CHAPTER I

INTRODUCTION AND STATEMENT OF THE PROBLEM

Psychosomatic disorders have become a major field of research in recent years. This field has been the focus of so much academic interest that we have now a number of theories trying to explain psychosomatic interaction. Nevertheless, as most of the theories are more speculative than empirically based, psychosomatic medicine has little to boast of its scientific status. Historically also the position of psychosomatic notion was rather dubious. Claridge (1973) says, "Throughout the history of medicine the notion of a psychosomatic interaction in physical disease has appeared, disappeared, and reappeared". However, the present trend in psychosomatic research gives one the impression that this approach would not only continue but would do so with greater impact on psychiatry and general medicine. Now there is a greater awareness that such a concept is useful in explaining a variety of illnesses.
Many physicians have realized that treating the 'body' to the exclusion of the 'mind' is at best only peripheral and that treating the 'mind' to the exclusion of the 'body' is often detrimental. On the one hand there is the feeling that certain physical disorders could be caused, precipitated, and exacerbated by psychological factors. On the other hand researchers are becoming aware of the fact that even those illnesses which are considered 'purely organic' have also an undeniable psychological side. Kissen's (1958) study on tuberculosis is an example in this connection. While, it is noted that certain physical illnesses have psychological components as one of their primary causes, some others seem to thrive, although clearly caused by microorganisms, in an atmosphere of emotional instability. It is also known that psychological disorders might arise as a sequel to purely somatic illnesses. Thus today, whether we speak of psychosomatic or somatopsychic disorders, the role of emotional factors is being appreciated more fully. The modern psychosomatic attitude is well reflected in the remark of Desmond O'Neil (1955a) who said, "the patient with diabetes, like every other patient, is a person; and his loves and hates, hopes and fears, have a profound effect upon his illness".

The awareness of the relationship between the 'psyche' and bodily states is as old as medicine itself.
Nevertheless, scientific psychosomatic medicine has a very short history. This area of medicine lay primarily in the hands of internists and did not emerge as a medical speciality for a long time. Later it became the domain of psychoanalysts whose theories had often "... the quality of a conceptually uneasy mixture of the organic and the phenomenological" (Claridge, 1973). During the 1950s researchers have turned away from traditional approaches to the more modern ones and emphasized on more 'sober research designs' and 'low-level hypotheses' (Wittkower and Lipowski, 1966). Recent trends have become more experimental in understanding the dynamics of psychosomatic illnesses.

In India, psychosomatic medicine is yet to develop into a speciality. Concern about psychosomatic disorders has started only recently. The possible reason for this may be the fact that urbanisation and industrialisation were slow in this country and the incidence of psychosomatic disorders might have also been rather low. But, the present situation in India is somewhat different. India is going through a phase of rapid industrialisation and the newly emerging social situation in India fosters the same kind of stresses as are noticed in Western societies. Stein (1970) and Schwab et al. (1970) have already pointed out that the development of certain psychosomatic disorders
is related to rapid urbanisation and the 'competitive spirit' of the modern societies. It has been discovered that, of late, psychosomatic disorders are on the increase in developing countries like India, Africa and the Far East (Yap, 1951; Seguin, 1956; Gaitonde, 1958; Collomb, 1964). The understanding and alleviation of this problem, then becomes a need of the hour. Hence research in psychosomatic disorders is highly relevant in India to-day.

Although, rapid urbanisation and western modes of living have been considered to be the main cause of increasing psychosomatic disorders, it is not clear as to why two people when exposed to the same kind of stress develop two different reactions. While one person may seem to overcome the stress with no apparent pathology at all, another may appear to react with a psychosomatic disorder. So also, under the same circumstances, when one develops an ulcer another seems to come out with essential hypertension. Why people react differently to similar stress situations is probably explained by pointing out that they differ in their personality make up. Understanding the individual differences in terms of personality then becomes a very crucial element in understanding psychosomatic disorders altogether. In this direction the works of some recent personality theorists appear to be important.
In recent years the field of personality has attained not only great recognition but considerable importance in psychology. The present scientific sophistication achieved in personality research is mainly attributed to the extensive work in this area by Eysenck (1947), Cattell (1950) and Guilford (1959). Although, the personality theories of Cattell and Guilford have been found to be useful in a number of situations, their concept of innumerable factors have made application in clinical situations rather cumbersome if not difficult. Eysenck's approach, on the other hand, is easier to apply as in his approach he goes to the higher-order factors which are limited in number. After a critical evaluation of the theories of Eysenck, Cattell and Guilford, Eysenck and Eysenck (1969) conclude, "... neither for research nor for practical application can we at the moment use the existing primary factor inventories but that we are reasonably safe with the higher order factors ..." viz. Extraversion and Neuroticism.

