Chapter-IV

Design and Methodology
CHAPTER-IV

DESIGN AND METHODOLOGY

The present study was designed to assess and understand the ways of coping amongst HIV and AIDS patients to compare the clinical personality patterns amongst HIV and AIDS patients adopting emotion focussed and problem-focussed ways of coping. To realize the main objective, the patients with HIV and AIDS disease were selected and tested upon the required tools. The present chapter reports the brief description of sample, the tests used, the procedure followed and the statistical analysis.

Design: An Ex Post Facto Design was used.

Sample

The sample used in the present study consisted of 500 subjects, 250 were HIV patients (125 male and 125 female) and 250 were the AIDS patients (125 male and 125 female). The sample of HIV was drawn from the patients who were attending the ICTC's (Integrated Counseling and Testing Centre) and other centers of different civil hospitals of Haryana and Health University (PGIMS), Rohtak. The sample of AIDS patients was drawn from the patients seeking treatment in various ART (Anti-retroviral Therapy) Centres of Haryana. It was a convenient sample selection based on availability and consent. The samples included only those patients who voluntarily bestowed their written consent. The patients selected for the study were of 25 to 50 years (mean age 37.5 years) and minimum level of education was above fourth standard. No subject was illiterate. The minimum literacy to read and understand the questionnaire was a prerequisite to maintain the uniformity in method of data collection. Therefore, the minimum level of education was primary schooling. People belonged to different occupations and socio-economic status. Even in convenient sampling, the number of subjects was equated in terms of socio-economic status, rural
and urban background and level of education.

Tools used

The tests used in the study are as follows:

- Ways of coping (revised) questionnaire as suggested by Folkman and Lazarus (1988)
- Clinical scale of Personality Assessment Inventory as suggested by Morey (1991)

Ways of Coping Questionnaire

The ways of coping questionnaire, which has been designed to identify the thoughts and used primarily as a research instrument in studies of coping process, was developed in 1980 by Folkman and Lazarus. The actions of an individual have been used to cope with a specific stressful encounter. It measures coping process, not the dispositions of styles. To assess the coping styles with instrument, the investigator needs to assess an individual's coping processes in a range of stressful encounters, and then, to evaluate consistencies in those processes across encounters, while it is also possible to assess coping styles by expressing the items in trait terms, e.g., by referring to how an individual usually responds or typically would respond to a certain stressful encounter.

The questionnaire is based on a definition of coping as the cognitive and behavioural efforts to manage specific external and/or internal demands appraised as taxing or exceeding the resources of an individual. This definition has four features of coping, i.e., (i) it is process oriented, (ii) it speaks about management rather than mastery, (iii) it makes no prior judgment about the quality of coping process and (iv) it implies a stress based distinction between copings and automatic adaptive behaviour. Thus, coping as a process is directed toward what an individual actually thinks and does within the context of specific encounter, and as the encounter unfolds, how these thoughts and actions change. This approach differs from traditional trait or disposition approaches, which attempt to identify what the person usually does or is most likely to do. It consists of 66 items related to two coping strategies, i.e., (i)
problem focussed and (ii) emotion focussed coping. These two types of coping have further divisions. The problem-solving coping includes items pertaining to:

- **Confronting coping** describes aggressive efforts to alter the situation and suggests some degree of hostility and risk taking.

- **Seeking social support** describes efforts to seek informational support, tangible support and emotional support.

- **Painful problem solving** means deliberate problem focussed efforts to alter the situation, couples with an analytic approach to solving the problem.

The emotion focussed coping measures:

- **Positive reappraisal** is the efforts to create positive meaning by focusing on personal growth. It also has a religious dimension.

- **Distancing** means cognitive efforts to detach oneself and to minimize the significance of the situation.

- **Self-controlling** describes efforts to regulate one’s feelings and actions.

- **Accepting responsibility** acknowledges one’s own role in the problem with a concomitant theme of trying to put things right.

- **Escape or avoidance** describes a wishful thinking and behavioural efforts to escape or avoid the problem. The items on this scale contrast with those on the distancing scale suggest detachment.

