Chapter 2

REVIEW OF RELATED LITERATURE
The individual's problem of adjustment with another person within the family and without, his or her capability, intellectual and other wise, and its impairment, to cope with the demands of life and society, emotional disturbances-anxiety, phobia, neurosis, psychosis, psycho-sexual difficulties, alcoholism, gambling, drug addiction, delinquency, etc. are all dealt within the ambit of the individual's abnormal behaviour pattern.

The recent researches in the field of personality study such problems have through concept that body and mind functional as a unite. Therefore any type of psychological stress may be a complete of physical disorder. Following are the recent researches in this area classified in the following headings:

1. Somatic Illness
2. Psychosomatic Diseases
3. Functional Disorders
4. Miscellaneous Studies

1. Somatic Illness:

Shukla, Singh and Bhaskaran, et.al. (1966), studied somatic and socio-cultural factors in the etiology of psychoneurosis. It was seen that in 94% of patients, socio-cultural factors were significant. Somatic factors affected 40% of the patient population. Only 14%
of the patients in the study had positive family history of psychoneuroses. The analysis of data indicated that the factor of 'Role-stresses' has stresses and played the most significant part in the causation of neurotic illness. The other important factors were sex, stresses associated with education, problems associated with marital life, complicated family pattern etc.

Sharma and Nand Kumar, et. al. (1980), conducted a study on personality structure and adjustment pattern in bronchial asthma. Sample consist of 25 bronchial asthma patients, a 25 control groups patients the age group 45 of both sexes, matched on age, sex, marital status and socio-cultural back-ground. Rorschach, test Eysenck's rating scale for anxiety, and neuresthenemic tendency, sentence completion test were administered. The analysis was then applied 't' test. result reveals that the asthmatics were intelligent but inhabited. They had covert aggression, neurotic constriction, and marked affectional and dependency needs. They had constructive anxiety, and were unable to use Their energy for constructive work. Excessive dependency on the mother and sexual disturbance were prominently noticeable. They were possessed with irrational fears, guilt feelings and insecurity. Though high goals were set they were unable to achieve them. The present data suggest avenues for further research in the cross-cultural field.

Srivastava, and Srivastava et. al. (1981), conducted study on personality co-relation of cancer. Sample consists of 30 cancer patients and 30 normal subjects matched on age, sex, income and education. The analysis of data, mean, S.D. 'T' test. Result,
reveals that cancer patients were found to score significantly higher on psychoticism and neuroticism and lower on extroversion.

Seth, and Seth et. al. (1981), conducted study of aggression in tuberculosis patients. Sample consists of 50 patients suffering from tuberculosis and 50 normal, matched on age, sex, education and SES. The statistical analysis was applied 't', mean, and 'F'-ratio. Result reveals that the tuberculosis patients were found to be more introprojective, more ego-defensive, more need persistent and denied any essential guilt for referring to unavoidable circumstances. The results are by and large in Confirmity with earlier studies.

Shanmugam and Kaliappan, et.al. (1982), conducted study on adjustment of asthma and ulcer patients. Sample consists of two group of fifty patients in each, suffering from asthma and gastric ulcer. A control group of healthy normal was also taken for comparison. The statistical analysis was applied mean, and S.D.. Result reveals that it indicated asthmatic group was poor in emotional, health and adjustment as compared to normal control, ulcer patients obtained consistently low scores on all the areas of adjustment. Except for occupational adjustment.

Srivastava, et. al. (1981), conducted a study of personality characteristics of hypertensive and thyroid patients. Sample consists of 50 patients suffering from hypertension and 50 thyroid patients, 100 normal subject matched on age, sex, income and education as control subject. The statistical analysis was applied mean, S.D. and 't' test. Result reveals that hypertensive subjects were found
to be more active dominant, paranoid and emotionally unstable than normals, while thyroid patients were more paranoid, depressed, emotionally unstable and introverted. Hypertensives scored higher on dominance and activity than thyroids while their scores were low on paranoid, depression and introversion intendencies.

