lack of commitment to values, lack of conformity to norms, lack of responsibility to roles, and lack of control of facilities.

Consequences of Reactions to Alienation:

Especially in modern times, the conditions of living have produced alienation for a large number of people. A more fruitful approach to the problem of alienation may be to relate the person's dissatisfaction to the specific social conditions that produced it as discussed before, and then to follow its consequences over time.

Ernest (1965) concluded that the feeling of alienation tends to arise to positional shifts from the province to the metropolis, from the familiar milieu to the anonymous crowd, from a fixed condition to a condition of mobility and an expanded freedom of choices. The reaction to alienation can take four directions:
1) Fatalism - a state of passive acceptance to the inevitable;

2) withdrawal in protest, often linked with the quest for compensations, such as the romantic escape into the idealized past or withdrawal into the realm of subjectivity;

3) the revolutionary impulse to conquer and reshape the social order, and

4) involvement in change - the attempt to manage an emerging new condition and to develop the tools for its control.

Gwynn (1957) on the basis of his research work on alienation suggested that alienation is related to creativity; mental-emotional disorder, altruism; that the alienated suffer a proclivity to suicide; that they are prone to the chemical additions; that they are poor marriage risks; that their estrangement leads to criminal behaviour.

Gwynn (1966) studied the alienation syndrome, its psycho-social correlates and behavioural consequences. He, thus, defined alienation, "as a general or core syndrome consisting of feelings of pessimism, cynicism, distrust, apathy, and emotional distance". The study reveals a highly consistent pattern with respect to the alienation syndrome. This syndrome includes: (1) a devaluation of
peers, (3) a generalised distrust of others (4) a rejection of socially approved rules of interpersonal conduct, (5) social-introversion; (6) psychic or somatic complaints, (7) depression and (7) "yes saying", with its various psychodynamic, implications of conflict and poor impulse control. Since these characteristics presumably tap underlying dimensions of personality, it was concluded that the major origins of alienation are psychological rather than sociological. This conclusion receives further support from the finding that highly alienated subjects are significantly more often first born or only children.

Thus, it may be clear from the above mentioned definitions and studies that the different meanings of alienation as used in the literature include powerlessness, meanlessness, normlessness, isolation and self-estrangement. Such terms express dissatisfaction with or breaking off from the prevailing state of things, as a result of imbalance, inequity, or undue burdens placed on the individual by social arrangements and dysfunctional, obsolete norms or practices. Since the concepts are always abstract while conducting any study, it is necessary to define them operationally and find out the empirical indices involved. Alienation when operationally defined means a feeling of powerlessness in the modern society. For this purpose Feurlin's Scale was used for measuring powerlessness. This was used to see whether allergic
patients suffer more feelings of alienation as compared to the other two control groups i.e., (i) Normal healthy individuals and (ii) patients suffering from non-allergic respiratory disorder.

CONCEPT OF ANOMIE:

A more fruitful approach to the problem of alienation may be to relate the persons dissatisfaction to the specific social conditions that produced it and then to follow its consequences over time. Having dislodged himself psychologically from erstwhile ties with his actual membership group and allegiance to its role system and norms, the alienated person then lacks stable anchors and guises to action. It was concluded that this is a condition conducive to being "up in the air", restless and confused. It is conducive to wide fluctuations in behaviour, some of which may deviate from the bounds of an acceptable behaviour. This is the state of "normlessness" referred to above. If a sufficient number of individuals are in the same predicament, there is a state of anomie as described so forcefully by the sociologist-Durkheim (1951) and as further analysed by Merton (1956). In other words the state of normlessness is a product of alienation and follows it in the sequence of time.

The meaning of "anomie", like that of so many other sociological concepts, has undergone so many changes at hands of different authors.
This begins with Durkheim's efforts to account for "pathological" form and consequences of the division of labour—notably for the frequent tendency of an increasing division of labour to be accompanied by imperfect coordination of the parts, the decline of social solidarity, and conflicts among the social classes. These conditions occurred according to Durkheim, when those who performed, the various specialized functions in the division of labour in sufficiently intimate and continuous interaction with one another to permit the gradual development of a system of common rules and understanding. In the absence of such rules, unpredictability and uncertainty were magnified, the actions of people in one sector of the division of labour could not be attuned to the actions and expectations of people in other sectors. People worked at cross purposes and the results were confusion, inefficient performance of essential social functions, and tendencies to social disintegration. In brief, the body of common rules which is the principal mechanism for the regulations of the relationships among the elements of social system had broken down. Durkheim called this condition as "anomie", "normlessness" and "deregulation" it came closest to capturing the spirit of Durkheim's usage.

Thus, Durkheim views anomie as a reflection of the disorganized state of society. For him it is an objective condition and hence a social fact. Anomie for him is a state of normlessness i.e., a state of declassification or
derEqualization in society. Society, as ordinated to Durkheim is that "moral power", exterior to the individual which exercises control over him. It rationalizes and restrains the individual's unbridled desires which he is unable to do himself by nature, and consequently saves him from being perfectly tormented as a victim of this "unsatisfiable and bottom abyss", by setting a limit to the goals to be desired for, which falls within the range of individual's achievement. Consequently, the individual feels secure. It is because "the economic ideal assigned to each class of citizens is itself confined to certain limits, within which the desires have free range".

Unlike Marx, Durkheim asserts that man is governed not by material environment brutally imposed upon him but a conscience superior to his own, the superiority of which he feels.

"Thus of course is the society, an abrupt change or economic upheaval would profoundly upset the balance maintained by society so far. Whether it is "declassification" due to economic, depression or "derEqualization" due to sudden prosperity, the fact remains that people are thrown out of balance with relative succedness which leads to states of anomie, because society cannot adjust them instantaneously to this new life, and all disadvantages of moral life are lost".
Lurkheim of course took the personality of the individual as the intervening variable between the state of normlessness and suicide rate which he was studying. This means that the state of anomie could affect different people differently. Moreover, anomie is characterised by "weariness", "disillusionment, disturbance, irritation and discontent," "anger and invitated disgust with life".

But anomie is a state of society for Lurkheim and not a state of mind as it was for Holzer (1950, 67). For Holzer, Anomie was a state of mind in which the individual's sense of social cohesion—the mainspring of his morale— is broken or fatally weakened." It is a purely psychological state and is reflected in a feeling of rootlessness.

