CHAPTER-5.

DISCUSSION

I. Discussion

II. Ischemic Heart Disease on the Psychodynamic Plane: Conclusive Observations.
1. Young patients have emerged to be crucially high in sociogenic experiences, specifically in rejection-experience and submission experience. The hazardous role of the disease as such may be due to the fact that young patients do not accept their disease as a reality of life, but they take it as a threat and react emotionally. The finding stands confirmed by the earlier studies of the patients of hanson's disease (Chauhan et al. 1984, 1985) in which it was concluded that as a result of the pressure of the disease the important ingredients of personality start deviant functions up to the extreme of anti-roles, role-revision, and role-negation.

2. Old patients have shown significantly low submission-experience in comparison is young patients whereas they do not significantly differ from the normal age groups. The ineffective role of IHD in older age group may be due to acceptability of the disease by them. Perhaps acceptability of reality is a function of maturity that comes with age.

3. There is a clear distinction between young patients and both the age groups of normals. The normal people
exhibit fullness of roles whereas roles appear to be restricted in the case of patients, (Chauhan et al. 1981, 1982, 1983; Kohli and Dhar, 1985, 1986). Disease has promoted sociogenic need-experiences in terms of rejection and submission in the case of young patients, but this role has got negated in the case of old patients. Such role deviations were also reported by Dhar (1983) while conducting a comprehensive psychological study of the patients of Hanson's disease.

II. ISCHEMIC HEART DISEASE ON THE PSYCHO-DYNAMIC PLANE: CONCLUSIVE OBSERVATION

As a result of persistent abnormal manifestation of the components of sociogenic needs, it can be concluded that onset of the somatic disorder like ischemic heart disease is followed by an alarming devastation on the psychological plane. Youthfulness aggravates sociogenic need-experiences or in other words, makes the disease more effective in lowering the mental capabilities to cope with and fight against odds. The pathological reactions of the young IHD patients must be analysed and reduced through the techniques like educating them and providing them with psychological counselling. Help can also be
rendered by close relations of the patient, who should not be discouraged by presenting a persimistic picture of the patient, rather they should be made aware of the reality and brighter side of the facts.

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