CHAPTER-6

SUMMARY, CONCLUSIONS AND SUGGESTIONS

Outline

I. The Summary
II. The Conclusions
III. Suggestions for further Research.
1. THE SUMMARY

The report of present investigation runs into six chapters. The first chapter relates to the "conceptual framework", of the problem. The chapter presents the variate structure and systematically develops the conceptual framework. The relevance of selection of the socio-genic needs as dependent variable and ischemic heart disease and age as independent variables is presented. The chapter ends with the statement of "the objectives" of the study.

Chapter 2 relates to "Methodology and Design" of the study. The present study has the "Randomized-group design". It refers to two clear groups of people out of which one (i.e. control group) is ischemic heart disease-free "normal group" and the other group is that of ischemic heart disease patients. The design procures greater control of 'extraneous variances' through the layout of "factorial experiments" having a '2x2' constitution. Batch, ischemic heart disease and non-ischemic heart disease (normals) have two levels: young and old IHD patients/young and old normals. The study is complex. The present investigation happens to be complex of a single study related to the sociogenic needs. The patients of IHD were randomly
selected from the OPD and in-patient wards of the government Medical College and Hospital, Rohtak. Whereas the 'disease free' elements were freely drawn from population of the Rohtak town. Standardized tools were used as a measure of the sociogenic needs, and the analysis of data was carried out by using 'ANOVA' and 't-test'. Chapter 3 relates to problem and Hypothesis of the study. Chapter 4 relates to 'Results' followed by chapter 5.

The latter discusses the findings after comparing them with those of other researchers. Chapter 6 relates to "The Summary", "Conclusion" and "Suggestions".

II. THE CONCLUSION

a. The First two objectives of the study relate to the impact of ischemic heart disease and age in factorial settings.

The independent variables of the study have revealed highly significant impact upon the dependent variable. It can be deduced that a disease may express itself in somatic form or in functional form but human being as a "whole" appears to be affected. Physical and psychological dimensions can not be segregated. They together constitute a complete human
personality, because their mutual effect cannot be ignored. Attention should always be paid to individual as a whole because psychological reactions almost always accompany the physiological ones and vice-versa.

b. The third and fourth objectives of the study relate to preparation of a factual base for "creative's" and "educational programmes" and opening up of "new-vistas" for further research.

The factual base that emerges out of the study is that growth of unwanted experiences of sociogenic needs relate not only to ischemic heart disease, but also to age of the patients.

Patient is more important than the disease. The psychopathology of ischemic heart disease patients must be checked and destroyed. It needs vigorous efforts to educate patients and their close associates and relatives. Psychological counselling could be used as a tool for emotional inoculation or affective insulation of the patients. Points to be noted are:

1. The disease is curable. It's causes and cures must be carried to people through audio-visual aids.

2. Psychological counselling should be administered to that the psychopathology of ischemic heart disease patients.
3. Patients need emotional "inoculation" for boosting up of morale for better adjustment and better understanding of the reality.

III. SUGGESTIONS FOR FURTHER RESEARCH

The study has aroused "new vistas" for further research in a promising way -

1. Ischemic or coronary heart disease appears more important than the patient. It is a paradox and is a good problem for research. Patients, as human beings, must remain more important than the disease.

2. Conclusions drawn in the present study must be tested for further details and insights in order to delve deeper and get facts confirmed.

3. The present study has proceeded within its own limits. Variables like ego-defense mechanisms, death anxiety, modes of frustration, neurasthenism, personality, locus of control, existential crisis etc. may be taken up as variables for further research.

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