DISCUSSION

Now, while we are going to discuss the results, it may be recalled, the aim of the present investigation was to find out differences not only between criminals and psychosomatic patients as whole and their sub-groups with respect to anxiety, adjustment and level of aspiration but also compare these groups and sub-groups with normals. Divisions of criminals and psychosomatic patients into sub-groups were made on the basis of nature of their crimes and diseases. It was so conceived under the influence of old non-punitive approach and recent typological trends in criminology to minimize the heterogeneity of the larger groups and better understanding of this disadvantaged, unfortunate and hated constituent of society (Cf. Sutherland, 1965; Sellin, 1938; Shaw and Mc Kay, 1931; Gibbons, 1978; Reckless, 1967; Block and Geis, 1970; Clinnard and Quenney, 1973). Researches in the past, both in India and abroad have shown that delinquency and crime are closely related with anxiety (Cf. Channabasavanna, et. al. 1979; Arvinder, 1980; Khan et. al., 1986, 1986b; Lykken, 1957; Eysenck, 1960; Hare, 1970; Clark, 1961) level of aspiration (cf. Rotter, 1945; Cassel, 1954; Rajeswari, 1964; Shanmugan, 1975; Khan & Husain, 1988;) and maladjustment (cf. Gluck and Gluck, 1950; Wilkins, 1960; Mays, 1954; Peterson et.al.
1959; Siegman, 1962; Husain & Chowdhury, 1961; Singh, 1979; Nirmal, 1977; Mohan & Gill, 1984). But all of these studies, correlational or comparative, have only dealt with normals and criminals or delinquents alone. Similar is the case with the psychosomatic patients. In the present investigation we have adopted the same procedure and will discuss our results in the light of previous empirical findings. At the same time while dealing with comparative results of criminals and psychosomatic patients, in the absence of previous researches, there are no any guiding principles to be followed.

The results of the research have been shown in eight tables, Table I to VIII earlier and described there in with respect to various personality variables.

The comparative results of overall adjustment scores between normals and various groups of criminals and psychosomatic patients and their sub-groups, are mostly in agreement with the findings of the previous researches. Criminals and psychosomatic patients as whole and in terms of their sub-groups are more maladjusted than the normals. (cf. Mello and Guthrie, 1958; Cynther, 1962; Mohan & Singh, 1977; 1982; Sharma et. al., 1982; Lazarus, 1961; Kapp et. al., 1947; Lipton et. al., 1966; Araiyo, et. al.
1973; Kidson, 1973; Reiser, et. al., 1951; Pai et. al. 1975; Sharma & Rao, 1975; Shanmugam & Kaliappan, 1982).

The differences are so much significant that they may be classified as highly maladjusted. High maladjustment along with other factors might have contributed to their respective behavioural and somatic disorders.

The above results clearly show that criminals as whole and their sub-group, made of criminals committing crimes against person (CRPS), differ significantly with whole group of psychosomatic patients and its sub-groups except one, bronchial asthma patients. Other sub-group of criminals committing crimes against property (CRPT), strangely enough does not differ significantly with the psychosomatic patients one group as a whole but the differences with all its sub-groups are significant. CRPT group, although differ significantly from the bronchial asthma patients but the mean adjustment score of the latter group is lower than that of the CRPT. It shows their better adjustment in comparison to property criminals. The mean adjustment scores of all the other three groups of psychosomatic patients are larger than CRPT group and the difference is wide enough. The very low mean score of asthma patients (PSA) and other high scores of other
sub-groups of psychosomatic patients, having been combined
yield moderately high mean score of all the psychosomatic
patients as a combined group which is not higher enough to
differ significantly with CRPT sub-group of criminals.

Total adjustment scores of the adjustment inventory
represent collective scores of its five life sphere areas,
such as, social, emotional, health, home and financial. In
each of these five areas comparisons of normals with
criminals and psychosomatic patients as whole and their
sub-groups individually as well show the same trend which
has been shown in case of overall adjustment scores. In
each area of adjustment normals are the least maladjusted.
The difference between normals and criminals as well as with
psychosomatic patients as whole and with their sub-groups
is significant. In each area criminals and psychosomatic
patients have earned larger scores. Consequently they
are more maladjusted. Psychosomatic patients have earned
the highest scores and are most highly maladjusted. Their
mean scores in four areas in comparison to criminals as
whole are higher but in the area of home adjustment their
mean score is slightly less than the whole group of criminals
but the difference is insignificant.
Comparisons of sub-groups of psychosomatic patients and criminals show that in four areas (social, emotional, health and financial) of adjustment and also with regard to total adjustment heart patients (PSH), peptic ulcer patients (PSP) and gastritis patients (PSG) have scored higher, than both the sub-groups of criminals. The difference between these groups and CRPT sub-group is less than the CRPS sub-group of criminals. But the differences between PSH and both the sub-groups of criminals in the areas of social and health adjustment are insignificant. In addition to this PSH patients with respect to their home adjustment are also not significantly different from CRPT sub-group of criminals. In all other areas they genuinely differ from each other.

