CHAPTER 5

SUMMARY, CONCLUSIONS AND SUGGESTIONS

5.1 SUMMARY

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5.1 SUMMARY

The present study was an attempt to find out effective treatment in the treating anger. The study highlights efficiency of alternative methods as homeopathy in medicine, rational-emotive behavioral therapy (REBT) in psychotherapy, and yoganidra in yoga for the treatment of anger.

The subjects for the present study were selected from homeopathic clinics in Pune. 662 patients were screened using STAXI-2. Out of these 120 patients were selected for the study. These 120 (60 males and 60 females) patients met the inclusionary criteria that is, above the cut-off point used to obtain the high scores on Trait-Anger of STAXI-2 scale. STAXI-2 and case-history were used in this study. Mean and SD for Males and Females as used by Konwar (2004), were retained for therapy. Konwar's (2004) norms were prepared on Indian sample which was from Pune city. The present researcher also collected the data from 662 patients (males=340 and females=322) from Pune city and the obtained means and sd's which were comparable to Konwar's (2004).

These 120 patients also had health complaints arising from anger, where anger was one of the main causative factors. The STAXI-2 score of these 120 selected subjects were recorded as pre-intervention anger scores. These 120 patients were assigned to one of the four groups in a serial order; namely, patient 1 was assigned to homeopathy group, patient 2 to REBT group, patient 3 to yoganidra group and patient 4 to control group. Thus, patients 5, 6, 7, and 8 were assigned to homeopathy, REBT, yoganidra and control groups, respectively, and so on, till each group had 30 patients. Case histories of all 120 patients were noted. The interventionists of all the four groups were unaware of the research study.

One group of 30 patients was assigned to a homeopathic doctor. He took detailed case Histories of patients as per principles of homeopathy. He was informed that every patient should complete 10 visits in 2 months, with an interval of 4 days between two consecutive visits. He was authorized to treat patients homeopathically as he was an expert in that therapy. No other suggestion concerning the STAXI-2 scores or homeopathic medicines to be used were given. The homeopath reported to the
investigator when the required duration of two months was over and then the STAXI-2 was administered again to the patient by the researcher.

REBT was given to second group of 30 patients, individually. An introductory session was conducted in the beginning, which gave an insight to the patient about REBT. They were explained how REBT functions. It was also explained that REBT was an active directive therapy, in which the client has to play an active role to solve his problems. The goals of the therapy were decided by keeping their problems in view. The therapy was divided into 3 phases as assessment, rational emotive working and termination.

To keep the variable constant yoganidra was given through a recorded cassette exclusively recorded by a yoganidra expert for the treatment of anger. This task of conducting the yoganidra treatment to all 30 patients individually was given to a doctor, who played the role of a monitor. She was also given a brief explanation of how yoganidra works. She was asked to put the cassette on at the beginning and switch it off at the end of the session with each patient. Duration of each session was of 35 minutes. English and Marathi versions of yoganidra instructions were used according to the choice of patient, which was kept constant throughout the duration of intervention. The yoganidra therapy was provided at the hospital in Pimpri, an adjacent township to Pune.

All patients in the four groups completed 10 visits with an interval of 4 days between two consecutive visits during the two months.

At the end of 10 visits over a period of 2 months in their respective groups, STAXI-2 was given to every patient by the investigator. These scores were recorded as post-treatment STAXI-2 scores.

Statistical analysis was performed on the difference score obtained by subtracting post test STAXI-2 scores from the pre-test STAXI-2 scores. MANOVA (that is multivariate analysis of variance) with Scheffe’s post-hoc test were used to find out the comparative efficacy of homeopathy, REBT and yoganidra in the treatment of anger. MANOVA showed that homeopathy, REBT and yoganidra showed significant change in anger scores, thus proving their efficacy in treating anger. MANOVA results also showed significant difference between all the four groups that is homeopathy, REBT, yoganidra and placebo when compared with each other. Scheffe’s post-hoc test showed that the
maximum efficacy in treating anger was shown by REBT and least or no efficacy was seen with placebo as treatment.

