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NEUROTICS AND NORMALS

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ADJUSTMENT AND NEED PATTERNS OF NEUROTICS AND NORMALS*

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A B S T R A C T

The present paper reports the findings of dominating areas of maladjustments and prominence of needs in neurotics compared to normals. The Vyaktitva Parakh Prashnavali for the measurement of adjustment and AAPAS Motive Test for the measurement of needs were administered on 50 neurotics - categorized in two subgroups of hysteria and anxiety neurosis, and 50 controls. Results indicate a significantly low score in the areas of health, social and emotional adjustments of the neurotic group. Hysterics showed a significant maladjustment in home area also. A trend of such maladjustment is visible in case of anxiety neurotics also but the differences are not significant. Contrasting needs of achievement and affiliation are found to be present in the anxiety patients of the clinical group. Hysterics showed dominating needs for power and security compared to normals.

Balance, equilibrium and adaptation are terms used very often as synonyms for adjustment. Personality is needed to be balanced internally as well as externally. Internal equilibrium of the personality regarding health, emotions etc. entails that the individual be adjusted. Adaptation explains the balance of the individual with his external environment. The totally balanced personality is called integrated. An absence of adaptation or adjustment is always possible in a personality structure when such an absence occurs, balance is disturbed and disequilibrium takes place.

Adjustment is always influenced by the external or internal demands or needs. These needs want to be satisfied immediately and not always without meeting obstacles in the way. The needs remain unfulfilled and to manage a 'harmonization' with the conflicts and stresses an individual overtaxes his resources very often leading to a breakdown. It is an established fact that personality deviants have inadequate capacity to adjust. Maladjustment or lack of personality integration are terms related with the concept of needs. Needs or wants have a tendency to seek immediate satisfaction and for the very natural reasons they are not always fulfilled and disequilibrium results from the emerging tensions and frustrations. With a poorer background of adjustment a higher need frequency is expected in the pathological/^{personality} patterns than in the normals. To cope with this situation of life, an acceptance of the

reality and some accommodation to the pressures plus the efforts to modify the situation to balance the needs is necessary. There are two processes mainly through which a normal adjustment occurs. These are conformity and impulse control (Lazarus, 1961). In case of conformity the individual wants confirmation and if doubtful about his own decision accepts that offered by others. In the other we observe that an individual checks his impulse for acting in a certain way by appreciating the norms of the society. The unconscious mind always indulges in adjustable processes for psychological stability of the personality. When a situation of frustration hinders the normal responses of needs, desires and motives of an individual, he achieves the goal through substitute varied responses. If the substitute directions are not easy to adopt this frustrating situation tends to develop into defense mechanism or in its extreme position the neurosis or psychosis. To protect the self or 'ego' the individual indulges in flights from reality developing such defense mechanism as projection, introjection, identification, regression, fantasy etc. This is a pathological way to meet a problem. When the escapism tendency comes into greater prominence the neurotic symptoms are developed.

Neurosis is a mild psychological disorder, the cause behind is psychogenic rather than organic although the individual suffering from it sometimes develops more physical symptoms than psychological symptoms. Hysteria, anxiety neurosis, obsession-compulsion, depression, neurasthenia, phobia are principle types of neurotic

disorders. Schneider (1960) considers hysteria as the "resolution of a mental conflict or personal difficulty by the adoption of a mental conflict or personal difficulty by the adoption of some disease symptoms". Hysteria breaks out in many forms ranging from simple somatic symptoms to complex psychological symptoms. Sometimes the emotional conflict changes into physical symptoms such as fits, paralysis of a particular portion of the body, blindness, deafness, mutism, tics and tremors, coughing spells, loss of appetite, loss of sleep, headache etc. This category is designated as conversion hysteria. Neurosis entirely different from such physical symptoms where the psychological symptoms dominate the situation and a conscious recognition is lost are called dissociative reactions. These include amnesia and fugue where a complete loss of memory takes place. In the fugue state the individual actually leaves his original place and forgets everything of his past life. Then after a certain lapse of time he suddenly finds himself in a peculiar situation and because of amnesia cannot recognise his recent past life. Dual and multiple personalities are two or more than two complete personalities acting at a time in the same person. Somnambulism is another disease entity where the unconscious ideas come out in the behaviour only during sleep. Empirical studies indicate that conversion reaction cases are becoming rare and found in only about 5 percent of all neurotic types. (Cattell and Scheier 1961). The incidence is higher in young women than males (Purtell et al. 1951, Zeigler et al. 1960). Hysterical personality

is described as attention seeking, excitable, seductive but frigid and with complicated interpersonal relations (Chodoff and Lyons, 1958-Miller et al., 1960; Zeigler et al. 1960). Immaturity, suggestibility and an extreme need for approval and security are found as typical characteristics of the conversion patients (Coleman, 1971).

