With the advancement of medicine infective disorders are on the decline. But there is considerable increase in psychosomatic disorders. The rapid social changes and the ever increasing pressure of living are pointed out to be the possible factors. Living in modern societies itself is considered stressful. The relationship between the stress of living and psychosomatic disorders is amply illustrated in several research investigations. However, why the same stress affects two individuals in two different ways is not answered adequately. While one individual suffers a psychosomatic breakdown another one appears to outlive the stress without any pathology. This differential susceptibility to disorders is often attributed to individual differences. It has been felt that different individuals have different personality make up and that reactions to
stress may also differ depending upon the personality make up of an individual. This idea has prompted many researchers in the west to study the personality of psychosomatic patients.

Psychosomatic disorders are pointed out to be on the increase in developing countries like India. In this culture there is a real dearth of research studies trying to understand the personality factors associated with the various psychosomatic disorders. In the present investigation an attempt is made to understand the relationship of some selected personality factors like Extraversion, Neuroticism, Manifest Anxiety, General Ambition and Verbal Intelligence in certain psychosomatic disorders viz., Peptic Ulcer, Irritable Bowel Syndrome, Bronchial Asthma, Essential Hypertension and Neurodermatitis.

**METHOD**

1. **Sample**

The sample consists of five psychosomatic disease categories viz., Peptic Ulcer, Irritable Bowel Syndrome, Bronchial Asthma, Essential Hypertension and Neurodermatitis. These five psychosomatic groups form the study groups. All the psychosomatic patients are selected from the concerned
special out-patient clinics of the Medical College Hospital, Trivandrum, South India.

Apart from this, a group of General Hospital Out-patients, a group of Neurotics and a group of Normals are taken for the purpose of comparison. The general hospital out-patients are selected from the various general out-patient clinics of the Medical College Hospital, Trivandrum, and the neurotics are selected from the out-patient departments of the Government Mental Hospital and the Department of Psychiatry of the Sree Ramakrishna Mission Hospital, Trivandrum. The normal subjects are taken mainly from people employed in a private business concern in Trivandrum.

The patient groups have been selected from those who attended the different out-patient departments of hospitals during a period of one year. In all, 232 cases of psychosomatic disorders are taken with 50 cases each in peptic ulcer, irritable bowel syndrome, bronchial asthma, essential hypertension and 32 cases in neurodermatitis. All these cases are taken for study after the diagnosis is confirmed by the concerned specialists. In the comparison groups there are 60 general hospital out-patients, 50 neurotics and 102 normals. The general hospital out-patients are selected from the various out-patient departments like the Medical, Surgical, E.N.T., Skin and V.D., and the Orthopaedics.
While selecting a sample of the general hospital out-patients, care has been taken to see that the proportions of patients selected for the study are more or less the same as the proportions of the various out-patients in the general hospital population. The neurotic cases are selected on the basis of diagnosis by competent psychiatrists. The neurotic group consists mainly of patients suffering from anxiety neurosis, phobias, obsessions and reactive depressions. While selecting the normal subjects care is taken to avoid those individuals who have a history of being treated for psychosomatic or psychiatric disorders.

2. Materials Used

The following materials are used to study the different samples.

(a) The Maudsley Personality Inventory (MPI)

(b) The Manifest Anxiety Scale (MAS)

(c) The G–A Inventory (Adapted from the Inventory of Motivational Traits)

(d) The Mathew Test of Mental Abilities

(e) A Personal Data Blank

The tests are administered and scored as per the instructions given in the respective test manuals. The data thus obtained are subsequently analysed.
In order to ascertain the homogeneity of the five psychosomatic groups in the different personality variables studied, an analysis of variance of two way classification with unequal number of observations per cell is done. This is followed by a variable wise comparison of each of the psychosomatic group with the other psychosomatic groups as well as the comparison groups using 't' test. The analyses of the data have lead to the following major conclusions.

CONCLUSIONS

1. The selected psychosomatic groups viz., Peptic Ulcer, Irritable Bowel Syndrome, Bronchial Asthma, Essential Hypertension, and Neurodermatitis do not differ significantly among themselves in the personality dimension of extraversion. Hence they are considered as homogeneous in this variable.

2. The psychosomatic groups are found to differ significantly among themselves in the personality dimension of neuroticism. Analysis, however, revealed that only neurodermatitis has shown significant differences with some of the psychosomatic groups. Hence, the other four psychosomatic groups are considered as homogeneous in the variable of neuroticism.
3. The psychosomatic groups are found to differ significantly in manifest anxiety. Significant differences have also been found between psychosomatic male patients and female patients in anxiety.

It is further noticed that in the case of male patients anxiety does not differentiate among peptic ulcer, irritable bowel syndrome, bronchial asthma and essential hypertension, but that neurodermatitis patients have significantly low anxiety when compared with the above psychosomatic patients. However, no significant differences are observed among the different female psychosomatic patients in anxiety.

4. The psychosomatic groups are found to differ significantly in general ambition. It also differentiates significantly the male psychosomatic patients from the female psychosomatic patients.

