Language Interactions, Personality, Perceived Stress, Family Environment and Self-Esteem of Individuals with and without chronic lower back pain

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Abstract

The aim of the present policy suggestion is to help people recover from pain by focussing on re-working language spoken to them at home and at work. An objective scietific analysis of people along various dimensions, helps to set a ground work for incorporating some of the suggestions earmarked here. This study aims to find the correlation between CLBP and mental constructs affecting it.

Introduction:

In today's global scenario, topics and issues pertaining to pain surround us everywhere. One only has to scan through the newspaper, flip through a magazine or go to the movies, to be exposed to some of the pertinent issues that clinicians and researchers deal with on a day-to-day basis. The word "pain " has been trivialized in mass media and seems to have acquired a distinctively casual and populist connotation, as there is a advertisements galore on questionable quick fix solutions to all kinds of pains .Therefore, many pain sufferers tend to have a casual approach towards the underlying psychological and organic causes of their pain patterns .They do not realize the gravity of their psychopathology till there is a breakdown in their occupational, social and personal areas and neglect seeking timely help to deal with pain.

This study focuses on symptoms of mental health challenges that are usually present in people with CLBP. The role of family in a person's pain is often reserved for discussions of biology or genetics (**Pickens, 1988**). But while we are genetically linked to our loved ones, there is no denying that one's family members also make up one's overall home life or one's home environment (**Maddux,1989**). The family domain refers to the social and circumstantial characteristics of a family rather than to any genetic material that may be shared between them, and there is no question that the family domain can have ahuge influence on whether or not a person develops pain related problem or develops addiction to pain killers.

The increasing problem of stress whether real or perceived, personality vulnerability to stressors, disturbed family environment, breakdown in interpersonal communication, changing family systems, family pathology and lowered self esteem, bring down resilience and coping and manifests as pain and which may lead to addictive behaviours in individuals such as seeking prescription pain killers month after month. . **Goodman (1990)** has described addictive behaviour as behaviour based on pathological need for a substance.

It is highly prevalent in all ranges of society today. Tragic disclosures of celebrities whether movie stars, singers or athlete, have shown that no matter the pinnacle of wealth or success, no strata of society is immune to the pervasiveness of this intransigent health problem.

All human beings face a combination of ups and downs in Life as part of their routine daily living. All situations, positive and negative, that require adjustment can be stressful. Whether the stress is positive (Eustress) like in the birth of a baby or negative (distress) as in terminal ill health of a loved one, an individual's resources get taxed. Sometimes, due to the mixture of demands and adjustments, a person may feel unable to cope and feel overwhelmed. Stress is a byproduct of poor or inadequate coping. According to research, due to perceived stress, some individuals experience long lasting damage to self concept and develop a propensity to development of pain and an increased vulnerability to psychopathology or maladaptive behaviour patterns. The three basic categories of stressors are frustrations, conflicts and pressures. We know that often, one person's stressor is another's thrill. Example: a chance to sing on stage. Therefore perception of stress is a key factor in determining whether a person will succumb to Life's demands by adopting self defeating addictive behaviours.

Family environment fraught with interpersonal relationship problems has also found to be instrumental in the development of chronic pain related disorders. According to a study by **Milovansovic and others**

(1982) the most important family variables that were considered to predispose an individual to substance misuse were the presence of parental psychopathology, lax maternal supervision, and inconsistent discipline, lack of attachment to significant caregiver's r & lack of family cohesiveness. Family environment needs to be happy, open and stable to facilitate healthy mental development of all members. Research consistently suggests that families characterized by certain qualities have damaging outcomes for mental and physical health. These characteristics include overt family conflict, manifested in recurrent episodes of anger and aggression, and deficient nurturing, especially family relationships that are cold, unsupportive, and neglectful. Families with these characteristics are risky because they leave their children vulnerable to a wide array of mental and physical health disorders and often lead to development of pain patterns and engrams.

Personality traits commonly co-occur as evidenced by numerous studies (**Cloninger,1994**) .The International Consortium of Psychiatric Epidemiology has confirmed the associations between pain and specific personality traits (such as novelty seeking, harm avoidance or antisocial personality) have also been extensively documented.

Self-esteem is the value which one places on himself or herself. A buoyant self-esteem is an essential ingredient in personal well being and interpersonal harmony. Lower self-esteem levels are related to substance related disorders.

If these problems are solved effectively by the love, affection and support of family the individual leads a normal life and develops resilience , otherwise he will develop a feeling of alienation and isolation which in turn affects his personality negatively ((**Luthar, 1991)** .

Studies have shown that by the time, most chronic pain patients seek medical help, they tend to have experienced depression or anxiety,insomnia, , social discomfort, , unmanageable stress, and difficulties in family interpersonal relationships.

The purpose of this study is to scientifically study and elucidate some of the psychosocial and psychopathological factors relevant to chronic lower back pain and behaviors associated with it. .The participants of the study have been divided into two age groups namely, Early Adulthood & Middle Adulthood as the causes of pain and the treatment strategies may be better managed if age is taken into consideration.

Multiple therapeutic factors account for the effectiveness of treatment, including acceptance from the therapist, improved communication, organizing the family structure, determining accountability, and enhancing impetus for change. A critical reason a comprehensive therapy plan is effective is that it provides a holistic approach where organic and psychological factors may be assessed in conjuction to alleviate pain in patients and result in good prognosis.

Review of Literature:

Review of literature elucidates the point that the researchers have taken keen interest in divergent areas related to substance related disorders**.** Studies such as those conducted by **Trull** & Others **(2010**) on Personality Disorder Diagnoses: Gender, Prevalence, and Co morbidity with Substance Dependence Disorders helped establish link between various factors and co morbidity of substance related disorders. A study by **Dorard** and Others **(2014**) shed light on individual impact of acting out and psychoactive substances: alcohol, drugs, and illicit substances. Another study by **Cloninger** &others **(1994)** highlighted how structure and stability of Childhood personality could prediction of later social adjustment.. Good social adjustment helps an individual refrain from maladaptive patterns leading to substance related issues. A landmark study by **Velasque**z and Others **(2015)** is helpful for devising good interventions. It emphasizes the link between substance abuse treatment and the stages of change and is quite useful for selecting and planning interventions. Psychologists dealing with chemically dependent people need to be aware of how to handle emergencies. A study by **Amaral** & Others **(2010)** sheds light on management of patients with substance use illnesses in psychiatric emergency department. The role of family is very crucial in development of addictions as empirically evidenced by numerous studies. A study by **Merinkagas** & others **(1992)** sheds light on family environment factors .Another study by **Maddux** & others **(1989)** shows causal relations between alcoholism and role of family. A study by **Hawkins** &others (**1992**) talks about risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. The study helped in identification of risk factors for drug abuse, identification of methods by which risk factors have been effectively addressed, and application of these methods to appropriate high-risk and general population samples in controlled studies. A study by **King**& others (**2005**) reviews some prominent strands of psychoanalytic thinking as they pertain to the treatment of CLBPlike substance abuse and personality facets and

disorders. It is argued that, while Freudian formulations lead to a primarily pessimistic view of the prospect of treatment of such disorders, both the British object relations and the North American self psychology traditions suggest potentially productive approaches . Psychodynamic theorists believe that people vulnerable to substance abuse have powerful dependency needs that can be traced to their early years. A study by **Waldron et al (1990)** showed how to measure the role of family environment in CLBPusing the Family Environment Scale.

It is beyond the purview of this project to give a critical review of all the literature so far reported in divergent areas of work related to substance misuse. Keeping in mind the objectives related to the present study, a critical review of that literature is given here which have dealt with the present study. Brief presentation of an article or absence of reporting of an article, however should not mean that the work of those researchers is insignificant as a scientific investigation.

CLBP& Personality :

A study by **Trull** & others (**2010**) called , Revised NESARC personality disorder diagnoses: gender, prevalence, and comorbidity with substance dependence disorders was conducted in the United States by applying different diagnostic rules for diagnosing personality disorders to the NESARC(National Epidemiological Survey on Alcohol and Related Conditions) epidemiological study of over 40,000 individuals. Specifically, unlike previous NESARC publications, they required that each personality disorder criterion be associated with significant distress or impairment in order to be counted toward a personality disorder (PD) diagnosis. Results demonstrated significant reductions in prevalence rates for PDs (9.1% versus 21.5% using original NESARC algorithms), and these revised prevalence rates were much more consistent with recent epidemiological studies in the U.S. and Great Britain. Comorbidity

analyses revealed strong associations between Personality disorders and alcohol dependence, drug dependence, and tobacco dependence.