Chaturvedi, Upadhyaya & Shivaji et.al. (1988), studied somatic symptoms in a community clinic, in Bangalore; 158 subjects attending a mental health clinic with an age group up 17-60 years of age, free from mental retardation, organic psychosis and major physical illness were selected ICD9 (Who 1978) were administered on them. Results reveals that somatic symptoms were the chief volunteered first complaint in 64.6% of cases, while another 20% cases also reported somatic complaints of further enquiry (i.e.in all 77.2%) in 74% of the cases the duration was more than 6 months. Around 50% of cases had moderate to severe difficulties in financial and social spheres due to their somatic problems. Female patients predominant 30% were dentified using Swartz's somatization index and has more than given somatic complaints 50% of them met the criteria for somatization disorder of DSM.III.

Demopulos, et. al. (1996) examined the relationship between hypochondrical concerns (Hcs) and depressive symptoms for 100 drug free out patients with major depressive disorder. Ss were treated with fluoxetine for 8 Wks, and the effect of treatment on hypochondriacal symptoms were examined. Little relationship was found between severity of depressive symptoms and Hcs.
Measures of anxiety, somatic symptoms, and psychological distress were more consistently related to Hcs. Ss with either histrionic personality disorder or a lifetime history of panic disorder had greater Hcs than patients without these diagnosis. After open treatment with fluoxetine, the degree of Hcs he showed significant decreases that were only partly related to the degree of change in depression and anxiety severity. Findings suggest that the presence of Hcs among depressed-out patients are more closely related to the presence of anxiety than depressive symptoms.

Biondi, and Massimo, et. al. (1997), reviews research on the role of psychological stress, personality, social support and other psycho-social factors in bacterial, viral and parasitic infections. After 100 Yrs of research on men and animals, psychological stress is considered as a potential co-factor in the pathogenesis of infectious disease. Psychological stress seems able to alter susceptibility to infectious agents, influencing the onset, course and outcome of certain infectious pathologies. Many experiments have identified in neuro-immuno modulation the principle mediator of the alterations associated with the conditions of stress. The development of psychoneuroimmunology has fostered in-depth study of the complex relationship between psycho-social factors, the central nervous system, the immune system and infectious disease. Although antimicrobial drugs have remained the basis of all anti-infective therapy. This type of study has already led some authors to propose and experiment protocols of psychological intervention or psycho-immuno therapy, in pathologies such as tuberculosis, or
herpes, simplex virus or human immuno deficiency virus infections. The psycho immunological approach will probably grow in importance in the future not only in research in psycho-somatic medicine but also in clinical microbiology.

Weinryb-Robert et. al. (1997), Although many studies have examined the relationship between personality factors and adjustment after surgery, most of them have had very short follow-up periods. The present prospective study examined whether preoperative psychodynamic assessment of personality traits enhances prediction of various areas of psycho-social adjustment assessed at least 1 year after surgery. In 53 patients undergoing pelvic pouch surgery for ulcerative colitis, the authors examined the relationship between personality traits measured before surgery, and postoperative psychosocial adjustment assessed at a median of 17 mo postoperatively, controlling for the effect of surgical functional outcome. Personality traits were assessed with the Karolinska psychodynamic profile. Surgical functional outcome scales and the psychosocial adjustment to illness scale were used. Problems with sexual satisfaction, perfectionistic body ideals, lack of alexithymia, and poor frustration tolerance predicted poor postoperative adjustment in various areas, beyond what was predicted by surgical functional outcome alone. Moreover, moderate preoperative levels of alexithymia were beneficial to postoperative adjustment in the area of psychological distress.

Walker, and Edward, et. al. (1997), to recent reports have found associations between fibromyalgia and sexual victimization, but had methodologic characteristics that limited their interpretation.
The authors compared 36 patients with fibromyalgia and 33 patients with rheumatoid arthritis by using structured interviews for sexual, physical, and emotional victimization histories, as well as dimensional self-report measures of victimization severity. Compared with Ss with rheumatoid arthritis, those with fibromyalgia had significantly higher lifetime prevalence rates of all forms of victimization, both adult and childhood, as well as combinations of adult and childhood trauma. Although childhood maltreatment was found to be a general risk factor for fibromyalgia, particular forms of maltreatment did not have specific effects. Experiences of physical assault in adulthood, however, showed a strong and specific relationship with unexplained pain. Trauma severity was co-related significantly with measures of physical disability, psychiatric distress, illness adjustment, personality, and quality of sleep in patients with fibromyalgia but not in those with rheumatoid arthritis.

