CHAPTER—4

DISCUSSION
To prepare a factual base for discussion, the results have been presented in the light of basic hypotheses of the investigation:

1. Young adult patients have significantly variant pattern of reactions in terms of Learned helplessness and Death anxiety. Young adult patients are significantly high in Learned helplessness and Death anxiety in comparison to young adult normals. They are significantly high in comparison to middle aged normals in Learned helplessness only. In other words, young adult patients and middle aged normals do not differ in Death anxiety. Young adult patients are significantly low in Learned helplessness and Death anxiety in comparison to middle aged patients.

2. Young adult normals have significantly variant pattern of reactions in terms of Learned helplessness and Death anxiety.

Young adult normals are significantly low in Learned helplessness and Death anxiety in comparison to young adult and middle aged patients. They are significantly low in comparison to middle aged normals in Death anxiety only. In other words, young adult normals and middle aged normals do not differ in Learned helplessness.
3. Middle aged patients have significantly variant pattern of reactions in terms of Learned helplessness and Death anxiety.

Middle aged patients are significantly high in Learned helplessness and Death anxiety in comparison to all other groups under study i.e., young adult patients, young adult normals, and middle aged normals.

4. Middle aged normals have significantly variant pattern of reactions in terms of Learned helplessness and Death anxiety.

Middle aged normals are significantly high in comparison to young adult normals in Death anxiety only. In other words, middle aged normals and young adult normals do not differ in Learned helplessness. Middle aged normals are significantly low in comparison to young adult patients in Learned helplessness only, and do not differ in Death anxiety. Middle aged normals are significantly low in Learned helplessness and Death anxiety in comparison to middle aged patients.

Learned helplessness is promoted by age in patients only, whereas disease promotes Learned helplessness in both, young and middle aged. The finding is supported by an earlier study that Learned helplessness is a function of Hansens' disease (Dhar et al., 1989), and gains further support from a study of bank
employees that young and middle aged normals do not differ in Learned helplessness (Dhar et al., 1991). The finding has confirmed the observation of Malik (1989) who has reported that age does not promote Learned helplessness in normal population, whereas it is in contrast to the contention of Lata and Dhar (1989) who have reported that young normal males are significantly low in Learned helplessness in comparison to old normal males as well as females. Malik has also reported significantly high degree of Learned helplessness in the patients of laryngo-pharyngeal cancer, irrespective of age. Soni (1989), in a study of Ischemic heart disease patients, has reported promotion of sociogenic need experiences in terms of rejection and submission in the case of young patients (25 to 35 years). Though Chauhan et al (1983) have seen resignation-frustration and anxiety as hazards of the patients of leprosy, the normal senescence too has been seen to promote fixation-regression frustration.

Death anxiety is promoted by both, Hansen's disease and Age. The level of Death anxiety is highest in Middle aged patients and lowest in young adult normals. The finding is supported by an earlier study that age is a significant factor affecting attitude towards death and dying. Older subjects accept facts related to death more frequently in comparison to younger subjects (Kailash and Reynold, 1977). In a study of Death anxiety in
malignant cancer patients as related to age and socio-economic status, Feroz and Beg (1987) had indicated that youngesters (below 30 years of age) scored significantly higher on Death anxiety than older subjects (above 50 years of age). Jeffers et al (1961) studied the fear of death in a sample of people all of whom were over 60 years of age; they found that the fear of death was associated with feelings of rejection and depression. Although the finding of the present study is in line with some studies which have indicated that the disorders like schizophrenia and manic depressive psychosis possess high degree of Death anxiety (Khanna et al., 1988), it does not support the contention that there is no significant relationship between Death anxiety and age (Templer, 1971; Conte, 1986).

HANSSEN'S DISEASE ON THE PSYCHODYNAMIC PLANK: SOME OBSERVATIONS

Hansen's disease and Normals have distinctly emerged to be different from each other in terms of Learned helplessness and Death anxiety. The Learned helplessness and Death anxiety may be the expressions of self-erosion (Chauhan et al., 1982) i.e. induced by social disability in a substantial manner. The patient is kept away at a distance, is discriminated and condemned and is compelled to adopt the attitude of resignation to life prospects (Chauhan et al., 1984). As deprivation of social support is very much present in the case of leprosy, the psychological distress is a direct consequence of self rejection (Sushma, 1989).
The enhanced state of distress in the patients can be attributed to their reactions to the atypical image of the patient of leprosy existing in our society.

Disease and age, independent of each other, have shown their effects on Learned helplessness and Death anxiety. The middle aged patients appear to be more critically sick on the psychodynamic plane in comparison to the young adult patients. Though, later are not free of the maladies on the psychological plane but they are significantly low in the magnitude of Learned helplessness and Death anxiety in comparison to the former. Here it is noteworthy that middle aged patients possess atypically high degree of Learned helplessness due to the disease only, whereas they possess high degree of Death anxiety by virtue of both, disease as well as age. Disease and age, both, appear to be responsible for the high correlation between Learned helplessness and Death anxiety.

The pathological psyche of the patients of Hansen’s disease has revealed itself in earlier studies in terms of heightened experiences of rejection, submission, anxiety, resignation, distress, and now Learned helplessness and Death anxiety. The psycho-cultural ‘thanatos’ which is the cause of self-erosion (Dhar, 1983) needs to be controlled by educating the society about scientific understanding of the disease. The
helpless patient is forced to give up due to the ignorance and false beliefs. The defense mechanism system of the patient collapses and crumbles under the unjust and cruel load of social rejection. A patient is first a human being and needs to be accepted, recognized and identified as such.