Chapter – III

METHODS
AND
PROCEDURE
Sample

600 (300 male and 300 female) young Mizo adults with their age ranging between 19 to 39 years (mean age = 25.43) were randomly sampled from the different localities of Aizawl, with due consideration of suburban and central city areas. The background information of the subjects like age, sex, marital status, present address, birth place, educational qualification (full time/part time), employment status (full time/part time), family structure (joint/nuclear), single or dual parenting with information on age of the respondent when the parent passed away, or age of the respondent at the time of the divorce in case of single parenting/parentless, and employment status of parents were recorded with the objective to equate/match the subjects in order to maintain homogeneity of the samples and obtain representative sample of young Mizo adults for the study, as depicted in the figure below:-

Figure – 1: Model depicting equal distribution of subjects for the study.

Design of the Study

The study aimed (i) to ascertain the psychometric adequacy of the behavioural measures of (a) Parental Acceptance-Rejection Questionnaire - Short Form - Adult for father and for mother (PARQ-Father and PARQ-Mother; Rohner, R.P & Khaleque, A., 2005), (b) Deo-Mohan Achievement Motivation Scale (Deo, P & Mohan, S., 2002), (c) The Relationship Profile Test (RPT; (Bornstein,R.F., Geiselman.K.J., Eisenhart.E.A. & Languirand.M.A., 2002) measuring Destructive Overdependence (DO), Dysfunctional Detachment (DD), and Healthy Dependency (HD) , and (d) General Health Questionnaire – 12 (GHQ-12; Goldberg, D., 1992) measuring Psychological Well-being; (ii) to study the
relationships between the independent variables (Parental acceptance-rejection: Warmth/Affection, Hostility/Aggression, Indifference/Neglect, and Undifferentiated Rejection) and the mediating (Dependency: Destructive Overdependence, Dysfunctional Detachment, and Healthy Dependency) and outcome (Achievement Motivation, and Psychological Well-being) variables.

The study further aimed to study the mediating role of dependency on the relationship between parenting and achievement motivation and (v) to study the mediating role of dependency on the relationship between parenting and psychological well-being. Inherent within the mediation analysis is the necessity to check the predictability of Achievement Motivation, Dependency and Psychological Well-being from Parental Acceptance-Rejection.

The mediational analysis envisaged in this study shall follow the steps as prescribed by Barron and Kenny (1986) given below to establish that a mediated relationship exists between Parental Rejection (X) and Achievement Motivation (Y), mediated by Dependency (M).

1. Show that X is a significant predictor of Y, using regression;
2. Show that X is a significant predictor of M, using regression;
3. Show that M is a significant predictor of Y, when we control for X. This is done by conducting a multiple linear regression analysis using X and M as predictors and Y as the outcome (criterion) variable;
4. If M is a complete mediator of the relationship between X and Y, the effect of X, when controlling for M, should be zero. If M is only a partial mediator the effect will only be reduced, not eliminated. The amount of mediation is calculated as the difference between slopes (unstandardized regression coefficients) found in steps 1 and 3.

The Sobel Product of Coefficients test will then be used to check the significance of
the mediation by Medgraph-I (Jose, P.E., 2003), a programme to graphically depict mediation among three variables. The assumptions of General Linear Models, and reliability requirement (> .70, Nunnaly, 1978) of mediation analyses will be ascertained and data transformations will be performed wherever required.

The mediation models can be depicted thus:

Paternal
Acceptance-Rejection (X) — Achievement Motivation (Y)

Dependency (M)

Figure - 2: Hypothesized mediation model depicting Dependency as a mediator in the relationships between Parental Acceptance-Rejection and Achievement Motivation.

Paternal
Acceptance-Rejection (X) — Psychological Well-being (Y)

Dependency (M)

Figure - 3: Hypothesized mediation model depicting Dependency as a mediator in the relationships between Parental Acceptance-Rejection and Psychological Well-being.

Test Materials

The psychological test instruments as incorporated in the study: (i) Parental Acceptance Rejection Questionnaire- Short Form-Adult versions for Father and for Mother (PARQ-SF-ADULT; Rohner, R.P & Khaleque, A., 2005), (ii) The Relationship Profile Test (RPT; (Bornstein,R.F., Geiselman,K.J., Eisenhart.E.A. & Languirand.M.A., 2002) (iii) Deo-Mohan Achievement Motivation Scale (Deo, P & Mohan, S., 2002), and (iv) General Health
Questionnaire – 12 (GHQ-12; Goldberg, D., 1992) are selectively described in the following to make lucid the behavioural gamut that are aimed to be investigated across the samples under study.

Parental Acceptance Rejection Questionnaire- Short Form-Adult versions for Father and for Mother (PARQ-SF-ADULT; Rohner, R.P & Khaleque, A., 2005).