Parsons (1954) too talks of anomie in the Lurkheimian sense, though he was primarily concerned with the Consensus interaction model, in the sense when on the level of individual action there is a lack of congruence between the existing norms and individual motivation.

Merton (1955) has the same view point of anomie as the breakdown of the normative orders. But he believes that it needs to be the same for all individuals and can be structurally differentiated.

According to him "anomie varies in degree and perhaps in kind".

For the present study: on the basis of brief review it appears that alienation or anomie is viewed from two
points of view; the objective and the subjective. For the present investigation, two meanings have been selected i.e., powerlessness for the individual and the normlessness for the society. Hence out of the five meanings only two are picked up, as apart from being sociologically relevant, represent Marxist and the Durkheimian traditions. The other three meanings represent states of mind of individual and hence have been eliminated from this study. Thus operationally defining, perception of normie in sense of normlessness in society has been user. For this purpose, Srole's 15 point scale was used for measuring the perception of normie in society.

OBJECT OF STUDY:

The scientific study of adjustment is concerned with those human responses—mental as well as behavioral—by which people attempt to cope with different situations and problems of everyday life, the conflicts and frustrations that arise with the stresses and strains that we encounter as we go about our daily tasks.

An individual's adjustment is adequate, wholesome, or beneficial to the extent that he has established a harmonious relationship between himself and the conditions, situations, and persons who comprise his physical and social environment. Among the criteria that encompass the important components of adjustment behavior are the possession of (1) a wholesome outlook on life, (2) a realistic perception of life, (3) emotional and social maturity, and (4) a good
balance between the inner and outer forces that activate human behavior (Crow, 1967). The important factor in the study of human adjustment is that it is not the kind of behavior that determines whether we are dealing with adjustment processes, but the way in which behavior is used. Whether internal demands or environmental stresses are met by prayer, delinquency, neurotic symptoms, psychotic episodes, laughter, joy, or hostility, the concept of adjustment is applicable as long as the response serves to reduce or to mitigate the demands made on a person. When such responses are inefficient, detrimental to personal well-being or pathological, they are designated as maladaptive.

Historically, the meaning of the term "adjustment" has gone through many changes and thus it appears in diverse uses. According to Gates (1950), "adjustment is a continuous process by which a person varies his behavior to produce a more harmonious relationship between himself and his environment". Thus adjustment shows the extent to which an individual's personality functions efficiently in a world of other people.

Lehner & Kate (1955) and Coleman (1956) opine that it is a continuous process of interaction between ourselves and our environment and it is the effectiveness of an individual's efforts to meet his needs.

Lazarus (1960) states that, "adjustment consists of the psychological processes by means of which the individual manages or copes with various demands or pressures."
Adjustment was at first likened to adaptation, because of the strong influence of evolutionary thinking on psychology. In fact the concept of adaptation was originally a biological one, mentioned in Darwin's theory of evolution (1859). There it referred to the biological structures and processes that facilitated the survival of the species. While there are similarities between the two ideas, the complex process of adjustment cannot be fitted into the simpler concept of biological adaptation. Human personality and environment are too complex to be explained in terms of adaptation (Fahn, 1962). Biologists and psychologists are still concerned with adaptation, and many human illnesses are thought to be the result of physiological processes of adaptation to the stress of life (Selye, 1956).

The biological concept of adaptation has been borrowed by the psychologists and remained as "adjustment". Adjustment and adaptation together represent a functional perspective for viewing and understanding human and animal behaviour. That is, behaviour is seen as having the function of dealing with or mastering demands that are made upon the individual by his environment. In short, human and animal behaviour can be understood by conceiving it as an adaptation to various kinds of physical demands, or an adjustment to psychological demands.

Erich Fromm, in his provocative book, Escape from Freedom (1941) offers an interesting and useful concept of adaptation that comes close to the idea of adjustment.
Fromm distinguishes what he calls static from dynamic adaptation. He uses the term static adaptation to refer to relatively simple change in habit, and dynamic adaptation to refer to a situation where a person accepts things even when they are painful. Fromm interprets neurosis as an example of dynamic adaptation. Interpreted in this way, as a dynamic response, adaptation is equivalent to adjustment.

Some people believe that to adjust means to conform. They believe that adjustment required conformity to some norm so that the concept becomes bound up with the problem of normality. But conformity is only one kind of adjustment, one kind of interaction; and the quality of adjustment it produces depends on circumstances. However, it is not justifiable to equate conformity with adjustment, as adjustment also involves adapting to internal needs and demands. Similarly, the notion of adjustment as self maintenance or survival is applicable to physical well being but not to adjustment in psychological sense.

From the strictly psychological point of view, adjustment covers need gratification, skill in dealing with frustration, conflicts and peace of mind. It means learning how to get along successfully with other people and how to meet the demands of the job. Tyson (1951) lists adaptability, capacity for affection, balanced life, ability to profit from experience, frustration tolerance, humour, moderation, objectivity, and many others as part of adjustment.
The psychologist is more concerned with what might fancifully be called "psychological-survival" or adjustment, rather than physiological survival or adaptation. It is simply an organism's individual or peculiar way of reacting to inner demands or external situations. In some instances this reaction is efficient, wholesome, or satisfying and in others it is disabling, ineffective or even pathological.

According to Schneider (1965), "Since adjustment in itself is neither good nor bad, it can be defined most simply as a process, involving both mental and behavioural responses, by which an individual strives to cope with inner needs, tensions, frustrations, and conflicts and to bring harmony between these inner demands and those imposed upon him by the world in which he lives. Taken in this sense, the majority of responses fit into the concept of adjustment".

Adjustment and Individuality: In defining adjustment, it has been pointed out, that one cannot ignore individual differences. Moreover, group standards vary considerably from one culture to another, as the data of cultural anthropology show very clearly.

