Chapter 5

SUMMARY
The seventeenth century has been called the age of Enlightenment, the eighteenth, the Age of Reason; the nineteenth, the Age of Progress, and the twentieth, the Age of Anxiety. With the conquest of many of the physical ills which have afflicted him throughout the history, man has come increasingly aware of the role of psychological factors in human existence.

Modern man's path to happiness is not an easy one. It is beset by seemingly endless personal and social problems. On every side we see anxious, unhappy, bewildered people who are missing the fulfilment of their best potential because they can not achieve a satisfactory adjustment to problems that seem just to great. Instead of smooth, and effective, functioning, we see widespread symptoms of personality maladjustment.

According to Gordon Claridge (1973), The beginning of psychosomatic problems came into existence in the middle of nineteenth century. Charles (1899), in his research regarding the psychosomatic problems, explained in detail, how the factor of emotion is liable to body disorders including cancer. Cannon (1920), also explained that, emotional condition, how disorders the physiological functions of the body and found that there is a great and deep relationship between emotion and autonomic nervous system.
In psychosomatic disorders, the psychological and physiological variables are so intermixed that it is difficult to separate them. In psychosomatic disorders, the usual channels of emotional outlet are largely blocked; the tension is discharged through visceral organs. Typically this process takes place on an unconscious level; the anxiety or any other emotion associated with the stress situation is partly or completely cut off from conscious experiences by the defence mechanism of depression. In essence, emotional tension are "Short-circuited" through the autonomic system and discharged through visceral organs. Because these disorders represent a failure to adapt to stress, they are often referred to as 'disease of adaptation'.

More recent researchers suggest, that mind and body are in fact a unity and that any physical disorder may be effected by psychological stress. Such disorders usually effect organs innervated by the autonomic nervous system, such as those of the respiratory, cardiovascular, gastrointestinal and endocrine systems.

**BODY-MIND RELATIONSHIP**

Psychosomatic disorders as such do not appear in DSM-III-R as they did in earlier versions of the D.S.M.. Because virtually all physical diseases are now viewed as potentially related to psychological stress, a psychosomatic disorders category would become a complete listing of all diseases. Therefore, in DSM-III-R classification system the psychosomatic disorder has been listed by a single broad category of "psychological factors affecting physical
conditions". Thus kept apart for continues mind and body are now being considered as one.

**GENERAL CAUSES OF PSYCHOSOMATIC DISORDERS**

Here the researcher will discuss both with the general causes of psychosomatic disorders and with the problem of organ specificity—of why, under stress, one individual develops bronchial spasms, another hypertension, and still another migraine headaches.

In general, the development of psychosomatic disorders appears to involve the following sequence of events:

(i) The arousal of negative emotions in response to stress situations—the degree of arousal depending not only on the nature of the stress situation, but also on the individual's perception of the situation and his stress tolerance;

(ii) The failure of these emotions to be dealt with adequately either through appropriate expression or through a changed frame of reference or improved competence—with the result that the emotional arousal continues on a chronic basis; and.

(iii) Response stereotype the damaging effects of chronic arousal becoming concentrated in a specific organ system.

In the discussion that follows, it shall be concerned with the possible significance of particular biological, psychosocial, and socio-cultural variables in contributing to this chain of events.
PSYCHONEUROTIC DISORDERS:

In psychoneurotic disorders we will find pathological development trends with in the personality of the individual which lead to misevaluations of environmental problems, to severe conflicts, and to inefficient personal and social adjustments. Almost invariably these pathological trends show a long developmental history, usually beginning in faulty parent-child relations that have led to immature and distorted attitudes towards the self and toward the surrounding world. The essential sequence in the development of the psychoneurotic disorders is typically:

Somatic symptoms include tension, fatigue, indigestion, increased frequency of micturition, muscular twitchings, excessive sweating, heart palpitations, tension headaches, choking sensations, and an assortment of vague aches and pains. Medical examination ordinarily reveals no organic basis for these complaints, but the neurotic often interprets them as evidence of organic pathology and focuses a good deal of hypochondrial concern on them. Perhaps the most common of these symptoms is fatigue.

Neuroses are the result of a complex interaction of personality and stress factors, and the specific determinants and expressions of neurotic reactions are somewhat different for each individual.

In addition, it may be borne in mind that most of us evidence some neurotic symptoms in coping with the stresses of modern civilization and that none of us can escape times of anxiety and unhappiness.
FUNCTIONAL PSYCHOSES:

In psychotic disorders, the patient manifests a severe personality decompensation with a marked distortion and loss of contact with reality. He is unable to relate himself effectively to other people or to his work and usually has to be hospitalized. Thus, in general, the psychoses are much more severe and disabling than are the psychoneuroses although it may be re-emphasized that there is no sharp dividing line between them: the neuroses blend imperceptibly into the psychoses with increasing degree of personality disorganization or decompensation.

