SUMMARY LIMITATIONS AND SUGGESTIONS FOR FUTURE RESEARCH
CHAPTER - VIII

SUMMARY, LIMITATIONS, AND SUGGESTIONS FOR FUTURE RESEARCH

In the present investigation an attempt has been made to study the role of familial factors, daily hassles and the various coping strategies used to overcome various everyday problems by those with anxiety disorders, asthma and normal individuals. The familial factors were family type and family interaction patterns. Family types included — normal cohesive type, egoistic family type, altruistic family type and anomic family type. The total score indicated the overall family pathology. Family interaction processes studied were reinforcement, social support, role, communication, cohesiveness and leadership. The daily hassles were the problems related with the symptoms of disturbed psychological functioning and those which were independent of person’s healthy psychological functioning. Six different coping strategies were the active cognitive approach, positive approach, negative approach, religious and social support, avoidance positive approach and avoidance negative approach. Group and sex differences were studied for each of these variables, viz., familial factors (family typology and family interaction patterns), daily hassles and coping strategies.
On the basis of the review of literature, the following hypotheses were formulated:-

i) The anxiety disorders group and asthmatic patients will score higher on normal cohesive type (higher score indicating lower cohesiveness) egoistic family type, altruistic family type and anomic family type indicating greater family pathology as compared with their normal counterparts.

ii) The anxiety disorders group and asthmatic patients will manifest greater dysfunction in all the six areas of family interaction patterns, namely, reinforcement, social support system, role, communication, cohesiveness, and leadership as compared with their normal counterparts.

iii) The anxiety disorders group and asthmatic patients will experience more daily hassles as compared with their normal counterparts.

iv) Anxiety disorders group and asthmatic patients will be higher on negative and avoidance (negative and positive) approach and normals will adopt more active cognitive and positive approach as their coping strategies.

For the purpose of investigation, the anxiety disorders sample was selected from those who were regularly attending the O.P.D.’s (Out Patients Department) of psychiatry departments of Govt. Medical College and Hospital, Patiala and Chandigarh. Similarly,
asthmatics were randomly selected from those who attended regularly the O.P.D.’s (Out Patients Department) of Pulmonary Department, PGIMER, Sector-12, Chandigarh, and Govt dispensary, Sector-34D, Chandigarh. A comparable group of normals was selected with the help of the self reporting questionnaire (Harding, et al., 1980). Those obtaining a score of 7 or more on SRQ were excluded from the study.

The scales measuring family typology, family interaction patterns, daily hassles, and coping strategies were given to the patients of anxiety disorders and asthma and normal individuals. Not more than two scales were administered in one sitting. Therefore, each subject was contacted 2-3 times.

A $3 \times 2 \times 2$ factorial analysis of variance with unequal numbers (taking means as single observations), was applied on all the variables and the following results were obtained.

i) The anxiety disorders group and asthma patients had significantly higher means on egoistic family type, anomic family type and total family pathology as compared with their normal counterparts.

ii) There were gender differences on normal cohesive family type only. No sex differences were evident on egoistic family type, altruistic family type, anomic family type and total family pathology.
pathology. Males reported less pathology on normal cohesive family type than females.

iii) Age difference was found to be significant on altruistic family type. Middle aged group revealed more pathology as compared to younger age group.

iv) The significant interaction effects on altruistic family type, anomic family type and on total family pathology revealed the following:

Asthmatic males revealed more pathology on altruistic family type, anomic family type and on total family pathology. Whereas, in case of females, anxiety disorder females revealed more pathology as compared to asthmatic and normal females.

v) The significant three level interaction on normal cohesive type revealed that the $A \times B$ interaction at the younger age group was not significant while it was significant for the middle aged group. A comparison of the disease groups separately for males and females under the middle aged group showed that, the asthmatic females reported lesser cohesiveness than the normal females. The other comparisons did not yield significant results. When the males and females were compared under the three groups it was found that asthmatic females reported lesser family cohesiveness than the
asthmatic males. Sex differences in the other two groups (anxiety disorders group and normals) were not significant.

