CHAPTER VI
SUMMARY AND SUGGESTIONS

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SUMMARY AND SUGGESTIONS

I INTRODUCTION

In the present study, an attempt has been made to compare the personality structure of women suffering from functional menstrual disorders as against their counterpart. The present research worker wants to find out whether menstrual disorders can be associated with personality disorders. For this purpose, patients suffering from menstrual disorders diagnosed by the attending gynaecologist as psychosomatic are selected as a sample. Against this sample, an equivalent sample has been selected from the normal population as a control group.

The present study has been undertaken for the following purposes.

1. To study the level of self perception of the patients Vs normal female population of Gujarat on the SPQ.
2. To study the level of gynaecological problems of the patients Vs normal female population of Gujarat on the IGP.
3. To study the level of general IBS scores of the patients Vs normal female population of Gujarat.
4. To study whether education as a variable shows any significant difference on the variables stated above (1,2,3).
5. To study whether age as a variable shows any significant difference on the variables stated above (1,2,3).
6. To study whether marital status as a variable shows any significant difference on the variables stated above (1,2,3).
7. To study whether social background as a variable shows any significant difference on the variables stated above (1,2,3).

II METHODOLOGY

The experimental group consists of patients suffering from
functional menstrual disorders and the control group comprises of normal women who do not have any menstrual complaints that require medical help.

For the purpose of comparison, three tests have been used, out of which two were specially prepared for the present study. They are:

1. The Self Perception Questionnaire (SPQ).
2. Inventory of Gynaecological Problems (IGP).
3. The third test - Incomplete Sentence Blank (ISB) (Bhatt, 1972), a semi structured verbal projective technique has been used for validation and comparative purpose.

The SPQ consists of 40 statements to be answered in "YES" or "NO" responses. Validity of the SPQ was done by correlating it to the ISB by the Spearman's Rank Order method. The result obtained was 0.60 significant at the 0.01 level.

The odd - even split half method of testing reliability was used for the SPQ. The result obtained was 0.33 significant at the 0.01 level.

The IGP is a six point rating scale which includes 75 physical and psychological symptoms to be rated by the S. IGP was validated against the ISB by the Spearman's Rank Order method. The result obtained was 0.42 significant at the 0.01 level.

It was not possible to use any method of reliability for the IGP. Since, all tests that are properly validated are reliable, validity has been given more importance in the IGP.

The ISB is a semi structured verbal projective technique which consists of 40 sentence stems to be completed by the S with the first thought that comes to her mind. A detailed discussion of the ISB has already been given in "A Study of Certain

III SAMPLE

For the present study, purposive available sample was used. Two age groups were chosen.
a. Women between the age of 16-25 years.
b. Women between the age of 26-35 years.

The sample included 60 patients and 60 normals. Classification of the sample is given below:

TABLE NO. 6/1

DISTRIBUTION OF THE TOTAL SAMPLE

<table>
<thead>
<tr>
<th>GROUPS</th>
<th>16 - 25 YEARS</th>
<th>26 - 35 YEARS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXPERIMENTAL</td>
<td>35</td>
<td>25</td>
<td>60</td>
</tr>
<tr>
<td>CONTROL</td>
<td>33</td>
<td>27</td>
<td>60</td>
</tr>
<tr>
<td>TOTAL</td>
<td>68</td>
<td>52</td>
<td>120</td>
</tr>
</tbody>
</table>

Other sample variables taken into consideration are:
1. Marital status.
2. Level of education.
3. Social background.

IV DATA COLLECTION

Available sample was chosen from local general hospitals on the basis of medical diagnosis by the attending gynaecologist. For each patient a corresponding equivalent normal S was selected for comparative purpose.

Questionnaire and semi structured interview techniques were used for data collection. Therefore, it was not possible to interview more than one or two Ss per day. Individual approach
was approved rather than the group approach because the Ss would be free to discuss their problems as well as whatever they wish to discuss. Per patient S approximately two and a half hours were required while for the normal S one and a half to two hours were sufficient. Total data collection was completed in one and a half years.

The following statistical tests were used to verify the hypotheses mentioned previously.

1. The mean and SD of all the previously mentioned groups have been tested by the t test.
2. The F test has been used to further validate the t test results.
3. Graphical presentations have been used where necessary.

V CONCLUSIONS

On the basis of test results, oral interviews, case studies, observations and personal history, the following conclusions have been deduced in the present research work.

The below given conclusions are common for Ss of both the groups (experimental and control):

1. In the development of a child's personality, parents play an important role. In the Indian culture, though the mother is more sought for by the child, the father plays an equally important role in the healthy development of a child's personality.
2. The mother, an elder sister or any other female member of the family can influence the S's attitude towards menstruation. Attitudes towards menstruation are learnt by a girl very early in life, probably unconsciously.
3. The process of menstruation is a matter of anxiety for every woman. The Ss of both the groups - experimental and control -
experience more psychological symptoms than the physical ones.
4. The Ss with a higher level of education are affected by social
consciousness and are aware of how their responses will be
interpreted. They are hence more cautious while responding. They
are affected by social desirability.
5. During menstruation, Ss of both the groups - experimental and
control - prefer to stay at home and avoid social activities for
fear of being embarrassed because of their lack of control over
the menstrual flow. This shows that the menstrual cycle has
certain negative effects that are common to most of the women.
6. The Ss report that their own tension and anxiety influences
the menstrual cycle. For example, anxiety about exams or a visit
to a religious place of importance affects the menstrual cycle.
7. The ability of the women to minor changes diminishes slightly
prior to or during menstruation.
8. The degree of emotions experienced by the Ss differs from one
S to another and even from one cycle to another. There are
individual variations in both the groups.