Classification and Symptoms of Psychoses:

In psychotic reactions there is a lowering of adaptive controls, which leads to thoughts, feelings, and actions that have not been characteristic of the individual's behaviour. Thus he may become assaultive, ignore personal hygiene, make immoral advances, or become convinced that he has committed unpardonable sins. Although obsessive-compulsive, phobic, and other neurotic patterns are often present in these reactions, psychosomatic reactions, such as peptic ulcers, are relatively rare.

Here it is of interest to note that according to Scheier (1962) psychotics in general are slightly above average in free anxiety (60th percentile) -as contrasted with psychosomatic cases, who have an average level of free anxiety (50th percentile), and neurotics, who have a high level 85th percentile).
PERSONALITY THE CONCEPT:

The term 'personality' is not easily defined. In fact, its precise meaning varies considerably from theory to theory. After a thorough review of the many different notions of personality offered by theologians, philosophers, poets, sociologists, and psychologists Allport concluded that an adequate synthesis of existing definitions might be expressed in the phrase, "What a man really is". "Allport again asserted that" personality is something and does something it is what lies behind specific acts and within the individual. In Allport's system, personality is alive, well and functioning. What is the nature of this something, Allport answered by offering a precise definition of personality.

"Personality is the dynamic organization within the individual of those psychophysical system that determine his unique adjustment to his environment", (1937,P.48).

Personality type- A & B:

A accurate theme in the study of stress-related physical disorders has tried to link specific disorders with specific personality type-A, psychodynamic approach or specific attitude towards life. A few decades ago many investigators felt that, is there any migrane, hypertensive or ulcer "Personality"? a Dunbar (1935) found on the basis of interviews with patients that eczema sufferers were self-punitive, frustrated, helpless and hungry for affection; they were the children of conscientious but emotionally distant parents. Migrane patient were hardworking, conscientious, perfectionistic and
committed to a variety of "good causes".

The type-A individual has an intensive and competitive drive for achievement and advancement; an exaggerated sense of urgency of passing time, of need to hurry; and considerable aggressiveness and hostility towards others. Type-A persons are overcommitted to their work, often attempt to carry on two activities at once and believe that to get something done well, they must do it themselves. They cannot abide waiting in lines and they play every game to win, even when their opponent are children they are impatient and hostile. Fast thinking, fast talking and abrupt in gesture, they often giggle their knees, tap their fingers, and blink rapidly, too busy to notice their surroundings or to be interested in things of beauty, they tabulate success in life in numbers of articles written, projects under way, and material goods acquired. The type-B individuals, on the other hand, is less, driven and relatively free of such pressures. Type-A and B individuals have been reliably identified by means of structured interview (Rosenman et. al. 1964), in which questions are asked about the intensity of ambitions, competitiveness, the urgency of deadlines, and hostility.

"A comparative study of the personality pattern of person suffering from psychosomatic and functional disorders."

STATEMENT OF THE PROBLEM:

Psychosomatic disease is real disease involving damage to body. These disorders should be distinguished from conversion
disorders. Conversion disorders do not involve actual organic damage to body and they are generally considered to affect functions of the voluntary musculature. In contrast, in psychosomatic disorders body tissues are damaged.

Because psychosomatic disorders represent true physical defunctions, medications are usually called for. The general aim of psychotherapies for these disorders is to reduce anxiety. Behavioural medicine, a new field of specialization in behaviour therapy tries to find psychological interventions that can improve the patient's physiological state.

The psychosomatic symptoms and disorders are quite common in industrialised societies. In our modern civilization, psychosomatic disorders have become a major health problem. At least one out of every two patients seeking medical aid, is suffering from illness related to emotional stresses. Although psychosomatic disorders are not frequent during the periods of young and middle adulthood, they may occur any period from early childhood to old age (Erfmann, 1962).

In the light of above statement the title of the present investigation may be as follows: "A comparative study of the personality pattern of person suffering from psychosomatic and functional disorders."

Psychosomatic person and person having functional disorders have a typical type of personality pattern. In the present investigation an attempt is made to study the personality pattern of the person suffering from psychosomatic diseases or functional disorders.
to find out if there is any specific pattern of their personality and to study whether these two groups differ in their personality characteristics, from each other. In addition to these two groups, a sample of normal person has also been worked out as a second group (control) having illness and compared with other groups, in order to find out the effect of somatic problems on the mental life and, personality pattern of the individual concerned.

NEED OF THE STUDY:

In over modern civilization, psychosomatic disorders have been become a major health problem. At least one out of every two patients seeking medical aid is suffering from an illness related to emotional stresses. Psychosomatic disorders are not frequent during the periods of young and middle adulthood, they may occur in any period from early childhood to old age (Erfmann, 1962). In fact, Dunbar (1943) has concluded that it is often "more important to know what kind of patient has the disease than what kind of disease the patient has sociocultural and political conditions along with economic recessions remarkably increase the stressfulness of living tend to play havoc with the human organism and lead to the increased incidence of psychosomatic disorders as well as other physical and mental ills. (Montago, 1961).

