Research Overview - 1989 : Clinical Psychology

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Abstract

Research in the area of clinical psychology communicated during 1989 by Indian mental health professionals has been reviewed. The quantum of work reported seemed modest. The areas of stress, therapeutics, child mental health, substance abuse and sexual behaviour accounted for greater amount of research interest. Research involvement in the area of pscyhodiagnostics and with traditional clinical groups like psychoses and neuroses seemed to be on the wane. There is clear evidence of emerging research interest in the areas of behaviour modification, yoga and neuropsychology. Most of the published research was of cross-sectional nature carried out by individual scientists on small sample of subjects.

Key words -

Clinical Psychology Research, Review

The overview attempted herein is of research communications in the area of clinical psychology published in India during 1989; with the aim of assessing the contributions made and also identify the emerging research trends.

It is not easy to lay down precise criteria to define what constitutes clinical psychological research. The professional affiliation of the researcher; the nature of the Journal in which the publication is made; the use of a behavioural psycho-social model made relevant to a clinical problem; the use of standardized psycho-social instruments for the purposes of data collection; and, the nature of the population studied are all contributory factors but none can be taken as essential nor as a sufficient condition for selecting a communication for inclusion. Difficulties also arise because of the super specialisation that is occurring at the international level in the area of clinical psychology thus taking some of the topics outside the traditionally accepted scope of clinical psychology. Research communications made in India in 1989 did show some unusual features. Some of the communications were by foreign scientists while disturbingly, there were communications [1], [2] based on work carried out more than a decade, and a half ago. Hence, a certain amount of subjectivity could not but enter the selection process. No claim is made that the overview is complete; at best it is comprehensive.

Research communications from the areas of stress and stress related conditions; therapeutics; child psychopathology; alcohol and substance abuse; psychodiagnostics and, marital interaction and sexual behaviour were visible to a larger extent than those from other areas.

Interest in the study of stress was prominent but was spread over diverse fields and did not show a focussed thrust. The effect of life events of the life time and of the events of the past one year were studied [3] and were found to be related positively to physical and emotional distress. In a study [4] of 406 women from Jalandhar and Shimla more stress, positive as well as negative, was seen among those from Jalandhar. An attempt has been made to explain this on the basis of cultural factors as well as existing socio-political situation. The effect of different occupations and length of job tenure on interrole conflict studied [5] in 240 working women showed decreased with prolonged job tenure. Surgical stress, studied in patients awaiting surgery [6] showed that it was more among patients awaiting major surgery who despite this showed a positive perception of their surgeon.

In four separate studies [7], [8], [9], [10], an association between type "A" behaviour; neuroticism; life change events and, CHD has been highlighted. Stress in the financial, familial and occupational area was perceived to be more distressing by the CHD patients in the samples studied.

Anxiety, neuroticism and extraversion is reported to be high in patients with peptic ulcer [1], [11]. The anxiety manifested was not incidental to their illness but was a part of their personality [1]. Similar were the findings [12] among those with psychogenic headache who in addition also had higher depressive trends.

In a study [13] carried out by a multi-disciplinary team, 144 patients with respiratory allergy were divided into three groups - high, moderate and low reactors - on the basis of allergy skin tests and their personality evaluated to study alienation, perception of anomie in society, adjustment, hostility and anxiety. The previous findings that allergy patients with demonstrable hyper-sensitivity on skin testing can be differentiated on the personality characteristics studied were not supported.

In a study [14] of 30 lower limb amputees it was found that they had lesser extraversion but higher neuroticism; body distortion and alienation scores.

In a study [15], non-smokers were found to be "more anxious" than smokers more because of not very sound study design and artifacts taken along with hazardous interpretation of the results obtained. The above studies form the largest, but a loosely knit, cluster which seems to indicate that the early signs of the emergence of interest and involvement in an area which would probably crystallise into the speciality of health psychology. Studies on clinical groups like schizophrenia, mania, depression or any of the neurotic conditions were very few when compared to the interest exhibited in them in the earlier years. Interest in stress and stress related conditions seems to emerge at the expense of the hard core psychiatric conditions. This emerging trend needs to be tracked over the coming years.