Adjustment as Mastery: Good adjustment seems to imply some degree of mastery, which suggests the ability to plan and to organize personal responses in such a way that conflicts, difficulties, and frustrations tend to disappear in the wake of efficient or mastermind conduct. It includes mastery of self, and mastery of the environment.
Concept of "Good" Adjustment: According to Schneiders (1965), "The well-adjusted person can, within the limitations of his own personality, react effectively to different situations and resolve conflicts, frustrations, and problems without the use of symptomatic behaviour. He is, therefore, relatively free of such disabling symptoms as chronic anxiety, scruples, obsessions, indecision, or psychosomatic disturbances. He creates a world of interpersonal relations and satisfactions that contribute to the continuous growth of personality."

**Criteria of Adjustment**

Criteria of adjustment may be defined as the standards, norms or yardsticks used to determine the quality as well as the degree of personal or social adjustment for any individual (Jahoda, 1958).

There are many criteria and these may be found in a number of different sources (Tyson, 1951; Bernard, 1951; Symonds, 1949; Thorne, 1953; Crow, 1967). Among the criteria that encompass the important components of adjusted behaviour are the possession of (1) a wholesome outlook on life, (2) a realistic perception of life, (3) emotional and social maturity, and (4) a good balance between the inner and outer forces that activate human behaviour. But Schneiders (1965) has tried to organize them in the following three categories:

(1) Criteria affecting Self: Includes insight and self-knowledge. It means that we must know our own capabilities and limitations if we are to deal effectively with adjustment problems. It was found that those who had poor insight into their own level of
adjustment were more likely to be maladjusted than those who possessed good insight (Calvin & Holtzman, 1953). A note of caution: self knowledge does not mean morbid introspection. The chronically introspective person is no more adjusted than the one who is totally lacking in self-knowledge. Self-knowledge can lead to objectivity and eventually to self-acceptance, two additional qualities by which adjustment can be evaluated.

Objectivity is an important step to self-acceptance, a quality of adjustment that is regarded as essential for personal growth (Taylor & Combs, 1952; Sheerer, 1949; Zimmer, 1954). Self-acceptance is the opposite of self-alienation and the degrading of one's self. It does not mean condonement of one's weaknesses which would actually hinder adjustment, but it does mean that feelings of worthlessness, failure, or despair are contrary to personal adjustment. To accept one's self is really the first step towards self improvement.

A third criterion of good adjustment is self control, by which we mean the personal regulation of impulses, thoughts, habits, emotions and behaviour in terms of self-imposed principles or of requirements imposed by society.

Self-control is basis to personal integration, which is one of the most significant-qualities of the well-adjusted person and one of the best yardsticks for determining adjustment level. In the development of control and integration, the formation of worthwhile habits is an important feature.

(2) Criteria affecting others: Some of the criteria by which one can evaluate adjustment, bear directly on man's relationship
to other people, one of the foremost traits is sense of responsibility. Responsibility is an essential part of maturity and is also essential to adjustment. Maturity implies adequate development of basic structures, capacities, and needs, acceptance of responsibility, and growth of personality towards a well-ordered, balanced, and satisfying adult life.

(3) Criteria for personal growth: Many of the qualities of good adjustment have specific implications for personal growth. This idea is embodied in the criterion of self-development which means the continuous growth of personality towards the goals of maturity and personal achievement.

As a final criterion by which to evaluate adjustment is also to consider attitudes toward reality. Good adjustment requires a sound, realistic attitude that enables a person to accept reality as it is rather than in terms of what his wishes, beliefs or feelings determine it to be. This applies to temporal as well as to spatial aspects of reality.

To the extent that these criteria are fulfilled, the end result is likely to be a healthy and well-adjusted personality free of the disabling responses and symptoms that characterize the inadequate, maladjusted, or neurotic personality. The presence of these negative signs is also a criterion for evaluating adjustment level. Maladjustment has a way of expressing itself noticeably in overt responses as well as in mental symptoms and, therefore, the absence of such responses can be used as an index of adequate adjustment. This criterion is not absolute.
but it is a good rule of thumb for the quick evaluation of adjustment level. Lazarus (1966) too has given classes of criteria for evaluating the adequacy of adjustment. They are: (1) how a person feels comfortable psychologically, (2) the effectiveness of his functioning in terms of skilled or intellectual performance, (3) the presence or absence of physiological symptoms of tension, and (4) the degree to which his behaviour is socially desirable or undesirable.

Lazarus (1966) further found that adjustment can be distinguished as a human achievement that can be evaluated as a process. The former is the practical way of looking at the problem. There are three ways of evaluating the adequacy of adjustment, the negative approach involving symptoms, the positive approach involving the values of striving and competence, and the normative or statistical approach in which people are compared in their adjustment with some standard or norm for the population. Standards of adjustment may also be intra-individual or intra-individual.

Criteria of Maladjustment

The presence of a characteristic high degree of psychological discomfort in an individual over a long time is one obvious criterion. Although psychological discomfort is usually taken as a sign of inadequate adjustment, psychological comfort is not necessarily a sign of successful adjustment.

Cognitive inefficiency is another criterion of maladjustment. The inability of the person to think clearly without distortion
of reality or to exercise social and occupational skills as he once did may signify a state of stress and its consequent disturbance of adjustment.

Difficulties in the process of adjustment may be reflected in disturbances of body functioning and in damage to body tissues — a third criterion of adjustment inadequacy. Typical psychosomatic symptoms are impairment of appetite, high blood pressure, migraine headache, persistent diarrhea, gastrointestinal pains and ulcers of the stomach.

A fourth major criterion of adjustment failure is deviation in behaviour from social norms. Extreme deviations, of course, can lead to a person's hospitalization, because such behaviour often seriously violates social propriety or leads others to fear for their own or disturbed person's safety. The criterion of behaviour deviation is largely based on the social mores of the people with whom the maladjusted person comes in contact. If a person who is having emotional difficulties develops symptoms that happen to be socially acceptable or desirable, or manages to exhibit behaviour that is in close conformity to the social norms, he will rarely be considered maladjusted. Chiefly, then any behaviour deviations that are difficult to understand and seem threatening in some may become the basis for the designation of maladjustment.

Parallel with the biological concept of adaptation, in psychology, behaviour is interpreted as adjustment to demands or
pressures. Thus adjustment consists of the psychological processes including formation and establishment of reactions of individuals to various demands and pressures. Neither the individual nor the world in which he lives are static. Both change and are modifiable whether the world be physical, social, or psychological, it is the process of adjustment through which human beings adapt themselves to the fast changing environment.

