THE PRESENT STUDY
Thus from theoretical orientation and past reviews, it appears to the author that there are certain diseases whose development, duration, exacerbation are associated with psychological and social factors and if these factors can be explored scientifically then prognosis and remission of such diseases can be facilitated. The psychosocial factors which bring in concomitant changes in the body system of the diseased person act as the predisposing condition and necessary precursor of the psychosomatic diseases.

The close relationship between some kind of constellation of psychosocial factors and resultant bodily disturbances had been recognised since long, but very recently attempts have been made specifically isolate various psychosocial factors associated with different types of psychosomatic diseases. During the past decades investigations in the Western country have given increasing attention to the social factors related to psychosomatic illnesses. It is interesting to note, after the important investigations of Department of Health and Education and Welfare (1960), Spain (1960), Brody (1967) that the increase in the rate of suffering from psychosomatic diseases can possibly be attributed to the gradual change due to urbanization and industrialisation in the social context and necessarily accompanying social complexities and complex life situation.

The process of change in course of urbanization has brought with it many evils of modern life. This change has even percolated to the rural and underdeveloped population and eventually the authority pattern of the family has been changed where the role of women has been changed inside and outside the family. Child rearing practices have been influenced and modernized and availability of opportunities in the field of education has been extended but still then the scope for fulfilment of satisfaction in adult life, be that in home or in work situation, have not increased, resulting in frustration, insecurity and tension.

Besides urbanization the various attributes of industrialization also have different impact on the mental life of an individual. With the industrialisation the traditional authority of the elders is now diminishing due to equal rights and previlages enjoyed by all. This
gives a self sufficiency to each individual which cause a new type of culture and mentality. Social position of a worker depends on his designation e.g. clerk, officer, technician etc. Thus position acquired through heredity as it was practised previously is not maintained any longer. This indicates that old traditionally based sociocultural factors are disintegrating. Some of these social changes can be assimilated in course of time, whereas others cannot. Failure of assimilation of such social changes are due to failure of adoption of new norms, values and ideologies.

Thus it is seen that in the western countries the stresses associated with rapid social changes are apt to affect the psychic life of the individuals in different degrees and in some cases even interfere with the wellbeing of the individuals.

In our country also such changes have been taking place rapidly. Cities and towns are undergoing rapid urbanization and industrialization, as a result a shift from the traditional values and norms in many cases are noticed. With massive population explosion, industrialization and urbanization affecting the social frames, the majority of the population has been subjected to acute economic pressure. It has resulted in the disintegration of joint family-system, a very characteristic of Indian agrarian society. This has also differed and diminished the Indian caste system, has loosen traditional restriction to marriage by younger generation and has shattered the very existence of traditional status and customs. There are some of the most important characteristics changes that have occurred in the Indian social set up bringing indefinite changes in life style and pattern. It may be noted that modern people have become more anxiety stricken, insecure and tensive because of their constant confrontation with the variegated vicissitude of the modern complexities of life. The range of expectation, frustration, success and unsucess of duality resulting in unresolved anxiety and frustration tend to vent out through somatization reaction e.g. through physical illnesses.

Medical sciences look after these illnesses as merely physical illness and treat the patients with drugs, diet, surgery. Though they admit the importance of psychological and social aspects of the disorders, in most of the cases these aspects are ignored when such a
patient is treated. Thus permanent cure in such cases is not always possible. So psychosocial approach is necessary for the diagnosis and prognosis of such diseases.

To explore the psychosocial aspects associated with the psychosomatic diseases as prevalent in the Indian sociocultural set up, the present study has been aimed at. The study is all the more important and almost pioneering in India particularly in West Bengal where such research ventures are very meagre.

Specifically the research has considered urban population living in greater Calcutta and the diseases considered in the present study are peptic ulcer and bronchial asthma because of their high rate of incidence and consequent availability.

