METHODS

As stated earlier the present investigation proposes to study anxiety, adjustment and level of aspiration as factors discriminating between criminals and psychosomatic patients. Evidently our objective would have been achieved had we compared two equal groups of criminals and psychosomatic patients. But in order to have a fuller view of the problem, apart from the comparisons of scores of criminals and psychosomatic patients as whole for the above three psychological processes, we classified the criminals into two groups; one of these committing crimes against property and other of those committing crimes against person. Likewise psychosomatic patients were categorized into four groups depending upon the nature of their diseases, namely, heart disease, asthma, petic ulcer and gestritis. For further clarity of the relative position of criminals and psychosomatic patients a control group of equal strength of normals from the general population of Aligarh has also been taken. Thus, in the present research discriminations between normals and criminals, normals and psychosomatic patients, criminals and psychosomatic patients as whole as well as between normals and various groups of criminals and psychosomatic patients and also between sub-groups of criminals and sub-groups of psychosomatic patients have been studied and total 184 t-values have been computed.
Further description of the method and procedure adopted in the present research has been divided into following sections:

1. Sample,
2. Psychological tests,
3. Statistical treatment, and
4. Hypotheses

1. SAMPLE:

The sample of the present investigation consisted of 300 subjects; 100 criminals, 100 psychosomatic patients, and 100 normals selected randomly from their respective population. The criminals according to the nature of their crimes; crimes against property (N = 50) and crimes against person (N = 50) were randomly chosen from the district Jail, Aligarh in the following manner: The present investigator in order to select the criminals for the administration of psychological tests went through the "Register of Prisoners" maintained by the Jail authorities. The register contains personal details of each prisoner, the nature of the offense he has committed and the punishment awarded and other necessary information also. As the present investigator was interested to classify the criminals with regard to the nature of their crimes, more specifically in criminals who had committed either crimes against property or crimes against persons, he noted the names of first fifty criminals punished for each type of crime.
To select the 100 psychosomatic patients for the administration of the psychological test used in the present investigation, the present investigator had to contact authorities of Devitra Hospital, Aligarh. He was interested in few most common type of psychosomatic diseases, namely, heart disease, bronchial asthma, peptic ulcer and chronic gestritis. He visited the hospital for few hours daily for a period of about one month or so. The out patients reporting with any of the required disease was contacted. He briefly discussed the problems of the patients with them and thus established good rapport and familiarity with the patients. After this the tests were applied sometimes individually and sometimes in groups of two or three patients according to their availability with any of the above four psychosomatic ailments. The same procedure was adopted at Gangoh, Holy clinic but there the investigator was extended more facilities for his research, he therefore, extended his period of stay for about more than two months. In this way all the three test of adjustment, anxiety and level of aspiration were administered. The care was taken to maintain a balance between the number of patients for various diseases. Although, it could not be possible to have the same number of cases under each type of psychosomatic disease. The number of patients from whom the information was collected was 30 from Devitra Hospital and 70 from Holi Clinic Gangoh.
The age of the patients as well as of the criminals was between 25 to 50 years.

The normal subjects were also selected randomly from Aligarh city population. The age of the subjects also ranged between 25 to 50 years.

2. PSYCHOLOGICAL TESTS:

(a) Aligarh Adjustment Inventory:

Aligarh Adjustment Inventory has been developed from Bell's Adjustment Inventory. It was developed by Umaruddin and Qadri (1964). The Inventory has five measures of Adjustment namely, home, health, social, emotional and financial. The inventory consisted of 90 items with three alternative response categories such as 'Yes', 'No' and 'Do not know'. There are 20 items for each of the first four areas of adjustment (i.e., social, emotional, health and home areas of adjustment). While 10 items deal with financial adjustment. Out of 90 items, 81 items are positively framed while 9 items are negatively framed. If a subject responds 'Yes' to a positive item or responds 'No' to a negative item, he is assigned one point. Thus high score on the inventory indicates maladjustment while low score shows adjustment. The inventory has been found to be highly reliable and valid.
(b) Anxiety Test:

In the present investigation the Sinha W-A Self-Analysis-Form (1968) as an anxiety measuring instrument has been used. This scale is a measure of overall manifest anxiety as well as anxiety in various areas such as social, psychological, economic and physical. The scale consists of one hundred items with forced choice response alternative of 'Yes' and 'No'. The maximum possible score on the scale for a subject may go upto one hundred while minimum score possible is as small as zero. The level of anxiety is positively related to the number of the scores, which means higher the score of a subject on the scale, the greater the level of anxiety and vice-versa. It is a self-administering inventory. Although, it has been prepared to be administered on groups but it may also be used upon individual subjects. The inventory contains self sufficient instructions for its administration. The inventory, of course, is suitable for literate subjects who can read and follow the instructions printed on it. The inventory has been written in simple language and its items depict day-to-day common situations of various spheres of human life.

The scale has been found highly reliable and valid. Sinha (1968) found split half reliability coefficient of .88 for the inventory which when corrected with Spearman
Brown formula the coefficient became 0.94. This indicates high reliability of the test. With regard to validity the scores on the test were correlated against Tailor's MAS scale. The validity coefficient was found to be 0.73 which is significant and shows that the test measures anxiety because it has been constructed for this purpose.

(c) Level of Aspiration Test:

In order to measure the level of aspiration among criminals and normals, a test constructed by Singh & Tiwari (1976) was used. Although there are many tests of level of aspiration that are available and have been used by researchers but in the light of the fact that criminals are generally less educated, the present test was chosen. This is very simple but highly efficient test. Although authors of the test have not quoted reliability and validity coefficients of the test in its manual but the technique of the test and its format is quite the same as have been used in most of the other level of aspiration tests. The test therefore, is presumed to be satisfactorily reliable and valid.

