METHOD
AND
PROCEDURE
CHAPTER 4

METHOD AND PROCEDURE

The present investigation is an attempt to study the familial factors (family pathology; family interaction patterns), daily hassles and coping strategies in patients of anxiety disorders, asthma, and normals.

On the basis of the review of literature, the following hypotheses were formulated:-

i) The anxiety disorders group and asthmatic patients will score higher on normal cohesive type; egoistic family type, altruistic family type and anomic family type indicating greater family pathology as compared with their normal counterparts.

ii) The anxiety disorders group and asthmatic patients will manifest greater dysfunction in all the six areas of family interaction patterns, namely, reinforcement, social support system, role, communication, cohesiveness and leadership as compared with their normal counterparts.

iii) The anxiety disorders group and asthmatic patients will experience more daily hassles as compared with their normal counterparts.

iv) The anxiety disorders group and asthmatic patients will be
higher on negative and avoidance (negative and positive) approach and normals will adopt more active cognitive and positive approach as their coping strategies.

**Design**

The present investigation was designed to explore if any significant differences existed among three groups viz. anxiety disorders, asthmatic patients and normals on familial factors (family pathology and family interaction patterns), daily hassles and coping strategies.

**Sample**

A sample of 450 subjects (225 males and 225 females) aged 25-35 years and 35-45 years comprised the sample of the present study. The division of the present sample was as given below:

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N - 450
   /\                  /\                  /\                  /\                  /\   
  Anxiety Disorders   asthmatics        Normals             
  /\                  /\                  /\                  /\                  /\   
 N - 150              N - 150            N - 150             
 /\                  /\                  /\                  /\                  /\   
 75M 75F              75M 75F            75M 75F             
 /\                  /\                  /\                  /\                  /\   
 Y  M  Y  M          Y  M  Y  M          Y  M  Y  M          Y  M  Y  M  
41  34  46  29        44  31  40  35  42  33  43  32
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Y = Young age (25 - 35 years)  M = Middle age (35 - 45 years)
The anxiety disorders sample comprised those individuals who suffered from anxiety disorder, i.e., generalized anxiety disorder, obsessive convulsive disorder, phobia disorder, panic attacks and neurotic depression. The patients were randomly selected from those who were regularly attending the O.P.D.'s (Out Patients Department) of Psychiatry Departments of Govt. Medical College and Hospital, Sector-32, Chandigarh and Patiala. They were clinically diagnosed by the consultant in charge on the basis of case history, clinical examinations, and psychological tests required for confirming the diagnosis of anxiety disorders and the diagnostic criterion was DSM/ICD-IV.

Similarly asthmatics were also randomly selected from those who attended regularly the O.P.D.'s (Out Patients Department of Pulmonary Department, PGIMER, Sector-12, Chandigarh; Govt. Dispensary, Sector 34-D, Chandigarh; Govt. Ayurvedic Hospital, Patiala; Jivanjot Clinic, Khanna; Preet Hospital, Mullanpur). These patients were also clinically diagnosed by the consultant in charge on the basis of case history, clinical examination, and their X-ray report and sputum test for confirming the diagnosis.

A comparable group of normals was of voluntary subjects mainly patient's attendants, friends, and other relatives. By voluntary is meant those when approached agreed to take the questionnaires. They were considered 'normal' if they had no
history of seeking psychiatric help in the past nor were seeking it presently. For this, screening was done by the self reporting questionnaire (Harding et al., 1980). Those obtaining a score of 7 or more on SRQ were excluded from the study.

**Tools used**

1. **Family Typology Scale: (F.T.S. Bhatti & Channabasvanna 1985):**

   In order to understand the family pathology, the understanding of family self is very essential. Family typology scale helps in understanding the family pathology. Keeping Durkheim’s (1956) classification of suicide, authors conceived the four types of families in the family typology scale.

   This scale is in a questionnaire form and has 28 items. Each statement is put on a four point continuum. It is divided into four types of families.

   i) Normal Cohesive Type — In this type, family as such strives for the real self by virtue of its acceptance of the normative system of the society in totality.

   ii) Egoistic Type — The family as a whole works for family self without any consideration to the actual normative pattern of the society.

   iii) Altruistic Type — In this type of family, the entire family works for the social self forgetting the real and family self.
iv) Anomic Type — In this type, individual self is given the highest importance by the family as such.

