CHAPTER - V

SUMMARY AND CONCLUSION

In this chapter a short summary of all the work is given. Chapter one gives detail introduction of irritable bowel syndrome and three independent variable named emotional maturity, parenting style and socioeconomic status.

Irritable bowel syndrome is a functional gastrointestinal disorder. Abdominal pain and altered bowel habits in the absence of any recognized disease is known as Irritable Bowel Syndrome. IBS is a heterogeneous disorder with distinct symptoms presentations, broadly characterized: gastrointestinal symptoms, non colonic gastrointestinal symptoms, extra-intestinal symptoms, psychological features and stress, and inciting events.

On the basis of severity and impact on the patients’ life, IBS is divided into three categories named mild, moderate and severe IBS. IBS is also classified on the bases of its nature as diarrhea-predominant (IBS-D), constipation-predominant (IBS-C), IBS with alternating stool pattern (IBS-A or pain-predominant) or “post-infectious IBS” (IBS-PI).

Effective management of IBS symptoms may lead to remission for many years and there is a wide range of treatment methods available, including patient education, dietary modifications, medications and psychological intervention. Psychological intervention includes stress reduction/relaxation, biofeedback, psychotherapy, hypnotherapy and cognitive behaviour therapy.
The etiology of irritable bowel syndrome (IBS) tends to be complex and multi-factorial and there is still a lack of understanding of how different psychosocial factors are associated with the syndrome. In this research a successful effort was done to throw some light on this concept.

Chapter two explains about the need of the present study and objective and hypotheses constructed for the research. There were five objectives and to fulfill these objectives seven major hypotheses were constructed.

Objectives

1. To find out the contribution of emotional maturity in the development of IBS among adolescents.

2. To find out the contribution of parenting style in the development of IBS among adolescents.

3. To find out the contribution of socio-economic status in the development of IBS among adolescents.

4. To study and compare IBS and Non–IBS adolescents with regard to some psychological variables such as emotional maturity, parenting styles of mother and father and marital conflict or adjustment of their parents.

5. To study and compare IBS and Non – IBS adolescents with regard to an important social variable i.e. socio-economic status.

In order to achieve the objectives and to carry out the research in a scientific manner the investigator have postulated certain hypotheses.
Hypotheses

On the basis of previous research findings in this area, expert’s opinion and personal experiences, the following hypotheses were formulated for empirical testing:

1. Emotional maturity will significantly contribute in the development of IBS among adolescents.

2. Parenting style will significantly contribute in the development of IBS among adolescents.

3. Socio-economic status will significantly contribute in the development of IBS among adolescents.

4. IBS and Non IBS groups will differ significantly with regard to their emotional maturity in terms of:
   a. Emotional instability/ stability
   b. Emotional regression/ progression
   c. Social maladjustment/ adjustment
   d. Personality disintegration/ integration
   e. Emotional dependence/ independence

5. IBS and Non IBS groups will differ significantly with regard to their perception of parenting style of mother in terms of:
   a. Rejection Vs. Acceptance
   b. Carelessness Vs. Protection
   c. Neglect Vs. Indulgence
   d. Utopian expectation Vs. Realism
   e. Lenient standards Vs. Moralism
   f. Freedom Vs. Discipline
   g. Faulty role expectation Vs. Realistic role expectation
6. IBS and Non IBS groups will differ significantly with regard to their perception of parenting style of father in terms of:
   a. Rejection Vs. Acceptance
   b. Carelessness Vs. Protection
   c. Neglect Vs. Indulgence
   d. Utopian expectation Vs. Realism
   e. Lenient standards Vs. Moralism
   f. Freedom Vs. Discipline
   g. Faulty role expectation Vs. Realistic role expectation
   h. Marital conflict Vs. Marital adjustment of parents.

7. IBS and Non IBS groups will differ significantly with regard to their socio-economic status.

   **Chapter three** focuses on research methodology. In this research a sample of 200 subjects (100 IBS and 100 non-IBS) within the age group of 13-18 years were taken from different CBSE schools located in Meerut city. Independent variables selected for the research were emotional maturity, parenting style and socioeconomic status. Dependent variable was irritable bowel syndrome. Tools used in this research were:
   1. A questionnaire based on Rome II criteria
   2. Emotional Maturity Scale by Y. Singh and M. Bhargava
   3. Parenting Scale (P-Scale) by Dr. R. L. Bharadwaj, H. Sharma and A. Garg.
   4. Socioeconomic status inventory by Dr. A. C. Vashishtha

   Multiple regression analysis was used to analyze the data. Mean, S. D. and t-test were also used as statistical measures.
Chapter four throws light on the results obtained in this research and major findings of the present research are discussed in detail.