Marital and Sexual Behaviour

A series of studies concerning marital and sexual behaviour have been communicated. Those who showed good marital adjustment were found to exhibit signs of good mental health as well [16]. Within the framework of the postulates of marital schism and skew, a comparative study carried out showed that mothers of neurotic patients had a greater degree of marital disagreement when compared to mothers of schizophrenics [17]. As interest in the area of marital interaction is on the increase, the development and standardization of a 34 item marital satisfaction scale [18] is timely. Studies on Pre-menstrual and menstrual distress have also been reported. The prevalence, nature and

Studies on Pre-menstrual and menstrual distress have also been reported. The prevalence, nature and intensity of menstrual pain has been studied in rural and urban women, wherein more urban women

reported spasmodic dysmenorrhea. Rural women reported comparatively more intense and continuous pain. The study [19] interprets the difference seen on a speculative basis. Menstrual tension and distress was found to adversely influence cognitive abilities [20] and make the sufferer more alienated [21]. The presence of hostility and anxiety in married and unmarried women undergoing MTP on the 1st and repeat abortions has been studied [22] but the results are equivocal as the statistical analysis leaves much to be desired.

A study [23] on the sexual behaviour of alcoholics reported the preference of alcoholics to imbibe alcohol prior to a sexual relationship. They had more premarital relationships and greater tear related to impotence, premature ejaculation and of infection.

The detailed description of a modified version of Masters and Johnson technique [24] and the success obtained by the method when applied to 24 married men with premature ejaculation is worth noticing. In a society where sexual inhibitions and taboos are widely prevalent, difficulties in this area are likely to be experienced by many. At present the major avenue open to the general public seems to be mainly towards the self-styled "sex therapists" and quacks. The emergence of the area of scientific sexology in this country is of very recent origin. The involvement shown in this area by researchers and therapists from the area of clinical psychology needs fortification and shaping.

Child and Adolescent Mental Health

Resurgence of research interest in the area of child and adolescent mental health is a feature to note. Work published in 1989 showed interest in the study of psycho-social factors associated with hysteria [25] as well as testing of Speilberger's trait and state anxiety theory [26].

In a study [27], systematic observation of mother-infant interaction in the naturalistic environment revealed that undernourished children have limited interaction with the mothers thus depriving them of much needed stimulation.

In the school situation attempts have been made [28] to identify children with behaviour problems which provide baseline prevalence data. This study was conducted on 2,160 primary school children. Teacher's ratings on behaviour problems is rather low (4%) but it was seen that 51 per cent of the children had at least one symptom. The investigators discuss the behaviour disturbance as a reflection of child rearing practices. The findings have implications for testing aetiological hypotheses and for planning secondary intervention programmes at home and school.

Studies on specific psychological attributes such as self-esteem in high school children [29], intelligence in hearing impaired children [30] and fluctuation of attention in mentally handicapped children [31] have also been reported, the findings of which do have implications for developing intervention programmes. A manual [32] developed for the purposes of developing a network of early intervention services for mentally handicapped children has also been reported.

The present trend reflects a definite improvement over earlier studies which, in the main were descriptions of childhood disorders. Further, efforts made to use the tools developed in the Indian set up are also seen. There is a trend for studying children in specific developmental stages such as infancy, primary school years, high school years and adolescence giving importance to the developmental process of the child. One drawback of these studies is the small sample size which makes it difficult to draw generalizations.

Therapeutics

Therapeutic research was also in the forefront in 1989. A theoretical paper [3] evaluated the psychotherapist as a change agent and another study highlighted the use of expressive art therapy for the treatment of fear in a child [34].

Research in Behaviour Therapy has moved away from the 'case report' stage. The studies conducted, though of necessity on small samples of clients, showed a definite improvement in terms of methodology. Studies have evaluated the efficacy of different techniques in clinical conditions such as aversion therapy in hysterical reaction [35] and trichotillomania [36]; attentional skills training in anxiety [37]; modified Masters-Johnson technique in sexual inadequacy [24]; operant procedures in mental retardation [38] and chronic mental illness [39]. The findings [38], [39] highlighted the use of individually tailored programmes in the institutional set up.

Drop-out analysis, an area which received little attention in earlier years, has been studied in a group of anxiety neurotics [40] and patients undergoing yoga therapy [41].

In the area of therapeutics the reported work has been relatively more on behaviour modification than on psychotherapy. It appears that behaviour therapy is emerging as an area of preference among clinical psychologists.

Yoga

Research interest has been shown in the utilisation and evaluation of yoga techniques in neurotic clients [41], [42] as well as among children [43]. The study by Sahasi et al [41] is well designed in terms of methodology and examined the efficacy of yogic techniques, in comparison to drug therapy, among anxiety neurotics. Results indicated that yogic techniques bring about significant improvement in the anxiety level. It has been suggested that yoga can be introduced as a therapeutic system which can help the client develop greater tolerance to frustration and stress; cope with demands of living [44] and develop a healthy, integrated personality [43].

