CHAPTER V
Principle findings.

On the basis of analysis and interpretation of data carried out in previous chapter the following are the principal findings of the present study. The main objectives of the present study are to study comparatively the personality characteristics of (1) Asthmatic and normal children; (2) Asthmatic and functional disorders (3) Asthmatic and Physically sick children (4) Normal and functional disorders (5) Normal and Physically sick children; (6) Functional disorders and physically sick children.

The personality pattern of asthmatic children is altogether different from the normal children. They differ significantly on ten factors A, C, H, I, O, O3, O4, N, Anxiety and tough poise out of seventeen factors measured by the test in pre-adolescent sample. In adolescent sample also they differ significantly from the normal children on seven factors A, C, I, O, O4 extraversion introversion and anxiety out of fifteen factors.

Similarly asthmatic children have shown distinguished personality characteristics in comparison to children suffering from somatic illness as they differ on factors A, C, H, O4, N anxiety, tough-poise and independence in pre-adolescent sample and on factors A, H, O4 extraversion-introversion in adolescent sample.

Comparison between asthmatic children and children suffering from functional disorders reveals that there is significant difference on factors A, I, N and tough-poise in

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pre-adolescent sample and on factors A and independence in adolescent sample. Above findings are detailed below.

On Factor 'A' Asthmatic children have scored lowest suggesting that an asthmatic is more uncompromising and earnest, prefers things or words to people, likes working alone, favours a thinking quality in companionship, and is introspective in comparison to the other groups. They are reserved, detached, critical, aloof and stiff.

In both the groups of pre-adolescent and adolescent asthmatic children have scored lower than normal and somatic group on factor 'C'. Individual scoring low on factor 'C' tends to be easily annoyed by things and people, is more often dissatisfied with his family and his school, has emotional difficulty in keeping quiet and restraining himself and is discouraged by his inability to meet good standards of behaviour. He shows more than an average number of generalised neurotic responses, in the form of manifest defence mechanisms. Somatic group differs from normal group indicating that physically sick child is also emotionally disturb. It seems that any illness which causes a pervasive limitation in freedom of general action inevitably affects the personality functioning.

Children suffering from functional disorders have scored lower than normal on factor 'C' in both the groups of pre-adolescent and adolescent indicating that problem children are emotionally less stable, easily upset and worrying. There is no significant difference between the asthmatic and functional group.

Asthmatic children scoring significantly lower than
normal and somatic group, are found to be relatively slow and impeded in expressing themselves. They dislike occupations with personal contacts, prefers one or two close friends to crowds, avoids large parties or open competition, is fearful of situations, easily resentful and distrustful, but very considerate of others sensitivities, and not given to keeping contact with all that goes on around him. The children suffering from functional disorders are found to be similar in their characteristics like asthmatic on factor 'H'.

Asthmatic are found to be different than normal on factor 'I'. They have scored higher and such person receive significantly more descriptions as fussing, slowing up group performance in arriving at decisions, and making social emotional negative remarks. They are more sensitive. Asthmatic children are found to be significantly different from problem children but only in pre-adolescent sample. Like other researchers it is difficult to conclude and draw a hard and fast line between psychosomatic and neurotic because significant difference has not been supported by adolescent sample. Children suffering from somatic illness have also scored higher than normal indicating emotional reaction to physical illness.

On factor 'O' all the disease groups, asthmatic, somatic and functional are significantly higher than normal but all the three groups do not differ among themselves.

On factor 'O3' asthmatic have scored significantly lower than normal showing low self sentiment integration.

On factor 'O4' all the three groups of diseases have
scored higher than normal group. Asthmatic children are significantly higher than physically sick children. Persons scoring high on 'Q₄' describe themselves as irrationally worried, tense, irritable, and in turmoil. They feel frustrated and are sensitively aware of being criticized by parents for untidiness, phantasy and neglect of good goals. The best theoretical interpretation given of Q₄ is that it describes excitement and tension and reflects the level of undischarged drive. Asthmatic children do not differ from the children suffering from functional disorders. It can not be concluded that high Q₄ is the characteristics of psychosomatic cases only.

On factor 'N' asthmatic children significantly different from normal, somatic and functional group, are genuine, but socially clumsy. They have vague and injudicious mind. They lack self-insight and are unskilled in analysing motives.

Asthmatic children, on factor 'Exvia vs. Invia' have scored lowest, suggesting that they avoid social interaction.

Score on factor 'Anxiety' are found to be highest in the functional group but there is no significant difference between functional and asthmatic children. Asthmatic children are also statistically different from somatic group. It suggests that neurotics are higher than normal, somatic and psychosomatic groups on anxiety.

On "tough-poise vs. tenderminded emotionality" asthmatic children are found to be statistically different from other three groups. Functional group has also been found significantly different from other three groups. Lowest score
of asthmatic suggests definite evidence of association with depressive emotion, frustration, neuroticism and some psychoticism according to Cattell and Scheier (1961).

Children suffering from functional disorders have scored highest on this factor indicating greater activation level, as shown by quick reaction time, fast ideomotor performance, and other signs of cortical alertness and energy as mentioned by Pawlik and Cattell (1965).

Lowest score obtained by Somatic group on factor 'Independence' reveals that they do not feel independent.

The clear cut finding which emerges from this study is that asthmatic children are significantly different from normal children as they are different on ten traits out of seventeen in pre-adolescent group and seven out of fifteen in adolescent.

Second important finding is that personality characteristic of asthmatic may not be taken as reaction of the disease because these children differ from somatic group statistically on eight factors in pre-adolescent and four factors in adolescent group.

Findings of present research work do not permit us to conclude that asthmatic children are different in their personality characteristics from the children suffering from functional (neurotic) disorders as there is statistical difference between the two only on four factors in pre-adolescent and two factors in adolescent group.
In conclusion it can be summarised that personality characteristics of asthmatic (Psychosomatic) children is different from normal children and children suffering from somatic illness but not from the children suffering from functional (neurotic) disorders.