SUMMARY

General aim of the present investigation is comparison of criminals with psychosomatic patients with regard to their adjustment, anxiety and level of aspiration. But specifically it aims at a comparison of certain types of criminals with certain types of psychosomatic patients in relation to the above noted variables of Anxiety, Level of Aspiration and Adjustment. The typology approach has been adopted in the hope of reaching at better understanding of the underlying dynamics of criminal behaviour. This approach in the past, and even today, has contributed to the present level growth in medicine. Types refer to patterns of criminality. According to reformation approach criminality and sickness in medicine are similar, just as there is not one type of sickness similarly there is no one type of criminal behaviour. In both instances there is deviation from normality. The same proposition applies to causes. For different illnesses the causes are also different. It is therefore, more probable that if criminological investigations, instead of endeavoring to determine the causes or highly correlated factors to the crime and delinquency in general, should classify crime and delinquency and study each category as a distinct class (cf. Gibbons, 1978; Reckless, 1967; Bloch and Geis, 1970; Clinard and Quenney, 1973).

Comparative studies dealing with criminals and psychosomatic patients can best be described by the term
"NOT EXPLORED". Present investigator could find not even a single comparative study of psychosomatic patients and criminals. Even then he chose this type of comparative study because of his firm belief that both criminals and psychosomatic patients are the victims of inadequate socialization but their outlets of aggression and other instinctual tendencies are divergent. Psychosomatic patients like psychoneurotics seem to direct their aggression inward while criminals translate the same into outward real actions (cf. Singh, 1973). Present investigation has been taken up and designed accordingly with the hope that same specific patterns of criminal behaviour may show similarities or dissimilarities with certain psychosomatic disorders or distinguish between themselves. With regard to anxiety, adjustment and level of aspiration and suggest certain time of action to deal with them effectively.

The sample of the present investigation consisted of 300 subjects, 100 criminals, 100 psychosomatic patients, and 100 normals. The criminals according to the nature of their crimes, such as crimes against property \((N = 50)\) and crimes against person \((N = 50)\) were randomly chosen from district Jail, Aligarh. The psychosomatic patients suffering from certain types of psychosomatic diseases, like Heart
diseases, \( N = 23 \), Bronchial Asthma \( N = 29 \), Peptic Ulcer \( N = 21 \) and Chronic Gastritis \( N = 27 \), were randomly selected from Holy Clinic, Gangoh, Distt. Saharanpur and Devitra Hospital, Aligarh. The normals were selected randomly from Aligarh city population. The age of the subjects ranged between 25 to 50 years. Aligarh Adjustment Inventory (Umaruddin & Qadri, 1964), Sinha’s W-A Self analysis form, and Singh & Tiwari’s level of aspiration scale were administered to all these groups of subjects. 't' test was applied to study significance of difference between various groups of psychosomatic patients, criminals and normals, such as (i) between normals and all criminals as one group, (ii) between normals and two groups of criminals separately, (iii) between normals and psychosomatic patients as one group, and (iv) between normals and four sub-groups of psychosomatic patients. Similarly criminals and psychosomatic patients were also compared in wholes and sub-groups with each other. The results of the study show: -

1. That the criminals and psychosomatic patients differ significantly with normals with regard to their total adjustment and its areas namely: social, emotional, home, health and financial adjustments. The criminals and psychosomatic patients are more maladjusted than normals.
2. That each of the two sub-groups of criminals namely, CRPT and CRPS and four groups of psychosomatic patients, namely, PSH, PSA, PSP and PSG when compared with normals differ significantly with regard to their adjustment and its areas. The results indicate that each of the two sub-groups of criminals and four sub-groups of psychosomatic patients are more maladjusted than normals.

3. That the comparison of adjustment scores between criminals (CR) and psychosomatic patients as whole and between criminals and three groups of psychosomatic patients namely PSH, PSP and PSG reveals significant difference indicating that psychosomatic patients as whole and its' three sub-groups are more maladjusted than criminals. But one sub-group of psychosomatic patients namely PSA does not differ from criminals in this regard.

4. That the comparison of adjustments scores between criminals committing crimes against property (CRPT) and psychosomatic patients reveals no significant difference. But the comparisons between CRPT and four sub-groups of psychosomatic patients, namely PSH, PSA, PSP and PSG reveals significant differences, indicating that four sub-groups of psychosomatic patients are more maladjusted than CRPT.
5. That comparisons of adjustment scores between criminals committing crimes against persons (CRPS) and psychosomatic patients, and between CRPS and three sub-groups of psychosomatic patients namely PSH, PSP and PSG reveal significant difference, indicating that psychosomatic patients as whole and its three sub-groups are more maladjusted than CRPS. But one group of psychosomatic patients namely PSA does not differ significantly with CRPS.