Mira-E. et. al. (1997), Discusses the relation of personality traits to physiology and somatic disorders. The role of personality and neurologic and endocrine factors in the development of psychiatric disorders also is considered. The relation of personality to diseases of the circulatory and respiratory systems, the digestive organs, the reproductive system, the endocrine glands, the skin and the nervous system is described.

Lannoo, and Engelien, et.al. (1997), evaluated personality change following head injury in 68 patients at 6 mo postinjury using the NEO Five-Factor inventory to assess the 5 personality dimensions of the Five-Factor model of personality. All items
had to be rated twice, once for the preinjury and once for the current status. 28 trauma patients with injuries to other parts of the body than the head were used as controls. For the head-injured group, 63 relatives also completed the questionnaire. The results showed no differences between the ratings of head-injured patients and the ratings of trauma control patients. Both groups showed significant change in the personality dimensions Neuroticism, Extraversion, and Conscientiousness. Compared to their relatives, head-injured patients report a smaller change in extraversion and conscientiousness. Changes were not reported on the openness and agreeableness scales, by either the head-injured or their relatives, nor by the trauma controls.

Bagedahl Strindlund, et. al. (1997), mapped the psychological, psychiatric, odontological and medical aspects of patients with symptoms allegedly related to the side-effects of mercury in dental fillings. A total of 67 consecutive patients and 64 controls matched for age, sex and residential area were included in the study. The most striking result was the high prevalence of psychiatric disorders in the patients (89%) compared to the controls (6%), predominantly somatoform disorders. The personality traits differentiating the patients were somatic anxiety, muscular tension, psychosthenia and low socialization. More patients than controls showed alexithymic traits. The prevalence of diagnosed somatic diseases was higher, but not sufficiently so to explain the large difference in perceived health. The multiple symptoms and signs of distress displayed by the patients could not be explained either
by the odontological data or by the medical examination. Results indicate that the patients show sociodemographic and clinical patterns similar to those of somatizing patients.

Weitzner, Michael A et. al. (1998), It has been recognized for sometime that psychiatric symptoms, such as depression, anxiety, and behavioral alterations, may occur in patients who have pituitary disease. More recent research focusing on neural circuits in the brain and the impact of alterations in neuro-transmission and neurohormonal modulation has shown that the prefrontal cortex can be affected by perturbations in functioning occurring in distant sites. Such is the situation with the hypothalamic-pituitary axis. Through its rich connections with other limbic structures, the hypothalamic-pituitary axis may affect the behavioral control exerted by the prefrontal cortex, causing mood and personality alterations. In the more severe cases, an apathy syndrome may develop which must be carefully differentiated from depression and other cognitive disorders. This report will review.

(1) The neuroanatomical components that cause the behavioral changes observed in many patients with pituitary disease.

(2) The current concept of apathy syndrome.

(3) The differentiation of apathy syndrome from major depression.

(4) The underlying neurobiology of apathy, and

(5) potential treatments.
2. **Psychosomatic Diseases**:  

Khorana et. al. (1989), studied psychological risk factors in ischaemic heart disease in Baroda; 60 patients of Ischaemic heart disease (IHD) and 15 controls, comparable to IHD in term of age, sex and education were selected, psychological assessment of each patient was done. Result reveals that 65% cases had severe psychological stresses like financial pressures, deaths and family problems, before the onset of illness. The stress group had greater representation of high socio-economic status. Type A behaviour and other psychosomatic disorders.

Sreedhar et. al. (1989), studied trait of general ambition in peptic ulcer in Trivendrum; sample consists of 43 male peptic ulcer patients who attended the OPD of Gastroenterlogy Dept. of medical college Hospital in Trivendrum. 65 male employees of a large department store constituted the normal and 30 hospital general out patient males. General ambition subscale (George and Matthew 1966), was administered on them. Result reveals though significant difference was noticed between peptic ulcer patients and the hospital general out patients. This was due to the later's abnormally low score in general ambition. The western idea about the personality of peptic ulcer patients that they are over-ambitions is found not to be tenable in out culture probably because our culture does not foster the trait of being ambitions.

