

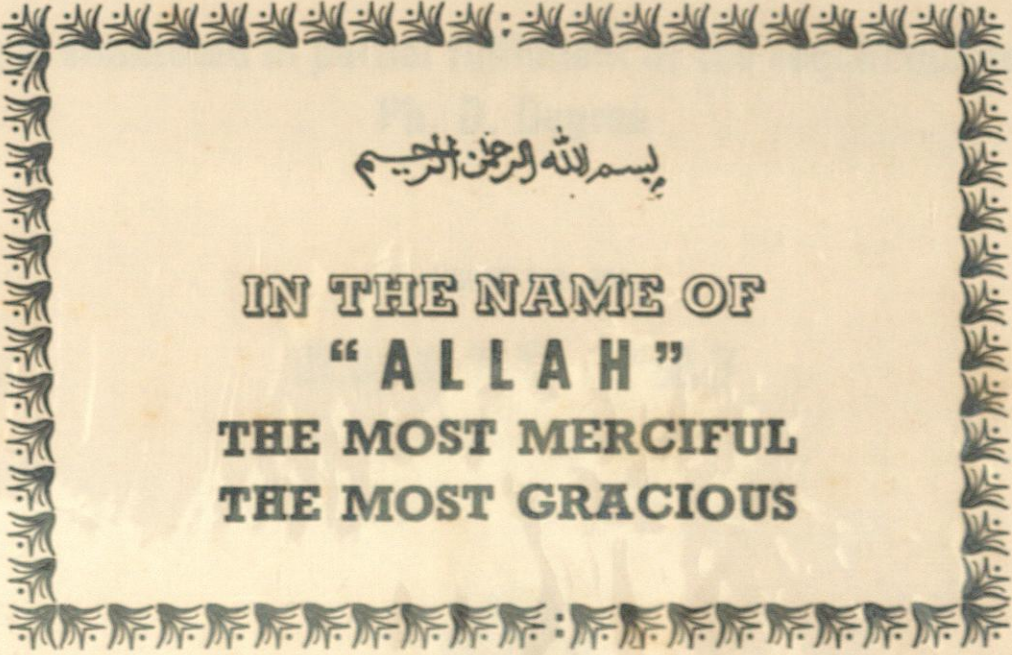
A STUDY OF THE RELATIONSHIP OF
INDIVIDUAL PSYCHOPATHOLOGY
AND FAMILY



SUBMITTED BY:

RAHAT TAJ

DEPARTMENT OF PSYCHOLOGY
UNIVERSITY OF PESHAWAR
OCTOBER, 1989.



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

**IN THE NAME OF
"ALLAH"
THE MOST MERCIFUL
THE MOST GRACIOUS**

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Thesis submitted in partial fulfilment of the requirements for
Ph. D. Degree

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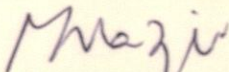
OCTOBER, 1988

APPROVAL CERTIFICATE

This is to certify that the present research entitled "A study of the relationship of individual psychopathology and family" has been completed by Ms. Rahat Taj under the supervision of the undersigned towards partial fulfilment of the degree of Ph.D in psychology from Peshawar University.



(Dr. S. Zulfiqar Gilani)
Supervisor



Chairperson
Psychology Department
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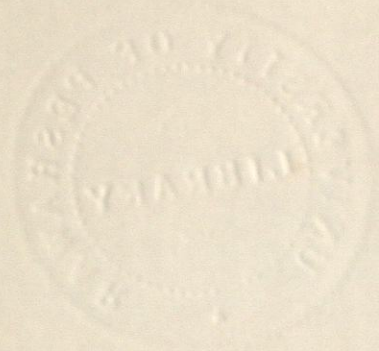


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*Dedicated to my
dear father.*



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CONTENTS

Acknowledgments

Abstract

I Historical Introduction1

II Statement of Problem37

III Methodology40

IV Results45

V Discussion77

References87

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
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100

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ABSTRACT

The present research was designed to study the relationship of individual psychopathology and the family. For this purpose psychotic and neurotic patients were selected from the psychiatry wards of Lady Reading and Khyber Teaching Hospitals. Their families were approached and those families were kept in the sample which agreed to co-operate. An equal number of families were selected who did not have a neurotic or psychotic member.

Different psychological tests were administered to each member of the family in every category. The purpose of these tests was to assess the mental health, adjustment of a person in the family and the ego-strength of each family member.

The aim was to see the effects of a disturbed person on other members of the family and the contribution of the family, if any, in the disturbance of such a member.

The results indicate that the presence of a disturbed member in the family affects others; the disturbance in the parental relationship affects the psychological condition of the children. Comparison of the different categories of families revealed no significant difference on two of the tests. On Family Adjustment Test there was a significant difference between different groups.