The ways of coping questionnaire can generally be completed in about ten minutes, although the time will vary with respondents. There are four points Likert scale that indicates the frequency with which each strategy is used from 0 to 3, where 0 indicates *does not apply and/or not used*, 1 indicates *used somewhat*, 2 indicates used *quite a bit* and 3 indicates *used a great deal*. These are also the weights, which should be used to get the raw scores. The raw scores from each item on each scale can be obtained by adding the scores for their respective subscales. The scores describe the coping effort for each of the two types of coping. Cronbach’s alpha for all the eight scales lies between 0.61 and 0.79 and validity lie between 0.17 and 0.47.

**Personality Assessment Inventory (PAI)**

78
The PAI was developed and standardized by Morey in 1991 to use it for clinical assessment of individuals in the age range of 18 through adulthood. Reading ability at fourth grade level is necessary to complete the inventory. The PAI standardized sample is designed to provide information relevant to clinical diagnosis, treatment planning and screening of psychopathology.

The PAI can be administered in either individual or group testing situations. The items are presented to the subjects and responses are in the form of false (F), slightly true (ST), mainly true (MT) and very true (VT). The subjects are expected to choose only one option from these four alternatives.

The respondents were first asked to provide demographic information on the answer sheet, and then, the directions were given. The importance of answering all items was emphasized as well as the necessity for choosing only one response per item. In case, the respondent is unsure about the option to mark, he/she is told to mark the item, which is closest.

The PAI contains 344 items, which comprise 22 non-overlapping full scales, 4 validity scales, 11 clinical scales, 5 treatment scales and 2 interpersonal scales. A short form of PAI with 160 items is also available.

In this study, only one sub-scale of PAI, which is Clinical Scale, has been used. Eleven sub scales of PAI Clinical sub scale is like this:

1. **Somatic Complaints (SOM):** The SOM scale includes items that reflect concerns about physical functioning and health matters. It consists of 24 items, which focus on preoccupation with health matters and somatic complains specific to somatization and conversion disorders.

2. **Anxiety (ANX):** The ANX scale measures clinical features common to the experience of anxiety with 24 items, which focus on phenomenology and observable signs of anxiety with an emphasis on assessment across different response modalities.

3. **Anxiety Related Disorders (ARD):** The item content includes specific fears related to objects or situations, encompassing phobias, obsessive-compulsive
thoughts and behaviours and troublesome experiences related to traumatic events.

4. **Depression (DEP):** The item content ranges across various features of depression syndrome, including pessimism and negative expectations, subjective feelings of unhappiness and apathy and physical signs such as low energy and changes in sleep and appetite.

5. **Mania (MAN):** It consists of 24 items ranging across the various features of these syndromes, including elevated mood, expansiveness and grandiosity, heightened activity levels and irritability impatience.

6. **Paranoia (PAR):** PAR scale measures the characteristics phenomenology of paranoid individuals, with respect to both symptomatology and personality elements.

7. **Schizophrenia (SCZ):** The item content includes beliefs and perceptions, poor social competence and social anhedonia and inefficiency and disturbances in attention, concentration and associational process.

8. **Borderline Features (BOR):** The BOR scale assesses a number of elements, *i.e.*, a part of the borderline syndrome. Individually, they are also common to numerous other disorders.

9. **Antisocial Features (ANT):** The ANT scale provides an assessment of personality and behavioural features relevant to the construct of antisocial personality and psychopathy.

10. **Alcohol Problems (ALC):** The ALC scale provides an assessment of behaviours and consequences related to alcohol use, abuse and dependence.

11. **Drug Problems (DRG):** The item content ranges from statements of total abstinence through frequent use to serve consequences of drug use. It consists of 12 items, which focus directly on problematic consequences of drug use and features of drug dependence.
Reliability and validity of PAI Scale

The reliability of PAI was ascertained in a number of different studies that examined both internal consistency and test-retest reliability. The value of the Alpha—internal consistency for the full scale on census ranges from 0.445 to 0.81, for normative samples from 0.45 to 0.90, for clinical samples from 0.23 to 0.94. The test-retest reliability of full scale of PAI ranges in community sample from 0.29 to 0.94, in college sample from 0.32 to 0.90 and in combined sample from 0.31 to 0.92.

The validation of measures of clinical constructs is a process that requires the accumulation of data concerning convergent and discriminant validity correlates. For validation of various clinical, the scales of PAI were categorized in six groups, i.e., (i) validity scales, (ii) clinical scales relevant to neurotic disorders, (iii) clinical scales relevant to psychotic disorders, (iv) clinical scales related to behaviour disorders, (v) treatment consideration scales and (vi) interpersonal scales. The external correlates within these six subgroups have been examined to determine the convergent and discriminant validity.