The present study will help in understanding personality pattern of the psychosomatic person and person suffering from functional disorders. It will through light on different type of personality
pattern of both the groups i.e. male and female, the findings of the study will reveal that which type personality traits are responsible for psychosomatic and functional problems. Then we can try to present these disorders with the help of psychological measures. In addition to this, psychosomatic problems came out to be a case of summation of allergic and emotional stress. In brief, the result of the present study may provide the knowledge which may be valuable for prediction, prevention, diagnosis, treatment and management of such cases.

AIMS AND OBJECTIVES :

Following are the major objectives of the present investigation-

(i) Person with somatic illness, Psychosomatic diseased person and person with functional disorders problem differ with normal person in their personality pattern.

(ii) Both the groups i.e. psychosomatic diseased and functional disorders differ from person who suffer with somatic illness.

(iii) Personality pattern of psychosomatic diseased person differ from the person having functional disorders problems.

HYPOTHESIS :

On the basis of above mentioned objectives the following hypothesis will be formulated for examination.

(i) Person suffering from somatic illness are likely to be different in their personality make up with that
of normal person.

(ii) Psychosomatic diseased person are likely to have different personality than the normal person.

(iii) Person suffering from functional disorders are likely to differ in their personality structure than the normal person.

(iv) Psychosomatic disease person are likely to be different in their personality structure than the person suffering from somatic illness.

(v) Person suffering from functional disorders are likely to differ from the person suffering from somatic illness.

(vi) Psychosomatic disease person are likely to be different in their personality structure than the person suffering from functional disorders.

LIMITATIONS:

The present study will be confined to the person of average socio-economic status with age group of 25 to 35 years. The population of the present study will be comprised equal number of male and female person.

RESEARCH METHODOLOGY:

The research problem has already been stated in chapter- I. The methodological designs of the study have now been set out in under following sections.

1. Sample.
2. Research design.
3. Tools of the study.
4. The collection of data.
5. The statistical analysis.

1. **SAMPLE** :

   For the purpose of verification of hypothesis a sample of 400 person of average socio-economic-status with age group of 25-35 years of both sex was selected as per schedule given below :-

   ![Sample Schedule Diagram]

   All the four groups matched for age, sex, education and socio-economic status. The quota sampling procedure was adopted, (50 male and 50 female) selected from each group. Thus the total number of units were four hundred.

2. **RESEARCH DESIGN** :

   The present study being concerned with the study of the personality pattern of person belonging with psychosomatic disease, somatic illness, & functional disorders. An Ex-post-Factor research design was considered suitable for the study. Actually the present study is of exploratory nature, in which the independent variables have already occured and the researcher starts with the
observation of dependent variables. Then the independent variable are studied in respect for their possible relations and effect on dependent variables. Following are the variables which were studied in the present piece of work:

**Independent Variables:**
1. Normal person.
2. Somatic illness.
3. Psychosomatic disease.
4. Functional disorders.

**Dependent Variables:** 16 Personality Factors

3. **TOOLS OF THE STUDY:**

   The present study is concerned with the personality pattern of person suffering from psychosomatic disease and functional disorders of average socio-economic status. The standerized test were available for the measurement of personality and socio-economic status. The following tools were used for the data collection in the present study.

   I. 16 personality factor questionnaire - R.B. Cattell,
   II. Socio-economic status scale - S.P. Kulshrestha.

1. **Sixteen Personality Factor Questionnaire - R.B. Cattell**

   There are numerous personality test available in English and Hindi to measure the personality factors of individuals. But here researcher selected 16 personality factors questionnaire of Cattell, which was translated in Hindi by S.D. Kapoor (1970) due to following factors.
I. The Inventory is in Indian language i.e. Hindi.

II. It contains very brief and clear instructions.

III. In items of multiple choice the respondents have simply to mark their choice.

IV. It gives the maximum information in shortest possible time about the greatest number of dimensions of personality.

V. Hardly 45 minutes time is required to give the responses on the inventory, thus, has neither fatigue nor boredom effect on the respondent.

VI. It is convenient in administration and scoring. The inventory consists of 187 multiple choice items. The respondents are required to put tick on answer according to their choice. Generally it takes 45 minutes to complete the inventory. However there is no time limit for it and sufficient time is allowed to the subjects to give their responses conveniently. It is primarily meant for the young adults.

2. Socio-economic Status Scale - Kulshrestha:

The term "Socio-economic Status" refers to any group of persons coming closer to each other on the continue of occupation, income, caste and culture. (Chapin 1928) has offered most widely used definition of "Socio-economic status" as "The position that an individual or family occupies with reference to the prevailing average standards of cultural possessions, effected income, material possession and position in group of the community".
The researcher has used Dr. S.P. Kulshrestha's Socioeconomic status scale which is more comprehensive, reliable and valid tool for recording the informations about the socio-economic status of urban (Form-A) as well as rural people (Form-B). Both the forms collect information about the following component variables.

I. Parental and sibling's occupation,
II. Parental and sibling's general education,
III. Parental and sibling's technical education (For Form-A only),
IV. Economic indicators,
V. Cultural indicators,
VI. Psychological Indicators.