**Family Interaction Patterns**

a) The patients of anxiety disorders and asthmatics manifested dysfunction in the area of reinforcement and leadership in comparison to their normal counterparts.

b) Asthmatic patients manifested dysfunction in area of social support in comparison to anxiety disorders group.

c) Normals revealed more dysfunction in the area of communication in comparison to anxiety disorders and asthmatic group.

The main effect of gender was found to be significant on reinforcement, social support, communication, and on total family interaction pattern. Females manifested more dysfunction than males.

The main effect of age was found to be significant on communication, cohesiveness, and leadership. Younger age group revealed more dysfunction in comparison to middle aged group.

The two level interaction of disease × gender revealed that — Asthmatic males had higher mean on reinforcement and leadership in comparison to anxiety disorders and normal males, whereas anxiety disorder females had higher scores on social support and role in comparison to asthmatic and normal females.
The disease × age interaction on reinforcement showed that though both young and middle aged asthmatics revealed more dysfunction, the young anxiety disorders group was also higher than normals whereas in the middle aged, anxiety disorders group did not differ from normals. On social support, young asthmatics revealed more dysfunction than their anxiety disorders and normal counterparts, whereas in the middle aged group, normals showed higher dysfunction.

Gender and age interaction on social support and communication revealed that middle aged females revealed more dysfunction than their male counterparts whereas sex differences were not significant in the younger age group.

**Daily Hassles**

The anxiety disorders group and asthma patients had higher mean score on daily hassles as compared to their normal counterparts.

No sex differences and age differences were found on daily hassles.

**Coping Strategies**

The anxiety disorders group and normals had higher mean on active cognitive approach, positive approach, avoidance positive approach and on total coping strategies as compared with asthma patients.
The anxiety disorders group and asthma patients had higher mean on negative approach and avoidance negative approach as compared to their normal counterparts.

Gender differences were found on positive approach, negative approach, avoidance positive approach, avoidance negative approach and on total coping strategies. Females had higher means than males on these coping strategies.

Age difference was found to be significant on active cognitive approach, religious and social support. The middle aged group adopted more of these strategies as compared to younger group.

The significant interaction of disease × age on negative approach revealed that young normals adopted less negative approach than anxiety disorders and asthmatic group, whereas middle aged asthmatics were lower than anxiety disorders and normals.

Disease and gender interaction on religious and social support approach revealed that normal males were significantly lower than anxiety disorders and asthmatic males. None of the group differences were significant in case of females. Gender and age interaction on avoidance negative approach revealed that young females were lower than young males whereas in case of middle aged group males were significantly lower than females.

Gender and age interaction on total coping strategies revealed
that middle aged males were significantly lower than females whereas there was no sex difference in the younger group. The significant three level interaction on active cognitive approach revealed that in the young group, the differences in the disease group 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, the asthmatic males were significantly lower than the anxiety disorder group and the normals.

**Limitations:**

Every study has its limitations and so does the present work. Some of the limitations that come to the investigator’s mind are presented below:

i) The present investigation has taken the anxiety disorders group as a whole. The different anxiety disorders like phobias, obsessive compulsive disorders, etc. have not been taken separately.

ii) The study has been limited to the young adults and the middle aged subjects. Therefore, the results cannot be generalized on children, adolescents and the senior citizens.

iii) In familial factors, only family types and interaction patterns were studied, other family factors like parental and sibling pathology were not considered.
Suggestions for Future Research

The following suggestions are made:

i) Instead of taking all the anxiety disorders as one group, one can study the anxiety disorders separately, i.e., phobias, obsessive convulsive disorders, panic disorders, etc.

ii) For comparison, some other disorders like hypertension, coronary heart disease, etc., can be taken.

iii) Various other variables like perceived social support, self-efficacy, life style and parental pathology can also be studied.

iv) A similar study can be conducted on a sample from a different age group, e.g., adolescents or senior citizens.