# A comparative study of neurotic problems among sports and non-sports students

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#### **ABSTRACT**

The present investigation was undertaken to study the neuroticism problem of sports and non-sports students. For this research work, a sample of 115 sports (55 males and 60 females) and 94 non-sports students (45 males and 49 females) belonging to various schools located at district Haridwar (Uttarakhand) were selected with the help of incidental sampling techniques. Neuroticism scale Questionnaire developed by Scheier and Cattell (1961) has been used to make this study. S.D. Kapoor's Socio-economic status scale questionnaire (SESSQ-Urban) was used to determine the socio-economic status of the respondents. Finding indicated that sports and non-sports students did not differ significantly in terms of neuroticism.

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## Key words: Neuroticism problems, Socio-economic status

Individuals who "go to pieces" easily when confronted with a difficult or trying situation and exhibit a variety of mental and physical symptoms that persist for several weeks or months are known as "psychoneurotic." Typical mental symptoms are anxiety, feelings of inner tension, restlessness, ideas of inadequacy, inability to concentrate, loss of memory, absurd fears, and obsessions. Physical symptoms, which are essentially repercussions of internal emotional disturbances, include headaches, upset stomach, excessive fatigue, and loss of sensory and motor functions. Psychoneuroses are relatively mild personality disorders that distress and inconvenience the patient but do not disrupt his social adjustments or interfere with his everyday activities to the point of necessitating supervision or compulsory commitment to a mental hospital. His personality remains intact and his grasp of reality is not distorted. Psychoneurotics know what they are doing, have a fair understanding of their difficulties, can distinguish right from wrong, and are legally responsible for their actions. Their behaviour, though frequently annoying, is rarely offensive or a source of danger to others. Their work output may or may not be impaired.

When under great emotional stress, normal individuals frequently exhibit typical psychoneurotic symptoms but with two important modifications, namely, their reactions are appropriate to the stimulating situation and are of short duration. On the other hand, the reactions of the

psychoneurotic are out of all proportion to the actual situation and may persist for months. A normal person who experiences a severe emotional shock may be speechless or paralyzed for a few minutes. He may faint, feel weak, or complain of irregular heart action or nausea. Soon, however, he regains control of himself and his symptoms disappear. Following similar or milder emotional shock, a psychoneurotic may suffer for months from loss of voice, paralysis, general exhaustion, cardiac instability, or gastric upset. Faced with failure, a normal individual may be beset with temporary anxiety and feelings of inferiority, but a psychoneurotic may retain this attitude in exaggerated form all his life. Many normal individuals have a fear of germs and take reasonable precaution to avoid infection, but, unlike certain psychoneurotics, they do not wash their hands a hundred times a day, wear gloves when handling money, or sterilize their cooking utensils before each meal.

Also known as "neuroses," the *psychoneuroses* are minor mental disorders characterized by inner struggles and discordant social relationships. Two essential features of psychoneuroses are that they are precipitated by emotional stresses, conflicts, and frustrations and that they are most effectively treated by psychological techniques. They are not produced by physical disorders and do not respond to routine medical attention. Although often incapacitating and disturbing to the person and his associates, the symptoms of the psychoneurotic are such