Both the forms separately contain 20 items or statements each item is provided with 2 to 12 alternatives. The subjects are asked to make right (✔) for the due informations.

4. THE COLLECTION OF DATA:

The data was collected individually. In beginning, the researcher gave a orientation to the patient and was made acquainted with the purpose of the study. The subjects were assured that their responses would be kept strictly confidential. They were requested to answer frankly and give correct information.

At first socio-economic status scale was administrated to find out whether the person is to belong to average socio-economic status or not 2. After collecting all the data the investigator was ready for analysis to draw conclusions which are discussed
in the next chapters.

5. **THE STATISTICAL ANALYSIS** :

The statistical operation to be followed for the present investigation involved both the parametric and non-parametric technique. The parametric technique used includes computation of mean, S.D. and "t" test were mainly used for finding out differences between personality factors of two sub-groups.

Another method for interpreting the data used in the study is computation of profile-similarity co-efficient (rp) values and as well as plotting the profile of two groups for the purpose of comparison and to find out the similarity or dissimilarity on all the personality factors simultaneously. The concept and the technique of profile similarity coefficient (rp) values was developed by R.B. Cattell (1969).

For calculating (rp) values, the formula used in the present study is a modified form of formula of R.B. Cattell's for group comparison for comparing profiles of groups. Looking the nomograph given on page 307 of R.B.Cattell's HandBook of 16PF. It was estimated that the weight which could be assigned to D² (square of the sten score differences). This was however co-related with significant differences between means of sixteen personality factors. The modified version of the formula is given below.

\[
rp = \frac{16K-100 \sum D^2}{16K+100 \sum D^2}
\]
D^2 values was multiplied with a constant of 100. This is also fits well with the nomograph values. Either values can be read from the nomograph or calculated by the above, formula is equal to each other. Therefore, it was taken for granted that the best matching weight to \( \Sigma D^2 \) is 100.

THE DATA: ANALYSIS AND FINDING:

The data thus obtained were put to rigorous statistical operations like powerful 't' test, and profile similarity co-efficient (rp) values have also been obtained alongwith profile preparations. The statistical analysis and interpretations have been described in this chapter under following two parts.

1- In the first part 't'- test, have used for finding out significant differences between two groups of normal and person suffering from somatic illness, psychosomatic disease, and functional disorders, on 16 personality factors. 't' test, which is a powerful test is applied to observe intergroup differences.

2- Another statistics for calculating and interpreting data is to compute the profile similarity co-efficient (rp) values the technique developed by R.B. Cattell (1969) through which the two group could be compared with for finding out similarity or dissimilarity on the sixteen personality factors for the two groups under investigation. For plotting of the profiles of 16
personality factors, the simple procedure has been applied as follow on Oy axis the sten score disperson from mean is taken while on Ox axis the sixteen personality factors are put for comparison. For the purpose of calculating the profile similarity co-efficient (rp) values and as well as for plotting the profiles the sten scores have been rounded upto the nearest decimal point.

The whole study attempted to answer the following questions.

i- Is there any significant difference between the personality pattern of normal person and person suffered from somatic illness.

ii- Is there any significant difference in the personality pattern of normal person and person suffering with psychosomatic disease.

iii- Is there any significant difference in the personality pattern of normal person and the person suffering with functional disorders.

iv- Is there any significant difference between the personality pattern of person with somatic illness and person with psychosomatic disease.

v- Is there any significant difference in the personality pattern of person with somatic illness and the person suffering with functional disorder.

vi- Is there any significant difference in the personality
pattern of person with psychosomatic disease and
the person suffering with functional disorders.

PART-1 : COMPARISON OF NORMAL PERSON AND PERSON
WITH SOMATIC ILLNESS :

In this section an attempt has been made to study
and compare the personality of normal person and person with
somatic illness on 16 personality factors. One hundred units from
normal person (fifty male and fifty female) and the same number
of person suffering from somatic illness (fifty male and fifty female)
were selected. All of the units were from average socio-economic
status groups. This section for comparison is divided into the
following three subgroups:

i. Comparison of personality pattern of normal person
and person with somatic illness.

ii. Comparison of personality pattern of normal male and
male belonging with somatic illness.

iii. Comparison of personality pattern of normal female
and female belonging with somatic illness.

CONCLUSIONS :

Mean stens on personality factors (significant on 't'
value) and (rp) values of normal and somatic illness groups, are
presented in table no.15. On the basis of the results obtained
the following conclusions may be drawn.
(i) The Total Population:

i. The normal groups (N₁=100) & somatic illness groups (N₂=100) have a similar personality pattern. There was not any significant mean difference on any of the personality factors between the person of normal groups and person suffering from somatic illness group.

ii. The rp value +0.56 reveals that the normal and somatic illness groups have similar personality pattern.

(ii) Male Population:

When male normal (N₁=50) and male with somatic illness (N₂=50) groups were compared, the follow results were obtained.

