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RATIONALE OF THE STUDY

The birth of a child with developmental or ID can impose additional physical, financial and emotional demands on the parents than a child without disability. Research indicates that parents of children with disability appear to experience higher levels of stress and depression than other parents (Beckman, 1991; Kazak and Marvin, 1984), and that disruptions to the family life cycle are likely to occur. Since it is easy to identify these dysfunctional families in medical settings the literature has therefore approached family stress from a deficient point of view (Kazak and Marvin, 1984). Thus, professionals usually hold a pessimistic view of families with children with ID (Khussen and Sloper, 1992; Singer and Powers, 1993).

This view is in keeping with the latest paradigm shift in psychology which focuses more on the positive aspects of human existence and functioning. It can also have far reaching consequences for family support interventions that mental health professionals may plan for parents and children from such background. As opposed to the negative view of coping in parents with ID children this view advocates that professionals need to establish a spirit of partnership and collaboration in working with families of disabled children towards a common goal. All families have their own strengths, and when problems are identified in a family they can be given the opportunity to acquire skills and resources so that family members can learn to solve their problems.
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A review of literature shows that there is an acute paucity of research studies which focus on the positive correlates of coping in mothers of children with ID not only in Indian but also International context. Therefore, it occurred to the present investigator to fill in these lacuna and to take up a fresh study on coping in mothers of ID children with respect to spirituality, happiness, resilience, and social support.

AIMS AND OBJECTIVES

1. To study the relationship between the variables of the study viz. Happiness, resilience, spirituality, social support with coping styles in mothers of children with ID.

2. To study the interaction of variables of the study in relation to coping styles.

3. To compare the mothers of children with ID and mothers of children without ID on the measures of the study viz. Happiness, resilience, spirituality, social support and coping styles.

HYPOTHESES

H1: There will be a significant relationship between happiness and coping style in mothers of children with ID.

H2: Resilience and coping style will be significantly related in mothers of children with ID.

H3: There will be a significant relationship between spirituality and coping style in mothers of children with ID.

H4: Social support and coping style will be significantly related in mothers of children with ID.
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$H_5$: The four measures of the study will significantly contribute to predict coping style in mothers of children with ID.

$H_6$: Mothers of children with ID and Mothers of children without ID differ significantly on the measures of the study viz. happiness, spirituality, resilience, social support and coping styles.

SAMPLE OF THE STUDY

The sample size of the study was 100. The participants were mothers of children with ID (between the age group of 7 to 15 years) studying in special schools and mothers of children without ID (between the age group of 7 to 15 years) studying in regular schools.

The detail of the sample is as given below:

**Inclusion criteria**

1. Subjects were aged between 30 to 45 years.
2. Subjects were conversant with English language.
3. Subjects were at least college graduates.
4. Subjects were from the upper and middle income groups.
5. Subjects were staying in nuclear families.

**Exclusion criteria**

1. Subjects who were suffering from any psychiatric illness.
2. Subject diagnosed with mental or physical disability.
3. Subjects from joint families.
4. Subjects who were single parent.
5. Subjects with a single child.
6. Subjects with more than one child with mental/physical handicap.

In the present study purposive sampling was used.

**DESIGN OF THE STUDY**

Design of the study was correlational design

![Diagram of the study design]

**PROCEDURE**

The study was conducted in two phases. In the first phase permission letter for data collection has been obtained from IIS UNIVERSITY. The various special schools and regular schools were listed on the basis of the criteria of exclusion and inclusion of the study. Recommendation letters from University and sets of tests to be used were submitted in the various schools. After receiving permission from schools, the addresses and phone numbers of mothers were taken.

In the second phase after obtaining consent from the subjects, rapport was formed and according to their convenience psychological tools of the study were administered on them individually.
MEASURES OF THE STUDY

1. **Spiritual Assessment Inventory (SAI) (Hall & Edwards, 1996)**

   Hall and Edwards (1996) sought to develop an instrument to measure spiritual maturity that could be used by “pastoral counselors and clinicians working with religiously-oriented clients”. The theoretical base for the SAI is derived from the idea that “spiritual maturity from both biblical and psychological perspectives involves, at its core, relationship with Cognitive-Spiritual others. Object relations theory provides a cognent framework to articulate this aspect of spirituality (Hall & Edwards, 1996). The psychometric measure of the instrument has been addressed through factor analytic studies (Hall & Edwards, 1996). Tisdale’s (1999) review of the SAI indicated that the inventory was constructed on the idea that spiritual maturity is composed of two specific dimensions: the degree of awareness by an individual of God in his or her life and the quality of that relationship. Hall and Edwards (1996) note that these dimensions should be related, but distinct. They add, a person can be quite developed in being aware of God’s voice without relating to him in a mature way. Likewise, an individual can be mature in the way he or she relates to God, without having a very developed capacity to be aware of God’s voice.

   There are five scales used in the SAI. They include:

   *Awareness*: A measure of the extent to which a person is aware of God in his or her life. A high score indicate the presence of this trait.

   *Realistic Acceptance*: A measure of the level of a person’s ability to experience and tolerate mixed feelings regarding ones relationship to God. A high score would
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indicate the ability to have negative experiences and still maintain confidence in God’s care of them. People tend to reach this stage in late adolescence or early adult years.