II. Family Interaction Pattern Scale: (Bhatti, Krishna & Ageira, 1986):

This scale consists of 106 statements. The subscales are leadership, communication, role, reinforcement, cohesiveness and social support system, which were defined as follows:

**Leadership:** A family member engaged in decision making through consensus for the growth of the family as a system is the leader of the family.

**Communication:** A process through which the family members convey their feelings, emotions and personal views.

**Role:** Socio-culturally prescribed and ascribed tasks to be performed by different family members according to their age and sex.

**Reinforcement:** Process adopted by the family to enable the members to imbibe socially approved behaviour.

**Cohesiveness:** Processes adopted by the family for a firm degree of mutual trust and interpersonal communication.

**Social Support System:** Manipulation of internal and external social milieu of the family for its existence and growth.
**Everyday Problem Checklist (Vingerhoets et al., 1987, 1989)**

The EPCL is a 114 item questionnaire containing items from several domains including — (i) family life, (ii) living conditions, (iii) working conditions, (iv) physical appearance and general performance, (v) transactions and business, (vi) social life, and (vii) confrontation (as witness or objects). Each statement is put on four point continuum, i.e., Not at all, Somewhat, Moderately, and Extremely.

This scale was originally in English, for this investigation the present scale was translated into Hindi.

There are 49 items. These 49 items are divided into 2 criteria.

i) **Independent of the Person’s Psychological Functioning:**
There are 21 statements. The responses not at all, somewhat, moderately, extremely are given the weights of 0, 1, 2, and 3 respectively.

ii) **Signs of Disturbed Psychological Functioning:** There are 28 items. The responses are assigned the same weights as described for independent of the person’s psychological functioning.

Lowest score indicate less daily hassles. Overall higher score is an indication of higher daily hassles.
Coping Checklist (Rao, et al., 1989)

The present coping checklist was developed by Rao, et al. (1989). It comprises 70 items describing a broad range of behavioural, emotional, cognitive responses that may be used to handle stress. Items are scored dichotomously, Yes/No, indicative of presence or absence of particular coping behaviour. It is applicable on both sexes in the age group of 20 to 40 years having a working knowledge of English/Hindi.

This scale was originally in English, for this investigation the present scale was translated into Hindi.

In this scale there are 70 items and has 6 criteria which measure different coping approaches.

a) Active Cognitive Approach: e.g. consulting books for solving their problems and keep on thinking on the problem again and again.

b) Positive Approach: The individual compensates his thoughts with positive ideas, e.g., that others also have similar problems.

c) Negative Approach: The individual feels that future is bleak and hopeless and nothing can be done.

d) Religious and Social Support: In this approach the individual engages himself in religious activities/shares his feelings with others.
e) **Avoidance (Positive) Approach:** In this, the individual evades the problem and engages himself in different activities which are socially approved like shopping, etc.

f) **Avoidance (Negative) Approach:** In this approach the individual again evades the problem but in a negative way, e.g. taking drugs and drinks etc.

**Self Reporting Questionnaire (SRQ: Harding, et al., 1980):**

This scale is used to screen subjects for any psychiatric illness in the past or present.

It consists of 24 statements and is divided into 2 sections. The first 20 items are designed to study non-psychiatric disorders and the remaining to screen for psychiatric disorders.

In the 20 items scale cut off point for the probable cases is 6/7. Those obtaining a score of 7 or more were not included in the study.

Reliability and validity have been established by the authors and have been reported to be high and satisfactory.

**Procedure**

All the subjects were contacted personally and requested to volunteer for the testing schedule. Rapport was established with each subject. They were requested to co-operate and answer truthfully and were assured that the personal information they would give would be kept strictly confidential. Each of the
subjects was given very clear instructions before proceeding to answer the statements.

The scales measuring family typology, family interaction patterns, daily hassles, and coping strategies were given to the patients of anxiety disorders and asthma, and normal individuals. Not more than two scales were administered in one sitting. Therefore, each subject was contacted 2-3 times. The directions were in Hindi for all the scales.

**Scoring**

Scoring of the scales was done as per the respective manuals/instructions from the authors.