CHAPTER I

HISTORICAL INTRODUCTION



HISTORICAL INTRODUCTION

"In every organized activity human beings are bound together by their connection with a definite portion of environment, by their association with a common shelter and by the fact that they carry out certain tasks in common. The concerned character of their behaviour is the result of social rules, that is, customs either sanctioned by explicit measures or working in an apparently automatic way" (Malinowsk, 1953). All individuals possess a "fund of sociability", a readiness and need to interact with others, which may be distributed in various ways, but is in any event relatively constant in an individual. In this view individuals might with equal satisfaction engage in a great deal of intense contact with a few others, or in a more limited amount of less intense contact with a great many others. Difficulties would be encountered only if the demands on the fund were too great or the opportunities for expenditure from the fund too limited or, possibly if the channels available for expenditure were for some reason uncogential. Primary relationships are close, frequently face to face, and accompanied by warmth and commitment, while secondary relationships are essentially instrumental. Examples of the latter would

include relationships required by work membership in formal organizations, and emotionally unimportant relationships with acquaintances. Our beliefs, attitudes, and understandings are formed in good part through interaction with other members of the primary groups to which we belong. Individuals require a certain amount of "primary" contact which is interpreted as contact in which emotions might be expressed - and this amount may be obtained either through a great deal of interaction within a single relationship or through less intense interaction within a number of relationships.

The human being lives in continuously changing circumstances to which he must respond and direct his actions. His behaviour is extremely varied because of the variety of situations to which he responds. If he is verbally insulted, he is likely to react differently than if he is complimented. As a person matures, the demands of others become more subtle and include conceptions, values and increasing complex patterns of social behaviour. The failure to comply with these demands results in disapproval and negative consequences and conformity to them leads to approval and positive consequences.

If the interpersonal relationships are not based on positive consequences, it gives rise to anxiety in a

person and severe anxiety gives way to pshychopathological symptoms.

Well adjusted people tend to have a reasonably accurate view of themselves in relation to their world and hence to have a fairly realistic level of aspiration. Maladjusted people on the other hand tend to be unrealistic to set their goals high or too low or to pursue unrewarding goals. In many cases, maladjusted people seem unable to formulate meaningful life plans and goals and drift through life with little or no sense of direction. Usually such persons experience feelings of dissatisfaction, aimlessness, and being "lost". Many of the motives of human beings involve other people, e.g. needs to dominate, to submit, to love or to aggress against another etc. etc. The possibilities that such needs will be satisfied depends very much on the behaviours and motive of the other people in our lives. It is often found, therefore, that seriously maladaptive expression of needs occur in situations in which two or more persons are in regular interaction with each other. Important in any relationship are the behaviour that one individual shows to the other. This is particularly true in parent child interactions. Since children tend to observe and imitate the behaviour of their parents, parental behaviour can have a highly beneficial or

detrimental effect on the way a youngster learns to perceive think, feel and act. Persons can be undesirable models if they have faulty assumptions about reality, possibility and values, or if they depend excessively on defense - mechanisms in coping with their problems e.g. when they consistently project the blame for their own mistakes onto others. Undesirable parental models are an important reason why mental disorders, delinquency, crime, and other forms of maladaptive behaviour tends to run into families.

It is said that stress can seriously impair adaptive behaviour or even incapacitate the individual. All situations positive and negative that require adjustment are stressful.

A wide range of obstacles, both external and internal, can lead to frustration. Economic difficulties, group prejudice and discrimination, lack of fulfillment in a job, and the death of loved one are common frustrations stemming from the environment. Physical handicaps, lack of needed competencies, loneliness, guilt and inadequate self controls are sources of frustrations that can result from personal limitations. Stress may stem not only from frustration and conflicts, but also from pressures to achieve specific goals or to behave in particular ways. In general, pressure forces a person to

speed up, intensify effort, or change the direction of goal-oriented behaviour. All of us encounter many different pressures in the course of everyday living, and often it is handled with undue difficulty. The person due to his incapability to meet the adjustive demands of life can not keep the balance in social relationships. Disturbances in the interpersonal relationships leads to pathological problems. The people who are prey to such situations become more frustrated and depressed. Psychopathology stems out of disturbances in interpersonal relationships.

One definition of psychopathology is, "mal-functioning in the most complex and delicate system of the human being. As systems, humans are influenced by factors at levels ranging from microbiological to cultural" (Magnussen and Ohman, 1987). Actually the concept of normal and abnormal are meaningful only with reference to a given culture. Abnormal behaviour is behaviour that deviates from society's norms. Another view maintains that behaviour is abnormal if it interferes with the well being of the individual and the group. The concept of abnormal as a deviation from socially accepted norms has been well formulated by Ullmann and Krasner (1975) who maintain that "abnormal is simply a label given to the behaviour that is deviant from social expectations".

They maintain that "behaviour cannot be considered abnormal as long as society accepts it". As cultural relativists, they reject the concept of a "sick society" in which the social norms themselves might be viewed as pathological.

