OVERVIEW AND IMPLICATIONS
CHAPTER - VII

OVERVIEW AND IMPLICATIONS

The results of the present investigation revealed that patients of anxiety disorders and asthmatics have more pathogenic family structure as compared to normals. These families were the egoistic and the anomic types which may lead to poor mental health due to their peculiar characteristics. In an egoistic family, the family members adhere to the standards of the family. They do not mind sacrificing anything to maintain the 'family image' and social prestige of the family. They are so bound by the tradition of the family that they are oversensitive to any sort of threat to the family image and attach prime importance to the social prestige of the family. In this type of families the family as a social system becomes excessively independent of and impervious to influences from the society. Cordiality at the interpersonal level is maintained largely for the maintenance of the family image. In anomic family type, the individual members have their own way of life, style of interaction, and personal conviction, which are often idiosyncratic. They are highly individualistic and do not bother about the other members and are rarely influenced by them. There is hardly any discussion and no common way adopted to achieve the family goals. In extreme examples, except living under one common roof, the family members have nothing else much in common. In the
pathogenic families, on the one hand, members are so closely knit that they develop pathological dependency, while on the other hand, the family members are individually busy in their own lives that they do not have time for each other. These factors do contribute in worsening the mental conditions of asthmatics and patients of anxiety disorders because they have higher dependency needs and require more family support. It is interesting to note here that the asthmatic males and anxiety disorder females reported more family pathology. It shows that the males and the females react differently to the pathogenic family conditions. Further, the results revealed that males perceive less pathology as compared to females. The plausible reason could be that females are more sensitive and expect more family cohesiveness than males. They may be underestimating the existing cohesiveness in the family. The results further revealed that middle aged asthmatic females and not the young females differed from their male counterparts in this regard. It could be possible that by middle age, females value family cohesiveness more than the males and they expect it from the other family members. It may be because of their higher expectations that they perceive the existing cohesiveness to be lesser than it ideally should be. Lesser family cohesiveness seems to affect middle aged females who in turn become prone to asthmatic problems.
On family interaction patterns, the results revealed that asthmatics manifested more dysfunction on reinforcement and social support, while anxiety disorders group manifested dysfunction in the area of leadership. Normals revealed dysfunction in the area of communication. However, on role, cohesiveness and on total family interaction patterns none of the differences between groups were found to be significant. In the absence of adequate reinforcement and social support, the asthmatics may find themselves at a loss and asthma may be an indirect way of demanding help and support from others. Anxiety disorders group manifest dysfunction in the area of leadership. The possible reason may be that anxiety disorder patients find their future dark and bleak and feel overstressed and hence become unable to take a lead or command. Communication dysfunction was lower in the asthmatics and anxiety disorder group than in the normal group. It could be that in Indian families, the sick persons are paid a lot of attention and family members try to interact with them and ask them about their problems. Therefore, communication will be more in such families. Gender differences showed that males perceived lower dysfunction in family patterns of reinforcement, social support and communication. It could be due to the higher sensitivity of females compared to males. The younger age group reported more dysfunction in the area of
communication, cohesiveness and leadership. Poor communication and low cohesiveness in the family give rise to poor leadership qualities in the family members. Sometimes, due to generation gap, clashes occur among the family members. The interaction of disease and age showed that all this was mainly true about the younger disease groups than the normal group. So it is clear that the young asthmatics and anxiety disorder patients perceive more family dysfunction than the normals.

The results of the present investigation further revealed that anxiety disorders group and asthmatics experienced more hassles as compared to normals. The plausible reason could be that daily hassles produce physical or emotional threats because they create (at least short term) discrepancies between the demands of the situation and the resources of the person, and thereby increase acute distress (Lazarus & Folkman, 1984). These hassles not only bring about immediate physiological changes but also affect one’s intellectual abilities, one’s efficiency at solving problems and one’s social behaviour. These minor irritations and frustration can be very stressful and require major and sometimes sudden adjustments (Silver & Wortman, 1980). Exposure to daily stress that cannot be coped effectively can have severe negative consequences. The occurrence of minor daily problems is associated with lower psychological well being and physical symptoms (Clark &
Watson, 1988). Out of the two disease groups, anxiety disorders group experienced more hassles than asthmatics. It could be that due to their weak constitution, the asthmatics avoid going out, which exposes them less to the effect of these daily hassles. Another probability could be that the asthmatics more often deny the presence of hassles. The anxiety disorders group, due to their poor mental health, may experience more stress out of minor daily hassles.

It is very essential to learn to cope with such hassles effectively. Though it is a complex matter as Lazarus (1984) has emphasized, yet the stressfulness of a given event is determined by how it is cognitively appraised and coped and this can vary considerably among individuals. Some individuals combat stress by avoiding or denying and others by seeking and confronting the source of stress.

The results of the present investigation showed that anxiety disorders group adopts more of coping strategies as compared to asthmatics and normals to combat the stress. They adopt more of positive approach, i.e., the individual compensates his thought with positive ideas, e.g., that others also have similar problems and also negative approach, i.e., the individual feels that future is bleak and hopeless and nothing can be done. Due to their weak mental condition, patients of anxiety disorders feel helpless and lonely,
and by comparing their positions with other people they feel little
bit better off. Normals adopt more of active cognitive coping
strategies, e.g., consulting books for solving their problems and to
keep on thinking on the problem again and again. There were no
significant differences among the three groups on religious and
social support, and avoidance positive approach. Anxiety disorders
group and asthmatics did not differ significantly from each other
on avoidance negative approach.