Anxiety neurosis is the most common pattern of all the pathological disorders. Excessive anxiety, insomnia, loss of appetite, lack of concentration, tension, restlessness, palpitation, perspiration etc. are the principal symptoms. These physical symptoms are without any organic background. Sometimes anxiety attacks are found to be followed by these symptoms when the individual feels as if he is facing a heart attack. The patients show a tendency toward introversion, they are sensitive and suspicious and have a high level of aspiration not commensurate with their level of achievement (Cattell and Scheier, 1961; Portnoy, 1959). There are several studies reported on the neurotic personalities. Adolf Meyer (1948) reported the unrealistic level of aspiration and lack of self acceptance of the neurotics. Hollingshead (1957) concentrated on the symptoms of the neurotics in relation to their socio-economic status. He found that lower class neurotics complain more of somatic symptoms, the upper class more about subjective symptoms, and the middle class show both the types of symptoms. Jessor, Liverant and Opoichinsky (1963) found that maladjustment is associated with the imbalance in need structure. Recognition and affiliation, the two major needs studied showed that the higher the need the more maladjusted the person will be.

Wahler (1959) and Buss, Fischer and Simmons (1962) suggested a close relationship between hostility and neurosis but Caine (1960) did not find confirmatory evidence for this. On the other hand Caine found that hostility is more pronounced in case of psychotics and less in neurotics. Hass (1965) found neurotic trends correlated with direction of hostility among psychiatric patients. Mohanty and Mishra (1967) studied the relationship between neuroticism and manifest hostility. The analysis of variance results indicated that the neurotic groups differ significantly among themselves. It was also observed that the high vs. low and high vs. middle neurotic groups also differ significantly. However, the moderately neurotic group does not differ significantly from the low neurotic group on hostility.

The Indian Psychological Abstracts (1976) establishes the fact that there is not a single Indian study reported on the adjustment or need patterns of the neurotic patients.

The present study attempts to determine the adjustment level and need structure of hysterics and anxiety neurotics in comparison with normal subjects.

METHODOLOGY:

In the present study a sample of clinically diagnosed 50 neurotic cases was selected. Two of the categories of neurotic samples namely hysteria (N = 25) and anxiety neurosis (N = 25) were compared with the properly matched control groups of normal

individuals (N = 50). The hysterics were of female patients the responses of which has been compared with female controls (N = 25) while the anxiety neurotic cases were male and compared with the responses of normal males (N = 25).

Two tests, namely, the Vyaktitva Parakh Prashnavali (Saxena, 1959) and the AAPAS Motive Test (Kureshi, 1975) have been administered on both samples. The Adjustment Inventory, an objective questionnaire, consists of 90 items, answers are categorized into 'yes'/'no' and 'doubtful'. It measures five areas of adjustment namely home, health, social, emotional and college. The last of these five areas has not been scored for the purpose of the present research. The AAPAS developed by Kureshi (1975) is a projective test consisting of ten TAT like cards and measures five of the need factors especially achievement, affiliation, power aggression and security. The test uses an elaborate scoring procedure much like the one developed by McClelland (1953).

The nonparametric Median Test has been used for studying the differences between scores of clinical and control groups. The study being a small clinical sample the non-parametric test was found appropriate. The total frequencies being greater than 40 the chi-square test has been used here (Siegel, 1956).

HYPOTHESES:

1. Both the neurotic groups will show a significantly poor adjustment scores than the control groups.
2. Clinical groups will show a significantly higher need frequencies in comparison with the control group.

Table 1

(Control vs. Hysteria)

		Vyaktitva Parakh Prashnavali T-Scores					AAPAS Motive Test				
		A	B	C	D	Total	A	A	P	A	S
Experi- mental	Mean	46.9	36.2	45.7	43.8	176.96	6.4	7.8	4.1	1.7	18.7
	σ	10.57	8.22	8.72	12.55	31.85	5.31	8.12	3.31	2.92	10.12
Con- trol	Mean	57.76	56.96	58.64	59.96	233.32	4.2	7.12	6.28	3.56	9.08
	σ	12.3	6.06	9.1	7.4	18.3	3.8	4.2	2.8	3.3	4.6
Chi-Square		3.97	26.08	11.59	16.09	21.73	2.003	2.003	3.92	.78	8.05
Level of Signi- ficance		.05	.01	.01	.01	.01	N.S	N.S	.05	N.S.	.01