In general sense the term psychosocial means a vast area with various implication. But in the present study the term used, covers some of the psychological and social factors which seem to be closely associated with the psycho-somatic diseases.

The present study has, therefore, taken into consideration, factors like:

A. Personality, specifically the traits:
   1. Emotional Stability; 2. Timidity; 3. Adaptability;

B. Adjustment level:

C. Social Variables:
   1. Socioeconomic status; 2. Family structure i.e. nuclear or joint; 3. Family size; 4. Marital status; & 5. Birth orders.

The justification for considering all these variables may be substantiated from the findings of different investigators as given here under:

A. PERSONALITY AND PSYCHOSOMATIC DISEASES:

In psychology the term personality is used to refer to the individual considered as a whole, the composite pattern of all beha-
vior characteristics. The investigators in abroad such as Mittleman & Wolff (1942), Moos (1964), Beudorf-Ward (1969), Smart (1976), Rees (1976) among others stressed mainly on those traits as emotional stability, timidity, depression, frustration, anxiety, neuroticism. Thus it is probable that these traits are in close association with the psychosomatic illnesses.

Unfortunately, studies on these factors in our country & in this population appear to be insufficient. Considering these aspects of psychosomatic illness, these traits are included in the present study.

B. ADJUSTMENT & PSYCHOSOMATIC DISEASES:

Adjustment is a process by which individual strives to cope carefully with the environment. The importance of studying adjustment lies in the fact that we know how maladjustment crops up due to stress which stimulates hypothalamas, the centre of visceral functions. As the struggle for existence is increasing day by day it can be hypothesized that maladjustment is occurring in different aspects of life which affect the physical condition of some ìnti individuals. Videl Teineder (1969) in West and Sharma & Rao (1974) in India have found that the psychosomatic patients have poor adjustability. This present study has also included adjustment as a variable.

C. SOCIAL VARIABLES:

Psychosomatic diseases: When the social aspects of psychosomatic illness is considered then the question comes that when the complexities of society affect more or less all the individuals in a defined area, why not all the people develop psychosomatic illnesses? To get the answer one has to probe into different aspects of the individuals. We have already noted that psychosomatic disorders are conspicuously associated with greater and greater complexities of social life and, therefore, even though genetic factors in some way or other might be contributing to such psychosomatic disorders, yet the prime predominance of psychosocial factors should not be undermined and due waitage should be given to the following factors.
SOCIO ECONOMIC STATUS:

Martin (1962) had pointed out that "poverty, malnutrition, overcrowding, insanitary housing condition, inadequate medical care and unskilled employment were highly correlated with one another and in such a way that the pattern of their relationship could be expressed by a single factor conveniently labelled as Social Class". However, as a result of recent social changes, there being remarkable reduction in the size of the wholly unskilled class and increasing social mobility, no simple scale can provide an adequate index of the social class structures. The time has come for social scientists to study certain socioeconomic variables, such as level of education, income and social status of the patients suffering from these sorts of illnesses. These variables seem to be useful in investigating the social component of psychosomatic disorders.

FAMILY STRUCTURES:

Family is the unit of society. With the social changes families have been smaller and this has important implication on the interpersonal relationship among the family members. It is widely accepted that family is important in determining the emotional development and wellbeing in adult life.

A study reported from this country has shown that an association exists between the pattern of family structure and prevalence of psychosomatic illnesses (Sethi et al 1978).

FAMILY SIZE:

Number of the member of a family gives the index of family size; larger the number, larger the size of the family. If the family size is too big with inadequate spacing and other facilities, it is very likely that the person living in such an environment will be subjected to irritation, noise, stress and strain. So this may be one of the associated variables of Psychosomatic diseases.

MARTIAL STATUS:

Marital status of a person determines to a certain extent the degree of responsibility to be shared and the nature of duties to be discharged by an individual.
It also involves relatively wider range of interpersonal relationship. Individuals having emotional instability, high degree of neuroticism, often fail to adjust effectively with marital marital situations incurring more and more stress and strain on the confronting individuals. Thus in a way marital status might be one more important contributing social variable for the study of psychosomatic. On this count this variable has been considered with other variables.

