CHAPTER IV
DESIGN AND METHODOLOGY

The present study was designed to study the psychosocial adjustment among urban and rural neurotics. In order to conduct the study and to test the hypotheses proposed the following design and methodology was used:

Design:

The two groups were selected on purely random basis from the psychiatric population of the hospital. Subjects in both groups were from different villages and different cities. Every effort was made to make the sample representative. Neurotic patients were identified by the psychiatrist according to the International classification of Disease (ICD - 9 WHO: 1978)

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<th>Group I</th>
<th>Group II</th>
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<td>Urban Neurotics</td>
<td>Rural Neurotics</td>
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Sample:

Total 60 subjects participated in the study. The whole sample was divided in two groups—urban
neurotics and rural neurotics. The sample was drawn from the Department of Psychiatry, Medical College and Hospital, Rohtak (Haryana).

The two groups of urban and rural neurotic patients were selected on the basis of their diagnosis. The diagnostic decision was reached by psychiatrist who classified the patients as suffering from neurosis. The patients were examined by the psychiatrist and those with the following criteria were accepted for the study while selecting the subjects for these two groups. Following characteristics were kept in mind:

1. The patient should be more than 16 years,
2. The patient should have illness of at least three months duration;
3. The patient should have clearcut diagnosis of neurosis;
4. The patient should be able to understand spoken Hindi.

Distribution of Subjects:

Subjects were assigned their respective groups as follows:
Total no. of Ss (60)

| Urban (30 Ss) | Rural (30 Ss) |

Stimulus Material:

There are many psychological tests in the literature to measure post illness effects on various areas of life. Few of these tests are personal adjustment and Role Skills, personality and Social Network Adjustment Scale, Community Adaptation Schedule and so on. A review of literature in this field gives a disappointing picture about the available adjustment scales in our country. ICCSR's survey Research in Psychology (1972) report that 'most of the work done in this area is of an elementary type'. A review of above scales shows that their limitations are far too many, which outweigh their fruitfulness. In the first place, most of them are rather complex rating scale which tend to be too difficult for the illiterates and low educated subjects to comprehend. Some of the scales are unstructured, in some scales it is difficult to compare results and many of these are related to only one or two
areas. Fortunately Dysfunctional Analysis Questionnaire (DAQ) which measure dysfunction in simple spoken language and such that not the patient, but anyone living with patient could assess the day to day functioning of the subject and fill up the questionnaire.

Dysfunctional Analysis Questionnaire prepared by Parsad, Verma, Malhotra and Malhotra (1985) was considered as the most suitable questionnaire and was selected for this study. It was administered to see the psychosocial adjustment levels among rural and urban neurotics in different five areas.

DAQ is a structured and standardized tool for measuring psychosocial adjustment. The rationale adopted for the construction of scale was that among disturbance will generally cause lowering of psychosocial functioning resulting in clearcut differentiation of these functions in various walks of life on compared to predisturbed stage.

There are total 50 items in DAQ which belonged to five different areas of functions. These are social, vocational, personal, family and cognitive. Every area contained 10 items each.
Standardization data revealed a highly satisfactory test-retest and split-half reliability which ranged from .77 to .97 in the subjects belonging to the diagnostic groups of neurosis, psychoses and organics. The absolute reliabilities were also checked after an interval of two weeks. The mean of dysfunction scores did not differ significantly.

The test also showed high validity. The test correlated with disability and neuroticism scales and there was a negligible, negative correlation with Weschler Adult Intelligence Scale - Revised (WAIS - R). The scores on the five scales found to be associated with improvement in the clinical picture in neurological, psychiatrists and orthopaedically handicapped patients. Parsad and Dwarka (Deptt. of Psychiatry, Post Graduate Institute Chandigarh, India) administered DAQ to measure psychosocial functioning and DAQ was found positively correlated with PD scale and negatively with intelligence. Neuroticism was highly correlated with social, vocational and personal dysfunctions. Thus, on the basis of the observations made by Dwarka et al, it can be concluded that this Questionnaire provides
reliable as well as objective data and it can be used successfully to measure adjustment levels.

Procedure:

The following procedure was used for the administration of DAQ questionnaire:

The patient was referred by the psychologist and DAQ was individually administered to all the patients.

After selecting the patient the rapport was established with him/her. It is a well known fact that establishment of the rapport with the psychiatric patient is an essential and first step of the data collection process of a study. General questions about their sociodemographic background such as patients's name, education, native village or city and profession etc. were asked.

After rapport establishment the patient was given following instructions, "This is a questionnaire through which your present level of functioning as compared to your past level of functioning before the illness. For example take the first statement in the questionnaire - 'mixing with people'. Is
your mixing with other people as compared to your previous level of functioning better than before, the same as before, has deteriorated mildly, moderately or severely. You will have to choose one out of those five alternatives. You are requested to listen all the statements carefully and answer all the questions for complete understanding of the illness. So that better guidance and better help can be provided to you. There is no time limit but you are requested to answer as quickly as you can.

The Hindi version of instructions written on the first page of Questionnaire were also read out and explained to each and every patient for the better understanding of the procedure.

After this the statement were read out one by one and their responses were recorded simultaneously. The same procedure was adopted for all 60(30+30) subjects and this process continued for three months. After the data collection scoring was done according to the guidelines given in the manual.

Scoring:

Scoring was done according to the procedure
given by the authors of the test and as mentioned along with tool.

There are five areas of adjustment in the DAQ. These are social, vocational, personality, family and cognitive areas. Each area contains 10 items and each item has five alternate answers and those are scored one to five in the following manner:

a. One score was given when better than premorbid level of functioning;
b. Score two was given when functioning as premorbid level;
c. Score three mean slightly improved functioning;
d. Score four was given when moderate dysfunctioning; and
e. Score five was given when marked deterioration in functioning.

Then, these raw scores were converted in percentage scores as mentioned in the manual.

Statistical Analysis:

Statistical analysis is an important section of a research study. In order to get more authentic
results, statistical treatment is given to the data.

There are two broad categories of statistical techniques which are applied to see the significance level of obtained differences. These are - Parametric and Non-parametric. Non-parametric techniques are also known as distribution free tests because these tests do not demand any assumptions to be full-filled. Parametric tests have more power efficiency in comparison to non-parametric tests.

Therefore, when the sample fulfil the requirements or underlying assumptions, researcher should prefer a parametric test. The sample of the present study is random, homogeneous and representative and fulfills the requirements of parametric tests. In the family of parametric techniques, t-test is the most powerful and appropriate statistical device for a two-randomized group design. Some non-parametric tests were also available, but the present investigator employed the t-test to see the significance of difference between two groups of urban and rural neurotics.

We may pass on to next chapter dealing with Results and Discussion of the present investigation.