In the case of male psychosomatic patients significant differences in ambition have been noticed between peptic ulcer and essential hypertension, irritable bowel syndrome and essential hypertension and also between irritable bowel syndrome and neurodermatitis. No other comparisons among the groups show any significant difference in ambition.

In female psychosomatic patients, significant difference in ambition is noticed only between essential hypertension and bronchial asthma.
5. The five psychosomatic groups are found to differ significantly in verbal intelligence. It is also observed that the male psychosomatic patients are significantly different from the female psychosomatic patients.

Male irritable bowel syndrome patients are found to be significantly more intelligent than all the other male patients belonging to the different psychosomatic category. In no other inter group comparisons significant differences in intelligence are noticed.

In the case of females, patients with essential hypertension are found to be significantly different in intelligence from patients with peptic ulcer and bronchial asthma. No other inter group comparisons have shown any significant difference.

A comparison of the psychosomatic groups with the comparison groups (general hospital out-patients, neurotics and normals) yielded the following conclusions.

6. (a) Peptic ulcer patients are significantly more introverted than a group of general hospital out-patients and a group of normals. However, they are not different in this variable when compared with the neurotics.

(b) Peptic ulcer patients are significantly more neurotic than a group of general hospital out-patients and normals, but they are found to be significantly less neurotic when compared with a group of neurotics.
The above conclusions (6 a and b) show that peptic ulcer patients as a group are introverted neurotics (dysthymics). It can also be concluded that peptic ulcer patients have a separate status as an independent disease entity occupying a position in between normals and neurotics in the dimension of neuroticism.

(c) Peptic ulcer patients (both males and females) are significantly more anxious than a group of general hospital out-patients and normals. It is also found that male peptic ulcer patients are significantly less anxious than the male neurotics. But the female peptic ulcer patients and female neurotics do not differ significantly in anxiety.

(d) In general ambition the male peptic ulcer patients are found to differ significantly from the male general hospital out-patients. However, the difference in ambition between the female peptic ulcer patients and the female general hospital out-patients is not statistically significant. So also the male and female peptic ulcer patients are not found to differ in ambition from their respective normal and neurotic counterparts. Hence, it may be concluded that peptic ulcer patients are only normal in ambition.
(e) The male peptic ulcer patients are not found to differ from the male general hospital out-patients and the neurotic and normal males in verbal intelligence. It also does not differentiate female peptic ulcer patients from the female general hospital out-patients. However, it is found that intelligence differentiates significantly the female ulcer patients from the female neurotics and female normals with the female ulcer patients scoring lower in intelligence. The tendency of the ulcer patients to score a little low in intelligence (especially in the case of female ulcer patients) may be because their actual performance at the time of testing might have been adversely affected by the disease.

7. (a) Irritable Bowel Syndrome (IBS) patients are significantly more introverted than a group of general hospital out-patients and a group of normals. However, they are not different in this variable when compared with the neurotics.

(b) IBS patients are significantly more neurotic than a group of general hospital out-patients and the normals. It is also noticed that they are significantly less neurotic when compared with a group of neurotics.

The above conclusions (7 a and b) show that IBS patients as a group are introverted neurotics (dysthymics).
It can also be concluded that IBS patients too have a separate status as an independent disease entity occupying a position in between normals and neurotics in the dimension of neuroticism.

(c) The IBS patients (both males and females) are found to be significantly more anxious than the general hospital out-patients and normals. The IBS patients, however, do not differ significantly in anxiety when compared with the neurotics.

(d) The male IBS patients are differentiated significantly in general ambition from the male general hospital out-patients, with the IBS patients scoring high in ambition. However, the difference in ambition between the female IBS patients and the female general hospital out-patients is not statistically significant. So also general ambition does not seem to differentiate the male and female IBS patients from their respective normal and neurotic counterparts. Therefore, the IBS patients can be considered as only normally ambitious.

(e) The male IBS patients are found to differ significantly from the male general hospital out-patients in verbal intelligence. However, the difference between the female IBS patients and the female hospital general out-patients is not found to be significant. So also
verbal intelligence does not differentiate the male and female IBS patients from their respective normal and neurotic counterparts. Hence, it may be concluded that the IBS patients and the normals are comparable in their level of intelligence.

8. (a) Bronchial asthma patients are significantly more introverted than a group of general hospital out-patients and a group of normals. Bronchial asthma patients are found to be not different in the introversion-extraversion dimension when compared with the neurotics.

(b) Bronchial asthma patients are significantly more neurotic than a group of general hospital out-patients and the normals. But they are found to be not different from neurotics in the dimension of neuroticism.

The above conclusions (8 a and b) show that bronchial asthma patients as a group are introverted neurotics (dysthymics). However, they cannot be considered as having a separate status as an independent disease entity as they are not found to differ in introversion and neuroticism when compared with the neurotics.