In psychological analysis, there are two kinds of demands i.e., external and internal demands. The external demands have their source of origin outside the individual. It is primarily social or interpersonal, and results from having to live interdependently with other persons. Thus the most important external demands that challenge a man's adjusting capacities arise from his social environment, from living in society interdependently with other persons. These expectations exert powerful influence upon the individual. These social pressures influence the individual and the kind of adjustments, that are made to them. The internal demands have their origin in tissue activity within the individual and are often called physiological needs. Thus these demands are primarily internal, arising in part from the biological make up of man which requires certain physical conditions and in part from his having learned from his personal history to desire certain kinds of social conditions. The internal, biologically based demands often are in conflict with external social demands, or with the desires that have been learned or internalized from social experience. To live successfully requires coming to
terms with external pressures as well as satisfying internal ones.

Adjustment is considered as a one way process in which the person rather than environment must do the adjusting in order to ensure harmony. On the other hand some consider it as a two way process as White (1950) points out that not only does our environment influence us but we also influence our environment. Environment, in fact is composed of people, each of whom is engaged in his own adjustment process.

There are two points of view concerning the process of human adjustment. According to one point of view, an individual is personally responsible for his attitudes and behaviour in all areas of his life relationships. Emphasis is placed on the individual's ability to chart his course of action; he is "master of his fate". Proponents of the other school of thought claim that an individual's beliefs, attitudes, and general pattern of adjustment at any one time are determined to a great extent by the effects on his developing personality of his previous experiences and his present environmental influences. In either, human needs must be aroused and then satisfied.

An individual's degree of successful life, adjustment probably is closely related to past experiences, environmental influences, and personal strengths. An individual possesses the power to select, and to apply to himself the environmental elements and the experiences that may seem to him to be best suited to satisfactory adjustment (Crow, 1974).

As a process, the concern is not with evaluating the
adequacy of adjustment, but in research on the ways and the
degrees to which people adjust. The example of adjustment
on which there has been considerable research is the extent to
which people cope with social pressure by conforming. It
includes the classic experimental studies of Asch (1955) on
conformity to group pressure, as well as some more recent
researchers that deal with the personality of those who conform
readily as a solution to social pressure.

Another research instance of a process of adjustment
concerns impulse control, the ability to inhibit action on the
basis of prior thought about its consequences. Some examples
of the lack of control include clinical cases of assault and
suicide.

It has been confirmed by many investigators in this
field, that adjustment plays a significant role in the
development of the many psychophysiological disorders. There
is no dearth of evidence which points out that the psychophysiological
disorders develop, due to poor adjustment, difficulties
of adjustment to stress. Hence they are otherwise known as
"stress-disorders". These disorders can either be defenses
against anxiety or consequences of chronic stress by some as
a psychosomatic disorder. On the basis of experimental and
clinical studies, few investigators have laid emphasis on the
psychological variables viewed as etiological factors of as
concomitant processes in allergic disorders. Adjustment is
also considered as an important psychological variable (poor or maladjustment) in the development of allergic disorders, as concluded in their study by Smith (1962), Vidal and Rviz (1967), Sharma and Rao (1974).

The topic of adjustment is inextricably intertwined with the topic of personality. Not only does adjustment depend on personality, but at least the biological and social conditions that shape personality, but personality itself consists, in part, of the stable ways individuals adjust in different situations and at different times. Thus, to understand adjustment adequately it is necessary also to take up the subject matter of personality.

Modern research on adjustment is accomplished both by field studies illustrated by observations of concentration-camp behaviour and by experiments, illustrated by research on intestinal ulcer formation in monkeys. Adjustment as a psychological concept is of adaptation. Adjustment as a field of study is of great practical importance because of the high incidence of maladjustment and personal distress which survey data reveal.

The present study was undertaken to find out the adjustment of patients suffering from the respiratory allergy, tuberculosis (non-allergic respiratory disease) and normal sample. The adjustment was found for patients with respiratory allergic disorders (which includes patients suffering from
bronchial asthma and rhinitis, tuberculosis and the normal healthy sample in the specific areas of home, emotional, social, occupational, and health. While selecting the appropriate measure for adjustment criteria and viewpoint, Crow's and Schneider's criteria and viewpoint about adjustment were kept in mind.

CONCEPT OF HOSTILITY:

Hostility, in its varied forms of manifestation, is an important aspect of human behaviour. It may be, to a certain extent, essential for survival, at the same time its outcomes may be devastating and fatal too. With our so-called advances in civilization it has acquired more dubious and disguised forms and hence, the unrelated tensions, generated by the pent-up aggressive tendency, infect the individual and the society as well. The world-wide hostile aggressive behaviour in the form of global or localized wars, communal riots, gang-robbery, arson, murder, strikes, indiscipline provide ample evidence to signify its importance. Nevertheless, such behaviour can both help and hinder the society and, hence, every individual and whole of the human race are in a dilemma as to how to domesticate this fateful motive force.

The term "hostile" is generally used to characterize the attitudinal background of the behaviour. Buss (1961) defines hostility as an attitudinal response that endures: an implicit verbal response involving negative feelings (illwill) and negative evaluations of people and events. The hostile response
is neither instrumental nor autonomic. Rather, it involves
the interpretation and evaluation of stimuli, and the negative
evaluations have no impact on others unless they are verbalized.

According to Izard (1977), anger, disgust, and contempt are
discrete emotions, but they frequently interact in human
experience. Any combination of these three emotions together
constitute the main affected component of hostility. Thus he
defines hostility as, "some combination of the fundamental
emotions of anger, disgust or contempt with some drive states
and affective cognitive structures". Hostility usually, though
perhaps not always, includes imagery of wishful thinking about harm,
embarrassment or defeat of the target of hostility. Hostility
is a complex affective cognitive orientation. It consists
of a variable set of interacting emotions, drives, and affective
cognitive structures. The emotions most prominent in the
pattern of hostility are anger, disgust, and contempt. Hostility
also involves drive states, affect and affect-interactions. Such
imagining and wishing does not necessarily include an intent
actually to harm the object. Hostility has both experiential
and expressive components, but it does not include verbal or
physical activity. Anger, disgust, and contempt influence perceptual
processes and tend to foster cognitive processes consonant with
the underlying affect, and the result is hostility. Since
hostility communicates negative emotion, it can harm or embarrass
the target, but the harm is primarily psychological (Izard, 1977).