(i) Male with somatic illness have a higher mean stens on personality factor 'A' and 'I' with that of normal male significant at .01 and .05 level respectively.

(ii) Normal male have a higher mean sten on personality factor O and Q₄ with that of male with somatic illness significant at .01 and .05 level respectively.

(iii) The rp value for all the sixteen personality factor's between normal male and male with somatic illness is equals to -0.04 (P<.01) indicated an inverse relationship between the two groups.

(iv) On factor A₁, O₁, O₂ and Q₄, the rp value obtained was -.64 significant at .01 level. It reveals an inverse relationship between the normal male and male with somatic illness, as for as the personality factor A₁, O₁, O₂ and Q₄.
are Concerned.

(iii) Female Population :

When female normal ($N_1=50$) and female with somatic illness ($N_2=50$) groups are compared the following results were obtained.

(i) Female with somatic illness have a higher mean on personality factor M & O with that of normal female. The 't' value is significant at .01 and .05 level respectively.

(ii) The $r_p$ value for all the sixteen personality factors between normal female and female with somatic illness is equal to -.14. Which is not significant at any level.

(iii) On factor M & O the $r_p$ value obtained was -0.72 ($P<.01$), also reveals an inverse relationship between the normal female and female with somatic illness an above mentioned factors.

PART-2 : COMPARISON BETWEEN NORMAL PERSON AND PERSON WITH PSYCHOSOMATIC DISEASE :

In this section an attempt has been made to study and compare the personality of normal person and person suffering with psychosomatic disease on 16 personality factor. One hundred units from normal person (fifty male and fifty female) and the
same number of psychosomatic diseased person (fifty male and fifty female) were selected. All of the units were from average socio-economic status group. This section for comparison is divided into the following three subgroups.

(i) Comparison of personality pattern of normal person and person suffering with psycho-somatic disease.
(ii) Comparison of personality pattern of normal male and male belonging with psychosomatic disease.
(iii) Comparison of personality pattern of normal female and female belonging with psychosomatic disease.

CONCLUSION:
Mean stens on personality factors (significant on 't' value and rp values) of normal and psychosomatic diseased groups, are presented in table no.22. On the basis of results revealed in table no.22. The following conclusions may be drawn.

(i) The Total Population:
Total population means one hundred normal person and one hundred person belonging to psychosomatic diseased person. Comparison on the basis of 't' test and profile similarity coefficient (rp) value following results are obtained.

(i) There are four personality factor i.e. A,C,F,G on which significant differences are obtained. The mean stens of person belonging with psychosomatic disease are higher with that of normal person on factor A,
C and F (P<.05).

(ii) Normal person group have higher mean stens on personality factor 'G' (P<.01) with that of person belonging with psycho-somatic disease. On rest of the twelve personality factors significant differences were not obtained between the two groups.

(iii) The rp value between the normal person and person belonging with psychosomatic disease is equals to -.04, which is insignificant and this indicates that there is not any relationship between the two groups.

(iv) The factors on which 't' values were found significant i.e. A, C, F and G, the rp value was obtained -0.51 significant at .01 level.

(ii) Male Population :

When male normal (N₁=50) and male belonging with psychosomatic disease (N₂=50), groups are compared. The following results were obtained.

(i) On factors A, C and I male belonging with psychosomatic disease have higher mean sten with that of normal male. On factor A and C, the mean differences are significant at .01 level, while on factor I the mean differences is significant at .05 level.

(ii) The normal male have higher mean stens on factor E, G and Q₂ with that of male belonging with psycho-somatic disease.
(iii) On factor E and Q₂ the mean differences are significant at .05 level, while on factor G the mean difference is significant at .01 level.

(iv) The rp value for all the 16 personality factors between normal male and male belonging with psychosomatic disease is equal to -0.33 indicates a significant inverse relationship.

(v) On factors A,C,E,G,I and Q₂ the rp value obtained was -0.68 (P<.01) also reveals inverse relationship between. The normal male and male belonging with psychosomatic disease on above mentioned six personality factors.

(iii) Female Population :

When female normal (N₁=50) and female belonging with psychosomatic disease (N₂=50) groups are compared the following results are obtained.

(i) Female belonging with psychosomatic disease group have higher mean ten, factor E, F, Q₃ and Q₄ (P<.01), with that of normal female group.

(ii) The profile similarity co-efficient (rp) value for all the sixteen personality factors is equals to -0.48 (P<.01) indicate an inverse relationship between the two groups.

(iii) The profile similarity co-efficient (rp) value on factors E,F,Q₃ and Q₄ are obtained -0.86 (P<.01), also reveals inverse relationship between normal female and female belonging with psychosomatic disease.
PART-3 : COMPARISON OF NORMAL PERSON AND PERSON WITH FUNCTIONAL DISORDER

In this section an attempt has been made to study and compare the personality of normal person and person suffering with functional disorders on 16 personality factors. One hundred units from normal person (fifty male and fifty female) and the same number of person suffering from functional disorders (fifty male and female) were selected. All the units selected were from average socio-economic status group. This section for comparison is divided in following three subgroups:

(i) Comparison of personality pattern of normal person and the person suffering with functional disorders.