6. That the comparisons between criminals and psychosomatic patients reveal significant differences in three areas of adjustment namely, social, emotional and health. In the other two areas difference is significant.

7. That the comparisons of criminal and two sub-groups of psychosomatic patients, namely, PSA and PSH show no significant difference except that PSH differs significantly in emotional adjustment.

8. That the comparisons between criminals and other two sub-groups, namely, PSP and PSG reveal significant difference in social, emotional and health areas of adjustment but in the area of home and financial adjustment there is no significant difference.
9. That the comparison between CRPT and psychosomatic patients (PS) reveal no significant difference in social, health, home adjustments but there is significant difference in emotional and financial adjustments. PS are more emotionally maladjusted than CRPT but CRPT are financially more maladjusted than PS.

10. The difference between CRPT and PSA and PSH as well is significant only with regard to financial adjustment where criminal are more maladjusted. PSH also differs significantly with CRPT in emotionality and are more emotional than criminals.

11. That the comparison between CRP and PSP reveals significant difference in social, emotional, health and home areas of adjustment but reveals no significant difference in financial adjustment.

12. That the comparison between CRPS and psychosomatic patients (PS) reveals no significant difference in social and home adjustments but there is significant difference in emotional, health and financial adjustments.

13. That the comparisons of CRPS with four sub-groups of psychosomatics show significant difference with PSH in emotional, health and financial adjustment, with PSF and PSG sub-groups of patients in social, emotional, health
and financial adjustments, and with PSA only in financial adjustment. In other areas there is no difference.

14. That the comparisons between criminals and normals; and between psychosomatic patients and normals reveal significant differences in anxiety. Criminals and psychosomatic patients are more anxious than normals.

15. That the comparisons of each of the two sub-groups of criminals, namely, CRPT and CRPS with normals separately and with each of the four sub-groups of psychosomatic patients namely PSH, PSA, PSP and PSG reveal significant differences in anxiety. The sub-groups of criminals and sub-groups of psychosomatic patients are also more anxious than normals.

16. That comparisons between criminals (CR) and psychosomatic patients (PS) and between CR and each of the two sub-groups of PS, namely, PSP and PSG reveal significant difference in anxiety. The PS, PSP and PSG are more anxious than CR. But other two sub-groups of PS, namely, PSH and PSA reveal no significant difference in anxiety.

17. That the comparisons between CRPT and PS; and between CRPT and two sub-groups of PS namely PSP and PSG reveal significant difference in anxiety. The results indicate that PS, PSP and PSG are more anxious than CRPT. But
CRPT and two other sub-groups, namely PSH and PSA reveal no significant difference is anxiety.

18. That comparisons between CRPS and PS; and between CRPS and two sub-groups of PS namely PSP and PSG reveal significant difference in anxiety indicating that PS, PSP and PSG are more anxious than CRPS. But the differences in anxiety between CRPS and other two sub-groups of PS namely PSH and PSA are not significant.

19. That the comparison of level of aspiration between normals and criminals reveals significant difference. The normals aspires more highly than criminals.

20. That the comparison of level of aspiration scores between normals and sub-group of criminals namely CRPT reveals no significant difference. But the difference between normals and CRPS is significant, normals score higher than CRPS.

21. That the comparison of level of aspiration scores between normals and psychosomatic patients reveals no significant difference. But the difference with its two sub-groups, namely, PSH and PSA is significant. Both have scored higher than normals. The difference with another principle i.e. PSP is significant and normals have scored
higher. At the same time the difference between normals and PSG sub-group of psychosomatic is insignificant.

22. That the comparison of level of aspiration between criminals (CR) and psychosomatic patients (PS), and between CR and each of the three sub-groups of psychosomatic patients, namely, PSH, PSA and PSG reveal significant difference. The PS and three sub-groups of PS (PSH, PSA and PSG) aspires more than criminals (CR). But the comparison between CR and a sub-group of PS namely PSP reveals no significant difference.

23. That the comparison of level of aspiration scores between CRPT and psychosomatic patients (PS); and between each of the two sub-groups of PS namely PSH and PSA separately reveal significant difference. The PS and two sub-groups (PSH and PSA) aspires more than CRPT. But the differences with other two sub-groups of PS, namely, PSP and PSG are insignificant.

24. That the comparisons of level of aspiration scores between CRPS and psychosomatic patients (PS); and between CRPS and three sub-groups of psychosomatic patients (PS) namely, PSH, PSA and PSG separately reveal significant
difference. PS and three sub-groups of PS (PSH, PSA and PSG) have scored higher than CRPS. But the difference between CRPS and sub-group of PSP is not significant.