**Major findings**

All the hypotheses made earlier were subjected to empirical testing and findings of the present study are summarized as follows:

First hypothesis, that emotional maturity will significantly contribute in the development of IBS among adolescents, proved partially correct and the investigator found a significant contribution of two dimensions (viz. emotional stability and social adjustment) of emotional maturity out of five dimensions in the development of IBS.

Second hypothesis, that parenting style will significantly contribute in the development of IBS among adolescents, proved incorrect. It means that the investigator did not find any of the dimensions of parenting style significantly contributing in the development of IBS.

Third hypothesis, that socio-economic status will significantly contribute in the development of IBS among adolescents, proved incorrect. Result shows that the investigator did not find significant contribution of socioeconomic status in the development of IBS among adolescents.

Fourth hypothesis, that IBS and non-IBS groups will differ significantly with regard to their emotional maturity, proved correct for all the components of emotional maturity. Result showed that IBS group has significantly greater mean score on emotional instability, emotional regression, social maladjustment, personality disintegration and
emotional dependence than the mean score of non-IBS group. As higher scores reflect emotional immaturity, it indicates that there is a positive relationship between emotional immaturity and IBS. If emotional immaturity is high there is high chances of developing IBS. All dimensions of emotional maturity have significant correlation with IBS which is also in support of present findings.

Fifth hypothesis, that IBS and Non-IBS groups will differ significantly with regard to their perception of parenting style of mother, proved partially correct. On some dimensions namely Rejection Vs. Acceptance, Lenient standard Vs. Moralism and Faulty role expectation Vs. Realistic role expectation, the investigator found that IBS group has significantly lower mean scores on these dimensions in comparison to non-IBS group. It means that respondents with IBS perceive the behaviour of their mother as negative towards them and it affects them adversely. Therefore, hypotheses made in this context were accepted. But on Carelessness Vs. Protection, Neglect Vs. Indulgence, Utopian expectation Vs Realism and Freedom Vs. Discipline dimensions, no significant difference was found between the two groups. Therefore hypotheses made in this regard were rejected.

Sixth hypothesis, that IBS and Non-IBS groups will differ significantly with regard to their perception of parenting style of father, also proved partially correct. On some dimensions namely, Neglect Vs. Indulgence, Utopian expectation Vs. Realism, Lenient standard Vs. Moralism and Faulty role expectation Vs. Realistic role expectation and Marital conflict Vs. Marital adjustment of their parents. The investigator found that IBS group has significantly lower mean scores on these dimensions in comparison to non-IBS group. It means that respondents with IBS perceive the behaviour of their father as negative towards them
and also perceive their parents as having more marital conflicts which affects them adversely. Therefore, the hypotheses made in this regard were accepted. But on Rejection Vs. Acceptance, Carelessness Vs. Protection and Freedom Vs. Discipline dimensions, no significant difference was found between the two groups. Therefore hypotheses made in this regard were rejected.

On the whole, findings related to parenting styles of mother and father are summarized as follows:

Two groups (IBS and Non-IBS) were compared on fifteen dimensions of parenting style of mother and father and out of these only on eight dimensions (i.e. Rejection vs. Acceptance (m), Lenient standards Vs. Moralism (m), Faulty role expectations Vs Realistic role expectation (m), Neglect Vs. Indulgence (f), Utopian expectations Vs. Realism (f), Lenient standards Vs. Moralism (f) Faulty role expectations Vs Realistic role expectation (f) and Marital conflict Vs. Marital adjustment of parents) difference between both the groups (IBS and Non-IBS) was found significant. The significant two group difference indicates that IBS group perceives their parents as having more negative modes of parenting styles than their counterparts. The present findings are in expected direction and are also supported by correlation coefficient reported in table no. 4.01, which indicates that these dimensions of parenting style of mother and father have significant correlation with IBS. But, even then these dimensions did not emerge as predictor of IBS. The possible reason for this variation is that in correlation, variables influence each other and due to these influences they may reflect as significant but when in multiple regression, the influence of each variable on the other is partialled out, the true relationship emerge and their contribution was not found significant.
Though these dimensions did not emerge as predictors but, significant correlation and two group difference suggest the possible role of these dimensions in the development of IBS and adolescents exposed to such negative modes of parenting style are at risk.