Sreedhar, et. al. (1989), studied nature of anxiety in peptic ulcer in Trivendrum, fifty peptic ulcer patients, 102 healthy, 60 patients, from general OPD and 50 neurotic patients, were
selected manifest anxiety scale was administered on them. Result reveals. That anxiety level of male and female peptic ulcer were found competence to that neurotic patients. Hospital patients of general medicine had significantly less anxiety than of peptic ulcer and of neurotics but more than health control.

Katiyar, Gupta, and Singh et al. (1989), studied role of neuroticism and extraversion in patients of acute myocardial infaction in Lucknow; 30 male patient of myocardial infaction admitted in intensive coronary care unit and 30 normal were selected, Eysenck's personality inventory case history schedule were administered on them. Result reveals patients with myocardial infaction obtained significantly high score on neuroticism than the controls. Extraversion score was not found to be significantly different in two groups of subjects.

Ekselius, Lisa et al. (1996), explored the prevalence of personality disorders in 56 male and 70 female patients (mean age 46.2 Yrs.) with somatoform pain disorders or medical illnesses such as obesity, hypertension, cardiovascular diseases, and diabetes treated at a rehabilitation center. Personality disorders were found in 34.9% of Ss, and major depression was found in 27%. Cluster A and B personality disorders were significantly more common in Ss with medical illnesses. The presence of a personality disorder with in cluster B, but not a major affective disorder, resulted in a earlier age at onset on long standing work disability. Results indicate a worse course and a poorer response to treatment of Axis I disorders in patients with comorbid personality disorders.
Markovitz, Jerome et. al. (1996), The effect of a laboratory stressor, type A structured interview (SI) and speech task on platelet activation, was assessed in 14 male stable post myocardial infaction (MI) patients (mean age 54-9 Yrs) and 15 age matched healthy men. Plasma beta-thromboglobulin (BTG) levels were increased after the stressur. Increases in BTG with stress were related to higher SI ratings of potential for hostility and type a behavior, but not to cook-Medley, rated hostility scores. Healthy Ss tend to have greater change in BTG with stress than post-MI Ss. Results indicate that acute stress increases BTG level and that hostility is related to greater platelet reactivity, independent of any long term effects of platelet inhibition.

Vaillant, George, et. al. (1996), studied 193 men prospectively followed for over 50 Yrs to determine the psychological contributions to and the long-term consequences of uncomplicated essential hypertension (HT). Independent assessments of physical and mental health were made. Results show that objective indices of psychopathology predicted both physical morbidity and mortality, but did not predict HT. When pyknic somatotype, college diastolic blood pressure, and well-integrated personality in college were controlled, no other preadult variable predicted HT. Heart disease, obesity, and alcohol abuse were each co-related with HT. After roughly 20 yrs, 14 of the 41 Ss with treated HT were in stable remission, and 13 Ss had developed cardiac complications. No differences between these groups could be discerned. Over time, HT appeared to be more a product of biological than of psychosomatic variables.
Corfiai, Leonardo, et. al. (1996). studied the affective and emotional components of obstructive sleep apnea by assessing the psychosomatic dynamic personality index. Human Ss. 30 male and female Italian adults (aged 26-72 Yrs) (moderate to severe obstructive sleep apnea). Respiratory organic function during sleep was monitored. The Rorschach was administered and was interpreted automatically, quantitative and qualitative analyses were performed.

Rocco, Pier, Luigi, et.al. (1998). examined the presence of psychiatric symptoms and personality characteristics in patients with asthma and near fatal asthma (NFA). An NFA attack is defined by the presence of one or more of the following symptoms: respiratory arrest, alteration in consciousness, need for mechanical ventilation. The authors interviewed a sample of 17 asthmatic patients who experienced one or more NFA attacks. An control group of 17 control patients with asthma who never experienced NFA attacks was enrolled. After a baseline assessment, the patients underwent an interview concerning their personal and familiar psychiatric history and a psychodiagnostic investigation using Hamilton scales for anxiety and depression, Zung scales for anxiety and depression, and Minnesota multiphasic personality inventory. No significant differences in the results of psychodiagnostic tests between NFA patients and the control group were reported. Psychiatric history was similar in the 2 groups.

