CHAPTER VI

SUMMARY AND CONCLUSION

The aims of the present study were as follows:

1) To explore primary and secondary suggestibility in a group of dysthymics, hysterics and normals.
2) To find out if neuroticism was related to suggestibility.
3) To see the relationship between age and suggestibility if any.
4) To study the relationship between intelligence and suggestibility.

To fulfill these aims, 60 psychiatric patients (30 dysthymics and 30 hysterics) and 100 normals (50 introverted neurotics and 50 extraverted neurotics) were taken. Only females within the age range of 16 - 35 were considered. Body sway test was used to measure primary suggestibility and three tests were used to measure secondary suggestibility - brightness perception, size perception and motion perception.

The results were as follows:

1) Dysthymics and hysterics did not differ on both primary and secondary suggestibility.
2) Dysthymics were more suggestible on primary suggestibility than normals getting low E and high N scores.
3) Dysthymics were more suggestible on primary suggestibility than normals getting high E and high N scores.
4) Hysterics were more suggestible on primary suggestibility than normals getting low E and high N scores.
5) Hysterics were more suggestible on primary suggestibility than normals getting high E and high N scores.
6) Normals getting low E and high N scores did not differ significantly from normals getting high E and high N scores as far as primary suggestibility was concerned.
7) There was no significant relationship between primary and secondary suggestibility and age.
8) There was no significant relationship between primary and secondary suggestibility and intelligence.
9) Dysthymics and subjects getting low E and high N scores were equally suggestible on brightness perception test, but on size perception and motion perception tests subjects getting low E and high N scores were more suggestible than dysthymics.
10) Subjects getting high E high N scores were more suggestible than dysthymics on brightness perception and size perception tests but on motion perception test the two group of subjects were equally suggestible.
11) Hysterics and subjects getting low E and high N scores were equally suggestible on brightness perception and motion perception tests, but subjects with low E and high N scores were more suggestible than dysthymics on size perception test.
12) Subjects getting high E and high N scores were more suggestible than hysteric on brightness perception and size perception tests, but on motion perception test both groups were equally suggestible.

b) subjects getting low E and high N scores and subjects getting high E and high N scores were equally suggestible on brightness perception and size perception tests, but on motion perception test subjects getting low E and high N scores were more suggestible than the other group.

Conclusion:

The following conclusions can be drawn from the present study:

1) The dimension of neuroticism is related to primary suggestibility but not to secondary suggestibility.

2) Suggestibility is not related to extraversion - introversion differences, but it is related to the dimension of neuroticism, specially when dealing with primary suggestibility. Thus this study partly answers the age old question as to whether suggestibility is related to hysteria or not.

3) Age and intelligence do not affect suggestibility scores when neuroticism is high.
Problems and limitations:

The investigator got the cooperation of normal subjects without any difficulty. However, it was not so easy to get subjects from the patient population. The following factors reduced the size of the sample as far as the patient population was concerned:

1) Some of the patients came from distant villages and it was not possible for them to come the next day for testing. A few of them were dropped in between testing as their motivation was markedly reduced once they were diagnosed and given appropriate drugs for a specific period of time.

2) A few of the patients could understand neither English nor Tamil. It was not possible for the investigator to translate the questionnaire or give instructions to them in their respective mother tongues either. Therefore such patients could not be taken for study.

3) Testing on some of the patients had to be discontinued as they developed severe anxiety on looking at the massive electronic instruments right in front of them on the table.

4) Ten patients had to be excluded as they found it difficult to abide by the instructions of the investigator. This happened specially in the case of body sway test, where inspite of repeated instructions by the investigator to stand straight, subjects started walking to and fro and found it difficult to overcome this tendency.
Some of the limitations of the investigation were as follows:

1) Only female subjects were taken into consideration. As such results could not be applied to male samples.

2) A few neurotic patients were on drugs.

Therapeutic implications of the results:

Previous literature shows that suggestion has been used from time to time to cure different types of illnesses. If it is applied and used appropriately, it can be very effective in the treatment programme. The present study throws some light in this area by showing that the dimension of 'neuroticism' is very important as far as primary suggestibility is concerned since the severity of illness leads to an increase in body sway scores. This also highlights the fact that normals who get low E and high N scores can be compared to dysthyrmics but they are not as suggestible as dysthyrmics. Similarly, normals who get high E and high N scores can be compared to hysterics but they are not as suggestible as hysterics. This may be due to the fact that normals are neurotically predisposed but they have not broken down to the extent of needing psychiatric help.

Findings mentioned above may help us to understand how somatic symptoms are produced and how they have a great relevance to a psychotherapist.

Another significant finding of the study is that age and intelligence do not affect suggestibility scores when neuroticism
is high. This finding may be used by a psychotherapist in the treatment of patients by suggestion irrespective of their age and intelligence.

Need for further research:

1) Since the present study has shown the importance of 'neuroticism' in the case of primary suggestibility, further work is required along similar lines to arrive at definite conclusions.

2) There is also a need to study secondary suggestibility with more control of factors as it was not possible for the investigator to get consistent responses from the subjects in this area.

3) A study can be planned to see the effect of age and intelligence on primary and secondary suggestibility.

4) We can also plan out another study where both males and females are compared.

5) A study could be conducted where patients are taken before and after the administration of drugs so that the effect of drugs on suggestibility can be studied.
REFERENCES