Berkowitz (1962) stated that "A habitually hostile person
is someone who has developed a particular attitude towards
large segments of the world about him. He has learned to interpret a wide variety of situations and/or people as threatening or otherwise frustrating to him. Anger is aroused when these interpretations are made and the presence of relevant cues-stimuli associated with the frustrating events-then evokes the aggressive behavior. In many instances the anger seems to become 'short-circuited' with continued repetition of the sequence so that the initial thought responses alone elicit hostile behavior. For Berkowitz, aggressiveness is a learned habit and like any other habit, is readily elicited by relevant cues.

It has been suggested that hostility and aggression are not identical, but rather aggression may have hostile components. Just as anger may be part of an aggressive response in that it adds autonomic and certain postural features to an attacking response, hostility may be part of an aggressive response in that there is strong resentment and negative evaluation of the victim of the attack. The hostility factor was defined by resentment and suspicion. While hostility and aggressiveness may coincide, the hostile person is not necessarily aggressive and the aggressive person is not necessarily hostile. On the other hand many investigators used the two terms synonymously as they opine that it is very difficult to draw a line between them. Within the theoretical framework of differential emotions theory, aggression is defined as hostile action or hostile behavior.
aggression is a physical act which may or may not be instigated and maintained in part by one or more of the emotions in the hostility pattern. The term "psychical act" includes speech as well as all other physical actions. The harm may be psychological or physical. Thus, the hurt caused by aggression may be from genuine pain, negative emotions, or both. In general, aggression follows from hostility and the imagery and ideas it produces. However, aggressive action can influence the ongoing hostility. Thus hostility is considered as the complex motivational condition, and aggression the subsequent behaviour. As pointed out earlier, hostility is not usually verbalized openly as part of an aggressive response. If the hostile response is verbalized as part of an aggressive response it is easy to identify the presence of hostility and gauge its intensity. But if the negative labels are made implicitly, hostility must be inferred from other aggressive behaviour. Hostility may be inferred when the attack is reinforced more by injury than by attaining an extrinsic reinforcer, i.e., whenever the aggression has connotations of vengeance.

Saul (1960) in his book "Emotional Maturity" asserts that hostility occupies a position in dynamic psychology analogous to that of heat in physics. In the psychodynamics of the mental and emotional life, there is probably no impairment, frustration, conflict, anxiety or friction of any kind which does not result in hostility as a reaction and the hostility seeks to express itself in some way.
Hostility is probably the psychological correlate and perception of the body's automatic physiological response to any irritation or threat. Hence, in general, exaggerated hostility can be taken as a sign of irritation, external or internal, a normal response to an environmental threat or an exaggerated reaction caused by the experiences of childhood. He further feels that aggressive acts are caused not only by frustrating situations but often these are committed out of sheer pleasure. As Saul puts it - "For unrest, cruelty and aggression are by no means always reactive to current external hardships. They are even frankly extolled as pleasure and virtue, as by some primitive tribes. Often the hardships are merely utilised as excuses to justify aggression to which the members of the group are impelled by immature impulses. Hence, alleviating external pleasures and exerting moral, educational or physical forces are only palliating and must be quite ineffectual unless the population is sufficiently mature to respond to them."

Classification of Hostility:

Thorne (1953) specified three types of aggressive reactions. The first is a simple anger reaction, a direct response to thwarting that is analogous to the fear response to danger; it is acute and tends to subside when the irritation is removed. The second is the psychoneurotic reaction, which is more intense, enduring, and related to unconscious motivation.
The third represents the most extreme psychopathology, the paranoid reaction; hostility is projected to others, enabling the patient to justify his own hatred. Saul's classification (1956) is more comprehensive. He divided hostility and aggressiveness into three types; normal (social) private and a social. Private hostility includes three kinds of deviant personalities; neurotic character, classical neurotic, and psychosomatic patient. The neurotic character may provoke punishment from others in order to assuage his own guilt but he does not develop neurotic symptoms. His problems arise from his typical response modes, indirect and underhanded aggression, which are a source of great discomfort to those around him.

The classical neurotic also represses hostility, but the repression leads to neurotic symptoms that vary from simple anxiety (fear of loss of control) to obsessive thoughts of killing. The psychosomatic patient also represses hostility but at the cost of somatic discomfort. Saul's asocial hostility includes criminals, "criminoids", and neurotic criminals.

Thus it is clear that hostility plays an important role in the development of the psychophysiological disorders. The concept of psychophysiological disorders grew out of the awareness that emotions and conflicts find expression through the body. Emotional factors especially handling of hostility and aggression is important in personality development,
in determining health and illness, particularly in psychosomatic conditions.

Buss (1961) concludes that hostility and anger are undoubtedly present in most patients with psychosomatic ills, probably because of the prevalence of resentment not only among those with conflicts but also in the population as a whole. Thus patients with ulcerative colitis, peptic ulcer, migraine headache, and other ailments, have been reported to have conflicts concerning resentment toward others and concerning the expression of their aggressive tendencies. Thus hostility has a high etiologic value in psychosomatic conditions. Failure to use aggression constructively resulting in a state of hopelessness and hopelessness is claimed to predispose development of organic disease through psychosomatic mechanism (Wolff, 1974). Conflicts over hostility (Buss, 1961), strong impulses behind excessive self-control (Alexander, 1950), covert hostility (Kluber, 1960), repressed rage (Buseph, 1963) are the usual dynamics associated with these conditions.

Particularly in psychosomatic conditions, healthy management of hostility is a function of two basic processes—a proper segregation of different kinds of hostile impulses and a provision for a sufficient number of channels for draining off hostility outwardly (Fisher and Hinds, 1951). Saul (1939) and Alexander (1950) from their analytical work consider hostility as a pathologic factor in psychosomatic conditions. Similar opinion has been expressed by Dinkel (1940) in Neurodermatosis, Wolf (1973) and Robins (1972) in various diseases.
In selecting the measurement instrument for the present investigation, the investigator has tried to choose the broadest possible approach with regard to hostility-which for some is synonymous with aggression (Böhler and Bunt, 1968). The investigator has chosen as a suitable measurement instrument Poulé's hostility and Direction of Hostility Questionnaire, which is based on the Freudian theory which may be interpreted in terms of hostile attitude.

