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TITLE
FAMILY PATHOLOGY SCALE

AIM

To measure the extent to which maladaptive behaviour is present amongst the family members

INTRODUCTION

The family is a primary social unit of every culture. In India, the family rather than the individual has been considered as the unit of social system. The Indian family reflects the socio-cultural fabric of Indian society, its philosophy and values (Sethi, 1989).

The relationships within a family are complex, of varying degrees of intensity and myriad in nature. The emotional tone, which governs the relationship between any two persons, is continuously influenced in its course by emotional relationships of all others in the family. The changing manifold emotional currents and crosscurrents determines the prevailing "atmosphere" in the family which sets the basis for interaction and interpersonal relationships in the family.

The family is of central importance to human beings and it is inconceivable to think of an individual's development without a family.

The biological, sociological and socio-cultural functions of the family occur in terms of the interactions of the family members with each other and with persons outside of the family. These interactions are the basic foundation over which the edifices of the family are built up. Over the centuries the many social changes that have occurred in societies have in one way or the other affected these interactions, yet despite these

changes the family has retained its unity and identity more or less in the same way as in the past with very little change.

This is all the more so in India. As is well known, in Indian setting the joint family system to an extent, has given way to the nuclear family system and in a few cases, to single parent families, as it obtained in the western world, yet one cannot deny the fact that the child and the parents are part of a family. The strong emotional bond which exists amongst the members of a family, the typical roles and functions of each member, the values, the cultural influence, the religious affinity, and the social mores play a significant role in the development of the personality of an individual born in that family. In India, even today, the influence of the family on an individual's life is very high in that there is still relatively lesser scope for individual decision-making vis-a-vis family decision-making. The interactions continue to be relatively more one sided viz., parent to the child, the husband to the wife and the grandparent to the parent. This could be seen in many families, where one finds practically an inflexible interaction of a one sided nature. In the western families, while children become independent of their parents by the time they finish school, in India, the dependence of an individual on his family continues on. While the core relationships in the western families hinges between the husband and wife, in India it rests between the parent and the child. Sethi (1989) describes Indian Families as having lasting roots in the past generation extending onto future generations, almost making one full cycle.

DESCRIPTION OF THE TEST

The family pathology scale, indicates the extent to which maladaptive behaviour is present amongst the family members in their interaction with each other i.e. between spouses and between parents and children.

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A total of 100 items were prepared in the form of statements which had to be rated on a 3-point scale, with 1 indicating 'low/no family pathology'

('Never' response), 2 indicating 'average family pathology' ('Occasional' response) and 3 indicating 'high family pathology' ('most often' response). This scale consisting of 100 items was distributed to 25 clinical psychologists and 25 psychiatrists. The judges were asked to indicate as to what extent each item was indicative of family pathology on a three-point scale i.e. "highly indicative", "somewhat indicative" and "not at all indicative". Using the internal consistency method, only those items were chosen on which the rating was the same amongst all the 50 experts. Secondly, the items, which were given a rating of 1 indicating poor family pathology, differed by two points from the item that was chosen as indicative of high family pathology. Only those items were selected and included in the final scale for family pathology, which met the above two criteria. Thus, there are 42 items in the scale to be responded by the subjects with 'most often', 'occasionally' and 'never'. These were then administered to a group of 300 married couples from the normal population, (N=600) and 100 couples from the psychiatric (pathological) population (N=200) and the reliability and validity were worked out.

MATERIALS REQUIRED

Family Pathology scale Question Booklet
Pen/Pencil

SUBJECT'S PROFILE

NAME	Tripta
AGE	41 Years
SEX	Female

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OCCUPATION Housewife
EDUCATION Higher Secondary

PROCEDURE AND ADMINISTRATION

Preparation:

The materials required to conduct the test was kept ready beforehand.

Rapport Formation:

Rapport is formed with the subject before starting the test. It was made sure that the subject was feeling comfortable. Privacy and security of the subject was ensured.

Instructions:

The following instructions were given to the subject, before starting:

- Read each statement carefully and mark the tick on any of the three response modes against each statement.
- It was emphasized that there was nothing 'right' or 'wrong' about these items.
- They should answer all items frankly and truthfully without inhibition.

They were assured of confidentiality of their responses.

Scoring:

Items indicative of 'high family pathology' were given 3 by ticking most often, 'moderate family pathology' given 2 points by ticking on occasionally and 'no family pathology' was assigned to 1 by ticking never response. Total score possible to obtain ranged between 42-126, with higher score indicating higher family pathology and lower score indicating the reverse.

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The total score we obtained is 79, which indicates 'moderate family pathology'.

Interpretation:

All the 42 items selected were indicative of family pathology. These were to be tick-marked by the respondents as to what extent the behaviour occurred 'most often', 'occasionally' and 'never'. Where the response occurred 'most often', it was indicative of high family pathology, while 'occasionally' and 'never' were indicative of average and no family pathology at all respectively. These scores were classified into three categories based on the scores obtained by the normal population (N=600) and the pathological population (N=200).

The categories are as follows:

Low or No Pathology	42-63
Moderate Pathology	64-98
High Pathology	99-128

High family pathology is indicated in the 99-128 area and moderate family pathology being between 64-98. The scores below 64 are indicative of low or without pathology.

The means and standard deviations for the normal and pathology population are

Groups	Mean	Standard Deviation	N
Normal Population	48.6	7.60	600

Psychiatric Population	96.8	8.70	200
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RELIABILITY

(i) The split-half reliability correlation odd-even items applying Spearman Brown formula for doubling the test length was found to be $x_{tt} = 0.57$, $N = 600$ within an index of reliability of $x_{tt} = 0.70$.

(ii) The test-retest reliability for this scale was $x_{tt} = 0.79$.

The test-retest reliability was estimated to be $x_{tt} = 0.63$, with an index of reliability $x_{tt} = 0.79$. These are presented in the table below:

	N	Index of Reliability
Split-Half	600	0.70
Test-Retest	600	0.79

VALIDITY

(i) The face validity of the questionnaire appeared to be fairly high, as the items were prepared following intensive interviews of 300 couples regarding the extent of family pathology present in the family.

(ii) The content validity was adequately assured as only those items were selected for the initial scale for which there was complete agreement amongst the experts.

DISCUSSION

We got raw scores as following:

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Which gives us the total of 79.

The raw scores lies between the range of 64-98, which indicates
'Moderate Family Pathology".