The major difference between the Ss of the experimental and
the control groups are highlighted in the following points.
1. There is a significant difference in the self perception of
patients and normal Ss. The Ss of the control group have a better
self perception than the Ss of the experimental group as shown on
the SPQ.
2. The Ss of the experimental group consider themselves inferior
to the Ss of the control group in context to interpersonal
relationships, field of responsibility and lack of confidence.
3. Negative approach to life prevents the Ss of the experimental
group from new learning, problem solving and developing their own

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4. The psychosomatic base of menstrual disorder lies in the duration of time the symptoms are experienced rather than the symptoms themselves.

5. The Ss of the experimental group show a higher level of menstrual disturbances (quantitatively as well as qualitatively) on the IGP as compared to the Ss of the control group.

6. The Ss who are explained about the process of menstruation before menarche have fewer menstrual problems during menstruation than those who are not explained anything.

7. The Ss of the experimental group experience psychological symptoms all the time irrespective of menstruation. The symptoms are more or less a permanent feature of their personality. The Ss of the control group on the contrary, experience these symptoms only before or during menstruation.

8. A majority of the Ss of the experimental group are predisposed to negative feelings like depression, tension, anxiety, etc. right from the beginning and the menstrual process only precipitates the occurrence of psychosomatic disorder.

9. Marriage is a precipitating factor in menstrual disorders. Seventy five percent of the Ss of the experimental group started having menstrual problems immediately after or within a year of married life.

10. Concentration decreases because of pain experienced. However, the Ss of the experimental group exaggerate pain while the Ss of the control group try to divert their attention from the pain experienced by engaging in some activity to forget the pain.

11. The primary areas of conflict revealed by the Ss of the experimental group include primary areas of conflict involving
sexual feelings, life experiences and attitudes towards menstruation.

12. Social background seems to have some association with menstrual disorders. Certain communities show a higher tendency towards menstrual disorders than the other communities.

13. The conflict level of the Ss of the experimental group is very high (144.00) and Ss require psychotherapy and counseling along with medical treatment.

14. The major difference between the Ss of the experimental and the control groups lies in the origin of conflict. For the Ss of the experimental group, the conflict is self created while for the Ss of the control group it is induced by the environment.

15. The Ss of the experimental group depict a picture of a chronically inadequate and unstable personality.

16. The Ss of the experimental group are highly self centered and their own difficulties are of paramount importance to them.

17. The Ss of the control group are more conscious of their social duties and responsibilities than the Ss of the experimental group.

18. The Ss of the experimental group show tremendous maladjustment in the areas of family life, personality and social adjustment.

19. Psychosomatic disorders are not pure disorders, they are an acquired phenomena where certain basic existing personality weaknesses play a major role.

VI LIMITATIONS

The present study has the following limitations.

1. Psychosomatic disorders are still borderline boundaries difficult to distinguish between actual organic disorders and
psychogenic disturbances. Sometimes, the origin of the disorder is likely to be misdiagnosed and wrong selection of the S is quite possible. In the present study, this factor has been controlled as far as possible but one cannot say that the total patient group was suffering from psychogenic disturbances with absolute surety.

2. The sample selected for the present study was purposive available sample. Since patients were chosen from local general hospitals diagnosed as suffering from functional menstrual disorders by the attending gynaecologist, an educated sample was not found. Also, these women belonged to lower socio economic strata. Women of the upper class usually seek the help of private practitioners who are not supposed to disclose the identity of their patients. In the present study, because semi structured interviews were the main method of data collection, these Ss were automatically dropped.

3. A very large sample could not be included in the study as the method of data collection used was based on questionnaires followed by the semi structured interviews that emphasized the individual approach rather than the group approach.

4. The actual socio economic status and educational level of the sample of the present study is lower socio economic group. Therefore, the results cannot be extended to middle or upper class population.

5. The present study was limited to the urban population of the Ahmedabad city alone. Hence, the results cannot be extended to the rural population.

VII SUGGESTIONS

1. There were very few unmarried Ss in both the groups. The
results on the SPQ do not show a significant difference between the two groups which may have proved otherwise had more Ss of the unmarried status been included.

2. Unmarried Ss revealed a lower IGP score than the married Ss. This may be due to their unmarried status as a majority of the Ss complain of more menstrual problems after marriage. This requires further study as there were very few unmarried Ss in the present study.

3. The Non-Gujarati population for the present study is versatile—no one group sufficiently large in number could be compared independently with the Gujarati population. Hence, Ss belonging to any one community compared to the Gujarati population may give better results.

4. The Ss of the experimental group require further personality analysis to go deeper into their personality disturbances, intensive psychological interviews and a study by the Rorschach test for a clear mental picture of their personality. Unfortunately, this was not possible for the present study because of time constraints.

5. Parental loss in early childhood resulting in emotional and social insecurity could be a reason for the development of psychosomatic disorders. This conjecture requires further verification.

6. Family background does seem to play some role in the development of psychosomatic disorders. In the present study, there is a slight indication in that direction. However, it is not sufficient to draw any final conclusions.

7. The present study has been conducted on the Gujarati urban population. Rural population from the villages has not been
included. Therefore, it is possible to extend a similar kind of study for the rural population.

8. In the present study, the experimental group has been selected from the local general hospitals. They belong to the lower socio economic strata. The women of higher socio economic strata who have similar problems but take the help of private practitioners are not included. Therefore, there can be another study based on upper class women patients suffering from a similar problem.

The results obtained in the present study, even though conducted on a limited available sample, enhances the possibility of further exploration in the field of functional menstrual disorders including different variables. This study can be treated as a pilot work or a prelude to future research which will help in laying further hypotheses and open further venues for future research.