A study by **Somers** & others (**2004**) called Prevalence studies of substance-related disorders: a systematic review of the literature was conducted in United states . The aim of the study was to present the results of a systematic review of literature published between January 1, 1980, and December 31, 2000, that reports epidemiologic estimates of substance-related disorders. . A total of 19 prevalence studies of substance-related disorders met inclusion criteria for this review. Heterogeneity analyses revealed significant variability across 1-year and lifetime prevalence of both alcohol and other substance use disorders. The corresponding 1-year and lifetime pooled rates were 6.6 per 100 and 13.2 per 100, respectively, for alcohol use disorders and 2.4 per 100 and 2.4 per 100, respectively, for other substance use disorders. The results showed variability among countries and also among regions within the same country on the basis of personality along with other factors & therefore it elucidated that policy-makers and health planners require regular, regionally sensitive estimates of prevalence rates to respond effectively to unique patterns of need in their constituencies.

A study by **Chakroun** & others(**2004)** called Substance use, affective problems and personality traits: Test of two association models was conducted in France. Here, personality-based vulnerabilities were extensively examined in patients with substance use disorders.It was found that personality factors were strong predictors of substance use frequency .

CLBP& Perceived Stress:

A study by **Tavolacci** & others (**2013**)called Prevalence and association of perceived stress, substance use and behavioral addictions: a cross-sectional study among university students in France, 2009-2011 was conducted on university volunteers in Upper Normandy (France). The aim of this study was to determine the prevalence of main substance use and behavioral addictions among students in higher education in France and to examine the relationship with perceived stress. Data collected included socio-economic characteristics, Perceived Stress Scale (PSS), substance use (tobacco, alcohol, and cannabis) and hazardous behaviors: alcohol abuse problems, smoking, consumption of cannabis, eating disorders, and cyber addiction.A total of 1876 students were included. Mean PSS score was 15.9 (standard deviation = 7.2). PSS score however, was not significantly related to the curriculum, regular alcohol use, drunkenness or binge drinking even after additional controlling for use of other substances. The study found a significant negative association between stress and practice of sport: students with the most physical activity were less likely to report perceived stress . Perceived stress was associated not only with known risks such as alcohol misuse, but also with new risks such as eating disorders and cyber addiction. These results could help to develop preventive interventions focussing on these risk behaviors and subsequently improving stress coping capacity in this high-risk population.

CLBP& Family Environment:

A study by **Werner** & others in **2010** was conducted in United States and was called The Role of Family Factors, Physical Abuse, and Sexual Victimization Experiences in High-Risk Youths' Alcohol and Other Drug Use and Delinquency: A Longitudinal Model.

Using data from an ongoing, longitudinal study of juvenile detainees, they tested a *developmental damage model* of the relationships among the youths' family environment, background and problem factors, their sexual victimization and physical abuse experiences, and their substance use and delinquent behavior over time. The hypothesized model was supported by the data. The results showed strong correlation between family environment and substance related problems. The study recommended that early intervention with high-risk youths and their families was needed to address effectively their problems and troubled behavior before drug use and delinquent careers become firmly established.

Another study by **Repetti** & others (**2002**) called ”Risky Families: Family Social Environments and the Mental and Physical Health of Offspring” was conducted in the University of California, Los Angeles . In a 6-year longitudinal study the association between a lack of support and nurturance at home and adolescents ’increased use of alcohol was mediated by the extent to which teens told their parents about their whereabouts and activities. The study highlighted the fact that by adolescence, the offspring of risky families adapted to the cumulative consequences of years spent in a damaging home & family environment. Substance abuse and risky sexual behavior helped these adolescents compensate for their biological, emotional, and social deficiencies. The study found that a supportive family environment contributed to the development of dispositional resources that successfully prevented CLBPin an individual as he managed to regulate emotional and behavioral functioning across his lifespan.

A study by **Wu** & others in **2004** on Family environment factors and substance abuse severity was conducted to examine how family environment and factors like parental limit setting, family conflict, and perception of family experience influence severity of CLBPand important gender differences in these relationships,. The researchers interviewed consecutive intakes, aged 12 to 18 years, at 4 chemical dependency programs of a large group-model nonprofit health maintenance organization (HMO) (n=419).

The Family Conflict, Limit Setting, and Positive Family Experience scales correlated with substance dependence ($p<0.01$, $p<0.01$, $p<0.05$, respectively).It was concluded by this study that family and peers influence severity of substance related issues like alcohol and drug problems in adolescents.

CLBP& Self Esteem :

A study by **Greenber**g &Others(**1999**) was called Overlapping Addictions & Self-Esteem among College men & women and conducted in Washington University, USA. Participants were 64 male and 65 female students enrolled in a private, highly selective, urban university in Midwest, USA. Participants were non-systematically sampled from various points on campus and asked to complete an anonymous questionnaire. The first part of the questionnaire included Rosenberg's Self-Esteem Scale .The second part of the questionnaire included questions about four addictive substances and some other items. The study found a negative correlation between Self-esteem and substance use.

Akhter conducted a study in **2013** to study the relationship between Self-Esteem and Substance Use among adults aged 20-30. A sample of 240 participants was selected from different areas and educational institute of Karachi, Pakistan. 80 participants were selected for each drug. It was hypothesized that 'low self-esteem would be associated with high substance use & high self-esteem would be associated with lower substance use. The results supported the hypothesis (t value=3.45, df= 238). Demographic Sheet was used to collect the personal information. Rosenberg Self-Esteem Scale (Rosenberg, 1979)[1] was administered to measure the participant's Self-Esteem & Severity of Dependence Scale (SDS)[2] was used to obtain information about the severity of dependence on drug. Mean, Percentages and t-test were applied for statistical analysis. This research concluded that substance use has a strong association with low self-esteem.

From the above studies it is seen that different variables related to substance misuse like self- concept, stress diasthesis, genetic factors, family pathology, risky families , peer pressure and acculturation are studied in different parts of the world but none of the studies have taken these four variables in a single study.

Significance of the study:

Pain has become alarmingly commonplace in our society. While information abounds about the many facets of pain , prognosis of chronic lower back pain sufferers is usually not good. A holistic approach will help in tackling pain from various tenets , so that precious time and resources of doctors and cash strapped hospitals are not wasted . If there are issues in the family domain that could be attributed to a person's pain problem in some way, it's important that those issues are resolved or else the patient will have little chance of sustaining his or herpain tratment protocol as outlined by doctors. .

Therefore, the underlying aim is to create awareness on the importance of tackling mental health issues in chronic pain patients. Then, perhaps, resources of doctors and hospitals will be more productively uesed than being wasted in dealing with recurrent patients whose underlying cause of pain is a psychosocial issues which needs to be tackled in conjunction with pharmacology.

This study is limited to substance users who are in rehabilitation home currently, undergoing residential treatment in a rehabilitation home. . It includes adults of both genders in two different stages of life.

The management plan would include interventions where the emphasis would be on understanding the patient's disturbances in regulating their internal emotional life and adjustment to external reality. Their perceived stress, stress diathesis and unique vulnerabilities will be addressed as well as their self concept issues. The family environment and effective treatment measures tend to rest on stipulating interventions

and responses that appropriately address patient's deficits in regulating affects and behavior. Resilience factors are to be kept in mind of all concerned

Treatment modalities would keep needs for comfort, control, and safety as the highest priorities, especially initially, in considering the choice of treatment or combination of treatments which are adopted or prescribed. Benefits, limitations, and risks will be considered for individual psychotherapy or self-help . The role of pharmacology and psychopharmacologic approaches would also be given due consideration.

I would primarily use an MMT modal for diagnosis and intervention.

MMT by **Lazarus(1981)** can be effectively used for individuals who are suffering from chronic pain issues.

Many treatment programs are "multimodal" in nature, but the term doesn't necessarily refer to this specific psychotherapy. Multimodal may simply mean that the program address the patient's physical, mental, and spiritual health, or that it uses a variety of treatment modalities to address the patient's needs.