Substance Abuse

Psycho-social research in the area of substance abuse examined diverse issues. A study on the effects of prolonged use of heroin revealed impairment of attention, memory, intellectual functions and percepto-motor coordination [45]. Personality assessment revealed that alcoholics as a group exhibit extraversion and neuroticism traits [46].

In a study of the self perception of alcoholics [47] findings indicated that the alcoholics have distorted self-perception and perceive themselves to be loving and affiliative which is discrepant with the perception of their spouses. A need to clarify the misattributions of the alcohol dependent subject is put forward by the authors.

Studies have been conducted on the family members of substance abusers who are likely to experience

psychological distress. The focus has been on the perception, personality and psychological well-being of the significant family members, The findings revealed that alcoholics are perceived as aggressive by their spouses [47]. Efforts have been made to understand the reliability of diagnostic criteria [48] and interpersonal relations among alcoholics [47] as also the prognostic significance of psychopathology for abstinence in opiate addiction [49].

Research communications in this area reveal that the studies have been on isolated aspects of substance abuse, which nevertheless have utilitarian value. Despite the need for greater amount of co-ordinated research work by way of comprehensive assessment of psychosocial factors, study of the impact of substance abuse on the family especially the children and, the treatment aspects such coordinated efforts have not yet emerged.

Psychodiagnostics

Research in the area of psychodiagnostics has been reported but one gets the feeling that the quantum of work is less when compared to the earlier years. As there is a general increase of research interest in the area of stress and coping, the development of a coping checklist [50] is most welcome. Similarly, the development [18] of the marital satisfaction scale is timely. The development [51] of the Draw-A-Penis-Test (DAPT) may also prove to be utilitarian provided one can be more clear about its theoretical base and a few studies on its research and clinical utility or otherwise are communicated from centres other than where it is developed.

The development of the Bengali adaptation [52] of Spielberger's STAI (Form X) and Eysenck's personality Questionnaire [53] will be found useful by researchers. The clinical utility of California Test of Personality [54], the utility and validity of Hamilton's Depressive Rating Scale [55], the correlation [56] between scores on PGI well-being scale and Bradburn's scale have been demonstrated and are likely to answer some of the persistent questions haunting researchers.

A review has been published [57] about the utility and value of the Dysfunctional Analysis Questionnaire. The review is compiled by the developers of the test and as the reviewed work, in the main, is carried out in their own centre, it may not go unquestioned. The usefulness of the Rorschach in distinguishing high achievers from low achievers [58] and for the purposes of assessing aggression [59] has also been reported.

Criminality

In a study [60] of 480 male convicts, from the central jails of Rajasthan, who were sentenced for murder, assault or theft it was found in the main that age was positively correlated to depression and insecurity and negatively to intelligence and extraversion. The study misses the opportunity of reporting the extensive amount of data which seems to have practical utility. another study [61] pick-pockets were found to have distorted perceptual organisation. Criminals were also found [62] to have lower private and social self concept.

Psychoses and Neuroses

Within the framework of Seligman's learned helplessness theory, a circumscribed study found [63] that life style by itself did not have a significant effect on the depression experienced by women while sex role orientation did. In another study [64], comparing depressives and anxiety neurotics, it was found. that the latter have lower frustration tolerance and hence higher levels of aggression. This study substantiated similar findings reported way back in 1942(!!) and makes one muse whether the communication deals with research or (re)search. Trying to see whether religiosity and neuroticism are correlated, a study reported [65] that religiosity neither fostered stability nor was it an expression of instability. Perceptual regression was observed among schizophrenics in a study [66] which concluded that schizophrenics regress to the childhood mode of matching stimulii. In general, studies reported from this area were very few.

Neuropsychology

Interest and involvement in the area of neuropsychology is gathering momentum. Studying [67] eight schizophrenics and an equal number of controls on the dichotic listening test it has been postulated that schizophrenia is a left hemisphere abnormality with temporal lobe dysfunction. The ability to synthesise fragmented visual information was seen to be impaired [68] in patients with unilateral frontal or temporal lobe excisions when compared to normals. A group of patients suffering from post conclusion syndrome following mild closed head injury has been studied and the profile of consistent deficits has been reported [69]. In a theoretical exposition [70], the concept of 'Hetu' from the Buddhist thought has been described as a possibility for the evaluation of dimensions of personality. The supposed neurophysiological basis for these dimensions is brought out.