The terms aggression and hostility are employed synonymously in this study to note both types of extra-punitive and intrapunitive behaviours. The present study includes the following important components of hostility:

1. Urge to act out hostility.
2. Criticism of others.
3. Projected hostility.
4. Self-criticism.
5. Guilt-feeling

CONCEPT OF ANXIETY

Ever since the time of Pascal and later Kierkegaard, anxiety has been considered an important concept in the thinking of mankind. But gradually, by the twentieth century, this concept was also used in the context of psychological theory. Today in psychological theory, it is very difficult to single out any systematic conception of personality, particularly with regard to its development, which does not give anxiety a great significance. For the recognition of its theoretical and practical significance in psychology we are indebted to...
Frew. He singled out anxiety as the nodal problem in emotional and behavioral disorders. Since then, for quite sometime anxiety was the concern of only the clinicians and a concept of importance only within the framework of psychoanalysis. Today, anxiety is an important construct in theories of behavior ranging from psychoanalysis to learning theories. Studies of anxiety and variables similar to anxiety (e.g., stress) have been analyzed in a wide variety of theoretical framework.

The term anxiety usually refers to observable reactions to stress. It is an unpleasant emotional state marked by worry, apprehension, and tension, which indicates the presence of some danger to the organism or to the values essential for its existence.

Anxiety is defined by Breuer (1953) as a "chronic, complex emotional state with apprehension or dread as its most prominent component, characteristic of various nervous and mental disorders."

According to May (1950), "... anxiety is the apprehension cuesd off by a threat to some value which the individual holds essential to his existence as a personality."

In very general terms it can be defined as a persistent, distressing psychological state arising from an inner conflict. However, the concept is by no means agreed upon nor easy to grasp. Even the psychologists who have delved deeply into the subject of anxiety have not agreed on any single or precise definition. Anxiety is a complex of many emotions as
distinguished from a passive experience of anger, fear or grief.

Psychologists and philosophers have tried to distinguish between anxiety and fear because of the strong kinship between the two. Both are emotional reactions to danger and may be accompanied by physical examinations as mentioned above.

Fear appears to be relatively concrete and stimulus bound state in which a concrete or immediate danger is present. This is referred to as fright. As one goes up the phylogenetic scale from lower animals to human beings, one sees that the situations resulting in fright become more diversified and less immediate, ultimately reaching the point in humans where "fears" become highly symbolic and future oriented rather than immediate. As this shift occurs, some psychologists tend to speak more and more of anxiety rather than fear. In other words, when danger is real, one calls it fear, when it is fancied we call it anxiety.

The key features of anxiety seem to be: (1) It is anticipatory. It refers to something harmful in the future, not necessarily physical harm but psychological harm, as is threat to one's key identity or being; this is in contrast to fright, which is immediate and concrete. (2) It concerns highly symbolic dangers; this, the existential psychologists speak of existential anxiety, which is the dread of non-being, or loss of self. (3) It concerns danger and potential adjustments,
the nature of which is highly ambiguous. The person does not seem to know clearly what the degree, is what will happen, when it will happen, or how it might be dealt with.

Anxiety is more ambiguous in its feeling components than fear or worry, largely because it is blend of many emotions. Both worry and fear have an object. Anxiety is more generalized, having reference to a vague feeling of impending doom. The anxious person feels fearful, on edge, uneasy, irritable, depressed or has other uncomfortable feelings he or she cannot account for.

Freud (1933), Goldstein (1939), Horney (1939), all agree that anxiety is a diffuse apprehension. The central difference between fear and anxiety is that, fear is a reaction to a specific danger, while anxiety is unspecific, vague, and objectless.

Anxiety has also been thought to be the dynamic centre of neurosis, an emotional reaction to danger, and may be accompanied by physical sensations. Skinner (1953) thought that anxiety states account for some more than 60% of all neurotic illnesses. Kelley (1950) extended this view to psychotic behaviour. Even Freud (1959) emphasized its role in neurosis. Since then, the concept of anxiety has occupied an important place in psychological theory and research.

In major psychoanalytic work on anxiety, Freud (1933) referred to anxiety as a kind of signal, a premonition of
impending danger, an indicator that something is not going well in the life of the affected individual. When the ego is forced to acknowledge its weakness, it breaks out into anxiety. He regarded anxiety as an affective state and described it as a feeling of unease. More specifically, an anxiety state was defined by its three attributes. "(1) a specific unpleasurable quality (2) efferent or discharge phenomenon and (3) perception of these." (1940, p. 70).

Anxiety, according to Freud, could be distinguished from other unpleasant affective states such as anger, grief, or sorrow by its unique combination of experiential and physiological qualities. The experiential qualities consisted of feelings of apprehension, tension or dread. The physical and behavioural discharge phenomena associated with anxiety were heart-palpitation, disturbances in respiration, sweating, restlessness, tremors and the like.

Freud postulates objective anxiety, neurotic anxiety, and moral anxiety. He regarded objective anxiety as an intelligible reaction to danger. The danger existing in the environment is consciously perceived and this evokes the reaction of anxiety (objective). In neurotic anxiety, the source of danger is the pressure of Id impulse and this source is not consciously perceived as it has been repressed. In moral anxiety, the demands on ego come from super ego. The super ego arouses guilt over attainment or anticipation of pleasure and this becomes a source of moral anxiety.
Freud's notion that, anxiety is brought about when one and receives these external or internal cues that signal helplessness or inability, is mirrored in Karen Horney's concept of basic anxiety. Horney (1937), in her concept of basic anxiety emphasizes the central significance of the interrelatedness between anxiety and hostility. She has written at length about the relationship of anxiety to neurotic self striving and to sources of insecurity throughout life. She defines basic anxiety as "...an insidiously increasing, all pervading feeling of being lonely and helpless in a hostile world". The concept of basic anxiety, she holds, "...contends that the environment is dreaded as a whole because it is felt to be unreliable, mendacious, unappreciative, unfair, unjust, begrudging, and merciless" (1937, p.75).

