CHAPTER VI

SUMMARY AND CONCLUSIONS
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The present study aimed at examining personality and coping behaviour in relation to stressful life events in persons suffering from neurotic disorders as compared to a group of normal controls. At the outset, the terms 'personality', 'coping behaviour' and 'stressful life events' were operationally defined.

The study was conducted at the National Institute of Mental Health and Neuro Sciences, Bangalore, India. Neurotic patients were screened in the walk-in clinic of the department of psychiatry. Based on certain inclusion and exclusion criteria, male and female patients, from an urban background, in the age group of 20-40 years, with a minimum of 10 years of schooling and a working knowledge of English were eligible for the study. In addition, they carried an ICD-9 diagnosis of 300.0 to 300.4, had a clear cut onset of illness of less than one year's duration and had not sought treatment earlier. Medical, surgical and patients with other psychiatric disorders were excluded. In all 60 patients (30 male and
30 female) were taken for the study. Sixty normal subjects matched on relevant demographic factors, were selected from the community after being screened for physical and psychological problems.

After an initial pilot phase, data was collected in the main study using the following tools:

1. The Eysenck Personality Inventory
2. Internal-External Locus of Control Scale
3. Coping Checklist
4. Stressful Life Events Inventory
5. The General Health Questionnaire.

The Coping Checklist and the Stressful Life Events Inventory were constructed for the present study. The General Health Questionnaire was used to screen the normal subjects. All the subjects were interviewed individually with the investigator eliciting and recording the responses.

Data was analysed using non-parametric statistics such as the Chi Square test, with Yates' correction when necessary, and parametric statistics such as the student 't' test. The 0.05 level of significance was taken as the criteria for accepting that real differences existed between neurotic and normal subjects.

The conclusions are enumerated in line with the specific objectives of the study:
1) The neurotic and normal groups did not differ significantly on any of the socio-demographic factors. The sample, as a whole, comprised of young adult, men and women, hailing from an urban background, with an average of 13 years of formal education and likely to be employed. Majority were Hindus and were from nuclear families.

2) In the neurotic group, anxiety state was the most frequent diagnosis followed by neurotic depression. Majority reported the presence of a precipitating factor and had, on the average, been suffering from the illness for less than six months.

3) Neurotics and normals differed significantly with regard to the number of stressful life events and the subjective distress experienced in a one year time span.

4) With the exception of marital status, demographic factors did not influence the experiencing of stressful life events or subjective distress.

5) Neurotics and normals did not differ in the distribution of life events. However, there was a trend indicating that more number of normals did not experience a life event, while more number of neurotics experienced multiple events. In addition, a peaking of events prior to illness-onset was present in the case of neurotics.

6) More number of neurotics experienced stressful life events in the area of bereavement.
7) Life events perceived as negative/undesirable and beyond control were reported more often by neurotics, while events perceived as positive/desirable were reported more frequently by normals.

8) A greater number of neurotics reported chronic stresses as compared to normals.

9) The neurotics scored lower on the dimension of extraversion, higher on the dimension of neuroticism and were more internal in their locus of control orientation as compared to normals.

10) The dimension of locus of control was found to influence the experience of stressful life events.

11) Neurotics had smaller coping repertoires than normals. Demographic factors and personality dimensions did not influence the size of the coping repertoire.

12) Problem solving coping behaviours were commonly used by both neurotics and normals in handling stress. Twenty coping behaviours were infrequently used by both neurotics and normals.

13) Seventeen coping behaviours were differentially used by neurotics and normals.

14) Sex and age were found to influence the use of certain coping behaviours. Personality dimensions of
extraversion and locus of control also determined the use of certain coping methods.

15) Finally, there was a trend for certain coping methods to be used more frequently by neurotics and normals in relation to specific life events. However, there was more individual variation than consistency.