In the present context the Eysenckian approach seems to be more appropriate also because of the fact that the Eysenckian dimensions of Extraversion and Neuroticism as personality factors can be traced to their neuro-physiological substrate connecting the Eysenckian approach to the
relatively more scientific corticovisceral model of psychosomatic disorders. That kind of a connection is expected to open up the possibility of eventually linking personality variations to the physiological activities which mediate the psychosomatic processes in disorders. Even though, not as specific as the above, another aspect which makes the Eysenckian approach acceptable is that the dimensions of Extraversion and Neuroticism are the two dimensions that have emerged most consistently from extensive psychometric research (Claridge, 1973). In the present investigation, the differentiating characteristics of personality are studied in terms of the Eysenckian personality dimensions of Introversion-Extraversion and Neuroticism. A third Eysenckian dimension called 'Psychoticism' in the non-ability domain of personality is not included as the present two dimensions are reported to be more involved in psychosomatic disorders.

Apart from the personality dimensions of Extraversion and Neuroticism, some other personality factors like anxiety, ambition and intelligence have also been included for the following reasons.

In psychosomatic research the problem of anxiety occupies a central position. The psychoanalytic view of anxiety as the core of all neuroses and psychosomatic dis-
orders, the behavioural-learning approach to anxiety as a conditioned avoidance response capable of inducing strong drive and the awareness of anxiety as mediating autonomic nervous system conditioning, have brought about significant research contributions in this area. The phenomenologically oriented psychologists and psychiatrists gave aetiological importance to 'existential anxiety'. The more sociologically oriented psychologists and anthropologists have also focussed their attention in this area as they found anxiety and stress increasing with rapid industrialisation and urbanisation. Hence, anxiety has been considered an important area to be explored in psychosomatic disorders.

The role of Ambition in psychosomatic disorders has been considered to be important. Psychosomatic disorders especially of the gastro-intestinal and cardiovascular systems are generally thought to be occurring in highly ambitious people. Research investigations aimed at verifying this hypothesis have come out with inconsistent results. This area is open to further research as the role of a motivational trait like ambition is yet to be fully understood. Moreover, the trait called ambition is inter-twinned with cultural variables and hence research findings in one culture need not show the same pattern in another culture.
The relationship of Intelligence to psychosomatic disorders has not received the attention it deserves from researchers inspite of the fact that intelligence is a very important dimension of personality. It is well known that psychosomatic disorders are often precipitated and exacerbated by cognitive factors. The perception of a situation as threatening and the appraisal of a situation as stressful may be related to the intellectual level and cognitive sensitivity of an individual. In disorders where cognitive aspects have aetiological importance, intelligence as a measure of personality becomes very important. So also it would be interesting to see whether intelligence as a variable would differentiate the psychosomatic patients belonging to the different diagnostic category.

STATEMENT OF THE PROBLEM

The present research investigation has been planned to determine:

(1) Whether the selected psychosomatic groups (Peptic Ulcer, Irritable Bowel Syndrome, Bronchial Asthma, Essential Hypertension, and Neurodermatitis) differ significantly among themselves in factors like Extraversion, Neuroticism, Manifest Anxiety, Ambition and Intelligence.
(2) Whether the psychosomatic groups differ significantly from a control group of general hospital out-patients in the above mentioned variables.

(3) Whether the psychosomatic groups differ significantly from a group of normals in the above variables.

(4) Whether the psychosomatic groups differ significantly from a group of neurotics in the above variables.

(5) Whether the psychosomatic group of illnesses could be considered as an independent entity as far as the dimension of neuroticism is concerned.

It is expected that the research findings emerging from the present investigation would not only make some contribution by way of cultural validation but also would reveal the necessity of a psychosomatic approach and thereby stimulate further research in this area. It is also hoped that the findings would be of use to physicians, surgeons, psychiatrists, psychologists, social workers and also to all those who are interested in the welfare of the psychosomatic patients.