(c) Bronchial asthma patients (both males and females) are found to be significantly more anxious than the general hospital out-patients and normals. They, however, do not differ significantly in anxiety when compared with the neurotics.
(d) The male asthma patients are not found to differ significantly in general ambition from any of the comparison groups. So also general ambition does not differentiate the female asthma patients from the female hospital general out-patients and the normal females. The only significant difference is between the general ambition scores of female asthmatics and female neurotics. Therefore, it may be concluded that the bronchial asthma patients are only normal in their level of ambition.

(e) The male bronchial asthma patients are not found to differ in verbal intelligence from the male general hospital out-patients, neurotics and normals. Intelligence does not differentiate female bronchial asthma patients from the female general hospital out-patients. However, it is found that intelligence differentiates significantly the female asthma patients from the female neurotics and female normals with the female asthmatics scoring lower in intelligence. The tendency of the asthmatic patients to score a little low in intelligence (especially in the case of female asthmatics) may be because their actual performance at the time of testing might have been adversely affected by the disease.
9. (a) Patients with essential hypertension do not show significant difference in extraversion from the general hospital out-patients, neurotics and normals.

(b) Essential hypertension patients are significantly more neurotic than both the general hospital out-patients and normals. They are significantly less neurotic when compared with a group of neurotic patients.

From the above conclusions (9 a and b), while it is seen that the patients with essential hypertension are clearly neurotic, they cannot be considered as dysthymics because they are not clearly differentiated from the comparison groups in the dimension of extraversion-introversion. However, it can be concluded that essential hypertension also has a separate status as an independent disease entity occupying a position in between normals and neurotics in the dimension of neuroticism.

(c) Essential hypertension patients (both males and females) are found to be significantly more anxious than the general hospital out-patients and normals. They, however, do not differ significantly in anxiety when compared with the neurotics.

(d) The male hypertensives are not found to differ in ambition from the male hospital general out-patients. So also no difference is observed between the female
hypertensives and the female general hospital out-patients. Female hypertensives are also found to be not different from the female neurotics, though, the male hypertensives are found to be significantly less in ambition when compared with the male neurotics. The male hypertensives are found to be significantly less ambitious and the female hypertensives to be significantly more ambitious than the respective normal groups.

(e) No significant difference is observed between patients with essential hypertension, from the general hospital out-patients, neurotics and normals in verbal intelligence. This shows that the patients with essential hypertension are neither more intelligent nor less intelligent than the normals and the diseased groups.

10. (a) The neurodermatitis patients are not found to differ from the general hospital out-patients, neurotics and normals in extraversion.

(b) The neurodermatitis patients are not differentiated from the general hospital out-patients and the normals in neuroticism. Hence it may be concluded that they are not neurotic. Neurodermatitis patients are found to be significantly lower in neuroticism when compared with a group of neurotics. This gives additional support to the conclusion that they are not neurotic.
In the dimensions of extraversion and neuroticism, neurodermatitis patients fail to show a distinctly different personality pattern when compared with the general hospital out-patients and normals.

(c) In manifest anxiety the neurodermatitis patients (both male and female) are found to be significantly higher than their normal counterparts. However, they are not found to be more anxious than a control group of general hospital out-patients. This may probably indicate that the anxiety of the neurodermatitis patients is only incidental to an illness condition. A comparison with the male neurotics shows that male neurodermatitis patients are significantly lower in anxiety but that the females of both the groups do not differ.

(d) The neurodermatitis patients (both males and females) do not differ significantly in general ambition from the general hospital out-patients, neurotics and normals. This shows that general ambition is not a crucial personality variable differentiating neurodermatitis from others.

(e) Verbal intelligence of the neurodermatitis patients shows that they are not different from the general hospital out-patients. However, the neurodermatitis patients are found to be significantly lower in verbal intelligence when compared with the neurotics and normals.
SCOPE FOR FURTHER RESEARCH

(1) The present study is conducted using inventories. The study can be replicated with the Objective Behaviour Tests to determine more reliably the relationship of some of the personality dimensions studied in psychosomatic disorders.

(2) In the present study the M.P.I. has been used to measure extraversion and neuroticism as this is in use either in its original form or in its modified vernacular forms for a long time in India. Hence, there is a large body of literature available using the M.P.I. It was thought that this would help to make the necessary comparisons with more confidence than with its recent versions. However, the present findings can be established to be empirically more valid if the study is replicated with the revised versions of M.P.I. like the E.P.I. and also with other inventories like the P.E.N. and E.P.Q.

(3) In this investigation only five psychosomatic groups could be studied. The study can be extended to other forms of psychosomatic disorders also to get a more comprehensive view of the personality of psychosomatic patients.
(4) As the manifestation of psychosomatic disorders are also culturally determined, a study of cultural, social, and demographic variables may also help to bring out a clearer picture in understanding the psychosomatic problem. Hence these may also be included for investigation on larger samples.

(5) It is now known that many of the psychosomatic disorders are exacerbated by perceived stresses (conditioned stimuli of a conscious and subliminal nature). While it is known that certain stresses are common to all, there are other stresses which act differentially on different individuals. It is also possible that the effect of these stresses may be different for the male and female sexes. Thus a study to understand the common stresses and also stresses particular to individuals and peculiar to sexes can be done. An investigation of this kind may be of great therapeutic value.