The Parental Acceptance-Rejection Questionnaire (PARQ-Short form for adult) is a 24-item self-report instrument (4-point Likert-type scale) designed to measure individuals’ perception of acceptance-rejection with separate forms for father and mother. Parental acceptance-rejection is a bipolar dimension, with acceptance defining one end of the continuum and parental rejection defining the other. The PARQ consists of four sub-scales : (1) warmth/affection which refers to the warmth, affection, care, comfort, concern, nurturance, support, or simply love that children can experience from their parents and other caregivers, (2) hostility/aggression which refers to feeling of hostility, anger, bitterness, resentfulness, irritability, impatience, or antagonism children can experience towards their parents, (3) indifference/neglect which refers to situations when children feel that their parents are indifferent towards them, are unconcerned and uncaring about them, or have a restricted interest in their overall well being, and (4) undifferentiated rejection which refers to individuals’ beliefs that their parents do not really care about them or love them, without necessarily having clear behavioral indicators that the parents are neglecting, unaffectionate, or aggressive; The total score of the four subscales yields, an overall perceived parental acceptance-rejection score. The scale is keyed in the direction of rejection, with high score indicating more rejection and low score indicating more acceptance.

Deo-Mohan Achievement Motivation Scale (Deo, P & Mohan, S., 2002).

The Deo-Mohan Achievement Motivation Scale (AchM) is a questionnaire consisting of 50 items where responses are to be made to one of the five response categories ranging from
(0)always, (1)frequently, (2)sometimes, (3)rarely to (4)never. It is a self administered test designed to measure achievement motivation including factors such as the standard of excellence, unique accomplishment and long-term involvement, indicating achievement imaginary as suggested by McClelland and Atkinson, academic factors, general and social interests. The items in the scale are meant to evolve the achievement imaginary in the respondents, to relate to the achievement experiences based on situations known to the respondents. The range of scores is from a minimum of 0 to a maximum score of 200. High score indicates high achievement motivation and low score low achievement motivation.

*The Relationship Profile Test (RPT; Bornstein, R.F., Geiselman, K.J., Eisenhart, E.A. & Languirand, M.A., 2002).*

The RPT is a rationally derived questionnaire that asks the participant to respond to 30 self-statements, each of which is rated on a 5-point scale anchored by the terms ‘not at all true of me (1)’ to ‘very true of me (5)’. The RPT measures the dependency level of the subject. It yields three 10-item subscale scores: (a) Destructive Overdependence (DO) which is characterized by rigid, inflexible dependency, (b) Dysfunctional Detachment (DD) which is characterized by an inability to cultivate social ties and engage in adaptive affiliative behaviors (Kantor, 1993; Millon, 1996), and (c) Healthy Dependence (HD) which is characterized by flexible, situation-appropriate help and support seeking behaviour (Bornstein, 1998; Pincus & Wilson, 2001). The total score of each subscale is taken separately where the total score of each subscale may range from 10 to 50. The higher the score the higher the measured dependency.

*General Health Questionnaire – 12 (GHQ-12; Goldberg, D., 1992).*

The GHQ-12 is the shortest version among the four versions of GHQ (GHQ-60, GHQ-30, GHQ-28 and GHQ-12) and commonly used as a screening tool in a public setting. The General Health Questionnaire - 12(GHQ-12) is a 12-item self-report measure of
psychological well-being which was originally developed for use among adult subjects (16+ years). The GHQ-12 measures both positive and negative aspects of mental health. The scale asks whether the respondent has experienced a particular symptom or behaviour recently. Each item is rated on a four-point Likert-type scale with scores of 0-1-2-3 for response choices of ‘less than usual’, ‘no more than usual’, ‘rather more than usual’, and ‘much more than usual’ respectively; Some examples of the items in the GHQ-12 are: 1) *Been able to concentrate on whatever you are doing*; 2) *Lost much sleep over worry*; 3) *Felt constantly under strain*; and 4) *Been losing self-confidence in yourself*. The scores were summed up by adding all the items on the scale ranging from 0 to 36 with lower scores indicating psychological well-being and vice versa for high scores.

**Procedure**

After obtaining their necessary consents, the participants were administered booklets containing measures of the variables and demographic data sheet in various study centers, colleges, work-places and other institutions in groups of approximately 10 to 40 persons of either sex in 20 randomly selected localities and institutions in Aizawl, the capital city of Mizoram. Each booklet contains the following psychological measures, the specimen copy of which is given in the Appendix – 1, 2, 3, 4 and 5 : (i) PARQ-Father Short Form for adults (Rohner, R.P & Khaleque, A., 2005), (ii) PARQ-Mother Short Form for adults (Rohner, R.P & Khaleque, A., 2005) (iii) Deo-Mohan Achievement Motivation Scale (Deo, P & Mohan, S., 2002), (iv) RPT ( Bornstein,R.F., Geiselman.K.J., Eisenhart.E.A. & Languirand.M.A., 2002), (v) GHQ-12 (Goldberg, D., 1992).

After rapport and careful explanations of instructions for completing the questionnaires in each session, participants were anonymously required to fill out the booklet including the background demographic sheets with assured confidentiality so as to minimize
the potential influence of social desirability response sets. Each testing session lasted for approximately one hour.

The outcome of the overall analyses are presented in the chapter to follow.