Evaluation

An evaluation of the research communications published in 1989 indicates that the quantum of research output is very modest. As this covers a large number of speciality areas the work, of necessity, cannot be in-depth. Most of the studies are cross-sectional carried out by individual research workers, or by a very small group of scientists, mainly by way of individual research efforts. There is no evidence of any communication being an outcome of funded research. Funding of research from the area of clinical psychology seems to be at the cross roads because of the nature of the subject. The Department of Science & Technology tends to view clinical psychology as a soft subject and under the purview of the ICMR. The ICMR in turn looks upon clinical psychology as a social science under the purview of the ICSSR while the latter finds it difficult to look into the requirements of clinical psychology as, being a clinical subject it falls outside the per-view of social science. Research in the area can become more meaningful if in-depth and longitudinal studies replace the surface level cross sectional work currently being carried out by individual researchers.

Striking differences seem to exist between the research concerns of the field of psychiatry and the area of clinical psychology. In a review [71] of psychiatric research carried out in India during 1988, areas where research interest is focussed have been identified. Only in the area of biological studies where

psychiatric research was focussed, clinical psychology also shows an emerging interest. In the area of child mental health and substance abuse both the disciplines showed emerging research interest. In the rest of the areas there was hardly any common ground between the two specialities. It is difficult to comment on the nature and future impact of this trend. Viewing it from one angle it may look that two mental health specialities have very little in common while on the other hand it may be a desirable trend wherein one discipline substantiates the other covering the areas left unattended by the former. The existence of multi-disciplinary research groups in the area of mental health does not seem to be common in this country.

1.Sreedhar K P, Nature of anxiety in peptic ulcer

Indian Journal of Clinical Psychology Page: 16:5, 1989

2. Sreedhar K P, Manifest anxiety in bronchial asthma

Indian Journal of Psychiatry Page: 34:311, 1989

3. Srivastava G P & Sinha S P, Stressful life events and health

Indian Journal of Clinical Psychology Page: 16: 26, 1989

4.Khanna S & Shirali K A, Life stress, anxiety and depression in working women of Jalandhar and Shimla

Indian Journal of Clinical Psychology Page: 16: 57, 1989

5.Misra P & Chaturvedi A, Interrole conflict in working mothers as a function of occupational type and job tenure

Indian Journal of Clinical Psychology Page: 16: 61, 1989

6.Shrimali S & Broota K D, Perception regarding the surgeon as a function of surgical stress

Journal of Personality & Clinical Studies Page: 5: 211, 1989

7. Singh A K & Thapa K, Type 'A" behaviour pattern and coronary heart disease. A demographic study

Indian Journal of Clinical Psychology Page: 16: 9, 1989

8.Katiyar M, Gupta S C & Singh H, Role of neuroticism and extraversion in patients of acute myocardial infarction

Indian Journal of Clinical Psychology Page: 16:18, 1989

9.Khorana S A, Psychological risk factors in ischaemic heart disease

Indian Journal of Clinical Psychology Page: 16: 13, 1989

10.Shukla P R, Life change events in CHD: A retrospective study

Journal of Personality & Clinical Studies Page: 5: 249, 1989

11. Jiloha R C & Vij J C, Personality profile of patients suffering from peptic ulcer

Journal of Personality & Clinical Studies Page: 5: 85, 1989

12.Prabhakar S, Chopra J S, Verma S K & Grover P, Clinical & Socio-demographic correlates of psychogenic headache

Journal of Personality & Clinical Studies Page: 5: 175, 1989

13.Sokhey G, Vasudeva P & Kumar L, Cerain personality correlates of the allergic population with different levels of skin reactivity

Journal of Personality & Clinical Studies Page: 5: 227, 1989

14.Bhojak M M, Nathawat S S & Swami D R, Psychological consequences following lower limb amputation

Indian Journal of Clinical Psychology Page: 16: 102, 1989

15.Lakshminarayan T R & Raghuram D, Cigarette smoking and anxiety - A study of the medical students

Indian Journal of Clinical Psychology Page: 16:24, 1989

16.Kumar P, Mon J B & Patel N M, Consequences of marital maladjustment: Study of Mental Health