*Grandiosity:* A measure of relating with an inflated sense of self importance and uniqueness. High scores would indicate the presence of Cognitive-Spiritual this trait. People tend to reach this stage of spiritual maturity in the middle years of childhood.

*Instability:* A measure of relating in an expression of all-good or all-bad views of self and others. A high score on this scale would indicate the presence of that trait. People tend to reach this stage of spiritual maturity as a young child.

*Disappointment:* A scale that functions similar to a Lie Scale. A low score on this measure suggests that the test taker is being defensive regarding his or her actual spiritual life and thus would raise the validity of the other responses.

The test itself can be taken in about fifteen minutes. It uses a 5-point Likert format with 1 indicating no endorsement and 5 indicating endorsement of the statement. The instrument is for use with college adults.

**Reliability**

The Spiritual Assessment Inventory's (SAI) reliability for the five factors using Cronback's coefficient alpha measure of internal consistency reported .88 for Instability, .91 for Defensiveness; .90 for Awareness; .76 for Acceptance and .52 for Grandiosity.
**Validity**

The Construct validity is based on results of factor analysis completed by Hall and Edwards (1996) and Hall, Brokaw, Edwards and Pike (1996). There is limited research history since it is a relatively new scale. Results indicated a positive outlook with the exception of the Grandiosity scale which is undergoing further investigation (Tisdale, 1999).

2. **Oxford Happiness Inventory (Argyle, Martin & Crossland 1989)**

The Oxford Happiness Inventory (Argyle, et al., 1989) is a 29 item multiple choice instrument which provides a general measure of happiness. They supposed that happiness depended on frequency and positive effect, or joy, high level of satisfaction over a period of time, and the absence of negative feeling such as depression or anxiety.

Argyle, et al. (1989) reported an internal reliability of .90 using Cronbach’s alpha, and a 7 week test-retest reliability of .78. Construct validity was developed, based on three hypothesized components of happiness: the correlation between the oxford happiness inventory and positive affect scale was .32. The correlation between the oxford happiness inventory and Argyl’s Life Satisfaction Index (Argyle, 1987) was .57, and the correlation between the oxford happiness inventory and depression inventory was -.52. Each item of the scale contains 6 options, constructed to reflect incremental steps defined as: strongly disagree to strongly agree. The respondents will be asked to pick out the one option in each statement which best describes the way you have been feeling over the past week including today.
3. **Connor-Davidson Resilience Scale (Connor & Davidson, 2003)**

   The CD-RISC is a self-report measure aimed at adults and older adolescents. As described by the authors “Resilience may be viewed as a measure of stress coping ability and, as such, could be an important target of treatment in anxiety, depression and stress reactions”. The CD-RISC is comprised of 25 items, each rated on a 5-point scale, with higher scores reflecting greater resilience. The scale has been administered in several studies to group in the community, primary care outpatients, general psychiatric outpatients, a clinical trial of generalized anxiety disorder, and two clinical trials of PTSD. The scale demonstrated good psychometric properties and factor analysis yielded five factors. A repeated-measure ANOVA showed that an increase in CD-RISC score was associated with greater improvement in treatment for those with PTSD.”

   It demonstrates good internal consistency at test 1- test 2 with cronbach’s alpha’s being 0.87 and 0.85, respectively. Alpha reliability was observed as for factor 1, <=0.80, factor 2, <=0.75, factor 3, <=0.74, factor 4, <=0.69, and overall <=0.89. The 5 factors are- factor 1 = personal competence, factor 2- self-trust tolerance, factor 3= positive acceptance, factor 4 = control and factor 5 = spiritual influence.


   The Social Support Appraisals Scale (SS-A Vaux, Phillips, Holley, Thompson, Williams, & Stewart, 1986.) is a 23-item instrument based on social support is considered as support when an individual considers it as a support. The
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items are rated on a likert scale from 1-4. Score of 1 denotes “strongly agree” and 4 indicate “strongly disagree.” Higher overall scores imply a low evaluation of perceived social support. On the other hand, lower overall scores imply a high evaluation of perceived social support.

The SSA has good concurrent, predictive, known-groups, and constructs validity. It also has good internal reliability (alpha coefficients ranging from .81 to .90 (Corcoran & Fischer, 1987). concurrent validity is significantly related to a variety of measures of social support and psychological well-being Good concurrent, predictive, known-groups, and construct validity.

5. Coping Response Inventory – Adult form (Moos, 1993)

The coping response inventory is composed of eight subscales that measure different types of coping responses to stressful life circumstances.

The first two subscales in each set reflect cognitive coping strategies and the third and fourth subscales in each set reflect behavioural coping strategies.

Approach Coping Responses

Logical Analysis (LA)

Positive reappraisal (PR)

Seeking support and information (GS)

Taking problem solving action (PS)

Avoidance Coping Responses

Cognitive Avoidance (CA)

Acceptance or resignation (RA)
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Seeking alternative rewards (AR)

Emotional Discharge (ED)

Each of these eight dimensions of subscales is composed of six items. Respondents select a recent (focal) stressor and rate their reliance on each of the 48 coping items on a 4 point scale, varying from “not at all (0)” to “fairly often (3)”

STATISTICAL ANALYSIS

The results were analysed through:

- Mean
- Standard Deviation
- Bivariate Correlational Analysis
- Regression Analysis
- Independent Sample t-test

SPSS 16 was used to analyze the data.