Validation Measures: Several different instruments were used in the examination of external correlates of different PAI scales. Some of these instruments were used for a specific purpose. The PAI scale includes the domain and facet scales of the NEO Personality Inventory (NEO-PI: Costa and McCrae, 1985), the MMPI clinical scales (Hathaway and McKinley, 1967), content scales (Wiggins, 1966) and personality disorder scales (Morey, Waugh and Blashfield, 1985), and the eight-octant scores of the Interpersonal Adjective Scale-Revised (IAS-R: Wiggins, Trapnell and Phillips, 1988). Each of these instruments is widely used in personality and psychopathology research and it could serve as useful referents for the validation and interpretation of the PAI, therefore, these scales were used.

There were five validation samples, i.e., one clinical, two community, and two college students, which provided co-relational data from other instruments across all PAI scales. The clinical validation samples comprised of 235 subjects from 10 different sites. The tables given in the manual indicate high correlation of eleven PAI subscales with most of the scales, i.e., MMPI clinical scales, Wiggins's content scales, personality disorder scales, NEO Personality Inventory and other measures.
Procedure

After selecting proper tools for the study, the ways of coping tool was got translated in Hindi by two psychologists and two language experts separately. Now this translation was matched and the discrepancies were discussed amongst the four. This Hindi version was now given to two other language experts and two other psychologists for back translation. This translated version was given to ten educated laymen having knowledge of both English and Hindi to read and compare with the English version and indicate if any discrepancy occurred. Translated version of Personality Assessment Inventory was already available. After finalizing the tools, sample of HIV was drawn from the patients who were attending the ICTC’s and various ART (Anti-retroviral Therapy) Centers of Haryana. A written and formal consent was taken from every participant. The subjects were contacted individually to establish a rapport. After the establishment of rapport and assurance of confidentiality of their responses, they were given ways of coping questionnaire and personality assessment inventory.

For ways of coping scale, following instructions were given, “to respond to the statements in this questionnaire, the subject has to have a specific stressful situation in his or her mind. Take a few moments and think about the most stressful situation that you have experienced in the past week due to the disease of HIV or AIDS you are suffering from. Stressful means a situation that was difficult or troubling for you, either because you felt distressed about what happened, or because you had to use considerable effort to deal with the situation. The situation may have involved your family, your job, your friends, or something else important to you due to the disease you are facing. Before responding to the statements, think about the details of this stressful situation, such as where it happened, who was involved, how you acted and why it was important to you. While you may still be involved in the situation or it could have already happened, it should be related to stressful situation that you experienced during the week due to this disease only.

As you respond to each of the statements, please keep this stressful situation in your mind. Read each statement carefully and indicate, by circling 0, 1, 2 or 3, to what extent you used it in the situation. Zero indicates does not apply and/or not used,
one indicates used somewhat, two indicates used quite a bit and three indicates used a great deal. Please try to respond to every question.

For PAI, the following instructions were given, "the scale will tell about the feelings you have in your mind. The answers for these questions may not be written as right or wrong since every person thinks in a different way, hence, you have to describe the real feeling according to the question. There will be a separate answer sheet with four options for every question, i.e., false (F), slightly true (ST), mainly true (MT) and very true (VT). You have to choose only one option according to your choice. Giving answer of every question is compulsory."

After providing proper instructions, both the scales were got filled by the patients one by one. They filled the responses as per the instructions given. After completion, both the scales were taken back from the subjects and they were thanked for their kind cooperation. Firstly, the scoring for ways of coping (R) was done according to the manual. The subjects high on problem focussed and emotion focussed coping were segregated based on Q1 and Q3 values. Those who had a mean equal to or higher than Q3 on one way of coping and lesser than Q1 on the other way of coping were selected as high on the strategy on which they had a mean higher than Q3. In this way, out of total 500 subjects, only 63 were found to adopt problem-focussed coping and 87 were found to adopt emotion-focussed coping. For these 150 subjects, the scoring of personality assessment inventory was done according to the manual and the mean, SD’s and ‘t’ values were calculated to meet the different objectives. Analysis of ways of coping questionnaire was done both extent wise and frequencies wise. For that the ‘t’ values and Chi-Squares were calculated. The scores of both ways of coping questionnaire and personality assessment inventory were analyzed and the obtained results have been discussed in the next chapter.