Additional considerations exist for integrating any new therapy into existing substance abuse treatment module. Psychotherapy for substance abuse treatment demands the management of complicated treatment situations. Specialized strategies may be necessary to engage the identified patient in treatment. In addition, pain almost always is associated with other difficult life problems, which can include mental health issues, cognitive impairment, and socioeconomic constraints, such as lack of a job or home. It can be difficult, too, to work across diverse cultural contexts or to discern individual family members' readiness for change and treatment. These circumstances make meaningful therapy for pain a complex,

challenging task for both therapists and pain doctors. . Modifications in the treatment approach may be necessary, and the success of treatment would depend to a large degree on the creativity, judgment, and cooperation available.

Operational Definitions:

Early Adulthood:

According to developmental psychologists, Early Adulthood is a stage of development from the age of 20-40. As an adult, the individual takes a firmer place in society, usually holding a job, contributing to community and maintaining a family and care of offspring. These new responsibilities can create tensions and frustrations, and one solution involves is, an intimate relationship with family. This situation leads to a crisis called intimacy v/s isolation as outlined by Eric Erickson (**Stevens,1983**). In the present study, substance users within the age group of 20-40 would only be regarded as the fitting the criteria of Early Adulthood and called Early Adults .

Middle Adulthood:

Middle Adulthood is a period ranges from 40 -60 years. It is otherwise called middle age. During this stage of life, the crisis encountered is termed generatively v/s stagnation by Erickson. This requires expanding one's interests beyond oneself to include the next generation. The positive solution to the crisis lies in leaving a legacy, in the products and ideas of the culture, and in a more general belief in the species. This response reflects a desire for wellbeing of the humanity rather than selfishness. If this goal is not achieved the individual will be disappointed and experience a feeling of stagnation. For the purpose of this study, the participants would be between the ages of 40-60 only, to be considered as fitting criteria for middle adulthood and called Middle Adults ..

Personality:

According to Allport, Personality is the dynamic organization within the individual of those psychophysical systems that determine his characteristic behavior and thought. Personality is a set of individual differences that are affected by the development of an individual: values, attitudes, personal memories, social relationships, habits, and skills. In this study, personality type would be decided on the basis of EPQ. (**Eyesenck, 1975**)

Perceived Stress:

Perceived stress is the feelings or thoughts that an individual has about how much stress they are under at a given point in time or over a given time period. Perceived stress incorporates feelings about the uncontrollability and unpredictability of one's life, how often one has to deal with irritating hassles, how much change is occurring in one's life and confidence in one's ability to deal with problems or difficulties. It is not measuring the types or frequencies of stressful events which have happened to a person, but rather how an individual feels about the general stressfulness of their life and their ability to handle such stress. In this study, scores ranging from 27-40 on the PSS would be considered as falling in the category of high perceived stress.

Family Environment:

The family environment "involves the circumstances and social climate conditions within families. Since each family is made up of different individuals in a different setting, each family environment is unique. A family is a primary group which requires "people, who are intimate and have frequent face to face contact with one another, have norms and obligations in common and share mutually enduring and extensive influences. (**Waldron, 1990**)In this study, scores between 1-3 on FES would be indicative of unhealthy patterns and disturbances in different dimensions of family environment.

Self Esteem:

Self-esteem reflects a person's overall subjective emotional evaluation of his or her own worth. It is a judgment of oneself as well as an attitude toward the self. Self-esteem encompasses beliefs about oneself as well as emotional states, such as triumph, despair, pride, and shame. Self-esteem can apply specifically to a particular dimension or a global extent. In the mid-1960s, sociologist Morris Rosenberg defined self-esteem as a feeling of self-worth **(Rosenberg, 1965**).In this study scores below 15 would be regarded as having low self esteem and scores between 15and 25 would fall in the normal range .Scores above 25 would be indicative of positive self esteem.

Control Group

The control group is defined as the group in an experiment or study that does not receive treatment by the researchers and is then used as a benchmark to measure how the other tested subjects do. In this study, the control group comprises of participants who would be between the age of 20-60 years and who would not suffer from any CLBP.

Methodology:

Problem:

A comparative study on Personality Facets, Perceived Stress, Family Environment and Self -Esteem in CLBP vs. Control Group

Objectives:

i. To study the difference in personality of individuals with CLBP and control group.
ii. To study the difference in perceived stress of individuals with CLBP and control group.
iii. To study the difference in family environment of individuals with CLBP and control group.
iv. To study the difference in self-esteem of individuals with CLBP and control group.
v. To study the relationship between personality and perceived stress of individuals with CLBP and control group.
vi. To study the relationship between personality and family environment of individuals with CLBP and control group.
vii. To study the relationship between personality and self esteem of individuals with CLBP and control group.
viii. To study the relationship between perceived stress and family environment of individuals with CLBP and control group.
ix. To study the relationship between perceived stress and self-esteem with CLBP and control group.
x. To study the relationship between family environment and self esteem of individuals with CLBP and control group.

Hypotheses:

i. There is no significant difference in the personality of individuals with CLBPand control group.

ii. There is no significant difference in the perceived stress of individuals with CLBPand control group.

iii. There is no significant difference in the family environment of individuals with CLBPand control group.

iv. There is no significant difference in the self-esteem of individuals with CLBPand control group.

v. There is no significant relation between personality and perceived stress of individuals with CLBPand control group.

vi. There is no significant relation between personality and family environment of individuals with CLBPand control group.

vii. There is no significant relation between personality and self-esteem of individuals with CLBPand control group.

viii. There is no significant relation between perceived stress and family environment of individuals with CLBPand control group.

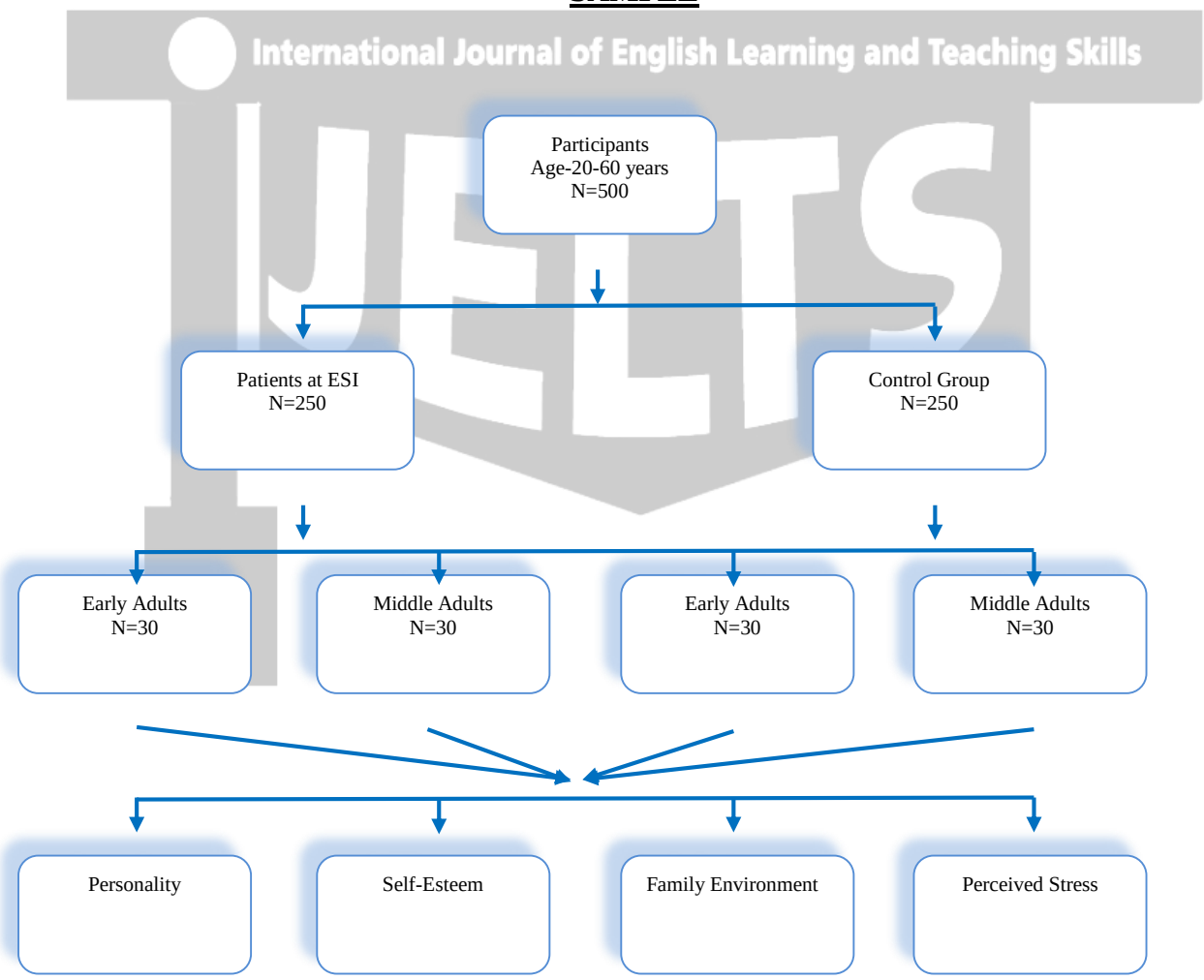
ix. There is no significant relation between perceived stress and self-esteem of individuals with CLBPand control group.

x. There is no significant relation between family environment and self-esteem of individuals with CLBPand control group.

