PROBLEM
AND
HYPOTHESES
CHAPTER - III
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Problem

A half century ago, the people with SCI were not expected to live and those that did, were not expected to function in normal society. Spinal cord injury was considered to be ultimate devastation that could occur in one's life and to survive such an assault was considered to be extraordinarily difficult. An implicit assumption behind much of the early research was that SCI itself produce not only major physical consequences but also grave psychological consequences which make these people inherently different from non-disabled individuals. Despite these obstacles many people manage to cope very well and create a reasonable life for themselves. However there are individual differences in coping. Majority of the patients suffer from various physical reactions and at times their management does require intervention by health care professionals.

In the past, many research studies have been conducted on psychological problems of SCI patients. Majority of available studies have been reported from western countries and these focused on a large number of psychological variables such as depression, adjustment, anxiety, sexual functions and personality. A good amount of research addressed the problems of rehabilitation and management of such patients. Review of existing literature reveals only a limited work in this area in India. The need for systematic and elaborate research has been pointed out in a
recent study in India by Somasundaram et al in (1992).

Inspite of the research efforts of various by professionals of related disciplines on the different aspects of the problem, many issues remain unresolved. In many studies conclusion were derived on the basis of anecdotal and clinical observations and not on empirically designed research. The studies which were conducted systematically, were also not free from methodological flaws. To mention few, clarification about duration of illness such as whether the patients included suffered from acute or chronic problems, has rarely been made. Secondly, there are variations in the procedure used for assessment of psychological variables. At one time depression was formally assessed, other times it was only the clinical judgement of the professional and still more the subjective reports of the patients. Therefore, there is a need for systematic assessment of such maladies. Depression appears to be a somewhat definite come out of disabling injury such as SCI. As, it is well known that depression itself can have serious consequence like suicide etc. and immediate assessment of its intensity becomes crucial, so that the proper management can be planned.

In earlier studies either an overall index of adjustment of the patients was investigated or personal adjustment was emphasized. However, the impact of such a sudden, traumatic injury shock is not only devastating for the individual's personal life but also total life. Therefore, there is a need to make a formal and systematic assessment of adjustment in various
areas of life.

Another variable that emerges to be worthy of systematic study is anxiety. Review of literature revealed some studies (Somasundaram et al, 1992, Judd et al, 1988) which under took study of anxiety as a consequence of SCI, it seems quite likely occurrence after such an event. Empirical study of the variable is imminent as it can have crucial effect on the acceptance and outcome of treatment. High levels of anxiety can even prolong the rate of improvement/recovery. Methodologically, the anxiety present at that situation is more instrumental. Therefore, studying state level of anxiety would be more relevant as it could be closely associated with the event as well as its reaction. Spielberger's (1972) contentions about state anxiety may be more applicable in such a set up.

It has been rightly pointed out by Oliver (1982) and Richmond (1990) that adjustment to SCI is more often a more difficult problem for the family members than the injured person himself. SCI occurs not only to the individual but to the entire family. Literature reveals that attention being focused only to the patient at the cost of neglect of reactions of the family members to the problems faced by them. It has been summarised by sociological theorists that problems like adjustment, depression etc. should be studied in a broader context than restricting them to the individual patient only. In most of the studies along with the patients, a control group comprising of matched sample from the general population has been included. In general population psychological variables are normally distributed.
In the present study an attempt would be made to include those relatives or key attendents who are also exposed to stressful situation similar to that of the patient. But in methodological and technical term they may not be pure controls. This is particularly done to add to the literature the evidence that it is not only the patient who suffers from the reactions of various problems, but also, the individuals around him/her. The findings of the study may help in differentiating these. The often cited role of family as a social support system in literature from that of the one exposed to an equal amount of distress. These findings would have relevance in planning of intervention, particularly rehabilitation. So that the rehabilitation programme involve not only the patient but also the key attendents and family members of the patient.

Yet, another problem in the existing literature appears to be that the psychological variables have been studied singly or mostly univariate studies could be seen. Very few studies undertook multivariate research. In addition information regarding socio-demographic variables remains to be rather limited. In addition to the complexity of the nature of the problem the predominance of many social factors and conditions make it more difficult to undertake formal assessment in our set-up.

The development of various psychological problems like depression, adjustment and anxiety as a result of SCI may vary with the type and extent of injury. There are individual differences in coping with such traumatic experience. The
differences may further be affected by the socio-demographic factors like age, education social status, sex, family-setting etc. The phenomena of overall management and rehabilitation of the patients may depend on the psychological and socio-demographic factors besides the physical condition of the patient.

The present study would be an attempt to tackle some of the above mentioned problems in as rigorous way as could be possible in such type of situations. Therefore a study with the title of "A Study of Psycho-Social Factors Among Spinal Cord Injured Patients" has been planned and to be taken under.

The study would be focused on the variables pointed out in the above description, i.e., depression, adjustment and anxiety amongst the SCI patients, both acute and chronic, as well as their respective controls who would be their key-attendents. The psychological variables would be systematically assessed using appropriate standardized tools. In addition some of the sociodemographic variables of the subject would also be studied.

There is a need to develop programmes of research and service delivery by involving both the professionals and persons with the injury or disability. Such programmes can become more relevant and valid if supported by research. This research study is conducted with the aim that this would help in integrated rehabilitation of SCI patients in future.

Hypothesis

To conduct the present study the following hypotheses were formulated.
1. There would be a significant difference in the level of adjustment, anxiety and depression between the SCI and Non-SCI groups.

2. Acute patients would have more adjustment problems than chronic patients, whereas no such difference would be found in their respective control groups.

3. Acute patients would have more anxiety than chronic patients, whereas no such difference would be found in their respective control groups.

4. Acute patients would have more anxiety than chronic patients, whereas no such difference would be found in their respective control groups.