Table 2

(Control vs. Anxiety neurotics)

Vyaktitva Parakh Prashnavali T-Scores											
Experi- mental	Mean	49.0	31.3	45.9	38.8	165.2	10.4	12.3	7.2	2.8	12.4
	σ	11.08	12.90	9.93	9.06	32.83	4.43	7.50	3.31	2.56	4.89
Control	Mean	56.72	55.32	60.48	57.24	229.76	5.8	5.48	4.56	4.48	8.6
	σ	9.7	6.2	7.4	5.9	22.7	3.3	3.1	1.8	3.0	4.08
	Chi-Square	2.89	23.11	13.54	23.11	23.11	8.21	8.05	2.08	.008	7.90
	Level of Significance	N.S.	.01	.01	.01	.01	.01	.01	N.S.	N.S.	.01

DISCUSSION:

The results provide the statistical conclusions of difference between the controls and the two clinical subgroups, namely, hysterics and anxiety neurotics. A critical analysis of the Table 1 shows that both the groups differ significantly at .01 level in the areas of health, social and emotional adjustment. The difference is at .05 level in case of home adjustment. The means show that hysterics score poorer than the normal controls. The need test shows that the central tendencies differ significantly in case of hysterics and normals only for the n Power and

n Security. The correlation matrix of the projective test (Kureshi, 1975) indicate the n Power and n Security are not correlated although a significant difference has been found in case of these two needs. The n Power is reported to have a statistically significant positive correlation with n Affiliation. In the present study the two groups, namely, controls and hysterics do not differ on n Affiliation. This indicate that the hysterics and normals both have the needs for maintaining an interpersonal relationship and disattachment of the same intensity. The result supports the earlier findings that hysterics have a higher need for security (Coleman 1971). As the n Power has been found to have a higher mean score it lends support to the result that hysterics are attention seeking and excitable (Chodoff & Lyons 1958; Miller et al. 1960; Zeigler et al. 1960). The significantly poor adjustment of the hysterics leads us to accept the first hypothesis. We also find partial support for the second hypothesis by getting higher frequencies in the n Power and n Security of the hysteric groups.

Table 2 shows that the adjustment scores of control subjects are significantly higher compared to those obtained by anxiety patients. The insignificance of difference in the home areas suggests that the anxiety neurotics are not very much maladjusted in the home area. On the projective test responses also anxiety neurotics differ significantly from the control groups. The neurotic subjects evince a statistically higher n Achievement, n Affiliation and n Security. While the other two differences on n Power and n Aggression are not significant. The correlation matrix drawn on the basis of responses

from normal subjects shows that the n Achievement and n Affiliation are significantly negatively correlated. A significant positive correlation between affiliation and power has also been reported (Kureshi 1975). The findings of the present study are in clear contrast to those reported on normal individuals. This establishes the presence of contradictory needs in the neurotic patients. The power and aggression needs are significantly positively correlated. In the present study also the two need scales are not showing a significant difference. A positive correlation although not statistically significant is reported between n Achievement and n Security. A significantly higher score is also reported on both of these scales for the neurotics in comparison with the normals. The need for security is negatively correlated with n Affiliation, n Power, and n Aggression but the values are very low. A statistically significant high score is reported in n Security and also n Affiliation in this study. Earlier researches by Cattell and Schierer (1961), Portnoy (1959) and Meyer (1948) also reported that anxiety neurotics have a high level of aspiration. Results in Table-2 also establish that the anxiety neurotics have a significantly higher level of n Achievement. Although a relation is suggested between hostility and neuroticism (Wahler, 1959; Buss et al. 1962; Hass, 1965; Mohanty et al. 1967) in the present investigation we do not find support for this. Our findings are more in line with those obtained by Caine (1960) who has suggested that hostility or aggression have no primary importance for the neurotics.

USIONS:

Hysterics are found to be maladjusted specifically in the areas of home, health, social and emotional.

The dominating areas of maladjustment in case of anxiety neurotics are health, social and emotional fields.

- 3. The need for power and security are found dominant in case of female hysterics. The n Achievement, n Affiliation and n Security dominate in the anxiety neurotics.
- 4. The personality pattern of the anxiety neurotics are characterised by a very poor adjustment and the presence of contradictory needs like Achievement and Affiliation. Hysterics also have the characteristics of low adjustment and a dominant n Power and n Security in their personality.

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