Lanzi, Giovanni, et. al. (1998), reports the personality characteristics of 30 Ss. 16 males and 14 females (mean age 13.7 Yrs) suffering from tension headaches. 13 of the Ss suffered
from migraines without auras, 8 from migraines with auras, and 9 from chronic tension-type headache. The study was based on a detailed clinical assessment (psychodynamically-oriented interviews with the child and its parents) and evaluation by tests. A blind test of the clinical personality characteristics was then carried out. Results indicate that 13 Ss, had a neurotic personality organization, 12 Ss were borderline, and 5 Ss had a "White relation." Given the Ss' youth, these conditions are probably to be considered transient. Data suggest that Ss are distributed along a continuum that ranges from Ss who have an evolved and adaptive mental organization and defense mechanisms to Ss who have a less evolved and adaptive mental organization and who are at a greater risk of somatization.

3. FUNCTIONAL DISORDERS:

Bhalla and Bhalla, et. al. (1986), studied psychiatric disorders among children in Kanpur 72 children in the age range of 1-15 Years found to be suffering from psychiatric disorders, were administered on them. Result reveals that 62.5% Ss belonged to special symptoms and conversion reaction 82% belonged to unclear family.

Agarwal and Rekha et. al. (1987), studied creativity in normals and schizophrenics in Delhi. 10 schizophrenics and 10 normals. Only male subjects in the age range of 25-30 years were administered on them. Result reveals 2 groups did not differ significantly on any of the four scales i.e. originality (verbal
& non verbal) and elaboration verbal and nonverbal of the creativity scale.

Chopra, and Beatsom, et. al. (1988), studied some aspects of the phenomenology of borderline personality disorders in Australia, 12 patients (II definite and 2 probable) qualifying for narrowly defined hospitalised cases of borderline personality disorder of DSM III criteria were administered on them diagnostic Interview for borderline patients. Result reveals there were II females and 2 males almost all the cases present with evidence of brief psychiatric symptoms, most common symptoms being the dissociative type (derealisation depersonalisation). some patients also experience non-drug induced psychiatric symptoms mainly hallucinations which are brief and appear only in stressful circumstances. Depressive symptoms are observed in almost all cases at the time of admission but are usually transient antidepressants are not of much therapeutic value. The brief psychiatric and depressive symptoms are described in betial and their diagnostic implications are discussed.

Panda, and Narang, et. al. (1989), studied A comparative study of cognitive functioning of the schizophrenics, manics and normals in Ludhiana, 15 schizophrenics, 15 manics and 15 normal control subjects, diagnosed as per ICD-9 (1978), from Dayanand Medical College, Ludhiana, were administered on them scale of Bhatia's Battery of performance tests of Intelligence (Bhatia 1955, Murthy 1966). PGI memory scale (pershad 1977), Bender Gestalt Test (Bender 1938, Hain 1964). Result reveals the clinical group (N=30) differed significantly from controls on all the three scale.
Schizophrenic group showed maximum impairment in the areas of intelligence, memory and perceptico motor functions BVMG failed to differentiate between the two clinical groups.

Vyas, Rathore and, Sharma, et. al. (1989), studied of psychiatric aspects of hysterectomy in Jaipur, 30 women patients who were hysterectomised for non malignant pathologics were compared with 30 comparable patients. Who under went other gynaecological operations were administered on them standardised Hindi version of general health questionnaire (GHQ) by Golderg, 1978, Hindi version of P.E.N. inventory, (Eysenck, 1963), beck depression rating inventory (Beck & Ward) 1961), section d, e of Indian psychiatric Interview schedule. Result reveals that patients undergoing hysterectomy do suffer significantly higher psychiatric morbidity (60%) had higher GHQ BDRI Scores at the time of discharge from hospital.

