CHAPTER 5

THE SUMMARY, CONCLUSIONS, SUGGESTIONS AND IMPLICATIONS

OUTLINE

I The Summary
II The Conclusions
III The Suggestions for Further Research
IV The Implications
I. THE SUMMARY

The report of the present study runs into five chapters. The first chapter relates to "The conceptual framework of the problem". The chapter presents the variate structure and systematically develops the conceptual framework. Learned helplessness and Death anxiety (dependent variables) are presented and discussed. Hansen's disease and Age have been selected as independent variables of the study. The chapter ends with the statement of 'the objectives' of the study.

Chapter No. 2 relates to "Methodology and Design" of the study. A set of two bivariate factorial experiments of the '2x2' constitution was used to undertake the investigation. The study has 'randomized group design'. It refers to two clear groups of people, out of which one (i.e., experimental group) is of Hansen's disease patients and the other (i.e., control group) is of Hansen's disease - free normals. Here, the normal group refers to those individuals who are not suffering from any known or identified disease. The design of the study procures greater control of 'extraneous variance' through the layout of 'factorial experiments'. Both, Hansen's disease and Age have two levels i.e., patients and normals, and young adults and middle aged respectively. After presenting the design, the hypotheses have been stated.

Amongst elements of the universe (U), the patients were randomly selected from Government Medical College & Hospital,
Rohtak and its affiliated colonies. The disease-free elements were freely drawn from general population of the Rohtak district. Due to insufficient availability of female patients, only male patients were taken up for the study. Total number of elements for the final sample of 200 with 50 elements in each cell of '2x2' paradigm were selected at random. The standardized tools were used to measure learned helplessness and Death anxiety. The analysis of data has been carried out by using 'ANOVA' and 't' - test.

Chapter 3 relates to 'Results'. It has presented the 'Layout of experiments' followed by details of results based on statistical analysis. The 'chapter summary and consolidated Results' have also been presented for clarity.

Chapter 4 relates to 'Discussion' which has presented results corresponding to basic hypotheses of the study followed by discussion of the findings with other reported researches.

Chapter 5 relates to 'Summary', 'Conclusions', 'Suggestions' and 'Implications'.

II. THE CONCLUSIONS

(a) The first two objectives of the study relate to impacts of Hansen's disease and Age in 'factorial settings'.
Amongst the four groups of the study, the middle aged patients and young adult patients lie on one extreme of the continuum. The present study has shown significantly high level of Learned helplessness and Death anxiety in middle aged and young adult patients as a psychological consequences of the disease. Disease promotes Learned helplessness as well as Death anxiety. Age, independent of disease, does not affect Learned helplessness. It promotes Death anxiety in, both, patients and normals. Hansen's disease and Age do not interact to promote learned helplessness and Death anxiety. The young adults have shown a weak correlation between learned helplessness and Death anxiety, while this correlation is moderately high in the case of middle aged and patients.

(b) The third objective of the study relates to 'hopes' and 'hazards' in the context.

The findings of the study have strengthened the viewpoint based on earlier studies that Hansen's disease is the carrier of psychological hazards. The patient of the disease is forced to suffer self-erosion and psychological decompensation due to ignorance of society about the scientific realities of the disease. The hopes for such patients can be precipitated by educating the society at large.
(c) The fourth and fifth objectives of the study relate to preparation of a factual base for 'creative' and 'educational' programmes and opening up of 'new vistas' for further research.

The factual base emerged out of the study is that atypical magnitude of learned helplessness and Death anxiety relate not only to the disease but also to the age levels. A patient is more important as an individual human being. Hansen's disease despite being curable on physical plane continues to be critical and devastating on the 'psycho-social' plane. The patient dies a "psychological death" when social milieu stands against him. He is pushed aside, alienated and denied his right to live.

The "psycho-social thanatos" that happens to be the cause of self erosion in terms of learned helplessness and Death anxiety must be eliminated. The society and patient should be equipped with scientifically valid knowledge so that they could collectively fight against the calamity. Points to be noted are:

1. The causes and cures of the disease must be carried to people through audio-visual, printed material and other communication media.

2. Infectious cases of the disease should be hospitalized till they are rendered non-infected.
3. The patients should not be denied to live a normal life.

4. Patients need to be emotionally "insulated" for better adaptability in the hostile environment / world.

III. THE SUGGESTIONS FOR FUTURE RESEARCH

The investigation has provided 'new vistas' for further research in a promising way.

1. Paradoxically disease appears more important than the patient. An individual must remain more important than the disease. It is a good problem for research as to know more about this disease that has been affecting mankind for a very long time now.

2. The study has contributed in the understanding of the effects of Hansen's disease on the psychodynamic plane. Though it has confirmed some of the results of earlier studies conducted in India and abroad, the studies of this nature should be promoted and encouraged for further insights.

3. The present study has proceeded within its own limitations. It has taken only two levels of age. Other levels of age and some other relevant socio-demographic variables may also be taken for developing a comprehensive background of the patients.
4. The study has taken crucially important psychodynamic correlates of learned helplessness and Death anxiety as dependent variables. The variables like values, attribution, locus of control, altruism, aspirations, ego - defense mechanisms, existential concerns, perception etc. may be taken as variables for further research.

III. THE IMPLICATIONS

The study has revealed Learned helplessness and Death anxiety as psychological consequences of the Hansen's disease. The findings will be of great use in structuring rehabilitation programmes for the patients. The society in general and patients in particular, besides the personnel involved in the treatment of Hansen's disease, will be benefitted by the knowledge contributed by this investigation. The direct implication lies in the fact that patients of Hansen’s disease need to be taken care of not only for their physical sufferings but also for the psychological damage inflicted on them. The patients should not be socially rejected and ostracized just because they are suffering from Hansen’s disease (leprosy). The Hansen’s disease should be taken like any other disease. The patient should be accepted as a human subject. The educational programmes should be framed to dispel the darkness of ignorance and irrational beliefs.
The socio-psychotherapeutic and counseling programmes should be made available not only for the patients of Hansen's disease who are undergoing medical treatment but also for those who are cured of the disease.

The Kiths and Kins of the patients should be freed of false beliefs. As times are changing, the attitude to disease also needs to be changed. The findings of the present study can be used to treat 'the person' as a whole.