Journal of Personality & Clinical Studies Page: 5: 61, 1989

17. Gupta S C, Kaur B & Agarwal A K, Marital interaction in the parents of schizophrenic patients

Indian Journal of Clinical Psychology Page: 16: 41, 1989

18. Prathyusha K & Venkatramiah S R, Marital satisfaction scale for mothers

Indian Journal of Clinical Psychology Page: 16: 68, 1989

19.Jain P & Mathur C N, A study of congestive and spasmodic dysmenorrhea in Indian rural and urban women

Journal of Personality & Clinical Studies Page: 5: 69, 1989

20.Mohan V & Jogi R, Effect of Pre-menstrual tension on cognitive ability

Journal of Personality & Clinical Studies Page: 5: 77, 1989

21.Rahaman S & Kureshi A, Marital status, alienation and menstrual disturbances

Journal of Personality & Clinical Studies Page: 5: 195, 1989

22. Thatte S & Pundlik J, Psychological sequelae of MTP: A study of anxiety and hostility in married and unmarried abortees

Indian Journal of Clinical Psychology Page: 16: 29, 1989

23. Kannappan R, Sexual experience and impairment in male alcoholics and non-alcoholics

Indian Journal of Clinical Psychology Page: 16: 80, 1989

24.Gupta P, Banerjee G & Nandi D N, Modified Masters Johnson technique in the treatment of sexual inadequacy in males

Indian Journal of Psychiatry Page: 31: 63, 1989

25. Ninan T P & Kapur M, [A study of hysteria in early adolescence]

NIMHANS Journal Page: 7: 43, 1989

26.Gupta A, Changes in state anxiety as a function of trait anxiety and Stress among high school girls

Journal of Personality & Clinical Studies Page: 5: 183, 1989

27. Arya S, Infant nutrition and mother-child dvad

Indian Journal of Clinical Psychology Page: 16: 34, 1989

28.Chawla P L & Sahasi G, Conduct disorder in primary school children

Indian Journal of Clinical Psychology Page: 16: 108, 1989

29. Vinutha M A, Rajini M R & Nagalakshmi S V, Self-esteem in children (9th standard children)

NIMHANS Journal Page: 7: 33, 1989

30.Murthy V N and Dharitri R, Intellectual functions of hearing impaired children

Disabilities and Impairments Page: 3: 47, 1989

31. Mohan I, Reaction time, psychomotor performance, vigilance and fluctuation of attention of mentally retarded, normal and gifted children

Disabilities and Impairments Page: 3: 57, 1989

32.Mental Retardation - A Manual for psychologists. National Institute for the mentally handicapped, Manovikas Nagar, Bowenpally, Secunderabad1989

33. Singh T. Psychotherapist: The changing agent

Indian Journal of Clinical Psychology Page: 16: 88, 1989

34. Venkateshan S, Expressive art therapy for childhood fears - A case study

Indian Journal of Clinical Psychology Page: 16:90, 1989

35. Singh S B & Nigam A, Behavioural intervention in functional fits

Indian Journal of Clinical Psychology Page: 16: 93, 1989

36.Deshpande S N & Mehta M, Aversion therapy in the treatment of trichotillomania

Journal of Personality & Clinical Studies Page: 5: 242, 1989

37. Sud S & Sharma S, Test anxiety, attentional skill training and anagram performance

Journal of Personality & Clinical Studies Page: 5: 161, 1989

38.Abraham A, Mishra H & Kumaraiah V, Effectiveness of behaviour modification in institutionalized mentally retarded children

Journal of Personality & Clinical Studies Page: 5: 153, 1989

39. Rao K, Barnabas I P & Gopinath P S, Behaviour modification in a rehabilitation setting

Journal of Personality & Clinical Studies Page: 5: 23, 1989

40.Sargunaraj D & Kumariah V, Characteristics of drop-outs from a biofeedback therapy programme

NIMHANS Journal Page: 7: 127, 1989

41.Grover P, Varma V K, Verma S K & Pershad D, Factors influencing treatment acceptance in neurotic patients referred for yoga therapy - An exploratory study

Indian Journal of Psychiatry Page: 31: 250, 1989

42.Sahasi G, Mohan D & Kacker C, Effectiveness of yogic technique in the management of anxiety *Journal of Personality & Clinical Studies* Page: 5: 51, 1989

43.Barnes B L & Nagarkar S, Yoga education and scholastic achievement

Indian Journal of Clinical Psychology Page: 16: 96, 1989

44.Balodhi J P, [In pursuit of Indian Shastric sources for community mental health]