Miyaoka, and Hitoshi, et. al. (1996), studied and examined the psychiatric profiles of 50 women (aged 37-73 Yrs) with "glossodynia," an enduring pain or a burning sensation in the tongue without any oral pathology or systemic disease, compared with 24 controls (aged 36-70 Yrs). Patients scored lower on the extraversion scale of the Eysenck personality questionnaire and higher on the Toronto Alexithymia scale than the controls, while there was no difference in the mean general health questionnaire score. Results suggest the psychopathology of glossodynia may be associated with personality trait characteristics rather than with neurotic or depressive symptoms.
Hueston William et. al. (1996), compared the functional status, health care utilization, and satisfaction with care for 65 patients at high risk for personality disorder with 28 Ss at low risk. Ss completed the structured clinical inventory for DSM-III-R-personality disorders, medical outcomes study short form-36, beck depression Inventory, CAGE. Alcohol use questionnaire, and the RAND patient satisfaction questionnaire. Ss at high risk for any personality disorder had lower functional status, higher risk for depression or alcohol abuse, and lower levels of satisfaction with care. Ss at high risk for borderline, schizoid, and dependent disorders was associated with higher degrees of functional impairment and greater risk for depression and alcohol abuse. High risk Ss with obsessive-compulsive, narcissistic, and schizotypal disorders showed no impairment compared with low risk Ss. Medical care use was only higher among Ss at high risk for histrionic and dependent disorders.

Labbate, and Lawrence, et. al. (1997), The records of patients admitted with major depressive disorder (MDD) to a large military medical center were reviewed during the years 1991-1995. Recidivists were 46 consecutive patients admitted 3 or more times during the period. The comparison sample was 50 consecutive patients admitted for the 1st time in 1993 without subsequent admission at the hospital. All Ss were aged 18-80 Yrs. patient groups were compared for age, gender, comorbidity, and the presence of medical conditions contributing to their admission. Repeat hospital admissions for MDD were common. Recidivists
were more likely to be older, suffer recurrent depression, receive a personality disorder diagnosis, receive ECT or have a medical condition contributing to their admission, than patients admitted once. Alcohol use disorders or other axis I disorders did not predict recidivism.

White and Aileen, et. al. (1997), personality characteristics and the incidence of minor psychiatric disturbances were assessed in 33 female patients (aged 1974 Yrs) with structural dysphonia, 18 female patients (aged 15-82) Yrs) with psychogenic dysphonia, and in 42 female out patient controls (mean age 46.7 Yrs) with other physical ear, nose, and throat disorders (ENTs). Ss' scores on the general health, Eysenck personality, and hysteroid-obsessoid questionnaires were compared. Results show that patients with psychogenic dysphonia had a significantly greater degree of mild psychiatric disturbance, but that patients with structural dysphonia were also significantly more disturbed than controls. Significant psychiatric symptomatology was found in 56% of psychogenic dysphonia Ss, 30% of structural dysphonia Ss, and 14% of ENT Ss. It is concluded that psychological distress cannot be detected solely on laryngeal appearances and voice characteristics, and that the general health questionnaire can be a quick, simple screening tool for identifying patients who might benefit from a more psychologically based approach to therapy.
4. **MISCELLANEOUS STUDIES**

Singh, Srivastava and Nigam et. al. (1975), conducted a study on children with behaviour problems, 15 with physical illness and 25 normal children as controls, to study the personality characteristics of psychologically and physically disturbed children. Hindi version of H.S.P.Q. was administered. Finding reveals that problem of children are more aggresive, obstructive, cool, aloof, hard precise, suspicious and rigid. They lacked in frustration tolerance and were emotionally dissatisfied exitable, impatient.

Santan and Wig. et. al. (1967), conducted a study on neurotics. Modified Hindi and punjabi version of M.P.I. was administered. The result indicated that as compared with the normal group, The neurotics have a differenten pattern of scores on the two scales and these differences in both cases are highly significant. A comparison of the norms of the neurotic population with those of the normal population reveals that the M.P.I. discriminated between normal and neurotics at reasonably satisfactory level. The neurotic group was high on neuroticism factor and on extraversion factor as compared with the normal group.

Kamlesh et. al. (1981), conducted a study on the effect of personality on value pattern in Kanpur, 60 students between the age of 18-21 years studying in the local colleges, 30 boys and 30 girls were administered on them, The Newman-Kobilstedt diagnostic test for Introversion-extroversion, (adapted by Jai prakash), Ojha,s test for measuring values (modified from Allport- vernon study of values.). The results reveals that there is no
marked difference between introvert and extrovert, also between
girls and boys but there is difference between the average groups
and the others. One of the values are clearly developed. The
only one that is of average intensity is economical this is logical
in view of the generally difficult economic conditions faced by
most students.