(ii) Comparison of personality pattern of normal male and male suffering with functional disorders.

(iii) Comparison of personality pattern of normal female and female suffering with functional disorders.

CONCLUSION :

Mean stens on personality factors (significant on 't' value) and (rp) values of normal and functional disorder groups ,are presented in table no.29. On the basis of results revealed in table no.29. The following conclusions may be drawn.

(i) The Total Population :

Total population mean, one hundred normal person and
one hundred person suffering with functional disorders. The comparison was done on the basis of 't' test and profile similarity coefficient (rp) value. The following results are obtained.

(i) Normal person have a higher mean stens on personality factor C,G,H and Q, with that of person suffering with functional disorders, significant at .01 level.

(ii) Person suffering with functional disorders have a higher mean stens on personality factor F,I,M,O and Q, with that of normal person, significant at .01 level.

(iii) The person suffering with functional disorders have a higher mean sten on personality factor E and Q, with that of normal person, significant at .05 level.

(iv) The rp values for all the sixteen personality factors between normal person group and person suffering with functional disorders group is equals to -0.58 (P<.01) indicates a significant inverse relationship.

(v) On which 't' value was significant (C,E,F,G,H,I,M,O,Q, and Q,) rp value was obtained -0.70. It is also significant at .01.

(ii) Male Population :

When normal male (N,=50) and male suffering with functional disorders (N,=50) groups are compared the follows results were obtained.

(i) Normal male group have a higher mean stens on personality factors C,G, & H (P<.01) with that of the male
suffering with functional disorders.

(ii) Male suffering with functional disorders have a higher mean stens on personality factor I and O (P<.01) with that of normal male group.

(iii) Male suffering from functional disorders have a higher mean stens on personality factor A and F (P<.05) with that of normal male group.

(iv) The rp value for all the sixteen personality factors between normal male and male suffering with functional disorders is equals to -.61 (P<.01) indicated and inverse relationship.

(v) The factors A, C, F, G, H, I, O on which 't' value was significant the rp value obtained was -0.81 (P<.01). This also reveals inverse relationship between both the group with regards the personality factors i.e. A, C, F, G, H, I & O.

(iii) **Female Population**:

When normal female group (N₁=50) and female suffering with functional disorders (N₂=50) groups are compared the follows results were obtained.

(i) Normal female group have a higher mean sten on personality factor H with that of male suffering with functional disorders significant at .01 level respectively.

(ii) Female suffering with functional disorders have a higher mean sten on personality factors E, F, M, O, Q₄ (P<.01) B, G and Q₃ (P<.05) with that of normal female group.
(iii) The rp value for all the sixteen personality factor between normal female group and female suffering with functional disorders is equals to -0.69 (P<.01) indicated and inverse relationship between both the groups.

(iv) The factors on which 't' value was significant (B,E,F,G,H,M,O,Q₃ & Q₄) the rp value obtained was -0.81 (P<.01), it also reveals an inverse relationship between the normal female and female with functional disorders.

PART-4 : COMPARISON OF PERSONS WITH SOMATIC ILLNESS AND PSYCHOSOMATIC DISEASE

In this section an attempt has been made to study and compare the personality pattern of person with somatic illness and person suffering with psychosomatic disease. For this purpose this section has been described in the following three full groups.

(i) Comparison of personality pattern of persons with somatic illness and person suffering from psychosomatic diseases.

(ii) Comparison of personality pattern of male with somatic illness and male with psycho-somatic diseases.

(iii) Comparison of personality pattern of female with somatic illness and females with psycho-somatic diseases.

CONCLUSION :

Mean stens on personality factors (significant on 't'
value) and rp values between the two these groups are presented
in table no.36 On the basis of results revealed in table no.36
the following conclusions may be drawn.

(i) The Total Population :

The total population means, one hundred person (50
male and 50 female) suffering from somatic illness and one hundred
person (50 male and 50 female), suffering from psychosomatic disease.
The comparison was done on the basis of 't' test and profile
similarity co-efficient (rp) values. The following results were obtained.

(i) There are only two personality factor i.e. G and Q₄
on which significant differences at .05 and -.01 level
were obtained.

(ii) Mean stens of the person with psychosomatic are higher
with that of person with somatic illness on factor
Q₄ and G factor person with somatic illness have higher
mean sten with that of psychosomatic disease.

(iii) On the rest of the 14 personality factors not any
significant differences were obtained between the two
groups.

(iv) rp value between the person with the somatic illness
and the person with psychosomatic disease is equals
to +0.11 which indicates insignificant similarity of personality
pattern between both the groups.
(v) The factors on which 't' value was significant i.e. G and Q4 rp value was obtained -0.59 (N.S.).

(ii) Male Population:

When male with somatic illness (N1=50) and male with psycho-somatic disease (N2=50) were compared the follows results were obtained.