Research Design:

The *research design* refers to the overall strategy that researchers choose to integrate the different components of the study in a coherent and logical way, thereby, ensuring effectively addressing of the *research* problem. It constitutes the blueprint for the study, measurement, and analysis of data collected from the sample which can then be generalized. This study is based on a Correlation Research Design.

SAMPLE



In this study, the total participants would be five hundred. Half of the participants would be screened asthose suffering from chronic lower back pain. They would be screened on the basis of the records of the doctors at ESI. The age group of the participants would be 20-60 years .Further the two groups would be subdivided according to their age as Early Adults (20to40) & Middle Adults (40to60). Similarly the control group would be subdivided into Early Adults and Middle Adults. The number of participants in each of the four groups would be thirty finally, all the four groups would be assessed on the four variables: - personality, Perceived Stress, Family Environment & Self Esteem. . Purposive Sampling would be used in the present study. Purposive sampling represents a group of different non- probability sampling. It is also known as judgmental, selective and subjective sampling. Usually, the sample being investigated is quite small, especially when compared with probability sampling techniques.

Unlike the various sampling techniques that can be used under probability sampling (e.g., simple random sampling, stratified random sampling, etc.), the goal of purposive sampling is not to randomly select units from a population to create a sample with the intention of making generalizations (i.e., statistical inferences) from that sample to the population of interest. This is the general intent of research that is guided by a quantitative research design. The main goal of purposive sampling is to focus on particular characteristics of a population that are of interest, which will best enable you to answer your research questions. The sample being studied is not representative of the population, but for researchers pursuing qualitative or mixed methods research designs, this is not considered to be a weakness. Rather, it is a choice, the purpose of which varies depending on the type of purposing sampling technique that is used. In this study, we would be considering very specific criteria of pain patients..

Inclusive Criteria:

- CLBP patients aged between 20and 60 would be selected.
- Only those who are undergoing treatment in ESI would be a part of the study. .
- Patients of male and female genders would be selected.
- The age group of participants who are Early Adults would be 20-40 years.
- The age group of participants who are Middle Adults would be 40-60 years.

Exclusive Criteria:

- Patients below 20 and above 60 would not be selected.
- People of the third gender would not be selected.
- Patients at private clinics would not be selected.

Procedure:

To conduct the study , the study would be explained and necessary permissions and cooperation would collected to introduce the project to the administrative heads of the hospitals to get permission from them to carry on the study in their premises.

Then, on different days, meetings would be fixed to meet all the patients there and the necessary data would be collected after establishing a rapport. Confidentiality would be assured. They would be asked to fill up the questionnaires authentically, without faking.

After checking if all the items in all the questionnaires have been filled, the answer sheets will be collected. Order of presentation would be same for all the participants of the study. .

After data collection, scoring would be done, following the norms of the test devisors. Statistical analysis, interpretation, discussion would be made to come to the conclusion.

Tools:

EPQ:

Eysenck Personality Questionnaire (EPQ) was devised by the psychologists Hans Jürgen **Eysenck** and Sybil B. G. Eysenck (**1975**).It is a questionnaire to assess the personality traits of a person, with the result sometimes referred to as the Eysenck's personality Inventory or (EPI).The Eysenck Personality Questionnaire measures three major dimensions of personality namely extraversion (E), neuroticism(N) and psychoticism(P), that account for most of the variance in personality. High N scores indicate strong emotional lability and overactivity. High E scores indicate extraversion, and individuals who score high tend to be outgoing, impulsive, uninhibited, have many social contacts, and often take part in group activities. High P scores display tendencies to developing psychotic disorders while at the same time falling short of actual psychotic conditions. The EPQ is an excellent choice with high internal consistency and reliability . This measure has proven useful for numerous applications in human resources, career counseling, clinical settings, and research.

Rosenberg's Self Esteem Scale:

The Rosenberg self-esteem scale (RSES), developed by sociologist Dr. Morris **Rosenberg (1965)**.It is a self-esteem measure widely used in social-science research. It uses a scale of 0-30 where a score less than 15 may indicate a problematic low self esteem It is a 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self. The scale is believed to be uni-dimensional. All items are answered using a 4-point Likert scale format ranging from strongly agree to strongly disagree.

Family Environment Scale:

The Family Environment Scale (FES**)** is used to measure the social-environmental characteristics of family. It was developed by **Moos in 1994.**.The Family Environment Scale (FES; **Moos & Moos, 1994**)isconsidered as one of the most widely used instruments in the field of family environment research .This self-report questionnaire is used to measure perceived family interactions by assessing dimensions of the family and its social environment .The scale has been used to assess family environment from the perspectives of different informants within the family, as well as from single family members' perspective.The Indian version was devised and developed by Sanjay Vora in 1997. The scores derived from the subscales create an overall profile of the family environment. It takes about 20 minutes to complete the test. Based on these scores, families are then grouped into family environment typologies based on their most salient characteristics.Scores of 8-10 reflect high and extremely high scores and scores of 1-3 reflect low scores.

Perceived Stress Scale :

PSSwas devised by S. **Cohen** &others in 1983.The Perceived Stress Scale (PSS) is the most widely used psychological instrument for measuring the perception of stress. It is a measure of the degree to which situations in one's life are appraised as stressful. Items were designed to tap how unpredictable, uncontrollable, and overloaded respondents find their lives. The reliability of the test according to **Roberti et al. (2006)** is of .85 and .82 Thescale also includes a number of direct queries about current levels of experienced stress. The PSS was designed for use in community samples with at least a junior high school education. The items are easy to understand, and the response alternatives are simple to grasp. Moreover, the questions are of a general nature and hence are relatively free of content specific to any subpopulation group. The questions in the PSS ask about feelings and thoughts during the last month. PSS scores are obtained by reversing responses (e.g., 0 = 4, 1 = 3, 2 = 2, 3 = 1 & 4 = 0) to the four positively stated items

(items 4, 5, 7, & 8) and then summing across all scale items. A short 4 item scale can be made from questions 2, 4, 5 and 10 of the PSS 10 item scale.

Statistics: Mean, SD, t test, correlation& variation wise analysis would be computed.

Scoring: Data would be scored following the standard scoring protocols given by test devisors.

Ethical Issues:

- Proper Rapport would be established with the participants.
- They would be properly briefed about the objectives of the study.
- They would be assured of confidentiality of the information provided by them.
- They would be informed of the result as far as practicable.
- Acceptance and non-judgmental attitude would be maintained.
- The findings would not be exploited.
- Cultural context, ethical considerations and background of the participants would always be respected.

Implications of a pilot study:

From the above study it is clear that personality, perceived stress, family environment and self esteem are crucial factors in the development ofchronic lower back pain related issues.

1. Community welfare measures need to be implemented so that perceived stress levels come down in citizens.

Language spoken at work and at home can impact people

2. Appropriate awareness and treatment programs need to be in place to assist people to seek timely help for pain. .

3. Family therapy initiatives and public awareness campaigns on the role of family would play a positive role in the development of awareness of role of nurturing family environment.

4. Interventions based on DBT techniques could help with Self Esteem issues for those suffering from low self esteem issues.

5. People with high psychotocism and neuroticism could be helped to reduce their discomfort with appropriate CBT techniques.

Limitations of the study :

- Sample size is limited so generalizations may not be possible
- The study is limited to Kolkata.
- The present study is limited to adults. It could be conducted on adolescents too.

Suggestions

1. 2. To generalize the findings a large size representative sample could be taken.
2. In future, research could be carried on adolescents.
3. Effect of risky family and home environment could be studied in detail.

