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PSYCHOSOMATIC DISORDERS OF ADOLESCENTS IN GULBARGA DISTRICT

* SADASHIVAPPA SHANTAVEERAPPA AND ** DR. AVARADI S.S.

**PhD Research Scholar, Dept of Psychology, Gulbarga University, Kalaburgi*

*. ** Professor (Retd) & Research guide, Govt. first Grade College, Kalagi, Kalaburgi.*

ABSTRACT:

*The present study gives the level of psychosomatic symptoms of college going adolescents, sample included 100 (simple random sampling method) randomly selected adolescents i.e. 50 boys and 50 girls from various pre-university colleges of kalaburagi (Gulbarga) district of Hyderabad Karnataka. For obtaining data on psychosomatic disorder is cornell index developed by Arthur Weider, Harold G. Wolff, Keeve Broadman, Bela mittle-man and David Wechsler (1949) the statistical technique mean, sd, and t-test was employed. The findings of the study showed that there exists **no** significant difference in respect of gender, domicile of psychosomatic symptoms of adolescents*

Keywords: *Psychosomatic symptoms, adolescents,*

INTRODUCTION:

The period of adolescence is most closely associated with teenage years though its physical, psychological & cultural expression. Psychosomatic disorders are characterized by multiple physical symptoms (headache, gastrointestinal, painful, sexual, pseudo neurological) as well as recurrent ones that cannot be explained by medical problem or by the effect of a substance (Garralda1992) They are not intentionally produced or feigned and they are believed to be associated to psychological factors.

According to Liebert et.al. (1954) psychosomatic disorders are real physical illnesses that are either caused or markedly influenced by psychological factors A variety of such difficulties are known to occur in childhood: asthma, rheumatoid arthritis, uncreative colitis and peptic ulcers. Garner and Wenar (1959) found that youngsters with psychosomatic disorders have relationship with their mothers in which there is little personal closeness; rather mothers tend to be easily irritated and angered and the children themselves also are rated as high on anger.

The term psychosomatic is derived from Greek words *psyche* and *soma*. *Psyche* in ancient times means soul or mind and more recently has come to mean behavior. Some typically refers to their physical organism, the body. The term psychosomatic, therefore, indicates relationships between psychological processes or behavior on the one hand and the somatic structures of bodily organs on the other.

Sigmund Freud, the founder of psychosomatic approach, was also interested in psychosomatic illnesses and their treatment through psychological techniques E.Erwin (2002).

Psychosomatic disorder, also called Psycho physiologic Disorder, condition in which psychological stresses adversely affect physiological (somatic) functioning to the point of distress. It is a condition of dysfunction or structural damage in bodily organs through inappropriate activation of the involuntary nervous system and the glands of internal secretion. Thus, the psychosomatic symptom emerges as a physiological concomitant of an emotional state. In a state of rage, for example, the angry person's blood pressure is likely to be elevated and his pulse and respiratory rate to be increased. When the anger passes, the heightened physiologic processes usually subside. If the person has a persistent inhibited aggression (chronic rage), however, which he is unable to express overtly, the emotional state remains unchanged, though unexpressed in the overt behaviour, and the physiological symptoms associated with the angry state persist. With time, such a person becomes aware of the physiological dysfunction. Very often he develops concern over the resulting physical signs and symptoms, but he denies or is unaware of the emotions that have evoked the symptoms.

Psychosomatic disorders may affect almost any part of the body, though they are usually found in systems not under voluntary control. Research by psychiatrist Franz Alexander and his colleagues at the Chicago Institute of Psychoanalysis in the 1950s and 1960s suggested that specific personality traits and specific conflicts may create particular psychosomatic illnesses, but it is generally believed that the form a disorder takes is due to individual vulnerabilities. Emotional stress is assumed to aggravate existing illnesses, and there is some evidence that it may precipitate illnesses not usually considered to be psychosomatic (*e.g.*, cancer, diabetes) in individuals predisposed to them. Psychosomatic disorders resulting from stress may include hypertension, respiratory ailments, gastrointestinal disturbances, migraine and tension headaches, pelvic pain, impotence, frigidity, dermatitis, and ulcers.

Many patients suffering from psychosomatic diseases respond to a combination of drug therapy, psychoanalysis, and behaviour therapy. In less severe cases, patients can learn to manage stress without drugs

Psychosomatic disorders are diseases caused by stresses or they are somatic symptoms and signs that are not linked to any specific physiological dysfunction. It is true that any physical symptom (*e.g.* palpitation) can be psychosomatic in nature; the most common psychosomatic disorders occur as somatization disorders furthermore, psychological stresses can cause physical symptoms such as headache, hypertension, psychogenic impotence, and digestive problems. J.L. Levenson (2006)

OBJECTIVES:

1. To Study the levels of psychosomatic symptoms in adolescent boys and girls
2. To study the level of psychosomatic symptoms in urban and rural adolescents.

