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SUMMARY

The purpose of the present investigation was to study those personality factors which predisposes certain people to particular kind of stress which can be responsible for the causation of the Eye diseases such as Cataract, Glaucoma and Retinal Detachment. Therefore the present study is an attempt to explore the relationship between personality factors and patients with eye diseases. This was mainly studied in relation to different age levels, younger age level 18-30 yrs; 31-50 yrs middle age level, and older age level 51 yrs onwards, different levels at which the patients scored on each factor of the inventory, comparison of profiles within the eye disease patients and comparison between eye disease patients and psychosomatic and psychiatric groups was also studied. A few cases were also added for extra evidence to prove the association between psychological stress and eye disease condition. 55 hypothesis were formulated to study some factors. The total sample of 130 patients of eye diseases was drawn from various eye hospitals. 50 patients of Cataract, 50 patients of Glaucoma and 30 patients of Retinal detachment with the age ranging from 18-83 yrs.

Indian adaptation of Cattle R.B's 16 P.F. inventory was used to study the different personality factors in the eye disease patients for the present study. 16 P.F. is a non-self reporting personality inventory, which is used here to study the deep rooted conflicts and stressers. Chi square technique was used to study the significance in the three age levels, in the three eye disease
groups. Chi square technique was also used to study the significance in the tendency to score high, middle, or low scores on each factor of the 16 P.F. cluster analysis was done to study, the inter correlation amongst the various personality factors. Direct comparison between profiles of Eye disease patients and their comparison with psychosomatic and psychiatric groups based upon reference data, was also done. Some cases were also studied for extra verification, as an extra evidence. Graphic profiles were drawn for a better visual perspective of the interactional effect. Therefore the conclusions drawn from the entire study are as follows:

The eye disease patients have high super ego strength and high self sentiment and low ergic tensions. The glaucoma patients have guilt proneness which is very similar to neurotic traits. The eye disease patients have lot of similarities with the psychosomatic groups. So far as the personality factors are concerned, this unique combination may cause the ground for formation for the Eye disease condition.

Conclusions drawn from $x^2$

1. Influence of age does not differ among the three eye disease groups.

2. The frequencies on the eye disease groups are significant in the younger age group of 18-30 years. Glaucoma is found most frequent in this age group, compared to other two groups.
3. The frequency on the eye disease groups are not significant in the middle aged group of 31-50 years.

4. The frequency on the eye disease groups are significant in the older age group of 51 years and above. Cataract is found most frequent compared to other two diseases.

5. Increasing age is the influencing factor in the formation of Cataract condition.

6. Increasing age is the influencing factor in the formation of Glaucoma condition.

7. Increasing age is the influencing factor in the formation of Retinal detachment condition.

8. Factor A: Cataract patients are aloof, cold and rigid.

9. Factor B: Cataract patients have low scores on the factor but as it is the effect of aging, no conclusion is made (Anastasi, A., 1958).

10. Factor C: Cataract patients are mature and calm.

11. Factor E: Cataract patients are submissive and mild.

12. Factor F: Cataract patients are glum and silent.

13. Factor G: Cataract patients have high super ego strength means they are conscientious and persistent.

14. Factor H: Cataract patients are adventurous and thick skinned.

15. Factor I: Cataract patients are sensitive and effeminate.

16. Factor L: Cataract patients are trustful and adaptable.

17. Factor M: Cataract patients are conventional and practical.

18. Factor N: Cataract patients are sophisticated and polished.

19. Factor O: Cataract patients are confident and unshakable.
20. Factor Q1: Cataract patients are conservative and accepting.

21. Factor Q2: Cataract patients are self-sufficient and resourceful.

22. Factor Q3: Cataract patients have high self-sentiment control.

23. Factor Q4: Cataract patients have lowergic tension.

24. Factor A: Glaucoma patients are aloof, cold and rigid.

25. Factor B: Glaucoma patients have scored low scores, as it is the effect of aging, hence no conclusion is made (Anastasi, A., 1958).

26. Factor C: Glaucoma patients are mature and calm.

27. Factor E: Glaucoma patients are dominant and aggressive.

28. Factor F: Glaucoma patients are enthusiastic and happy-go-lucky.

29. Factor G: Glaucoma patients have high super ego strength means they are conscientious and persistent.

30. Factor H: Glaucoma patients are adventurous and thick skinned.

31. Factor I: Glaucoma patients are sensitive and effeminate.

32. Factor L: Glaucoma patients are trustful and adaptable.

33. Factor M: Glaucoma patients are conventional and practical.

34. Factor N: Glaucoma patients are sophisticated and polished.

35. Factor O: Glaucoma patients are confident and unshakable.

36. Factor Q1: Glaucoma patients are conservative and accepting.

37. Factor Q2: Glaucoma patients are self-sufficient and resourceful.

38. Factor Q3: Glaucoma patients have high self-sentiment
control.

39. Factor Q4: Glaucoma patients have low ergic tension.

40. Factor A: Retinal detachment patients are aloof, cold and rigid.

41. Factor B: Retinal detachment patients have low scores on the factor but as it is the effect of aging, no conclusion is made (Anastari, A., 1958).

