INTRODUCTION AND CONCEPTUAL FRAME WORK

STATEMENT OF THE PROBLEM:

The classic experiments of Cannon on the physiological effects of fear, hunger, pain and rage laid the basis for many of the psychosomatic studies of today. It is well known from everyday experience that emotion such as fear, anger, resentment, guilt or embarrassment have definite physiological effects. We are well aware that weeping, laughing, blushing and even disturbances in bowel and bladder control occur under the influence of strong emotions. These, however, are all transitory processes occurring in everyday life of healthy persons. Systematic psychosomatic studies have shown not only that transitory physiological changes may be caused by the emotions but that sustained emotional strain may lead to chronic disturbances of physiological functions. These in turn may be responsible for certain somatic diseases.

Although the term psychosomatic was used in the last century, it was Helen Flanders Dunbar (1948) who formalised the field and attempted to establish what was really a psychological constitution although she did not so define it. She tried to establish certain personality profiles which are similar in principle to bodily measurements or indices. These profiles however, are not constitutional in the sense that they exist at birth; they develop from a host of experiences during the child's early relationship with the mother and its wider, interpersonal, later experiences. Profiles can be defined as characteristic pattern of behaviour in action and
certain types and modes of thinking and feeling, interpreted by the psychiatrist from the patients account, of his longitudinal life pattern and from the account of others in the patients home, work and recreational environment. But it is more scientifically interpreted and understood by the psychologist from the objective personality study with the help of personality test. These profiles are supposedly correlatable with certain specific diseases such as peptic ulcer, coronary sclorosis, rheumatoid arthritis, diabetes, asthma, hypertension etc.

The association of somatic illness and psychological conditions, of course, represent influences in both directions personality maladjustment causes somatic illness (Psychosomatic disorders) and somatic disabilities induce personality changes. Additionally, one recognizes those psychological disorders in which the somatic disorders are complained about, but unreal usually known as functional disorders.

Different researchers have reported their findings on the basis of the study of different group of psychosomatic. In the present investigation only one group of psychosomatic disorders namely asthma has been taken for detailed study.

On the basis of clinical impressions, it is often theorized that the asthmatic patient displays a distinctive personality pattern as reported by Chobat, R., Spadavecchia, R and Desanctis, R.M. (1939), Dess, Susan (1945), Fine, R. (1948), French, T.M., Alexander, F and others (1941), Rogerson, C.H., Hardcastle, D.H. and Duguid, K. (1935), Salter, H.H. (1882),
Stokes, J.H. and Beerman, H. (1940), Strauss, E.B. (1935), Vles, S.J. and Groeu, J. (1951), Wilken-Jensen, K., Waul, N., Farup, B., and Bulow, K. (1951). These clinical observations agree in reporting that the personality of the asthmatic children show the following traits with great consistency: over anxiety, lack of self confidence and a deep seated dependency upon the mother. Moreover, most of these authors stress the high incidence of psychoneurotic difficulties or functional disorders in asthmatics.


Some researchers have even postulated a specific predisposing personality for asthma, though others have denied it. Leigh and Marley (1956) found in a survey that feelings of inadequacy, tension and anxiety were much more common in the asthmatic than in the control group. Rees, L. (1956) also found in a survey of asthmatics that they were more obsessional, unstable and timid as compared to the controls. The basic core or nucleus of the asthmatics personality has been described in detail by Bastiaans and Groeu (1954) and by Bastiaans (1957). They reported a marked emotional hyper-sensitivity, a diminished capability or failure of adaptation to difficult and unfavourable situations, strong tendency for impatient and impulsive
behaviour, and egocentricity with an inclination for psychic isolation. These studies also reveal an infantile stubbornness which lead to conflict with an "authoritative figure" in the family environment towards whom he has an ambivalent feeling of both dependence and hostility and a marked difficulty in resolving inter-personal conflicts and thereby discharging the inner mental tensions by "talking it over" or by "giving and taking".

