Fifth Chapter

Summary, Conclusions and Implications
Conclusions

The conclusions are drawn based on the research questions that guided the present study.

(1) What is the extent of anxiety and stress levels experienced by the cancer patients of two stages?
   a. As regards anxiety, the stage two and stage three cancer patients experienced high anxiety. The same was seen when they were studied separately for male and female cancer patients. Comparatively, level three cancer patients were more severely anxious than stage two cancer patients.
   b. (b) As regards the stress degrees, the stage two and stage three cancer patients experienced severe stress degree. The same was seen when they were studied separately for male and female cancer patients. Comparatively, level three cancer patients were more severely stressed than stage two cancer patients.

(2) What is the extent of anxiety and stress levels experienced by the caregivers of cancer patients of two stages?
   a. As regards anxiety, the stage two and stage three caregivers of cancer patients experienced high anxiety.
   b. (b) As regards the stress degrees, the stage two and stage three caregivers of cancer patients experienced severe stress degree.

(3) How far biofeedback can reduce anxiety and stress level among cancer patients of two stages?
   a. As regards anxiety, both the stage two and stage three cancer patients were at High level and after the intervention, they moved to moderate level. These differences were statistically significant. Therefore, Biofeedback as an intervention has been successful in reducing the anxiety levels among cancer patients.
   b. (b) As regards stress degree, both the stage two and stage three cancer patients were at Severe degree and after the intervention, they reached normal degree. In both the situations, these differences were statistically significant. Therefore, Biofeedback as an intervention has been successful in reducing the stress degree among cancer patients.
(4) **How far biofeedback can reduce anxiety and stress level among caregivers of cancer patients of two stages?**

a. As regards anxiety levels, both the stage two and stage three caregivers of cancer patients were at High level and after the intervention, they moved to moderate level. These differences were statistically significant. Therefore, Biofeedback as an intervention has been successful in reducing the anxiety levels among caregivers of cancer patients.

b. (b) As regards stress degree, both the stage two and stage three caregivers of cancer patients were at severe degree and after the intervention, stage two cancer patients reached no stress degree, while stage three cancer patients moved from severe to mild degree. In both the situations, these differences were statistically significant. Therefore, Biofeedback as an intervention has been successful in reducing the stress degree among caregivers of cancer patients.

(5) **Has biofeedback got anything to do with gender of the cancer patients for their anxiety and stress?**

a. As regards anxiety levels, the biofeedback didn’t have differential impact on male and female cancer patients.

b. As regards stress degrees, the biofeedback didn’t have differential impact on male and female cancer patients.

(6) **Has biofeedback got anything to do with gender of the caregivers of cancer patients for their anxiety and stress?**

a. As regards Anxiety Levels, biofeedback has not differentially impacted male or female caregivers of cancer patients.

b. As regards Stress degree, biofeedback has differentially impacted male and female caregivers of cancer patients infavour of female caregivers. Hence, female caregivers of cancer patients benefit the most from the biofeedback in reducing their stress degrees.
(7) Has biofeedback got anything to do with educational levels of cancer patients for their anxiety and stress?
   a. As regards the **anxiety levels**, the cancer patients who are educated at different levels did not differ significantly on the effect of biofeedback.
   b. (b) As regards the **stress degrees**, the cancer patients who are educated at different levels did not differ significantly on the effect of biofeedback.

(8) Has biofeedback got anything to do with cancer patients who have undergone number of surgeries for their anxiety and stress?
   a. As regards the **Anxiety Levels**, biofeedback has not differentially impacted the cancer patients who have undergone different number of surgeries. Hence, biofeedback in relation to anxiety and number of surgeries are disjointed variables.
   b. (b) As regards the **Stress degrees**, biofeedback has not differentially impacted the cancer patients who have undergone different number of surgeries. Hence, biofeedback in relation to stress and number of surgeries are disjointed variables.

(9) Does biofeedback impact differently on cancer patients who have undergone different cycles of chemotherapy for their anxiety and stress?
   a. As regards the **Anxiety Levels**, biofeedback has not differentially impacted cancer patients who have undergone different cycles of chemotherapy. Therefore, biofeedback in relation to anxiety has nothing to do with chemotherapy background.
   b. As regards the **Stress Degree**, biofeedback has not differentially impacted cancer patients who have undergone different cycles of chemotherapy. Therefore, biofeedback in relation to stress has nothing to do with chemotherapy background.
Implications

Based on the conclusions of the present study, the following implications are presented.

(a) Since cancer patients have different levels of anxiety and different degrees of stress, among second level and third level patients, the medical practitioners need to understand these psychological conditions too in handling patients. They can also take the help of clinical psychologists in handling these patients better.

(b) Quite often, the caregivers of cancer patients get neglected. There is indeed a dire necessity to focus on the caregivers as much as we focus of cancer patients themselves. This professional responsibility must rest with clinical psychologists. Their psychological tensions and imbalances are no less.

(c) Since biofeedback of five sessions has been found to be very effective in reducing anxiety levels and stress degrees, among cancer patients and caregivers of cancer patients, it is desirable to use biofeedback among cancer patients as well as among caregivers of cancer patients irrespective of gender, educational levels, number of surgeries undergone and number of chemotherapies. This is a useful piece of empirical insight to psycho oncology. It makes case for recruiting more clinical psychologists in cancer care institutions.