NIMHANS Journal Page: 7: 49, 1989

45. Ahmed S, Ahmed H & Bindra G, Cognitive impairment in chronic heroin addicts

Journal of Personality & Clinical Studies Page: 5: 237, 1989

46.Kannappan R & Cherian R R, Personality factors in alcoholism

Journal of Personality & Clinical Studies Page: 5: 43, 1989

47Neeliyara T, Nagalakshmi S V & Ray R, Interpersonal relationships in alcohol dependent individuals

Journal of Personality & Clinical Studies Page: 5: 199, 1989

48.Ray R & Neeliyara T, Alcoholism - Diagnostic criteria and variability

Indian Journal of Psychiatry Page: 31: 257, 1989

49. Satija D C, Sharma D K, Gaur A & Nathawat S S, Prognostic significance of psychopathology in the abstinence from opiate addiction

Indian Journal of Psychiatry Page: 31: 157, 1989

50.Kiran Rao, Subbukrishna D K & Prabhu G G, Development of a coping checklist - A preliminary report

Indian Journal of Psychiatry Page: 31: 128, 1989

51. Chowdhury A N, Draw-a-Penis - Test

Journal of Personality & Clinical Studies Page: 5: 97, 1989

52. Chowdhury A N, Bengali Adaptation of Spielberger's STAI-Form X

Journal of Personality & Clinical Studies Page: 5: 257, 1989

53. Chowdhury A N, Bengali adaptation of Eysenck's Personality Questionnaire

Indian Journal of Clinical Psychology Page: 16: 71, 1989

54.Suman L N, Nagalakshmi S V & Sharada Rao, Clinical utility of California test of personality

Journal of Personality & Clinical Studies Page: 5: 88, 1989

55. Jiloha R C, The Hamilton Rating Scale in Normals and Depressives

Journal of Personality & Clinical Studies Page: 5: 254, 1989

56.Verma A, Mahajan A & Verma S K, A correlational study of two well-being scales

Journal of Personality & Clinical Studies Page: 5: 93, 1989

57.Pershad D & Verma S K, Measurement of change in psychosocial functioning following illness

and therapeutic intervention

Indian Journal of Clinical Psychology Page: 16: 64, 1989

58. Dubey B L, Rorsehach profile of Indian executives

Indian Journal of Clinical Psychology Page: 16:74, 1989

59. Gupta R, Verma S K & Kulliara P, Expression of hostility on Rorschach cards

Journal of Personality & Clinical Studies Page: 5: 9, 1989

60.Rathi S & Rai G C, Age, socio-economic status and socio-psychological characteristics of criminals

Journal of Personality & Clinical Studies Page: 5: 189, 1989

61.Bhargava R & Sahni S P, Perceptual organisation of criminals

Journal of Personality & Clinical Studies Page: 5: 57, 1989

62.Asha Rani, Sinha B & Singh L B, Self concept and criminality: A comparative analysis of different criminal groups

Indian Journal of Clinical Psychology Page: 16:50, 1989

63. Harsh K, Life styles, sex role orientation and depression in women

Journal of Personality & Clinical Studies Page: 5: 19, 1989

64.Abdi U, A study of aggression and frustration among anxiety neurotics and depressive patients on Rosenzweig Picture frustration study

Journal of Personality & Clinical Studies Page: 5: 233, 1989

65. Choudury S, A study of relationship between neuroticism and religiosity

Indian Journal of Clinical Psychology Page: 5: 47, 199

66.Broota A & Pant N, Perceptual regression in schizophrenia

Journal of Personality & Clinical Studies Page: 5: 29, 1989

67. Shukla V, Behre P B & Samant H C, A study of cerebral dominance by laterality score and order of reporting in dichotic listening test

Indian Journal of Psychiatry Page: 31: 73, 1989

68.Gupta A & Nayak M, The synthesis of fragmented visual information in patients with frontal or temporal lobe excisions

Journal of Personality & Clinical Studies Page: 5: 35, 1989

69.Mariadas C, Rao S L, Gangadhar B N & Hegde A S, [Neuropsychological functioning in postconcussion syndrome]

NIMHANS Journal Page: 7: 37, 1989

70.Sinha S N & Madnawat A V S, Hierarchical organisation level of 'Hetu" as evaluative dimensions of personality

Journal of Personality & Clinical Studies Page: 5: 65, 1989

71. Murthy R S, Subramaniam K V & Chatterji S, [Psychiatric research in India]

NIMHANS Journal Page: 8: 13, 1990