Psychological researchers on this topic (Chobat, R., Spadavecchia, R. and Desanctis, R.M. (1939), French, T.M. (1936), Regerson, C.H., Hardcastle, D.H. and Duguid, K. (1935)) appear to be inconclusive because of the small number of the patient studied and the variety of clinical measurements used.

Several studies carried out on the problem children have tried to establish that different type of functional disorders are seen in different personality structure.

Gegesi et al (1963) studied behavioural abnormalities in childhood. It was observed in this study that environmental psychogenic factors may induce a serious disorders of personality without any pathological alteration of the child's mental functioning.

Karson (1965) found that subjects having conduct problem were more aggressive, critical, intelligent, excitable, dominant, assertive, though-minded and anxious in comparison to children having personality problem.

Belciugateanu et al (1970) in a study of hysterical neuresis found lack of resistance and energy, deficiency of
Hollender (1971) also studied the patterns of hysterical personality of children. Researchers found that hysterical personality is a lifestyle fostered by social forces during the childhood in females with attractive appearance and personality.

Verma et al (1972) conducted a study of enurotics and found a high incidence of neurotic traits in them.

Xavier (1972) found that female hysterical neurotics were emotionally labile, impulsive, ego-centric and immature. Kidson (1973) in his study reported hypertensive patients more neurotic than non-patients. Verbeek (1973) in his study considers hysterical personality as an immature, under-developed, emotional personality. Alarcen (1973) concluded that hysteria does not necessarily present itself in the hysterical personality.

Singh et al (1973) observed that problem children were more aggressive, obstructive, cool, aloof, hard, precise, suspicious and rigid. They lacked in frustration tolerance. They were emotionally dissatisfied, excitable, impatient, demanding, assertive, independent, stubborn, dominant and internally restrained. In addition, apprehension, worry, depression, guilt proneness, undisciplined self conflict and mental tension were more marked in this group.

From the perusal of literature it seems clear that asthmatic children (Psychosomatic) and children having functional disorders...
have got a typical personality pattern. In this investigation an attempt is made to study the personality pattern of the asthmatic children (Psychosomatic) and children suffering from functional disorders to find out if there is any specific pattern of their personality, and to study whether these two groups of children with two different types of psychosomatic and functional problems differ in their personality characteristics from each other. In addition to these two groups a normal sample has also been worked out. A second group (control) of children having somatic illness has been studied and compared with other groups in order to find out the impact of somatic problems on the mental life and personality pattern of the individual concerned.

OBJECTIVES

In brief the major objectives of this investigation will be to study whether asthmatic children and children having functional disorders have got different personality patterns:

1- Asthmatic children and children with functional problems differ from normal children in their personality.

2- Both the groups (Psychosomatic & functional) differ from children, who suffer, from somatic illness.

3- Personality pattern of the asthmatic children differs from the children having functional problems.

IMPORTANCE OF THE STUDY:

The findings of this study will help in understanding
personality pattern of the asthmatic children (Psychosomatic) and children suffering from functional disorders. It will throw light on differential personality patterns of both the groups. It will also be revealed that which of the personality traits are responsible for asthma and functional problems. In case characteristic traits responsible for the development of asthma and functional problems are noticed it will be possible to predict and prevent the onset of the disease with the help of psychological measures. In addition to this if asthma (Psychosomatic) comes out to be a case of summation of allergic and emotional stress it will be possible to accelerate the process of cure by amelioration of such problems. In brief the results of this study may provide the knowledge which may be valuable for prediction, prevention, diagnosis, treatment and management of such cases.

CONCEPTUAL FRAMEWORK.

In the following pages, important concepts used in the present research work are explained and operationally defined.

