CHAPTER-I

THE CONCEPTUAL FRAMEWORK OF THE PROBLEM

Outline

I. The Variate Structure and Conceptual Framework.
II. The Somato-Psychological Aspect.
III. Objectives of the Study.
It is a study of socio-genic need satisfaction as a function of Ischemic heart disease and age.

I. THE VARIATE STRUCTURE AND CONCEPTUAL FRAMEWORK.

Sociogenic Needs

Needs exist as basic strivings, common to people that help us to understand divergence of behavior. These as motivations aim for "maintenance" or "survival" of the organism, as well as, for realization of personality - potentialities. Needs of 'maintenance' are those of order understanding predictability, adequacy, competence, security, self-esteem, worth, identity etc. needs aiming actualization, are based upon beliefs in value - judgements and play a crucial role in the development of the personality. The bio-psychic potentials, bestowed upon by heredity depends upon physical and socio-cultural environment. These determine our perceptions, thinking, feelings and actions.

Socio-genic needs are crucially important, which arise in social interaction, and are by-products of "roles" and "role expectations" of individual and his social environment. These are the rock-bottom of the process of socialization.

"Identification" refers to intensive intimacy or "oneness" with liked people who are loved and
worshipped. It craves for "being liked", "loved" and "recognized" by others around. 'Identification' helps in internationalization of values, attitudes and aspirations. "Differentiation" is the opposite of 'identification'. It lacks one's feelings of being liked, loved and recognized. It has discrimination, separateness and indifference. It is hazardous to the development of ego and self-concept. Ego strength and self-sentiments integration deme it (Dhar, 1983).

"Acceptance" as a socio-genic need is important. It is not only 'love' or 'warmth' and is more positive than tolerance. It has recognition for the 'object' and possesses readiness for social interaction. Acceptance has approval. Persons who accept and those who are accepted, remain at the same footing. Acceptance promotes encouragements. The opposite of acceptance is "rejection". 'Rejection' contains physical neglect, denial of affection, lack of interest and respect. It has cruelty and abusive treatment (Symonds, 1939). 'Rejection' experience results in devaluation of self-concept, inability to discriminate between approved and unapproved behavior. Rejection experience promotes feelings of insecurity, inferiority, inadequacy and anxiety. Ego-strength and self-sentiments integration deme rejection experience (Dhar, 1983).
"Cooperation" as a valuable need, related to agreement, to work together and to share together. It contains recognition on equal footing. It has independance of ideas and feelings are mutually shared. Ego-strength, group dependance and self-sentiments integration promote cooperation-satisfaction (Dhar, 1983). "Isolation" experience is the antithesis of cooperation satisfaction. Separation and exclusiveness work behind isolation. Isolation lacks sharing of ideas, feelings and actions. It is self-confind. Ego-strength, group dependance and self-sentiments integration demote isolation experience (Dhar, 1983).

"Dominance" satisfaction is power-oriented. It contains overpowering of the situation or the object. It relates to the "mastery-motive" and leadership roles. It contains wishes for other to follow them, to accept his decision only. Dominance is autocratic in taste. Self-confidence and self-reliance promote it. Dominance satisfaction gets declined after adulthood (Dhar, 1983). "Submission" experience has the tendency of surrendering. It uncritically accepts others' decisions. Suggestibility and ego-weakness correlate with it. It has a tendency to follow others' commands. Ego-strength is weak and self-confidence is lacking.
Socio-genic need satisfaction of children is characteristically determined by parental deviance. The deviant parents characteristically provide experiences of rejection, differentiation and isolation to children. Mothering, in non-deviant families gives the least of acceptance and differentiation but promotes identification-satisfaction, whereas, deviant mothers promote rejection experiences and demote dominance-satisfaction. Fathering in non-deviant families stands for promotion of acceptance and differentiation. It provides lesser identification satisfaction to children than is provided by deviant fathering.

The study proceeds with independent variables of ischemic heart disease and age. The relevance of selection of these two independent variables is as under:

(a) **Ischemic Heart Disease**

Heart is a hollow muscular organ situated in the left lower side of the chest cavity. It is a natural pump which sends and receives blood to the whole body. It is made up of refined musculature and is divided into four chambers; the upper two chambers are known as the auricles and the lower two are known as ventricles. Heart sends and receives
blood from all parts of the body through blood vessels known as arteries and veins. Heart itself receives nourishment through a pair of blood vessels known as coronary arteries.