References:

Akhter,A. (2013). Relationship between Substance Use and Self-Esteem . *International Journal of Scientific & Engineering Research*, 4, (2), February-2013.

Amaral RA, Malbergier A, Andrade AG.(2010). Management of patients with substance use illnesses in psychiatric emergency department .*Rev Bras Psiquiatr*. Oct;32 Suppl 2:S104-11.

Cloninger,C.R. & Heath, A. (1994). J Testing a Model for the Genetic Structure of Personality: A Comparison of the Personality Systems of Cloninger and Eysenck. *Journal of Personality and Social Psychology*.Vol. 66, No. 4, 762-775.

Cohen, S; Kamarck T; Mermelstein R (December 1983)."A global measure of perceived stress*".Journal of Health and Social Behavior.2*4 (4): 385–396. PMID 6668417. doi:10.2307/2136404 .

Chakroun, N., Doron, J. and Swendsen, J. (2004) Substance use, affective problems and personality traits: Test of two association models.*Encephal*e, 30, 564-569.doi:10.1016/S0013-7006(04)95471-1

Dorard G, Bungener C, Corcos M, Berthoz S.(2014).Self-esteem, coping, perceived social support and substance use in young adults with a cannabis dependence disorder. Encephale. Jun;40(3):255-62.

Greenberg,JL& Others (1999).Overlapping addictions and self-esteem among college men and women. .*Addict Behav*. Jul-Aug;24(4):565-71.

Goodman,A.(1990).Addiction:Definition& Implications. *British Journal of Addiction* .85, 1403-1408.

Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin,* 112(1), 64-105.

King ,R. , O'Brien,T.&Giacomantonio,G. (2005). Psychoanalytic perspectives on substance use and antisocial personality disorder; *Australian Psychologist*.,2 40 :137–145.

Milovancevic, MP ,Gajic,SD&Toseveski,DL(2010). Personality and Psychopathology of university Students.*CurrOpin Psychiatry*. Jan;23(1):48-52.

Pickens,RW.&Svikis, DS..(1988). Genetic Vulnerability to Drug Abuse Rockville, Md US Dept of Health and Human Services;*Monograph* 89.

Repetti RL1, Taylor SE, &Seeman TE.(2002).Risky families: family social environments and the mental and physical health of offspring. *Psychol Bull*. Mar;128(2):330-66.

Roberti, Jonathan W.; Harrington, Lisa N.; Storch, Eric A. (2006). "Further Psychometric Support for the 10-Item Version of the Perceived Stress Scale". *Journal of College Counseling*.9 (2): 135–147. ISSN 1099-0399. doi:10.1002/j.2161-1882.2006.tb00100.x.

Somers JM, Goldner EM, Waraich P & Hsu L(2004). Prevalence studies of substance-related disorders: a systematic review of the literature. *Can J Psychiatry*. Jun;49(6):373-84.

Trull,T., Jahng, S. ,Tomko, R. , Wood, P. and Kenneth J. Sher (2010). Revised NESARC Personality Disorder Diagnoses: Gender, Prevalence, and Comorbidity with Substance Dependence Disorders. *Journal of Personality Disorders*: Vol. 24, No. 4, pp. 412-426.

Tavolacci MP1, Ladner J, Grigioni S, Richard L, Villet H, Dechelotte P. (2013).Prevalence and association of perceived stress, substance use and behavioral addictions: a cross-sectional study among university students in France, *2009-2011. BMC Public Health.* 2013 Aug 6;13:724. doi: 10.1186/1471-2458-13-724.

Waldron R. J., Sabatelli R. M., Anderson S. A. (1990) *An examination of the factor structure of the Family Environment Scale.* The American Journal of Family Therapy, 18, 257–272

Wu,NS., LuY. & Sterling,S.(2004). Family Environment Factors and Substance Abuse Severity in an HMO Adolescent Treatment Population. *Can J Psychiatry* ,43;4:323-333.

Books:

Eysenck, H. &. Eysenck,S. (1975). *Manual of the Eysenck Personality Questionnaire.*London: Hodder and Stoughton.

Lazarus, A. (1981). *The Practice of Multimodal Therapy*. New York, NY: McGraw-Hill.

Mineka, S., Butcher, J. & Hooley, J.(2007) . *Abnormal Psychology;*13th ed. Boston: Allyn Bacon.

Moos, R. & Moos, B. (1994). Family Environment Scale Manual: Development, Applications, Research - Third Edition. Palo Alto, CA: Consulting Psychologist Press.

Rosenberg, M. (1965). Society and the adolescent self-image. Princeton, NJ: Princeton University Press.

Sadock, B. ,. Kaplan,H. &Sadock,V. (2007).*Kaplan &Sadock's Synopsis of Psychiatry*; Lippincott Williams &Wilkins:Philadelphia.

Stevens, R. (1983). Erik Erikson: An Introduction. St. Martin's Press: New York.

Werner, E. E. (2000). Protective factors and individual resilience.*In S. S. J. Meisels& J. Shonkoff* (Eds.), Handbook of early childhood intervention (pp. 115–132). New York: Cambridge University Press.

Enclosures:

- Tools used
- Appendices V,VII & IX

Appendices

Perceived Stress Scale

Instruction – The following questions ask about your feelings and thoughts during THE PAST MONTH. In each question, you will be asked HOW OFTEN you felt or thought a certain way. Although some of the questions are similar, there are small differences between them and you should treat each one as a separate question. The best approach is to answer fairly quickly. That is, don't try to count up the exact number of times you felt a particular way, but tell me the answer that in general seems the best.

For each statement, please tell me if you have had these thoughts or feelings: **NEVER, ALMOST NEVER, SOMETIMES, FAIRLY OFTEN, or VERY OFTEN.**

NO.	*STATEMENTS*	*RESPONSE*				
1.	In the past month, how often have you been upset because of something that happened unexpectedly?	Never	Almost Never	Sometimes	Fairly Often	Very Often
2.	In the past month, how often have you felt unable to control the important things in your mind?	Never	Almost Never	Sometimes	Fairly Often	Very Often
3.	In the past month, how often have you felt nervous or stressed?	Never	Almost Never	Sometimes	Fairly Often	Very Often
4.	In the past month, how often have you felt confident about your ability to handle personal problems?	Never	Almost Never	Sometimes	Fairly Often	Very Often
5.	In the past month, how often have you felt that things were going your way?	Never	Almost Never	Sometimes	Fairly Often	Very Often
6.	In the past month, how often have you found that you could not cope with all the things you had to do?	Never	Almost Never	Sometimes	Fairly Often	Very Often
7.	In the past month, how often have you been able to control irritations in your life?	Never	Almost Never	Sometimes	Fairly Often	Very Often
8.	In the past month, how often have you felt that you were on top of things?	Never	Almost Never	Sometimes	Fairly Often	Very Often
9.	In the past month, how often have you been angry because of things that happened that been outside of your control?	Never	Almost Never	Sometimes	Fairly Often	Very Often
0.	In the past month, how often have you felt that difficulties were piling up so high that you could not overcome them?	Never	Almost Never	Sometimes	Fairly Often	Very Often

Rosenberg's Self-Esteem Scale

	STATEMENT	Strongly Agree	Agree	Disagree	Strongly Disagree	
1.	I feel that I am a person of worth, at least on an equal plane with others.	○	○	○	○	
2.	I feel that I have a number of good qualities..	○	○	○	○	
3.	All in all, I am inclined to feel that I am a failure.	○	○	○	○	
4.	I am able to do things as well as most other people.	○	○	○	○	
5.	I feel I do not have much to be proud of.	○	○	○	○	
6.	I take a positive attitude toward myself.	○	○	○	○	
7.	On the whole, I am satisfied with myself.	○	○	○	○	
8.	I wish I could have more respect for myself.	○	○	○	○	
9.	I certainly feel useless at times.	○	○	○	○	
10.	At times I think I am no good at all.	○	○	○	○	

Your score on the Rosenberg self-esteem scale is

Scores are calculated as follows:

- *For items 1, 2, 4, 6,* and *7:*

  Strongly agree = 3
  Agree = 2
  Disagree = 1
  Strongly disagree = 0

- *For items 3, 5, 8, 9,* and *10* (which are reversed in valence):

  Strongly agree = 0
  Agree = 1
  Disagree = 2
  Strongly disagree = 3

Rosenberg's Self Esteem Scale : There are 10 items in the scale .

