CRITICAL EVALUATION

Using a different approach to analyse the data based on the assumption of 'ideal norms', the present study needs a critical evaluation by the investigator herself. The limitations of the study, implications of the study, and suggestions for further research and personal experience during the study are dealt with here under.

LIMITATIONS

1. The items on TABI are framed in such a way that each of them assesses one aspect of adaptive behaviour, each aspect being taken from one 'añihāram'. It is found in the research experiences of many scholars that more the number of items to assess one aspect of behaviour, better the reliability. Following this, the reliability of the assessment made in the present study using TABI is in question. Here, it should be said that TABI can be used only to identify the problem areas. After the identification, further assessment using each 'kural' individually under each 'añihāram' would yield beneficial results.

2. The conventional procedure of establishing the validity (except content validity) and reliability (except test-retest reliability) in technical terms have not been done for TABI. Because this kind of study is the first known to the investigator, and for want of known groups, validity
study could not done. The validity and reliability of the TABI is a major limitation of this study. However, repeated using of TABI for various purposes would possibly solve this problem.

3. Test-retest reliability has not been done because of lack of time. This is a major limitation of the present study.

4. A well standardised POI and norms in India is not available to the investigator and hence the classification of Self-actualisers, non-actualisers and normals may not be exact.

5. The Tamil translation of the POI by the investigator and the guide is found to be difficult for many subjects to comprehend, leading to long duration to respond to the inventory. Simplification of the inventory in Tamil would be better. However, the near exact translation of the original may not be possible resulting in variations.

6. Because of lack of time, only the two major scales of POI - Time Competence (Tc) and Innerdirectedness (I) are used to classify the Self-actualisers, non-actualisers and normals, and study how the self-actualisers, non-actualisers and normals perform on TABI. The ratio scales would have given a clear idea about the self-actualisers, non-actualisers and normals and the interpretation would have been specific in the way they perform on TABI. However, it
is clearly mentioned by the author of the POI himself (Shostrom, 1972), that for research purposes the Tc and I scales themselves are sufficient to screen self-actualisers, non-actualisers and the normals.

IMPLICATIONS

1. The major implication of the study is to identify the problem areas and apply Thirukkural in the intervention of the problems. The TABI will be of help to identify the problem areas that the person has in a short time. Based on these identified areas, respective 'adiharam' could be used for intervention of the identified problems.

2. TABI can be used to screen the problem areas of adaptive behaviour. In cases of any psychological problem like anxiety, depression, hysterical reactions and the like, it is found that they have multiple stressors or maladaptive behaviour because of which they get into problems such as disputes with the spouse, with other significant members in the family, with colleagues, with superiors and so on. TABI has covered many aspects of adaptive behaviour. Hence the identification of the specific problem areas would be quick and easier. Once the screening is done, a detailed study of the particular problem area could be done for planning the intervention.
3. Another implication of the study is, studying an indigenous conception of mental health as in Thirukkural using a method which will not corrupt the essence of Thirukkural.

4. This study also could be used as stepping stone for normals to reach the ideal way of life. When the normals are assessed with TABI certain areas may be identified which need to be improved. Thus attending to these areas will result in the betterment in the way of life.

FURTHER RESEARCH
1. Test-retest reliability study is a necessity to establish the TABI. No other study of reliability like the split-half and odd-even, are possible because of the nature of the inventory as discussed also in the methodology.

2. A study using TABI with various clinical groups will yield profitable ideas about the utility of TABI.

3. TABI being a screening tool to identify the problem areas with one item, (as said in Limitation 1) further sub-items as in each of the 'kural' under the specific 'adihāram' should be developed for finer assessment of the problem.

4. TABI could possibly be used in therapeutic research to assess the adaptive behaviour of the client before and after the therapy, for finding out whether there is an improvement in the adaptive behaviour.
5. Research on how TABI can be used on one individual to know about the real self and the ideal self has to be done. Further, by using Thirukkural, moving towards the ideal self could also be investigated.

6. When there is a problem between two people - father, mother, spouse, child, or any other significant member, report of oneself and report of the partner on TABI for both the partners would bring out some information regarding the problem in hand. This has to be researched into in detail.

EXPERIENCES
Indian psychology being ancient and forgotten is very difficult to study, not because of its intrinsic nature, but of the attitude people have about it. Hence I would like to give the experiences that I had during the course of the investigation in a nut-shell.

First of all, there was total discouragement from many. I was told that it is superstitious and not scientific. It is not going to benefit me in any way. What is the use of studying something dead and gone, when there are 'hi-tech' methods in the field of psychology, and so on. However, I did find a few people who were very interested and encouraged me saying that, it is very necessary at this point of time. Culture does have its role to play in mental health.
Secondly, a few among those who did encourage, majority of whom were keenly involved in the development of life according to Thirukkural did discuss well about the interpretation of the 'kural' in general. However, when it came to specific evaluation of items to find out whether they reflect the 'kural', there was indifference.

Thirdly, as the methodology followed in the study is not conventional, finalising the methodology and the analyses of the data were very difficult. In the sense, there was no ready made hints to hold on to. Discussions with scholars of psychology also did not contribute significantly but it did channelise my views. Thus, based on just the logic of the investigator, with the consent of the guide, the methodology and the analyses were decided. And hence there are definite chances for refinement and betterment of the study.

However, a whole hearted effort has been put into making this study a success, hoping that some ideas grow about how the cultural contribution of the literary master-piece 'Thirukkural' can be utilised in the mental health field in particular and Indian conceptualisations of mental health in general. This could probably add to the minimum work that has been done in the area of Indian concepts of mental health.

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