(i) The male with psychosomatic disease have a higher mean sten on personality factor 'c' with that of male with somatic illness (t=2.59, P<.01)

(ii) The male with somatic illness have higher mean stens on factor G, Q2 (P<.01) and factor H (P<.05), with that of male with psychosomatic disease.

(iii) The rp value for all the sixteen personality factors between both the group is equals to -0.21 (N.S.).

(iv) On factor (C,G,H & Q2) the rp value obtained was -0.75 (P<.01). This reveals an inverse relationship between both the group i.e. male with somatic illness, and male with psychosomatic disease.

(iii) Female Population:

When female with somatic illness and (N1=50) and female with psychosomatic disease N2=50 were compared the following result were obtained.
(i) The female with psychosomatic disease have a higher mean sten on factor E, Q₄ (P<.01) and on factor Q₃ (P<.05), with that of female with somatic illness.

(ii) The female with somatic illness have a higher mean stens on factor O with that of female with psychosomatic disease. The 't' value is significant at .05 level.

(iii) The rp value for all the sixteen personality factors between both the groups is equals to -0.42 (P<.01) indicated and inverse relationship between both the group.

(iv) On factors E, O, Q₃, Q₄ the rp value obtained was -0.79 (P<.01), reveals that both the groups under study are dis-similar in their personality pattern.

PART-5: COMPARISON OF PERSON WITH SOMATIC ILLNESS AND PERSON WITH FUNCTIONAL DISORDERS

In this section an attempt has been made to study and compare the personality pattern of person with somatic illness and person suffering with functional disorders. For this purpose this section has been described in the following three sub-groups.

(i) Comparison of personality pattern of person suffering from somatic illness and person suffering from functional disorders.

(ii) Comparison of personality pattern of male belonging with somatic illness and male belonging with functional
disorders.

(iii) Comparison of personality pattern of female belonging with somatic illness and female suffering with functional disorders.

CONCLUSION:

Mean stens on personality factors significant on 't' values and (rp) values of the somatic illness group and person suffering with functional disorders are presented in table No.43. The comparison on personality factors are given on basis of following three points.

(i) The Total Population:

Total population means one hundred units (50 male and 50 female) belonging to somatic illness and one hundred units (50 male and 50 female) suffering with functional disorders. The comparison was done on the basis of 't' test and profile similarity co-efficient (rp) value. The following results are obtained.

(i) The somatic illness group have significantly higher mean stens on personality factors C, H, Q, (P<.01) B, G and Q (P<.05) with that of functional disorder group.

(ii) Person suffering with functional disorders have higher mean stens on factors F, I, O, Q, and Q, significant at .01 level. While on factor E the mean differences is Significant at .05 with of somatic illness group.
(iii) The rp value for all the sixteen personality factors between the two groups i.e. (somatic illness and person disease with functional disorders) is equal to -0.61 (P<.01). It reveals a significant disimilarity between both the groups as for as the sixteen personality factors are concerned.

(iv) On eleven factors i.e. B, C, E, F, G, H, I, O, Q₂, Q₃ and Q₄ the rp value obtained was -0.72 (P<.01). This also reveals an inverse relationship between both the group.

(ii) Male Population :

On comparing the male with somatic illness (N₁=50) and male suffering with functional disorders (N₂=50) the following results were obtained.

(i) Male group with somatic illness have scored significantly higher mean stens on personality factors G (P<.05), C and H (P<.01) with that of male belonging to functional disorders.

(ii) Male belonging to functional disorders have significantly higher mean stens on factors F,I,O and Q₄ (P<.01) with that of male group with somatic illness.

(iii) The rp value for all the 16 personality factors between male group of somatic illness and male suffering with
functional disorders is equals to -0.67 (P<.01), indicates that both the groups are not similar on their personality pattern.

(iv) The profile similarity co-efficient rp value on factors C,F,G,H,I,O and Q_4 was obtained -0.85 (P<.01). It also reveals an inverse relationship between male groups of somatic illness and male with suffering with functional disorders.

(iii) Female Population :
On comparison female with somatic illness (N_1=50) and female with functional disorders (N_2=50), the following results were obtained.

(i) The female groups of somatic illness have significantly higher mean stens on personality factors B,C,H and Q_3 with that of female suffering with functional disorders. For all the personality factor the 't' values were significant at .01 level.

(ii) Female group with functional disorders have significantly higher mean stens on factors E,F,I,Q_2 and Q_4 with that of female with somatic illness. For all the personality factors the 't' values were significant at .01 level.

(iii) The rp value for all the sixteen personality factors between both the groups is equals to -0.62 (P<.01)
reveals that both the groups are not similar on their personality pattern.

(iv) On factors B, C, E, F, H, I, Q₂, Q₃ and Q₄ the rp value obtained was -0.77 (P<.01), reveals that both the group under study are dissimilar in their personality pattern.

PART-6: COMPARISON OF PERSON WITH PSYCHOSOMATIC DISEASE AND PERSON WITH FUNCTIONAL DISORDERS

In this section an attempt has been made to study and compare the personality pattern of person with psychosomatic disease and person suffering with functional disorders. For this purpose this section has been described in the following three sub-groups.