Martin, Thomas. et. al. (1996), assessed how various
personality factors are co-related with depressive symptom and psychosomatic
symptoms self-report among 179 undergraduates. Ss completed the
multidimensional perfectionism scale, self-efficacy scale, procrastination
scale, beck depression inventory, and psychosomatic symptom
checklist. Co-relational analyses revealed that depression scores were
related to socially prescribed perfectionism, self efficacy dimensions,
and procrastination. Physical symptom report was associated with
personal and social dimensions of perfectionism, low self efficacy,
and depression. Regression results indicated that self-efficacy and
socially prescribed perfectionism interacted to predict unique variance
in depression and physical symptom report. Results provided partial
support for the application of a self-regulation model to the study
of psychological distress and somatic problems in college students.

Lou, Zhenshan, et. al. (1996), studied pilot life events
and physical and psychosocial factors. Human Ss 74 Chinese male
adults (aged 25.42 - 36.68 Yrs) (Pilots) (suffered from one or
two illnesses or diseases). 186 normal Chinese male adults (aged
25.42 - 36.68 Yrs) (Pilots). Ss positive or negative life events
in the past one Yrs were investigated and compared between
the 2 groups. Co-relations of Ss life events with physical and psychosocial factors age, flying hours, personality, illness or disease, depression or anxiety symptoms and social support were analyzed. Ss negative life event and the physical and psychosocial factors were studied in a multiple factor linear regression analysis. Tests used: the stressed life events review scale, the sixteen personality factor questionnaire (16PF), the SCL-90 and the psychosomatic social support scale (PSSS).

Fehr, Theo et. al. (1996), studied the effects of transcendental meditation (Tm) on clinically relevant personality dimensions. Human Ss: 84 normal male and female German adolescents and adults (residents of university towns) (beginning TM students) (study 1). 37 normal male and female German adolescents and adults (residents of university towns) (beginning TM students) (study 2). 360 Male and female German adolescents and adults (TM practitioners) (study 3). In the 1st 2 studies, the Ss completed a personality inventory before and 8 WKS (study1) or 14 mo (study2) after beginning TM instruction. Changes in personality characteristics were analyzed. In study 2, results from 25 Ss who continued to practice TM at 14 mo and 12 Ss who no longer practiced Tm were compared. In study 3, 168 Ss were excluded from further analysis on the basis of low scores on the "openness" factor. For the remaining sample, co-relations between personality test scores and duration of TM practice were analyzed, and results from 98 Ss who had been receiving treatment for various psychiatric or somatic disorders prior to TM were compared with findings from
94 Ss who had not been receiving therapy. Tests used: the Freiburg personality Inventory.

Larsen and, Randy et. al. (1996), (assessed the structural complexity of daily affect ratings of 18 male and 25 female undergraduates, and then related individual differences in affective complexity (Acx) to aspects of personality. Ss completed a mood report 3 times a day for 8 wks, as well as measures to assess dispositional happiness, emotional variability, and self-reported physical well-being. Acx was defined as the number of within-subject factors needed to account for a given amount of variance in each Ss.

Molchanov, and Kroutko et. al. (1997), conducted a comparative analysis of the stable personality characteristics of the 1990 and 1994 applicants to Moscow colleges. In view of the fact that individuals, personality traits exert significant influence on health and longevity, it is important to monitor changes occurring in the stable personality traits under the impact of the social environment. Cattell's sixteen personality factor questionnaire was administered to a total of 210 applicants (aged 16-17 Yrs). The personality changes that were revealed are interpreted here in the context of the issue of the influence of socio economic changes on human personality traits, health, and the length of healthy life. Results demonstrate that, in the period between 1990 and 1994, the Ss displayed a tendency toward greater emotional stability and lesser frustration, and toward accepting and being guided by new social standards. This is indicative of the new-generation applicants better adjustment to the current social conditions in Russia and,
consequently, of the decreasing risk of psychosomatic disorders, and longer life.

A number of other studies have been conducted on these aries, but systematic accounts are not available.

---------