The coronary arteries can be obstructed by a thrombous embolus, which are produced due to different reasons, and the diseases hence caused have been categorized under the name of coronary or ischemic heart disease (IHD). It is believed that coronary or ischemic heart disease has a multifactorial ideology and no single factor can be held responsible for its occurrence. Those factors which are strongly related in causing IHD include age, sex, smoking, hypertension, diabetes, physical inactivity, mental stress, certain personality traits (Kohli & Dhar, 1985), lack of physical exercise, hereditary background (Smith et al. 1982), diabetes mellitus and nephrotic syndromes. The symptoms include shortness of breath as a result of some effort, pain in chest or over the heart (Angina Pectoris), palpitation and heart pounding (Kohli, 1985). Various studies have reported the possible role of socio-economic and psychological factors such as social class and status, occupation, workload, geographic mobility, neuroticism, life events, emotional loss and deprivation.
Coronary patients were found to be hard driving, goal directed, ambitious and compulsively striving to achieve goals, that incorporated power and prestige (Arlow, 1945; Dunbar, 1948; Gildea, 1949; and Kemple, 1975). Researchers in a study (Friedman and Roseman, 1974) have described a behavioral pattern called type A, which seems to be associated with high risk of coronary heart disease. The findings have been further strengthened by a research study which concludes that type A behavior pattern is the strongest single predictor of recurring heart attacks (Jenkins, 1976).

(b) Age

Older a person becomes, more likely he/she is to suffer from IHD. If a 28 or 29 years old man feels pain in his/her chest, that does not necessarily mean that it is caused by IHD. A study has shown that occurrence rate per 1,000 people goes up with increasing age. In other words, as age increases the rate of IHD also increases. It has been reported that the risk of coronary attack is four times greater to a man in his fifties than to one in his thirties. It has also been found
that the occurrence of coronary heart attacks in males is greater in 45 to 55 years age group than to any other age group, hence supporting the belief that coronary heart disease is an age-related condition.

II. THE SOMATO-PSYCHOLOGICAL ASPECT

Two related areas where relationship between physical and psychological system is very much clear, are "Psychosomatic" and "Somato psychological" medicine. The "Psychosomatic" medicine deals with all those physical disorders which are caused by the psychological factors, whereas the "Somato psychological" medicine takes into consideration the psychological implications of the organic disorders.

With increasing urbanization and technological progress as well as increasing population density the modern civilization presents uniquely new challenges which were never experienced by earlier less-time-conscious generations. Psychosomatic problems seem to occur when (i) there is a biological tendency toward problems in a particular part of the body, and (ii) the person is under a lot of pressure, produced by the way, the person feels intense situation (Watson, 1978). These biological tendencies
could be inherited or produced by the accidents or habits. In Somato-psychology an individual's body is regarded "as a tool for behavior and as an object with social significance to himself and others".

The term "Psychosomatic" was coined by Heinroth in 1818 to refer to insomnia, but quickly became associated with a wide range of disorders, from headaches and hives through asthma and peptic ulcer, to ulcerative colitis. The physical symptoms are primarily psychological in nature (Houston, 1982). The "Somatopsychology", coined by Barker and his associates, is the other side of the phenomenon, that deals with the physical disorders (Barker et.al.1953, 1954). More recently Lachman (1972) has discussed a similar relationship under the rubric of Somato-psychic problems.

Exploratory studies have been conducted on the psychological effects of many types of physical disability including deafness, blindness, amputation, facial disfigurement, cerebral palsy, leprosy, coronary/ischemic heart disease, etc. (Anastasi, 1979; Chauhan, et.al. 1981, 1982; 1983; 1984; 1985; Dhar, 1983; Agrawal and Dhar, 1983a; 1983b; 1984; Kohli, 1985; Kohli and Dhar, 1985; 1986; Mehta.
and Dhar, 1987; Hooda and Dhar, 1988a, 1988b). These studies have revealed that physical disability often has profound effect on behaviour. In continuation to the earlier studies and cues provided by them, the present investigation has been framed to discover the relationship between the levels of age, ischemic heart disease and sociogenic needs.

III. OBJECTIVES OF THE STUDY

1. To determine the impact of IHD and age on mental health, in terms of sociogenic needs.

2. To determine the interacting potentialities, if any, underlined among IHD and age during their operations correlated with reactions to sociogenic needs in the patients of IHD as well as in those who do not suffer from it.

3. To prepare a factual base for creative and educational programmes that remain neglected despite being vitally important in the content.

4. To open up 'new vistas' for further research aiming eradication of uncalled for "stressess" and for a congenial perpetuations of life-in-being through needed "emotional inoculations".

$$$$