The test consisted of ten level of aspiration forms. There are in each test sheet five rows of forty eight half inches squares. In first, third, and fifth row, there are ten squares and in second and fourth row, there are nine
squares. In total there are forty eight squares. On the left hand corner of the test, there is a space for expected scores and on the bottom right hand side there is space for actual scores. For administration of the test only stop watch is needed with test sheets. It may be administered to a group as well as to an individual. Only two signals "start" and "stop" are given to the subjects. The task is to draw 'Satis' (ঊ) in the squares of the test sheet within a given time of 30 seconds. Only 10 trials are given to a subject.

2(ii). ADMINISTRATION OF TESTS:

After obtaining permission from I.G. (Prison), U.P. the present investigator contacted Jail authorities district Jail, Aligarh and discussed certain procedural matters and other important points with them so that necessary information from the selected criminals could easily be collected. Superintendent of Jail, Jailor and other officials introduced the investigator to some Numbardars and asked them to help in the work. With the help of these Numbardars Investigator contacted the selected prisoners in small groups, talked to them and discussed various matters of their interest so that they may become frank and friendly. Thus a good rapport
was established and they became ready to help in the work by filling up the psychological tests and providing other necessary information. Among the criminals contacted there were also few under trials for both type of crimes under investigation. They were included in the category of criminals due to their confession which they made before the investigator on the assurance of keeping all matters and information secret. In this way in a number of sessions adjustment, anxiety and level of aspiration scales were administered to 100 criminals who were punished for crimes against property and person. Care was taken to select only those criminals who could read and write Hindi satisfactorily. In this connection it is important to note that the present investigator has to add few more literate prisoners in his original list and omit the illiterates from the same in each of the two categories of criminals to obtain a sample of 50 subjects for each type of crime. They were instructed not to write their names. They were also assured that the information gathered from them would be kept secret and would not affect them adversely in any way.

In connection with the psychosomatic patients the investigator contacted the patients of different type of psychosomatic diseases and established good rapport with them and administered adjustment, anxiety and level of
aspiration scales to them as and when they are available in accordance with the procedure discussed earlier.

With regard to normals, these tests i.e. Adjustment, anxiety and level of aspiration scales were administered individually whenever they were available and was convenient to the investigator.

The subjects were instructed individually to read the questionnaire carefully and if there is anything vague in the written material they were asked to make the same clear by asking the investigator.

Instructions of the adjustment and anxiety scales were read out to each subject if desired. Generally the two questionnaire were completed by the subjects within two to three hours. After completing the questionnaires subjects were asked to return their questionnaires to the investigator. After returning the first and second questionnaire, the test of level of aspiration was given to the subjects.

The investigator instructed the subjects that they had to draw the "Satia" ( \[
\begin{array}{c}
\text{Satia}
\end{array}
\] ) in the columns of a given form of level of aspiration. They had to draw as many "Safia" as they could within 30 seconds. Only signals: "Start" and "Stop" were given to the subjects. Before starting the work subjects were asked to write down the expected scores
in the given column. When they had done it they were given "start" signals and work was started and after 30 seconds "stop" signal was given to the subject to stop the task. After completing the forms investigator asked the subjects to count their performance scores and write down their actual scores in the column which is there on the bottom of the form. In this manner, all the ten forms one by one were given to each subject and the subjects completed them each time within prescribed period of 30 seconds.

After completing the task subjects returned the forms to the investigator. Then investigator scored them and calculated the D-scores through following formula: \( D\text{-Score} = \text{Actual Score} - \text{Expected Score of the next trial} \). Similarly the mean of the all D-Scores of each trial were computed to draw the level of aspiration of the subjects.

3. **Statistical Treatment of the Data:**

To test the hypotheses given below t-test of significance of difference was applied. To compute 't' value with the help of frequency distributions of adjustment scores, level of aspiration scores and anxiety scores for various groups of subjects, Means and SDs were found out. From these statistics, with the help of the following formula 't' was computed.
\[ t = \frac{M_1 - M_2}{\text{SEd}} \]

Where: \( M_1 \) = Mean of the High group (Higher)
\( M_2 \) = Mean of the low group (Lower)
\( \text{SEd} \) = Standard error of difference of the groups
\( SD \) = Standard deviation
\( N \) = Number of the subjects

4. HYPOTHESES:

1. It is expected that there would be no significant difference in adjustment between criminals and psychosomatic patients.

2. It is expected that there would be no significant difference in level of anxiety between criminals and psychosomatic patients.

3. It is expected that there would be no significant difference in level of aspiration between criminals and psychosomatic patients.

4. It is expected that there would be no significant difference in adjustment, anxiety and level of aspiration between normals and criminals.

5. It is expected that there would be no significant difference in adjustment, anxiety and level of aspiration between normals and psychosomatic patients.
6. It is expected that there would be no significant difference in adjustment, anxiety and level of aspiration between different sub-groups of criminals and different sub-groups of psychosomatic patients.

7. It is expected that there would be no significant difference in social, emotional, home, health and financial adjustments between criminals and psychosomatic patients.

8. It is expected that there would be no significant difference in social, emotional, home, health and financial adjustments between criminals and normals.

9. It is expected that there would be no significant difference in social, emotional, home, health and financial adjustments between psychosomatic patients and normals.

10. It is expected that there would be no significant difference in social, emotional, health, home and financial adjustments between normals and two sub-groups of criminals.

11. It is expected that there would be no significant difference in social, emotional, health, home and financial adjustments between normals and four sub-groups of psychosomatic patients (Heart, Peptic Ulcer, Asthma and Gestritis patients).

12. It is expected that there would be no significant difference in social, emotional, health, home and financial adjustments between sub-groups of criminals and sub-groups of psychosomatic patients.