**BIRTH ORDER:**

There is some significant relationship between position among siblings and the psychosomatic illness (Meiners 1978). Adler (1931) also stressed on the birth order and personality development. He showed that personality of eldest, middle and youngest child were quite different in a family. This difference was due to the distinctive experience faced by each child in a social group. As the birth order has been stressed by the above authors, so it has been included in the present investigation.

With this frame of references the following hypotheses have been formulated:

1. Male psychosomatics differ from that of nonpsychosomatics in respect of some personality variables viz.
   (a) Emotional Stability; (b) Timidity;
   (c) Adaptability; (d) Depression; (e) Frustration;
   (f) Neuroticism.

2. Female psychosomatics differ from that of nonpsychosomatics in respect of certain personality variables. Viz.
   (a) Emotional stability; (b) Timidity; (c) Adaptability;
   (d) Depression; (e) Frustration; (f) Neuroticism.

3. Male psychosomatics differ from that of nonpsychosomatics in respect of certain adjustment areas.
   (a) Home; (b) Health; (c) Social;
   (d) Emotional; (e) Occupational.

4. Female psychosomatics differ from that of nonpsychosomatics in respect of certain adjustment areas.
   (a) Home; (b) Health; (c) Social;
   (d) Emotional; (e) Occupational.
5. Psychopaths differ from that of nonpsychosomatics in respect of certain Social variables:
(a) Socioeconomic Status; (b) Family Structure; (c) Family size;
(d) Marital Status; (e) Birthorder.

6. The male peptic ulceratives (Gr. 1) differ from male asthmatics (Gr. 2) in respect of personality variables, Viz.
(a) Emotional Stability; (b) Timidity; (c) Adaptability;
(d) Depression; (e) Frustration; (f) Neuroticism.

7. The female peptic ulcer (Gr. 3) differ from female asthmatics (Gr. 4) in respect of personality variables, Viz;
(a) Emotional stability; (b) Timidity; (c) Adaptability;
(d) Depression; (e) Frustration; (f) Neuroticism.

8. The group (1) differ from group (2) in respect of certain adjustment variables:
(a) Home; (b) Health; (c) Social;
(d) Emotional; (e) Occupational.

9. The group (3) differ from group (4) in respect of certain adjustment variables:
(a) Home; (b) Health; (c) Social;
(d) Emotional; (e) Occupational.

For the verification of the hypotheses a separate groups design was adopted. The independent variable in this study was not under the direct control of investigator and had to be manipulated by the method of selection. In other words, the independent variable was of type - S & the type of research was 'ex-post facto' in nature.

The independent variable values was varied in two ways (presence & absence of Ps diseases). So two groups meeting these criterion were selected. The dependent variables were altogether eleven in number (5 selected factors from Cattell's P.P.1 factor from Bernreuter Personality Inventory and 5 adjustment areas). The relevant variables which were
likely to influence the dependent variables and, therefore, required controlling were sex, age, religion, area of domicile, education and certain other subject variables. These variables were controlled by holding them constant for the two values of the independent variable (i.e. the Ps & Non Ps). Since only two groups were involved, comparison of the groups each of the eleven variables was proposed to be undertaken by the 't' Test for two dependent samples. Since no specific assumption was made regarding the nature (or direction) of the difference between the mean score of the two groups on the variables under study, the two-tailed 't' test was the automatic choice.

However, before applying the 't' tests: all assumptions regarding group differences (as stated earlier) were expressed in the forms of null hypotheses against appropriate alternative hypotheses.

Since the data on social variables were obtained in nominal or categorical form, assignment of numerical values and computation of mean scores for the groups were not possible and Chi-square test was used for testing the null hypotheses with regard to social variables.