Looking at the gender differences, it was evident that males
adopt less of coping strategies in comparison to females. Males
were significantly lower on positive approach, negative approach,
avoidance positive approach, avoidance negative approach and on
total coping strategies. Males and females did not differ
significantly from each other on active cognitive approach, and
religious and social support. The results that males adopt less of
coping strategies in comparison to females are in agreement with
previous studies which showed that males use more of problem-
focussed, planful coping strategies, while females adopt more of
emotion focussed and social support, etc. Females ruminate more
about their critical conditions, that’s why they feel more stressed
and adopt more strategies to overcome their stress/problems
(Folkman & Lazarus, 1980; Viney & Westbrook, 1982; Brem &
Johnson, 1989).
At the interactional level of disease and gender, it was found that only normal males were significantly different from anxiety disorders and asthmatic males on religious and social support, whereas differences in females were not significant. Males generally adopt less of religious and social support. They believe in doing things instead of seeking social support from others.

In case of age, the younger age group adopted less of active cognitive, and religious and social support. One plausible reason could be that in young age one’s psychological well being is quite fine. So whenever they face a problem they tend to tackle it with confidence and even sometimes they avoid/deny the problems. In young age, there are also less familial and social responsibilities and obligations. They face less stress. Moreover, in young age, the persons are less inclined towards spiritual help and other religious concepts. So they adopt less of these strategies. In middle age, the individuals feel more dependent upon others. They need someone to talk, with whom they can share their feelings. They are more inclined towards spiritualism. They adopt more of these kinds of strategies in solving their problems and combat loneliness by seeking social support. In disease and age interaction the young normals were significantly different from anxiety disorders group and asthmatics, while in the middle aged, anxiety disorders group was higher than asthmatics and normals. Young normals adopt
more of positive approach and active cognitive approach, whereas middle aged anxiety disorders group adopts more of negative approach. Due to their age and poor mental health, they generally avoid the things. They rely more on negative approach.

The gender and age interaction on avoidance negative approach revealed that young females adopt less of this approach than young males. In case of middle aged group, the middle aged males adopt less of negative avoidance approach in comparison to females. Carver, et al. (1989) found that men more often turned to drugs or alcohol as a means of coping methods. On the total coping strategies, it was found that middle aged males have smaller size of coping strategies in comparison to middle aged females. Astor-Dubin & Hammen (1989) reported that men mainly restrict themselves to cognitive strategies whereas, females employ both cognitive and interpersonal strategies in dealing with stressful conditions. The significant A × B × C interaction on active cognitive approach showed that in the young, the differences in the disease groups were of the same nature as for the main effect of disease in both the males and the females, i.e., the normals were the highest, followed by the anxiety disorder group and then the asthmatics. In the middle age group, comparisons between the disease groups in the males and the females separately revealed that in case of the males asthmatics were significantly lower than
the anxiety disorder group and the normals. On the other hand, in case of the females, none of the differences between the disease groups yielded significant results.

IMPLICATIONS

The present investigation highlighted the importance of the family and the healthy interactional patterns among the family members. It is only the family which provides a major source of support during stressful situations to the person. Family treatment and care are important predictors of successful coping with many diseases. Kleinman (1974) observed that more than 80% of all sickness are managed within the family and its extended network without resorting to professional help from outside. Family relationships are essentially the most important source of support that an ill person can have. The family support provides an opportunity to the patient to ventilate his/her anxieties freely, to arrive at a shared understanding of the disease and to explore various alternative coping strategies. Lack of social support and poor communication skills make one susceptible to psychopathology. Therefore, family counselling is essential for prevention as well as therapy. Parental counselling could be helpful in treating the sick individual. Parents can provide desired support and care to their children and retard the growth of maladjustments in their children’s behaviour.
Life is a product of changes that occur in one’s life, and require adaption, coping and adjustment. Everybody experiences hassles. Some individuals experience more hassles than others. May be due to their negative affectivity, and poor mental and physical constitution, they may make poor evaluation of the situation or they may adopt poor coping strategies to cope with hassles. These hassles affect one’s psychological as well as physical conditions. If a person evaluates the situation properly and uses effective coping strategies one can stay healthy even in the periods of distress.

Efficacious coping reduces the stress. If a person is more flexible in his coping strategies, then he has more different ways to combat the stress, in comparison to the individual who has smaller size of coping repertoire. Therefore, one should be flexible and adopt more effective coping strategies. The patients adopt more of negative approaches to combat the stress. Therefore, they should be guided in a more effective way as to how to use other strategies and make the maximum use of the available resources around them. Supportive family enviorment helps the patients learn more effective ways of coping instead of denying or avoiding the situations.

Active cognitive approach and positive approach are the effective ways of reducing the stress. Sometimes simple relaxation
techniques do reduce the stress. Therefore, those persons who are highly hassled should be counselled to use the appropriate coping strategies in order to avoid the anxiety disorders or psychosomatic problems such as asthma.