Scoring of Rosenberg's Self Esteem Scale :

- For items : 1,2,4,6 & 7 : Strongly agree =3,Agree=2,Disagree=1,Strongly disagree=0
- For items 3,5,8 7 9 : Strongly agree =0, Agree=1, Disagree=2,Strongly disagree=3

Range : The scale ranges from 0-30. Scores between 15 and 25 are within normal range; scores below 15 suggest low self-esteem.

Self-esteem has become a household word. Teachers, parents, therapists, and others have focused efforts on boosting self-esteem, on the assumption that high self-esteem will cause many positive outcomes and benefits—an assumption that is critically evaluated in this study. The *Rosenberg Self-Esteem Scale* presented high ratings in *reliability* areas; internal consistency was 0.77, minimum Coefficient of Reproducibility was at least 0.90 (M. *Rosenberg,* 1965, and personal communication, April 22, 1987).

PSS : There are 10 items in the scale.

Scoring :For items 1,2,3,6,8,9 & 10 , score questions as such : Never =0, almost Never =1, sometimes=2, Fairly often =3 & Very often =4. Then reverse your scores for questions 4, 5, 7, and 8.

Now add up your scores for each item to get a total.

•

Total score is _____.

Range : Individual scores on the PSS can range from 0 to 40 with higher scores indicating higher perceived stress.

►

Scores ranging from 0-13 would be considered low stress.

►

Scores ranging from 14-26 would be considered moderate stress.

►

Scores ranging from 27-40 would be considered high perceived stress.

The Perceived Stress Scale is interesting and important because your perception of what is happening in your life is most important. Consider the idea that two individuals could have the exact same events and experiences in their lives for the past month. Depending on their perception, total score could put one of those individuals in the low stress category and the total score could put the second person in the high stress category.

EYSENCK'S PERSONALITY QUESTIONNAIRE - REVISED (E.P.Q.-R)

Instructions: Please answer each question by putting (x) mark in the box following "Yes" or "No". There are no right or wrong answers or no trick questions. Work quickly and do not think too long about the exact meaning of the question.

PLEASE REMEMBER TO ANSWER EACH QUESTION

		*
1.	Do you have many different hobbies ?	Yes ☐ No ☐
2.	Do you stop to think things over before doing anything ?	Yes ☐ No ☐
3.	Does your mood often go up and down ?	Yes ☐ No ☐
4.	Have you ever taken the praise for something you knew someone else had really done ?	Yes ☐ No ☐
5.	Are you a talkative person ?	Yes ☐ No ☐
6.	Would being in debt worry you ?	Yes ☐ No ☐
7.	Do you ever feel "just miserable" for no reason ?	Yes ☐ No ☐
8.	Were you ever greedy by helping yourself to more than your share of anything ?	Yes ☐ No ☐
9.	Do you lock up your house carefully at night ?	Yes ☐ No ☐
10.	Are you rather lively ?	Yes ☐ No ☐
11.	Would it upset you a lot to see a child or an animal suffer ?	Yes ☐ No ☐
12.	Do you often worry about things you should not have done or said ?	Yes ☐ No ☐
13.	If you say you will do something, do you always keep your promise no matter how inconvenient it might be ?	Yes ☐ No ☐
14.	Can you usually let yourself go and enjoy yourself at a lively party ?	Yes ☐ No ☐
15.	Are you an irritable person ?	Yes ☐ No ☐
16.	Have you ever blamed someone for doing something you knew was really your fault ?	Yes ☐ No ☐
17.	Do you enjoy meeting new people ?	Yes ☐ No ☐
18.	Do you believe insurance schemes are a good idea ?	Yes ☐ No ☐
19.	Are your feelings easily hurt ?	Yes ☐ No ☐
20.	Are *all* your habits good and desirable ones ?	Yes ☐ No ☐
21.	Do you tend to keep in the background on social occasions ?	Yes ☐ No ☐
22.	Would you take drugs which may have strange or dangerous effects ?	Yes ☐ No ☐
23.	Do you often feel "fed up" ?	Yes ☐ No ☐

*

P	E	N	L

(2)

*

24.	Have you ever taken anything (even a pin or a button) that belonged to someone else ?	Yes ☐ No ☐
25.	Do you like going out a lot ?	Yes ☐ No ☐
26.	Do you enjoy hurting people you love ?	Yes ☐ No ☐
27.	Are you often troubled about feelings of guilt ?	Yes ☐ No ☐
28.	Do you sometimes talk about things you know nothing about ?	Yes ☐ No ☐
29.	Do you prefer reading to meeting people ?	Yes ☐ No ☐
30.	Do you have enemies who want to harm you ?	Yes ☐ No ☐
31	Would you call yourself a nervous person ?	Yes ☐ No ☐
32.	Do you have many friends ?	Yes ☐ No ☐
33.	Do you enjoy practical jokes that can sometimes really hurt people ?	Yes ☐ No ☐
34.	Are you a worrier ?	Yes ☐ No ☐
35.	As a child did you do as you were told immediately and without grumbling ?	Yes ☐ No ☐
36.	Would you call yourself happy-go-lucky ?	Yes ☐ No ☐
37.	Do good manners and cleanliness matter much to you ?	Yes ☐ No ☐
38.	Do you worry about awful things that might happen ?	Yes ☐ No ☐
39.	Have you ever broken or lost something belonging to someone else ?	Yes ☐ No ☐
40.	Do you usually take the initiative in making new friends ?	Yes ☐ No ☐
41.	Would you call yourself tense or "highly-strung" ?	Yes ☐ No ☐
42.	Are you mostly quiet when you are with other people ?	Yes ☐ No ☐
43.	Do you think marriage is old-fashioned and should be done away with ?	Yes ☐ No ☐
44.	Do you sometimes boast a little ?	Yes ☐ No ☐
45.	Can you easily get some life into a rather dull party ?	Yes ☐ No ☐
46.	Do people who drive carefully annoy you ?	Yes ☐ No ☐
47.	Do you worry about your health ?	Yes ☐ No ☐
48.	Have you ever said anything bad or nasty about anyone ?	Yes ☐ No ☐
49.	Do you like telling jokes and funny stories to your friends ?	Yes ☐ No ☐
50.	Do most things taste the same to you ?	Yes ☐ No ☐
51.	As a child were you ever cheeky to your parents ?	Yes ☐ No ☐
52.	Do you like mixing with people ?	Yes ☐ No ☐
53.	Does it worry you if you know there are mistakes in your work ?	Yes ☐ No ☐