HYPOTHESES:

1. There is no significant difference in psychosomatic symptoms in adolescent boys and girls
2. There is no significant difference in psychosomatic symptoms in urban and rural adolescents

METHODOLOGY:

Sample:

One hundred (boys n=50, girls n=50) adolescents studying in pre-university colleges of kalaburagi district of Hyderabad Karnataka were selected to participate in this study their age 14-18 years and besides that domicile was taken into account. The simple random sampling method was followed.

Tools:

Cornel Health index Questionnaire It was developed by Arthur Weider, Harold G. Wolff, Keeve Broadman, Bela mittle-man and David Wechsler (1949) and it has 101 items with 10 areas namely 1.Fear and Inadequacy.(items 2-19) 2. Depression,(items 20-26) 3. Nervousness and Anxiety (items 27-33) 4. Neuro circulatory symptoms (items 34-38) 5. Startle Reaction, (items 39-46) 6. Psychosomatic symptoms (items 47-61) 7. Hypochondriasis and Asthenia. (items 62-68) 8. Gastrointestinal Symptoms. (Items 69-79) 9. Sensitivity and suspiciousness (items80-85) 10.Troublesome and Psychopathy.(items86-101)

Individuals scoring :in fear and inadequacy is less than 12 symptoms is low, and 13 above scores the symptom is high where as in Depression, nervousness and anxiety and hypochondriasis and asthenia score is 0-4 the symptom is low, 5 and above score shows the respective symptoms were high. In neuro circulatory symptoms 0-3 score are low and 4-5 are high symptoms. In startle reaction 0-5 shows low and 6-8 shows high symptoms of startle reaction. **Scores between 0-9in psychosomatic symptoms is low 10-14 score is high psychosomatic symptoms.**0-7 score is low symptom of gastrointestinal and8-11 is high symptoms. 0-4 score shows low sensitivity and suspiciousness symptom and 5-6 is high. 0-10 is low trouble psychopathy and high is11-15.

Statistical techniques

- Mean
- S.d
- t-test

Table no. 1 Shows mean, s.d. and t-value of psychosomatic symptoms between boys and girls of adolescents

Sl. No	Psychosomatic disorders	Boys n=50		Girls n=50		t-value
		Mean	SD	Mean	SD	
1	Psychosomatic symptoms	5.52	3.15	6.0	3.09	0.77NS

NS: Not significant

Table No. 1. Shows that the Mean SD and t –value of degree of psychiatric and psychosomatic illnesses among Kalaburgi district adolescent boys Psychosomatic symptoms mean and SD is 5.52, 3.15 respectively Girls Mean and SD is 6.0, 3.09 respectively t- value is 0.77 which is not significant at 0.05 level. There is no significant difference in gender i.e boys and girls of (Gulbarga) Kalaburagi district adolescents Hence the first hypotheses has been accepted.

Table no. 2 Shows mean, s.d. and t value of between urban and rural adolescents

Sl. No	Psychosomatic disorders	urban n=50		Rural n=50		t-value
		Mean	SD	Mean	SD	
1	Psychosomatic symptoms	7.4	3.08	6.24	3.12	1.8NS

NS: Not significant

Table No 2 Illustrates that the degree of psychiatric and psychosomatic illnesses among Kalaburgi district urban adolescents mean and SD are 7.4,3.08 and rural adolescents Mean and SD are 6.24, 3.12 respectively t-value is 1.8 which is not significant at 0.05 level. Thus it indicates that there is no significant difference in psychosomatic symptoms among rural and urban adolescents Hence the hypotheses 2 has been accepted

FINDINGS AND SUGGESTIONS

- There is no significant differences in the level of degree of psychosomatic disorder symptoms between boys and girls, girls are having higher symptoms rather than boys.
- There is not a significant differences in urban and rural adolescents in the level of degree of psycho physiological illness symptoms.
- Further it is concluded that the demographical and cultural influence not affected the degree of index of psychophysiological disorder symptoms .

CONCLUSIONS:

Based on the findings of the present study this paper confirms there is no influence of demographical and cultural on psychosomatic symptoms

REFERENCES

- ❖ Girishbala Mohanty:2012, “A Text Book of Abnormal Psychology” Kalyani Publishers, New Delhi
- ❖ Alexander. F & Flagg W.N, “The psychosomatic approach in BB Wolman(Ed) Hand book of clinical Psychology(pp855-947) New York Mc Graw Hill :1965
- ❖ Garralda ME:A selective review of child psychiatric syndromes with a somatic presentation. British Journal of Psychiatry.1992:161:759-73
- ❖ E.Erwin, “The Freud Encyclopedia: Theory, therapy and Culture,” Routledge, 2002 PP245-562
- ❖ J.L.Levenson, “Essentials of psychosomatic Medicine,” American Psychiatric Press Inc., 2006

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Cell: 09086405302, 09906662570,

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