The hostility, which has to be repressed, precipitates anxiety (basic) because hostility is a danger when directed against someone on whom the child feels dependent. In order to keep this basic anxiety at a minimum, the spontaneous moves toward, against, and away from others become compulsive. These three attitudes correspond to the elements involved in basic anxiety, i.e., helplessness, hostility, and isolation.

Sullivan (1953) emphasizes in his concept of anxiety on the need for security. The key concepts in Sullivan's theory are euphoria, tension, and dependence. This definition more or less conforms to that of Freud. For Sullivan (1953), anxiety
is an intensely unpleasant state of tension arising from experiencing disapproval in interpersonal relations. In the framework of his interpersonal conceptions, Sullivan emphasizes two broad classes of needs. One of these was the need to satisfy biological wants and the other was related to the individual's sense of security. He employed the term euphoria to describe the state of all well being and comfort. Conceptually, opposite to euphoria is anxiety - a state of discomfort and insecurity. Among the peculiarities of anxiety is mentioned that, it prevents and hinders the satisfaction of somatic needs.

Sullivan further conceives that anxiety is based ultimately upon the waxing and waning of physiological tensions, but he emphasizes that it develops as the inevitable consequences of the child's relationship with his mother or other significant adults. The disapproval by the significant people of one's early life, to which Freud, Horney, and Sullivan refer, is vital enough to account for severe anxieties, because the child is dependent upon these important people for fulfilment of his basic needs.

A comprehensive and all inclusive concept of anxiety has been put forward by Fromm-Reichmann (1960). She asserts that anxiety is connected with anticipated fear of punishment and disapproval, withdrawal of love, disruption of interpersonal relationships and isolation or separation. In this context any situation or behaviour which is likely to bring
punishment on himself is anticipated by the arousal of anxiety.

Nearly all the above mentioned views about anxiety have one basic conception in common; that anxiety is tied up with the inner danger of unacceptable thoughts, feelings, wishes and drives which elicit the expectation of loss of love and approval, or of punishment.

Another group of researchers have attempted to test hypotheses introduced by Spence (1956) and Taylor (1956) which emphasize the motivational rather than the signaling properties of anxiety. The theory of emotionally based drive, advanced by these authors is based on Hull's basic assumption that a learning factor (H) combines multiplicatively with a generalized drive (L) factor to determine excitatory potential (E). Thus E = f (H x D). They further assume that in the conditioning situation, the drive level (D) is a function of a magnitude of a hypothetical emotional response (anxiety), aroused by aversive stimuli. Thus, the Manifest Anxiety Scale (M A S) was devised by these authors as a measure of the emotional responsiveness which, in turn, indicates the level of drive (D).

In recent years, the attempt has been to relate clinically oriented concept of anxiety to learning theory.

Sarason and his colleagues (1960) have combined with the psychoanalytic viewpoint, the vigorously logical and testable
form of learning theory. These investigators derived a series of hypotheses and predictions regarding the unconscious significance and behavioral correlates of anxiety in a specific situation, i.e., evaluative test situation. This specific form of anxiety regarding the test situation is named as test-anxiety. These authors, following Freud, Horney and Sullivan, have been able to trace the determinants of test anxiety in the early childhood experiences of the individual in home and school. They assume that the behavior of every child is continually and explicitly evaluated by parents and their surrogates and by the teacher in school as good or bad. Many times such evaluations by adults elicit hostility, which cannot be satisfactorily expressed. When the attempts to defend against the expression of hostility are unsuccessful, they give rise to the upsetting experience of guilt. The concurrent conscious experience of hostility and guilt makes it likely that the child develops self derogatory feelings, as is the case with the test anxious child, in situations in which judgment is being passed on his adequacy. Thus whatever elicits hostility may become involved in the development of anxiety symptoms, even though it is not a test like situation. Here the hostile thoughts towards the other person becomes associated with the expression of hostility as a dangerous and anxiety arousing experience. Garson et al. (1960) conceive anxiety as a response to situation cues.
(danger signal) which produces a strong stimulus which is denoted by the term drive (EE).

Many investigators have found significant relationship between anxiety and personality. Anxiety as a personality trait would seem to imply a motive or acquired behavioural disposition that predisposes an individual to perceive a wide range of objectively non-dangerous circumstances as threatening and to respond to them with anxiety state reactions disproportionate in intensity to the magnitude of the objective danger. Karen Horney (1939) while emphasizing on the relationship between anxiety and personality, mentions individual predispositions as a cause in producing anxiety. It has been widely recognized that certain individuals experience more fear as compared to others, for the same kind of threat (James & Feshbach, 1954). Chronic anxiety has been identified as a personality disposition for such individual differences in fear arousal.

Goldstein's (1939) conception of anxiety as bringing the subjective experience of a danger to existence in the face of failure implies anxiety regarding loss of love and recognition by those who recognize the anxious person's failure. In his view, anxiety is the signal that catastrophe is imminent and catastrophe is the state in which all integrated behaviour collapses and only anxiety remains. Horney (1939) notes that, according to Goldstein, what is mentioned by a danger provoking anxiety is something belonging to the essence or core of the personality. As there is wide variation in what different
individuals feel to be their vital values, there is also variation in what they feel as a vital menace.

Same viewpoint has been expressed by May (1950) when he writes, "The nature of anxiety can be understood when we ask what is threatened in the experience which produces anxiety. The threat is to something in the core or essence of the personality. Anxiety is the apprehension cued off by a threat to some value which the individual holds essential to his existence as a personality". He further holds that situations which evoke anxiety would vary from one person to another, depending on the values on which he depends. Anxiety is also considered as one of the most important stress emotions and is a product of disturbed or stressful relationship with the environment and is therefore, particularly important in maladjustment and illness. The concept of anxiety has long played a key role in theories of adjustment and maladjustment. No state of mind has been more widely held to be at the root of human misery and adjustment failure than anxiety.

A study by Parkash and Siddique (1976) showed that high anxiety leads a person to maladjustment. Obviously, both the syndromes of personality i.e., rigidity and anxiety in their optimal level, induce a similar pattern of behaviour which is detrimental to one's adjustment.