(i) Comparison of personality pattern of person belonging with psychosomatic disease and person belonging with functional disorders.

(ii) Comparison of personality pattern of male suffering with psychosomatic disease and male suffering with functional disorders.

(iii) Comparison of personality pattern of female suffering with psychosomatic disease and female suffering with functional disorders.

CONCLUSION:

Mean stens on personality factors (significant on 't'
values) and rp value of the psychosomatic disease group and person suffering with functional disorders are presented in table no.50. The comparison on personality factors are given on the basis of following three points.

(i) The Total Population :

Total population means one hundred units (50 male 50 female) belonging with psychosomatic disease and one hundred units (50 male, 50 female) suffering with functional disorders. The comparison was done on the basis of 't' test and profile similarity co-efficient (rp) values. The following results are obtained.

(i) The psychosomatic disease group have significantly higher mean stens on personality factors i.e. C, H, Q3, (P<.01), L and N (P<.05) with that of person suffering with functional disorders.

(ii) On the other hand person suffering with functional disorders have scored significantly higher mean stens on five personality factors i.e. F,M,O,Q2 and Q4 (P<.01) with that of psychosomatic disease group.

(iii) The profile similarity coefficient (rp) value for all the sixteen personality factors between the two groups (i.e. psychosomatic disease group and group suffering with functional disorders), obtained was -0.57. The rp value is significant at .01 level. It reveals that both the group are not similar in their personality pattern.

(iv) The profile similarity co-efficient (rp) value for 11 personality
factors (significant on 't' value) for the two group under study was -0.77. The rp value indicates a dissimilarity at .01 level. Between the two groups with reference to eleven personality factor i.e. C,F,H,I,L, M,N,O,Q₂,Q₃ and Q₄.

(ii) Male Population :

On comparing male population belonging to psychosomatic disease with male suffering with functional disorders the following results were obtained.

(i) Male group with psychosomatic disease have scored significantly higher mean stens on personality factor C and H (P.<.01) with that of male suffering with functional disorders.

(ii) Male suffering with functional disorders have scored significant higher mean stens on six personality factors i.e. E,F,I (P<.05), O,Q₂ and Q₄ (P<.01), with that of male with psychosomatic disease group.

(iii) The profile similarity co-efficient (rp) value for all the 16 personality factors between the two groups i.e. psychosomatic disease, male group and male suffering with functional disorders was obtained -0.67. The rp value is significant at .01 level. It reveals that both the groups are not similar on their personality pattern.

(iv) The profile similarity co-efficient (rp) value for eight
personality factors significant on 't' value for the two group under study was -0.83. The rp value indicate dissimilarity at .01 level, between the two groups with reference to eight personality factor i.e. C,E,F, H,I,O,Q₂ and Q₄.

(iii) Female Population :

On comparing female population belonging to psychosomatic disease and female belonging to functional disorders, the following results were obtained.

(i) The psychosomatic disease female group have scored significantly higher mean stens on four personality factors i.e. C,N (P<.05), H and Q₃ (P<.01) with that of female suffering with functional disorders.

(ii) Female suffering with functional disorder have scored significantly higher mean stens on four personality factors i.e. M,O,Q₄ (P<.01) and Q₂ (P<.05) with that of female belonging to psychosomatic disease.

(iii) The profile similarity co-efficient (rp) value for all the 16 personality factors between the two group was obtained -.57 (P<.01). It reveals that both the groups are not similar in their personality pattern.

(iv) The profile similarity co-efficient (rp) value on factors significant on 't' values for the two groups was obtained -0.77 (P<.01) also indicates dissimilarity of personality pattern as for as the eight personality factors i.e. C,H,M,N,O,Q₂,Q₃ and Q₄ are concerned.
SUGGESTIONS FOR FURTHER RESEARCH WORK:

Certain suggestions for further research work in this field are to be offered by the present investigator on the basis of experience and insight gained during the course of study.

1- Advances in physiological psychology and neuroendocrinology, together with epidemiological studies, have added new dimensions to psychosomatic research. Psychological influences still are accepted as Exacaroaters or trigger mechanism if less often as causes. In some further research it should be worked out that emotional factors are causes or effect of the disease.

2- Some of the workers have reported different types of personality characteristics in different types of psychosomatic patients. In further research work it should be made clear what are those variables which are responsible for different types of characteristic in a particular psychosomatic diseases.

3. Contradictory findings about personality characteristics, difference between the different types of psychosomatic disorders, controversy between the characteristics of psychosomatic and neurotics, differences between the cases of unknown and known etiology, emphasis on multifactorial explanation of psychosomatic illness suggest that in some further research work major psychosomatic formulation need to be subjected to rigorous and searching analysis by
variety of techniques with the help of undisciplinary approach.

4. According to researcher personality has been classified in two category that is type-A and type-B. A study can be done on these lines also.

5. Studies on the various psychosomatic disorders, neurotic and psychiatric and functional disorders patience can also be perform.