Other sub-group of psychosomatic patients (PSP) differs significantly from CRPS sub-group of criminals in the areas of financial, health, emotional and social adjustments. In case of CRPT sub-group of criminals the difference is significant in the adjustment areas of home, health, emotional and social but not financial. In all the areas except home adjustment psychosomatic patients are more maladjusted. Similar is the case with gastritis patients (PSG).
Strikingly the matter with the asthma patients (PSA) is different. In most of the adjustment areas their mean scores are lower than or equal to those of CRPT & CRPS sub-groups of criminals but the differences are insignificant and all are equally maladjusted. But in matters of money they differ significantly from both the sub-groups of criminals. Although the difference is not similar. They have more financial problems than CRPS sub-group but less than the other sub-group (CRPT) of criminals. With regard to the variations within various groups the SD values leave no impression of any abnormality.

Comparisons of anxiety scores between normals and various groups of criminals and psychosomatic patients as well as of their combined wholes clearly show that normals in comparison to criminals and psychosomatic patients are less anxious. Normals differ significantly from criminals and psychosomatic patients but the difference between them and criminals is comparatively smaller than psychosomatic patients. Psychosomatic patients are more apart from normals and are the most anxious persons. They seem to feel anxious persistently. At the same time their feelings of anxiety are so intense that have caused somatic defects among them.
Criminals as a whole when compared with whole group of psychosomatic patients and its sub-groups show less anxiety and significantly differ from total psychosomatic patients as a group and its two sub-groups, namely peptic ulcer (PSP) and chronic gastritis (PSG) patients. The difference from heart (PSH) and asthma (PSA) patients being small and insignificant. CRPT as well as CRPS sub-groups of criminals in comparison to PSP and PSG sub-groups are significantly less anxious but the differences from PSH to PSA are smaller and insignificant. In order to intensity of anxiety gastritis patients are most anxious. Peptic ulcer patients come next to them. Heart patients are third and asthma patients last. Both these being no different in reality and reliably either from total group of criminals or its sub-groups.

Level of aspiration is a double action phenomenon with both positive and negative consequences. It brings success if realistic but failure if unrealistic. The failure may cause frustration and anxiety which along with maladjustment may result either in deviancy; mental disorder and behaviour disorder both inclusive or psychosomatic disease depending upon the direction of outlet.
Level of aspiration scores in the present investigation have been obtained from three groups of subjects, namely, normals, criminals and psychosomatic patients and their sub-groups. The obtained scores have been subjected to 't' test of significance of difference between means to compare different groups of subjects. The comparative results show that normals differ significantly from criminals, one group as a whole, their sub-group of criminals committing crimes against person and three sub-groups of psychosomatic patients, namely, heart patients, asthma patients and peptic ulcer patients but not from criminals committing crimes against property, total group of psychosomatic patients and its sub-group of gastritis patients. Criminals as a whole and their sub-groups, also, have lower scores than normals. They seem to be over cautious and extremely realistic leaving no chance for failure. The comparative results of normals further show that psychosomatic patients as whole and their sub-groups have higher mean D-scores. The differences from three groups of psychosomatic patients, namely, heart patients (PSH), asthma patients (PSA), and peptic ulcer patients (PSP) are real and significant but in the cases of psychosomatic patients as whole and their one sub-group i.e. gastritis patients they might have been obtained by chance and represent no real difference.
Comparative results of criminals as whole with total psychosomatic patients and their sub-groups clearly indicate that they and their CRPS sub-group clearly and significantly are more realistic than whole group of psychosomatic patients and its sub-groups except peptic ulcer patients. But CRPT sub-group of criminals showing similar trend has one more exception, that of gastritis patients from whom the difference is insignificant. Psychosomatic patients are more unrealistic than criminals.

In the light of the above results and their discussion it may safely but with caution be concluded that psychosomatic patients in the present investigation except asthma patients are more maladjusted, anxious and unrealistic than the criminals. Criminals similarly are more maladjusted and anxious than normals. But at the same time they are over realistic and do not seem to take risk which the normals do. Interestingly enough sub-groups of peptic ulcer (PSP) patients with respect to LA is nearer to criminals than other groups of psychosomatic patients except chronic gastritis patients who in comparison to other sub-groups of psychosomatic patients are nearer to criminals committing property crimes. These groups are over cautious and extremely realistic.
Similarly heart (PSH) and asthma patients (PSA) do not differ significantly from criminals. The most important striking feature of the results lies in the fact that inspite of significant difference between criminals and psychosomatic patients an element of similarity runs through both the groups. Both are maladjusted in comparison to normals. The difference between the two is quantitative not qualitative.

The pattern of results although unexplored in this respect reveals a very useful but hazy and checkered relationship regarding quantitative distribution of maladjustment, anxiety and level of aspiration among various sub-groups of criminals and psychosomatic patients. Different sub-groups of psychosomatic patients and criminals have shown different degrees and levels of maladjustment, anxiety and aspirations.

The results and findings of the present investigation suggest:

That future studies should be carried out with more inclusive and refinely classified homogenius sub-groups of criminals and delinquents.

That there is need to explore other areas of affinity between asthma, heart and peptic ulcer patients and sub-groups
of criminals. Moreover, exploration of underlying factors that bring them nearer to the criminals seems to be more important to be explored.

That there is need to explore quantitative relationship of maladjustment, anxiety and other relevant variables with various types of criminals.

That studies of quantitative relationship of personality variables with different types of psychosomatic patients should also be explored.