On the other hand, rest of the dimensions i.e. Carelessness Vs. Protection (m), Neglect Vs. Indulgence (m), Utopian expectations Vs. Realism (m) Freedom Vs. Discipline (m), Rejection vs. Acceptance (f), Carelessness Vs. Protection (f) Freedom Vs. Discipline (f) were not significantly correlated with IBS, the difference between both the groups were not found significant and these dimensions did not emerge as predictor also. So the findings are consistent with each other. But the findings are not found in expected direction. So, to resolve this conflict and to reach on some conclusion more studies are needed in this direction. Therefore, it is recommended for further testing and verification.

Seventh hypothesis, that IBS and Non-IBS groups will differ significantly with regard to their socio-economic status, proved incorrect as the investigator has not found any significant difference between the two groups. Although the mean score of IBS group is greater than non IBS group but this difference is negligible. It means socioeconomic status of parents has no effect on IBS.

**Conclusion**

1. Two dimensions of emotional maturity (i.e. Emotional instability and social maladjustment) significantly contributes in the development of IBS as shown in result that their contribution is 18 percent in the development of IBS.
2. Parenting style is not contributing significantly in the development of IBS.

3. Socioeconomic status has no significant contribution in the development of IBS.

4. Adolescents with IBS significantly differ from Non-IBS group with regard to their emotional maturity. It is evident from the result that on all the dimensions of emotional maturity mean score of IBS group is higher than the mean score of non-IBS group. It means IBS group is emotionally more immature than non-IBS group.

5. Though effect of carelessness, neglect, utopian expectations, and freedom by mother has been found non-significant, rejection, lenient standards and faulty role expectations by mother significantly affects the development of IBS among adolescents.

6. Neglect, utopian expectations, lenient standards and faulty role expectations by father affects significantly but rejection, carelessness and freedom has no significant effect in the development of IBS among adolescents.

7. Marital conflict between parents has negative effect on adolescents and significantly affect the development of IBS among them, as the mean score of IBS group was found significantly lower than non-IBS group.

8. Socioeconomic status of parents has no significant effect in the development of IBS among adolescents as significant difference was not found between both the group (IBS and non-IBS)

   It can be said that findings of the present study are very encouraging. As the review of literature indicated uncertainty about the possible causes of IBS, the present study turned out to be successful in finding out two predictors of IBS among adolescents which is the strength of the present study. Both the predictors are related to
emotional maturity and it’s a well known fact that emotional maturity could be enhanced so it could be possible to control the onset or development of IBS among adolescents due to their emotional immaturity. So, the present findings would be of great help to understand the possible causes of the development of IBS and also help in its prevention.

Significant difference between IBS and Non-IBS adolescents on some dimensions of parenting styles of mother and father as well as on Marital conflict Vs. Marital adjustment of their parents indicates that these dimensions significantly affect the development of IBS among adolescents though they did not emerged as predictors. So, scope for more probing and research in this area has emerged.

Total number of students on which the screener was administered was 3808, from which 100 students with IBS were identified, thus claiming a ratio of 1:38. The percentage of IBS in the selected sample is 2.63%. This percentage is quite alarming and indicates that IBS is prevailing among adolescents.

Most of the studies done in this area were comparative studies related to personality and pathological condition of the IBS patients. But the present study was aimed at finding out the predictors and possible contributors of IBS in which it succeeded to some extent.

Most of the studies in this area were done on adult population but in the present study an effort has been made to study the IBS among adolescents and this is the another strength of the present research. Knowledge about the possible predictors would be of great help in early
identification of IBS and preventing it at an earlier stage thus reducing the incidence of IBS in adults.

The present study, inspite of encouraging and expected findings, has limited focus. It is based on limited data as it was done on a sample of 200 adolescents of C.B.S.E. school from Meerut city, it could be replicated on a larger sample to verify the findings. As the study clearly indicates that Irritable Bowel Syndrome is prevailing among adolescents so the study needs to be carried out in rural, semi urban and metropolitan settings and with students from other than C.B.S.E. board. Gender difference should be examined with regard to IBS in Indian context. Some attempts should be made to explore the role of motives such as social approval and achievement motives, academic achievement, self-esteem and coping styles also. Some results which were not found in the expected direction could be reassessed for further verification.

Inspite of certain limitations in the present study, it may prove a guideline for future researchers in this area.