CHAPTER 6

SUMMARY, CONCLUSIONS AND SUGGESTIONS

The Outline

1. Summary.

2. The Conclusions.

1. **THE SUMMARY**

The report of the present investigation is constituted of six chapters. The first chapter relates to the 'Conceptual framework' of the problem. The study is aimed to discover the effects of coronary heart disease and smoking on the mental health, in terms of physical and psychological distress. The chapter presents the variate structure and systematically develops the conceptual framework. Distress is discussed in detail. In this study, coronary heart disease and smoking are selected as independent variables. The chapter ends with the statement of the 'objectives' of the study.

Chapter No. 2 relates to 'methodology and design' of the study. The study is a complex of two sub-studies having '2 x 2' factorial design for each. The control group which is disease-free is called 'normal group', and coronary heart disease patients constitute the experimental group. The second independent variable also has two levels: smokers and non-smokers each of the sub-study has one experiment and the study as a whole consists of two bivariate factorial experiments. The total sample being 100, each cell of the '2 x 2' paradigm has 25 elements. The patients are taken from medical college
and hospital, Rohtak. The normal subjects are drawn freely from the population of the Rohtak city. The dependent variables of physical distress and emotional or psychological distress are measured with the help of a standardized tool. The analysis of data has been carried out by using 'f' test and 't' test.

Chapter No. 3 proceeds for study of physical distress. In this chapter, 'Introduction, layout of experiments, null hypotheses, ANOVA - Summary and 't' test results are presented, findings of the Chapter are given in a 'summary form'.

Chapter No. 4 relates to the study of emotional or psychological distress, and follows the same pattern as in the case of chapter three.

Chapter No. 5 relates to 'Results and Discussion'. After introduction, the results are shown in the tabular form. Based on the obtained results, all the four groups are explained and compared with each other.

Chapter No. 6 relates to Summary, Conclusions and Suggestions.
II. The Conclusions

(a) The first two objectives of the study relate to impacts of Coronary Heart Disease and smoking in factorial settings.

The independent variables of the study have revealed highly significant impacts upon the dependent variables. Coronary heart disease and smoking behaviour have shown that a disease may express itself in somatic form or in functional form, but involvement is actually of the 'whole' organism. Human being as a 'whole' appears to be affected by any disorder. Physical and psychological dimensions can not be segregated. They are one. Their mutual effect cannot be ignored. Attention should always be paid to the complete individual, because psychogenic reactions may vary in degree, but they always accompany the physiological reactions.

(b) The third and fourth objectives of the study relate to preparation of a factual base for creative and educational programmes and opening up of new vistas for research.

The factual base that emerges out of the study is that growth of unwanted experiences of distress relate not only to coronary heart disease, but also to smoking behaviour of the patients. Human being as an 'individual'
is more important than the disease he is suffering from. Along with checking of physical devastation, the patient's psychopathology should also be brought under control, and it is very much possible by utilizing the psychotherapeutic techniques of counselling and psychotherapy. The patients and their close associates should be given correct education; coping alternatives and chances to share the painful experiences. Emotional support to patients and their relations can be helpful in sustaining an optimistic hope. The concerted campaign against smoking by the health authorities and public agencies in many parts of the world is proving quite effective in isolating smokers (Editorial, The Hindustan Times, March 23, 1988). Points to be noted are:

1. General public should be educated and well-informed regarding the latest knowledge of etiology and prognosis of the disease through audio-visual aids.

2. Patients of somatic disorders like coronary heart disease should be given psychological counselling and help also.

3. Health authorities should launch a massive campaign against smoking for isolating the smokers.

4. Smoking should not be allowed in public places and as in certain European cities, taxis should make it
a point to carry only non-smoking passengers.

5. Hotels and restaurants should segregate smokers as it is done aboard certain aeroplanes.

6. Labels like "Thank you for NOT smoking" should widely be used.

III. SUGGESTIONS FOR FURTHER RESEARCH

The pathological level of distress found in the present study is in line with the earlier studies which have revealed a typical connotations of anxiety, maladjustment, frustration - reactions and learned helplessness in their relationship to coronary heart disease, smokers and non-smokers, at discrete age levels (Kohli 1985; Hatter, 1986 and Sevita 1987). Further research is required to discover the extent of correlation between somatic and psychological dimensions of an individual. The variables like death anxiety, existential concerns, self concept, real self, ideal self, aspiration, locus of control and so many such variates need to be explored in their relationship with somatic disorders like coronary heart disease.