42. Factor C: Retinal detachment patients are mature and calm.

43. Factor E: Retinal detachment patients are submissive and mild.

44. Factor F: Retinal detachment patients are glum and silent.

45. Factor G: Retinal detachment patients have high super ego strength means they are conscientious and persistent.

46. Factor H: Retinal detachment patients are adventurous and thick skinned.

47. Factor I: Retinal detachment patients are sensitive and effeminate.

48. Factor L: Retinal detachment patients are suspecting and jealous.

49. Factor M: Retinal detachment patients are conventional and practical.

50. Factor N: Retinal detachment patients are sophisticated and polished.

51. Factor O: Retinal detachment patients are confident and unshakable.

52. Factor Q1: Retinal detachment patients are moderate on the factor, meaning moderately radical and moderately
conservative.

53. Factor Q2: Retinal detachment patients are moderate on the factor, meaning they are moderately self-sufficient and group dependent.

54. Factor Q3: Retinal detachment patients have high self-sentiment control.

55. Factor Q4: Retinal detachment patients have low ergic tension.

Conclusion drawn from cluster analysis:

1. The factors C, Q, Q3 and Q4 are found intercorrelated in the Cataract patients.

2. The factors H, M, Q2, and Q3 are found intercorrelated in the Glaucoma patients.

3. The factors C, E, H and O are found intercorrelated in the Retinal Detachment patients.

Conclusion drawn from the cases:

The present investigation is based on the empirical study of personality correlates. During the course of data collection, the researcher came across a few cases where a clear association between the sudden onset of the eye disease and emotional stress could be observed. The researcher found some common points in the life histories of such patients.

For e.g. Case 1 of Cataract one can observe stress, guilt, shock, insecurity and trauma, in such cases, which is responsible
for the rapid development and maturation of cataract.

Cataract - Case II : In some cases, the development of cataract may start slowly in aged people, but the maturation takes place very rapidly under severe stress.

Cataract - Case III : In this case, to study and to work was the concerned lady's personality need and orientation. The severe suppression and severe feeling of injustice, due to gender bias in the family, led her towards suppressed aggression and helplessness. This persistent condition had created the platform for the formation of cataract.

Cataract - Case I : In this case, the history drawn from the patient's life indicates some hysteric symptoms which could have led to the disease condition. Glaucoma may be the psychosomatic manifestation. It can be the conversion hysteric reaction. Inability of the individual to cope with hard socio cultural realities and emotional suffocation seems to be the contributing condition in the formation of Glaucoma at an early age.

Although the present study is based upon psychometric evaluation of personality, the case reports are additional evidence to verify the role of psychological and life event factors contributing to the formation of disease condition. There is yet another possibility that particular personality factors interacting with the real life episodes jointly provide the base for early or rapid formation of the diseases. In the absence of specific life events the personality factors may play some role in the slow and gradual process of development of the disease condition.
Limitations of the study

Although on attempt is made to make the study as perfect as possible yet, it is not completely free from limitations.

1. According to the traditional research in a comparative study, there has to be a control group, but in the present comparative study, instead of using a control group, the researcher has used the reference data available. Because, theoretically, for a control group there can be an assumption of Non. Eye disease group, but practically such a term cannot be clearly defined. Therefore the present study is restricted to the reference data and not any control group.

2. Projective techniques could also be used for the present study, to trace the deeprooted conflicts, frustrations, motives, as a root of extra stress in the eye disease patients, as this is a clinical study, but due to partial visual handicap in these patients, projective tests could not be used.

3. Due to the low literacy rate, in the female patients they did not equal the number with male patients, therefore no comparison among sex is done for the present study.

4. Early detection of the Eye disease formation could not be stressed in the present study, but only patients who are reported in the hospitals and clinics could be obtained, when the eye disease reached the level of severe complain and severe visual disturbance. As aging interferes in the personality factors, therefore the pure effect of personality
factors on disease condition cannot be claimed.

Suggestions for further research

The present study could be undertaken for the undiagnosed population with other clinical variables and with other appropriate testing material, therefore in future for any such research this condition can be applied.