5.2 CONCLUSION

The conclusions drawn from this study are:-

1. There was a significant reduction in the post-treatment STAXI-2 scores on Trait-Anger, when treated by homeopathy.
2. There was a significant reduction in the post-treatment STAXI-2 scores on Trait-Anger, when treated by REBT.
3. There was a significant reduction in the post-treatment STAXI-2 scores on Trait-Anger when treated by yoganidra.
4. There was a significant reduction in the post-treatment STAXI-2 scores on Anger-Expression, when treated by homeopathy.
5. There was a significant reduction in the post-treatment STAXI-2 scores on Anger-Expression, when treated by REBT.
6. There was a significant reduction in the post-treatment STAXI-2 scores on Anger-Expression when treated by yoganidra.
7. There was a significant increase in the post-treatment STAXI-2 scores on Anger Control (In and Out), when treated by homeopathy.
8. There is a significant increase in the post-treatment STAXI-2 scores on Anger Control (In and Out), when treated by REBT.
9. There was a significant increase in the post-treatment STAXI-2 scores on Anger Control (In and Out), when treated by yoganidra.
10. There was a significant difference in the degree of effect of homeopathy, REBT and yoganidra in comparison with placebo in the treatment of anger. REBT showed maximum effect, followed by yoganidra and homeopathy in that order, in reducing trait anger, anger expression (in and out) and anger control (in and out). Placebo did not show any significant effect. All the ten hypotheses were, thus, accepted.
11. It was found that REBT with its cognitive behavioral approach helped the patient to correct their irrational beliefs and change them into rational one. It gave them an
insight in to their problems. As they had stopped finding and labeling cause of their complaint’s in the outside world.

12. Yoganidra helped the patients to attain equilibrium between the mental and physical sphere. It helped the patient to attain a sense of peace and well-being.

13. Homeopathy show its efficiency in treating physical ailments aroused from anger. It could also show its healing effect on the mental symptoms but not as REBT.

5.3 LIMITATIONS

The following were the limitations of this study:

1) The sample was limited to age group of 25 to 40 years. So the utility of the treatment’s for ages below 25 years and above 40 years were not evaluated.

2) In-depth qualitative analysis was not carried out due to lack of resources.

3) Long term effects of the treatments could not be evaluated, as there were no follow-up’s maintained after the completion of two months of treatment as the intensity of their chief complaints had reduced remarkably and they left the treatment.

4) Treatment of anger in unmarried individuals were not evaluated, as the study included only married individuals.

5) Homeopathic treatment was of shorter duration than required.

6) Patients who were sound mentally except complaints from anger were being dealt. They had no present or past history of any psychiatric illness.

7) Family environment was not concentrated upon. As it might be a maintaining cause especially in case of children.

8) Number of patients in each group was 30 consisting of approximately 15 males and 15 females. Study with more number of patients could be done.

9) There was no monitoring of the physiological parameters as blood pressure, pulse rate, etc. as this would have helped to find out relation physiological parameters and anger.
5.4 SUGGESTION

The following suggestions are made for future research:

1) The study could be extended to include a broader sample, which would cover more age groups, as well as married and unmarried people.

2) The study can be extended including broader sample with longer treatment program. With more assessments and tools, which could be done during the period of treatment and not only before and after treatment.

3) Longer treatment programs may be considered so that the effect of the length of treatment can be monitored.

4) Homeopathy is a proven scientific method of treatment, so enough time should be given to complete the course of medication so that far better results can be seen. It has an individualistic approach that is remedy for two patients suffering from same disorder might be different depending on their totality of symptoms. Some medicines are deep acting and of longer duration of action. So they may require enough time for completing their action.

5) Pre-treatment and post-treatment biochemistry reports may be evaluated, so that pre treatment and post treatment bio-chemical changes in blood can be noted.

6) All three interventions homeopathy, REBT and yoganidra, can be used together in every case, and that can be compared with individual treatment results.

7) The study included only the patients who were suffering from anger and complaints from anger. The patients were not diagnosed for any other psychological disorder. Hence a study may be conducted with the three interventions on patients suffering from known psychological disorders, too.

8) Family history should be considered seriously while treating a person suffering from anger. As some times household environment acts as a precursor for expressing anger waverdly. This is generally seen in children, who learn to express anger in a violent way from their surroundings especially their family members.

9) This study could also be repeated by including experienced therapist. So that the therapist variable which might affect the treatment can be controlled.
10) As homeopathy is a proven scientific method of treatment. Further research could also explore its efficacy in major mental disorders as schizophrenia.