P	E	N	L

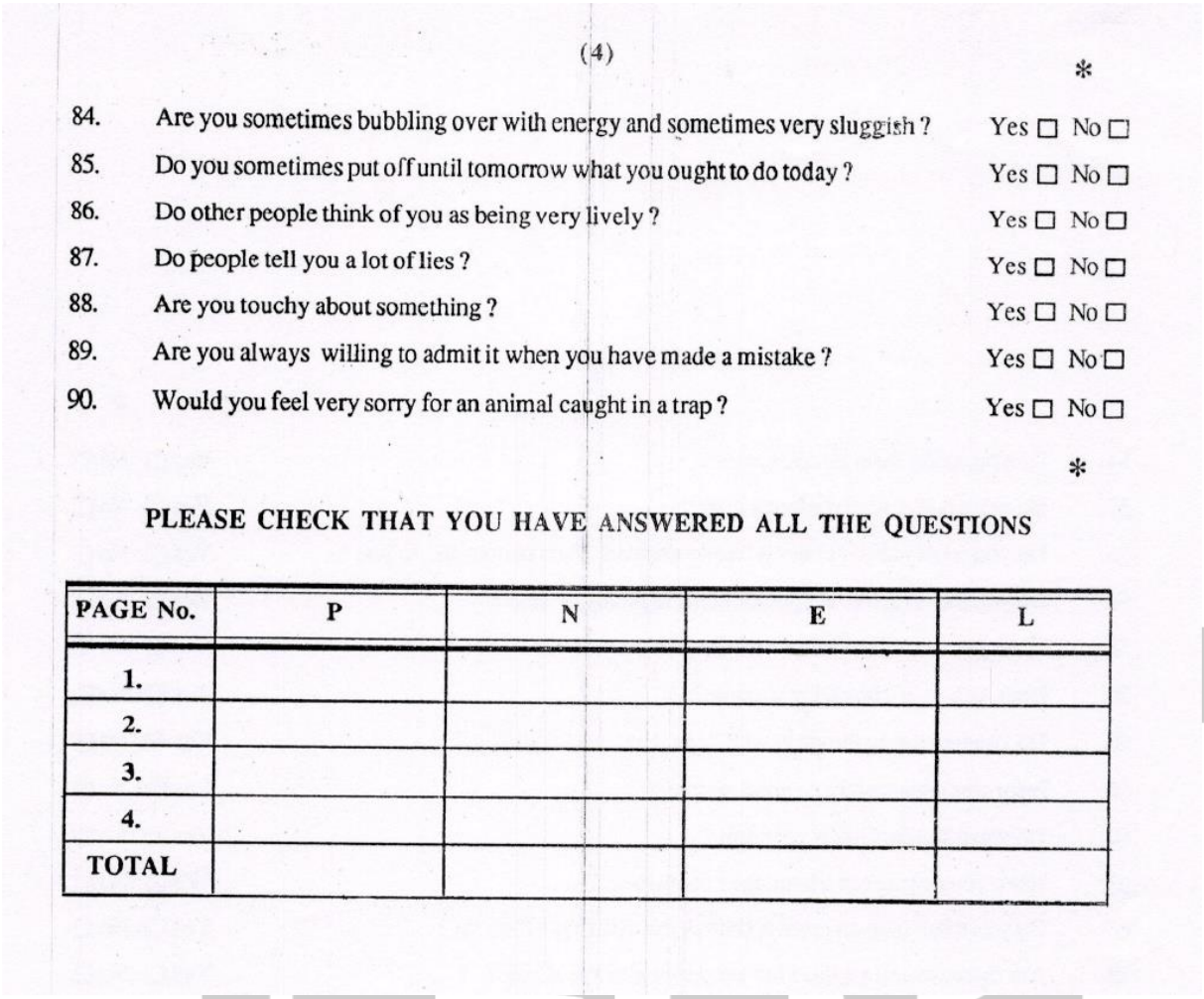
*

*

54.	Do you suffer from sleeplessness ?	Yes ☐ No ☐
55.	Do you always wash before a meal ?	Yes ☐ No ☐
56.	Do you nearly always have a "ready answer" when people talk to you ?	Yes ☐ No ☐
57.	Do you like to arrive at appointments in plenty of time ?	Yes ☐ No ☐
58.	Have you often felt listless and tired for no reason ?	Yes ☐ No ☐
59.	Have you ever cheated at a game ?	Yes ☐ No ☐
60.	Do you like doing things in which you have to act quickly ?	Yes ☐ No ☐
61.	Is (or was) your mother a good woman ?	Yes ☐ No ☐
62.	Do you often feel life is very dull ?	Yes ☐ No ☐
63.	Have you ever taken advantage of someone ?	Yes ☐ No ☐
64.	Do you often take on more activities than you have time for ?	Yes ☐ No ☐
65.	Are there several people who keep trying to avoid you ?	Yes ☐ No ☐
66.	Do you worry a lot about your looks ?	Yes ☐ No ☐
67.	Do you think people spend too much time safeguarding their future with savings and insurances ?	Yes ☐ No ☐
68.	Have you ever wished that you were dead ?	Yes ☐ No ☐
69.	Would you dodge paying taxes if you were sure you could never be found out ?	Yes ☐ No ☐
70.	Can you get a party going ?	Yes ☐ No ☐
71.	Do you try not to be rude to people ?	Yes ☐ No ☐
72.	Do you worry too long after an embarrassing experience ?	Yes ☐ No ☐
73.	Have you ever insisted on having your own way ?	Yes ☐ No ☐
74.	When you catch a train do you often arrive at the last minute ?	Yes ☐ No ☐
75.	Do you suffer from "nerves" ?	Yes ☐ No ☐
76.	Do your freindships breakup easily without it being your fault ?	Yes ☐ No ☐
77.	Do you often feel lonely ?	Yes ☐ No ☐
78.	Do you always practice what you preach ?	Yes ☐ No ☐
79.	Do you sometimes like teasing animals ?	Yes ☐ No ☐
80.	Are you easily hurt when people find fault with you or the work you do ?	Yes ☐ No ☐
81.	Have you ever been late for an appointment or work ?	Yes ☐ No ☐
82.	Do you like plenty of bustle and excitement around you ?	Yes ☐ No ☐
83.	Would you like other people to be afraid of you ?	Yes ☐ No ☐

*

P	E	N	L



(4)

*

84. Are you sometimes bubbling over with energy and sometimes very sluggish ? Yes ☐ No ☐

85. Do you sometimes put off until tomorrow what you ought to do today ? Yes ☐ No ☐

86. Do other people think of you as being very lively ? Yes ☐ No ☐

87. Do people tell you a lot of lies ? Yes ☐ No ☐

88. Are you touchy about something ? Yes ☐ No ☐

89. Are you always willing to admit it when you have made a mistake ? Yes ☐ No ☐

90. Would you feel very sorry for an animal caught in a trap ? Yes ☐ No ☐

*

PLEASE CHECK THAT YOU HAVE ANSWERED ALL THE QUESTIONS

PAGE No.	P	N	E	L
1.				
2.				
3.				
4.				
TOTAL				

EPQ(R): There are 90 items in the questionnaire.

Scoring : Scoring Key for Personality Test (Short Scale EPQ-R)

To determine your relative scores on each of the scales, give yourself 1 point for answering either Yes or No to the appropriate questions.

Psychotism Scale Max = 12

1 point each for answering "Yes" to questions: 10, 14, 22, 31, 39

1 point each for answring "No" to questions: 2, 6, 18, 26, 28, 35, 43

Extroversion Scale Max = 12

Yes: 3, 7, 11, 15, 19, 23, 32, 36, 44, 48

No: 27, 41

Neurotism Scale Max = 12

Yes: 1, 5, 9, 13, 17, 21, 25, 30, 34, 38, 42, 46

Lie Scale Max = 12

Yes: 4, 16, 45

No: 8, 12, 20, 24, 29, 33, 37, 40, 47

Table 4.7: Conversion of Raw Scores into Sten Scores

STEN	P	E	N	L
1	-	1-4	-	-
2	-	5-6	1-2	-
3	-	7-8	3-4	1-2
4	1-2	9-11	5-7	3-4
5	3	12-13	8-9	5-6
6	4-5	14-16	10-12	7-8
7	6-7	17-18	13-14	9-10
8	8	19-20	15-17	11-13
9	9-10	21	18-19	14-15
10	11-25	-	20-23	16-21

The score of 5-6 denotes average strength of the factor (PENL), score above 6 i,e from 7-10,express gradually the greater strength of the factor and score below 5, i.e from 1-4, indicates gradual decrease of strength.

FES

INSTRUCTIONS

In this booklet there are some statements about families. You are to decide which of these statements are true for your family and which are false. There are no ***"right" or "wrong"*** answers, all you have to do is answer what is true for ***your family***.

Two sample statements are given below which you will answer for practice, to see that you understand what you have to do. There are two possible answers to each statement. You should answer either "Yes" or "No", (or "true" or "false"), by marking a (X) mark in the appropriate box in the answer sheet. Now answer the two practice statements given below:

EXAMPLES:

1. My family members love each other. **a) true** **b) false**

2. Getting rich and famous is very important in our family. **a) yes** **b) no**

Please note that you should make all your marks on the separate answer sheets. If you think the statement is ***'true' or 'mostly true'*** for your family members, make an (X) mark in the box labeled ***'a'***. If you think the statement is ***'false' or 'mostly false'*** for your family members, make an (X) mark in the box labeled ***'b'***.

You may feel that some of the statements are true for some of the family members and false for others. Mark 'true' or 'yes' if the statement is ***true for most*** of the family members. Mark 'false' or 'no' if the statement is ***false for most*** of the family members. If the family members are evenly divided, decide what is the stronger overall impression and answer accordingly.

Remember, we would like to know what your family seems like to ***you***. So do not try to figure out how other members see your family, but give us *your* general impression of ***your family*** for each statement.

As you answer these statements, keep these three points in mind:

1. Give only answers that are true ***for you.*** It is best to say what you really think.
2. You may have as much time as you need, but try to go fairly fast. It's best to give the ***first answer*** that comes to you and not spend too much time on any one statement.
3. Answer ***every*** item one way or the other. Don't skip any item.

Ask ***now*** if something is not clear.