PERSONALITY

In Allports (1937) scholarly survey of personality theory, some fifty three definitions of personality are cited as existing in the literature. Cattell (1969) writes that Murphy and Jensen after an almost equally exhaustive acquaintance with the discussions say, with seemingly genuine surprise and disappointment "we do not believe that anyone to-day can
seriously undertake to say that he knows what personality is?" It suggests that we have not yet explored and reached to a final conclusion about the personality. Our effort in the area of exploration of the different aspects of personality is in continual process. Cattell (1969) Criticising the ritual of beginning a dissertation with a precise definition of what is being studied, has reported that it implies a serious misunderstanding of scientific method. If anything can be fully defined, it is pointless to investigate it. Without going into the detail of different definitions and controversies, it is essential to take cognisance of some of the important work carried out in this area.

Allport (1937) was the first psychologist of the Century who defined the personality in a manner acceptable to most of the person in the area at that time. He defined personality as "The dynamic organization within the individual of those psycho-physical systems that determine his unique adjustments to his environment". With all the qualities of the above mentioned definition it does not seem to be possible to study the "dynamic organization within the individual" directly with the help of some measure.

Eysenck and Cattell are two most important psychologists of the day who have much impressed and influenced not only the researches in the field of personality and psychology but also in the other applied fields of study like psychiatry. They believe in the dictum stated long back by E.L.Thorndike. "Whatever exists, exists in some quantity and can, in principle,
be measured". Cattell is one of the exponents of the \textit{p} \textit{x} traits approach of personality. Eysenck believes in type approach for the understanding of human personality. Really speaking there is not much of difference in type and trait approach of personality. A trait represents a particular classification of human behaviour and a type also represents a sample of behaviour but much broader sample of behaviour in comparison to trait. Eysenck (1960) defines that personality is more or less stable and an enduring organisation of person's character, temperament, intellect and physique which determines his unique adjustment to the environment.

According to Cattell personality is concerned with and deduced from all the behaviour relations between the organism and its environment. It is that which predicts behaviour given the situation.

\textbf{CHARACTERISTIC:}

The word "Characteristic" has been used in this study for traits. By a trait means some relatively permanent and broad reaction tendency. What is always involved in description by traits is that under a given number of circumstances a person is observed to behave in this or that manner.

\textbf{PSYCHOSOMATIC:}

The field of psychosomatic medicine suffers from definitions and concepts that have emerged, overtime without the adequate forethought and structure necessary to remove ambiguity and ensure that the field is properly delineated.
In recent years, the number and types of disorders that might properly be considered psychosomatic have increased dramatically. This is due primarily to a greater understanding of the interplay between mental and physical forces, which in turn has been enhanced by increased collaboration between behavioural practitioners and non-psychiatric physicians.

But in the present investigation word psychosomatic has been used in the traditional manner. Psychosomatic illness in the present study, means a physical problem resulting from emotional stress like asthma, hypertension and ulcerative colitis etc. In this research work only asthma has been taken for the study.

**ASTHMA:**

Bronchial asthma is a form of pulmonary functional derangement resulting from reversible obstructive hyper-inflation of both lungs throughout. It is characterised clinically by paroxysmal episodes of cough and dyspnoea accompanied by a prolonged expiratory phase with wheezing. It can be produced by more than one cause—allergic, infective and psychogenic operating singly or in combination. In the present investigation word "Asthma" has been used in the sense of asthma with psychogenic origin.

**PHYSICAL SICKNESS:**

In present investigation physical sickness refers to those cases having somatic problem with no history of any psychological, psychiatric and psychosomatic problem.
FUNCTIONAL DISORDERS:

The word functional disorders, in this study means psychological disorders or behaviour disorders among children without organic basis and for which the child is brought to child Guidance Clinic after thorough physical check up by a competent physician, for the purpose of diagnosis and treatment. Children suffering from functional disorders are also designated sometimes as problem children or neurotic children.

NORMAL:

In this investigation the word 'normal' is used for those children who had no history of psychological problems and no history of physical illness at least for last two years.