Low anxiety is portrayed as normal, perhaps helpful, for it leads the individual to take sensible precautions against danger and encourages acceptable standards of behaviour.
However, it is hard to decide where normal anxiety leaves off and pathological symptoms begin. Ordinarily when inner anxiety becomes all pervasive and prevents the adaptive functioning of personality, it is of pathological dimensions.

It has long been recognized that high levels of anxiety and/or the reactions of the person to such levels, is intimately involved in the development and nature of many behavioural disturbances. Though theorists differ strongly as to precisely how this inter-relationship is mediated, yet it exists, and all the theories of the functional psychopathologies attribute an important role to anxiety.

The importance of anxiety as a powerful influence on the behaviour of contemporary man is an issue inspiring both rhetoric and investigation among scholars from disciplines as diverse as theology and psychology. As Spielberger (1966) has pointed out, anxiety is a central explanatory concept in almost all contemporary theories of personality, and is regarded as a principal causative agent for a number of behaviours both adaptive and maladaptive. Individuals may demonstrate anxiety in various ways and very often even resulting in physical symptoms, leading to psychosomatic disorders.

It is generally assumed that prolonged psychological stress is the primary cause of psychophysiological disorders, but it may not be the only variable. Psychophysiological
reactions can be differentiated from anxiety reactions in that the former usually affects only a single organ system in contrast to the more pervasive involvement of anxiety reactions. The somatic symptoms of anxiety may involve any one or all of the bodily systems.

Psychosomatic disorders have also been considered by many investigators to arise from certain maladaptive behaviour patterns because of anxiety. Anxiety is regarded as a principal factor contributing to physical symptoms in psychosomatic disorders (Cameron, 1965).

According to Shorr (1965) "... the general idea of the psychosomatic patient as an over-socialised individual who to a great extent denies conflict and channelizes anxiety into somatic symptoms". Miller (1965) has shown that cardiac patients have significantly more anxiety than a matched control group. Shorr and Hao (1974) have shown that psyc ulcer patients have considerable amount of anxiety. Weizser's (1973) discusses the physiological effects of anxiety in cardiovascular diseases. He found similar results as reported above.

An anxiety state is transitory. It is evoked when the individual perceives a stimulus as potentially harmful to him; otherwise the level of state anxiety is low. It is an emotional reaction to a situation and will vary from one situation to another. Trait anxiety is a personality
characteristic, and refers to stable personality differences in anxiety proneness. It is not manifested directly in behaviour, rather it is inferred from the frequency and intensity of the individual's anxiety states. It reflects the noticeable differences among the frequencies and intensities of people's emotional reactions to stress. People high on trait anxiety are not affected by the situation. They simply continue to respond in an anxious way, even in situations which evoke little or no anxiety among people low on trait anxiety.

It has been observed that there is a difference in the level of trait anxiety between psychosomatics, normals, and anxiety patients. This may be due to anxiety expressing itself in somatic symptoms in psychosomatics (Kidson, 1973; Rosenthal et al., 1973 and Meltzer, 1973).

From the above mentioned studies, it is quite clear that anxiety plays a very important role (very often causative) in the development of psychosomatic disorders. However, it must be pointed out that these studies have used anxiety as a single concept, though this concept has been classified into trait anxiety (personality factor) and state anxiety (situational factor). Few important studies have supported the distinction between these two types i.e., the factor analytic studies of Cattell and Scheier (1958, 1961) and the study of Spielberger (1972).
Spielberger and his associates have made a distinction between state anxiety and trait anxiety. These investigators support this view of anxiety manifesting in somatic symptoms.

Few other important studies indicate that in different individuals anxiety expresses itself in different bodily organs, like heart and intestines (Lacey and Lacey, 1958). This implies that persons having high somatic defense may be more prone to protect themselves from anxiety by their 'Soma', whereas persons having high psychic defense by 'Psyche'. That is psychic defense may be preferred by psychoneurotics and somatic defense by psychosomatics.

The above mentioned viewpoint can be supported by referring to Karen Horney's work (1939) which emphasizes on the fact that individual predisposition as a cause may be responsible in producing anxiety. This fact has also been pointed out by Spielberger (1972) as has already been mentioned earlier. Few authors have reached the conclusion that an individual with a very high score on anxiety scale is considered a hyper-anxious person. Such a high state of anxiety has a disruptive influence on his performance, and the individual concerned may be in need of counselling or psychotherapy (Sinha, 1968).

It has also been emphasized by some authors that personality and stress factors have a greater role to play in the etiology of allergic disorder which are also considered as one of the psychosomatic disorders these days. Aruoff et al.
(1973) found that in some patients though it was difficult to trace emotional precursors but on clinical examination nearly every patient experiencing dyspnea and air hunger can be found to have a marked anxiety component contributing to the respiratory distress.

The brief review of literature regarding the concept of anxiety shows that, anxiety is a broad complex phenomenon. Different experimental investigators have tackled its various aspects. Though there is no single concept of anxiety yet it has been generally agreed upon that it is an extended unpleasant interference with thinking process and concentration, a diffuse, a vague and frequently objectless feeling of apprehension or a discomforting feeling of uncertainty and helplessness. Handler (1968) has presented the integrative view on anxiety. He notes that there is consensus that anxiety is a mediating experiential phenomenon related to the perception of impending threat, or overstimulation or unmanageable demands and that is accompanied by the discharge in the systematic nervous system. Thus, in very general terms, anxiety may be defined as a reaction of apprehension ranging from uneasiness to panic, preceded by helpless and dependent (high), or counterphobic and independent (low) reactions to breathing difficulties in asthma,(Jones et al., in press). Lopez Ibor (1956) described asthma as a form of introjected anxiety. Anxiety as a personality factor is an important ingredient of allergic disorders. Large body of empirical studies available demonstrate the influence of anxiety
in respiratory allergic disorders.

For the present investigation Binet's manifest anxiety scale was selected. This anxiety scale measures overall manifest anxiety as well as anxiety in four different areas, namely, psychological, social, economic and physical. It is useful instrument for quick estimate of anxiety level and also for locating the forms and dimensions in which anxiety may express itself. This scale also attempts to measure a predisposition to behave anxiously, not the subject's immediate expressed emotional state (Pestonjee and Bagchi, 1978).