1.	In my family we feel it is important to be the best at whatever you do.	a) true b) false
2.	Getting ahead in life is very important in our family.	a) yes b) no
3.	My family members rarely ever become angry in front of others.	a) true, they don't b) false, they do
4.	In my family we really help and support one another in everything we do.	a) yes, we do b) no, we don't
5.	In my family everyone has an equal say in family decisions.	a) yes b) no
6.	My family members often keep their feelings to themselves.	a) yes b) no
7.	We don't do things on our own in our family.	a) true, we don't b) false, we do
8.	In our family, we are strongly encouraged to be independent.	a) yes b) no
9.	My family members visit religious places often.	a) yes, often b) no, rarely
10.	We don't say prayers regularly in our family.	a) yes, we don't b) no, we do
11.	There is a strong emphasis on following rules in our family.	a) yes b) no, not really
12.	Activities in our family are pretty carefully planned.	a) yes b) no
13.	At home our main form of entertainment is watching T.V. or listening to the radio.	a) yes b) no
14.	My family members spend most of the weekends and evenings at home.	a) yes b) no

15. How much money a person makes is not very important in our family.
a) true, it's not
b) false, it is

16. My family believes in competition and "may the best man win."
a) yes, always
b) no, never

17. Someone usually gets upset if you complain in our family.
a) yes
b) no

18. There is a strong feeling of togetherness in our family.
a) yes
b) no

19. At home we are free to say anything we want to.
a) yes, we are free
b) no, we are not

20. Feelings of disagreement or disapproval can be frankly expressed in our family.
a) yes
b) no

21. We usually think things out for ourselves in our family.
a) yes
b) no

22. We can come and go as we want to in our family.
a) true
b) false

23. We often have talk about the religion in our family.
a) yes, often
b) no, rarely

24. In our family we don't believe in heaven or hell.
a) yes, we don't
b) no, we do

25. We are generally very neat and orderly.
a) yes
b) no

26. It's often hard to find things when you need them in our household.
a) yes, very hard
b) no, it's not

27. We often go to movies, sports events, camping etc.
a) yes, often
b) no, rarely

28. Friends often come over for dinner or tc visit our home.
a) yes, often
b) no, rarely

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29. My family members always strive to do things just a little better the next time.	a) true b) false
30. Members of my family rarely worry about job promotions, school grades, etc.	a) true, they don't b) false, they do
31. There is plenty of time and attention for everyone in our family.	a) yes b) no
32. There is hardly any group spirit in our family.	a) yes, hardly b) no, a lot
33. We tell each other about our personal problems without any hesitation.	a) yes b) no
34. Money, paying bills and other important matters are openly talked about in our family.	a) yes b) no
35. There is little or no privacy in our family.	a) true b) false
36. My family members almost always rely on themselves when a problem comes up.	a) yes, always b) no, never
37. My family members have strict ideas about what is right and wrong.	a) yes b) no
38. In our family we believe there are some things you just have to take on faith.	a) true b) false
39. Being on time is very important in our family.	a) yes b) no
40. Each individual's duties are clearly defined in our family.	a) yes b) no
41. Everyone in our family has a hobby or two.	a) true b) false
42. We often seem to be killing time at home.	a) yes, often b) no, rarely

43. In our family, we generally don't try very hard to succeed.	a) true, we don't b) false, we do
44. "Work before play" is the rule in our family.	a) yes b) no
45. We really get along well with each other in our family.	a) yes, we do b) no, we don't
46. We fight a lot in our family.	a) yes b) no
47. At home we are usually very careful about what we say to each other.	a) yes b) no
48. There are lot of spontaneous discussions in our family.	a) yes b) no
49. Members of my family strongly encourage each other to stand up for their rights.	a) true b) false
50. We are not really encouraged to speak up for ourselves in our family.	a) yes, we are not b) no, we are
51. In my family each individual has different ideas about what is right and wrong morally.	a) yes b) no
52. The religious books are very important in our home.	a) yes, very important b) no, not really
53. Money is not handled very carefully in our family.	a) yes, it's not b) no, it is
54. Dishes are usually done immediately after eating.	a) yes, immediately b) no, rarely
55. We often talk about general political and social problems at home.	a) yes, often b) no, rarely
56. We rarely go out to see plays or concerts.	a) yes, rarely b) no, often

57. In our family we are often compared with others as to how well they are doing at work or at school.
a) true
b) false

58. We normally put a lot of effort and energy into what we do.
a) yes
b) no

59. Family members really back up each other in a moment of crisis.
a) yes
b) no

60. Family members often criticize each other.
a) yes, they do
b) no, they don't

61. In our family, we believe you don't ever get anywhere by raising your voice.
a) true
b) false

62. In my family it's hard to be by yourself without hurting someone's feelings.
a) yes
b) no

63. In our family members are rarely ordered around.
a) yes, they are not
b) no, they are

64. We can do whatever we want to in our family.
a) yes, we can
b) no, we can't

65. My family members believe that if you sin you will be punished.
a) true
b) false

66. In our family we are encouraged to be honest than to be practical in life.
a) yes
b) no

67. People change their minds very often in our family.
a) yes, very often
b) no, rarely

68. Rules are pretty flexible in our household.
a) yes, they are flexible
b) no, they are strict

69. We are not really interested in cultural activities.
a) yes, we are not
b) no, we are

70. We rarely have intellectual discussions.
a) yes, rarely
b) no, often

71. In our family we always try to be best in whatever we do.
a) yes
b) no

72. We rarely volunteer when something has to be done at home.
a) true
b) false

73. My family members hardly ever lose their temper openly.
a) true
b) false

74. If there's a disagreement in our family, we try hard to smooth things over and maintain peace.
a) yes, always
b) no, never

75. Everyone is given equal importance in family decisions.
a) yes
b) no

76. At home we feel free to convey our disagreement or disapproval to other family members.
a) yes
b) no

77. In our family we don't do things on our own.
a) true, we don't
b) false, we do

78. There is one family member who makes most of the decisions.
a) true
b) false

79. Members of my family visit religious places fairly often.
a) yes, often
b) no, rarely

80. In my family good manners and respect for law is more important than money.
a) yes
b) no

81. There are set ways of doing things at home.
a) yes, there are
b) no, not really

82. At home everyone takes care of their own things like clothes, shoes etc.
a) yes, they take care
b) no, they don't

83. Watching T.V. or listening to radio is a favourite pass time in our family.
a) yes
b) no

84. My family members often go to the library.
a) yes, often
b) no, rarely

85. My family members do not give too much importance to money.
a) true, they don't
b) false, they do

86. Learning about new and different things is very important in our family.
a) true, it is important
b) false, it's not

87. It's hard to "blow off steam" at home without upsetting somebody.
a) yes, it's hard
b) no, it's not

88. Members of my family get so angry that they throw things at each other.
a) yes, often
b) no, never

89. We can talk about anything we want to in our family.
a) yes, we can
b) no, we can't

90. If there is difference of opinion in our family, we are given opportunity to explain our point of view.
a) yes, always
b) no, never

91. We normally sort out things for ourselves in our family.
a) true
b) false

92. If we feel like doing something on the spur of the moment we often just pick up and go.
a) yes
b) no

93. In our family, topic of religion is talked about with great interest.
a) yes
b) no

94. My family members are very strict about lying or cheating.
a) yes, they are strict
b) no, they are not

95. All my family members keep their rooms neat and clean.
a) yes, they do
b) no, they don't

96. In our family we discuss frequently how to organise our daily chorus.
a) yes, frequently
b) no, rarely

97. We like go out and have fun on holidays/weekends.
a) yes, we like that
b) no, we don't

98. My family members really like music, art and literature.
a) yes, really
b) no, not at all

8

FES: There are 98 items in the scale. **Reliability and Validity** :

The correlation coefficient was found to be .83. The test-reset reliability was also found to be.78. The split-half method of computing reliability was found to be .79. Both

are indicator of the high reliability of the test.

Scoring : It is very objective and simple . Each answer scores 0 or 1 as indicated by the stencil . Scores are added horizontally for each dimension and written in the space provided of answer sheet. Norm tables are used for scoring when required.

Range :

1-3 Low scores

4-7 : Average scores

8-10: High scores

The FES comprises subscales that measure the social-environmental characteristics of all types of families .Each item had to identify an aspect of the family environment that could reflect the emphasis on interpersonal relationships (such as the degree of cohesion), the emphasis on an area of personal growth (such as independence), or the emphasis

on the organization of the family .