In the stone age psychopathology was taken as a disease induced by evil spirits and demons. Reference to abnormal behaviour in the early writings of the Chinese, Egyptians and Greeks show that they generally attributed such behaviour to a demon or god who had taken possession of individual. At that time, "good" and "bad" spirits were widely used to explain lightning, thunders, earthquakes, storms and many other events that otherwise seemed incomprehensible.

Hippocrates (460-337 B.C.) denied the intervention of demons in the development of disease, and insisted that mental disorders had natural causes that required treatment like any other disease. Plato (429-347 B.C.) studied the problem of dealing with mentally disturbed people and stated that "If anyone is insane, let him not be seen openly in the city but let the relatives of such person watch over him in the best manner they know of and if they are negligent, let them pay a fine". Greek thoughts and works survived in Islamic countries during the medieval times. The

outstanding figure in Islamic medicine was Ibn-e-Sina (A.D. 980-1037) called "The Prince of Physicians". His works in this field, and especially his unique approaches to psychopathology, were of great importance. Ibn-e-Sina emphasized the importance of mind, that mind activates the body and some people who are physically ill can become healthy through their strong will power. A recurring thought about a disease can make a healthy person ill. He presented the importance of suggestion in the treatment of mental illness.

In the middle ages, psychopathology was thought to be the contribution of demons. This belief was held throughout the middle ages. Tseng (1973) traced the development of the concepts of mental disorders in China, by reviewing the descriptions of the disorders and their recommended treatment in Chinese medical documents. Chung Ching who has been called the Hippocrates of China wrote two well known medical works around A.D.200. He based his views of both physical and mental disorders on clinical observation, and implicated organ pathology as the primary cause.

Phillipe Pinel (1745-1826) took the first step towards humanitarian treatment of mentally ill people. His view that mental patients should be treated with kindness and consideration proved successful, and the condition of

such patients improved with better treatment, Dorothea Dix (1802-1887) was the first to introduce the mental hygiene movement. She has been described as "Among the noblest examples of humanity in all history". (Karnosh and Zucker, 1945).

The first systematic step towards understanding psychological factors in mental disorder came through the remarkable contributions of Sigmund Freud (1856-1939). According to Freud, a child's development is marked by a series of phases during which he is especially sensitive to certain kinds of experiences. During the oral phase, for example, the baby is mainly concerned with activities like sucking, chewing swallowing and biting, and the experiences that matter to him most thus include the manner of his feeding (breast or bottle) the timing of feeding (schedule or demand), the age when he is weaned, and so on. When these experiences are congenial to the child he passes on to the next development phase without difficulty, when they are frustrating and stressful, however, he remains fixated at this stage, in the sense that even as an adult, he continues to show characteristics such as dependence and passivity in his personality that distinguish babies at the oral stage. In this way Freud's theory suggests that there are definite links

between kinds of infantile experiences on the one hand, and adult personality characteristics on the other. According to Freud, psychological defenses were learned during the courses of childhood developmental experiences while dealing with insecurity, and the discomfort accompanying the expression of instinctual urges. A major source of this discomfort was felt to be social prohibition, and the expectations and demands of the child's parents. With the result that the child develops a variety of fears and anxieties attendant to his or her instinctual life, that are eventually controlled by the development of certain psychological strategies. According to this theory, psychopathology is largely conceptualized in terms of the efficiency and adaptive value of these defensive compromises.

The developmental genetic model is the most widely known and accepted hypothesis from Freud's original metapsychology. In this model, Freud presented his ideas regarding psychosexual development and the various stages of psychological undifferentiated forms of sensual excitement, that were descriptive of the experiences associated with child's discovery of his or her own body, and the meaning of those experience to the child's parents, as interpreted by the culture in which they lived. From this developmental genetic perspective,

psychopathology is described in terms of either intolerable deprivation or overgratification that occur as the child attempts to complete the necessary developmental tasks associated with each psychosexual phase. Erikson (1961) builds solidly upon Freudian analytic theory, and termed Freud's work as the rock on which all advancement of personality theory is based. Erikson introduced a new matrix, i.e. the individual in his relationship to his parents within the context of the family, and in relation to a wider social setting within the frame work of the family's historical-cultural heritage. He concerns himself with the dynamics between members of a family and their sociocultural reality. Erikson realizes the possibility of constitutional differences in initial sensitivity, but basically, the first two years of life which are considered the formative years, are believed to provide the foundation for all later motivation and personal dispositions. He stresses that the factors which determine healthy interpersonal relations also contribute to pathological relationships. Human behaviour is neither good nor bad, rather, each human being has the potential to produce "good" and "bad" behaviour. Erikson's faith in man's social creativity is reflected in his own optimistic comment, "There is

little that cannot be remedied later, there is much that can be prevented from happening at all" (Erikson 1961). One of the dominant interpersonal theories was developed by Sullivan (1953). He argues that development proceeds through various stages, involving different patterns of interpersonal relationships. The individual does not, and cannot exist apart from his relations with other people and interactions with others. From the very first day they remain a part of his social field. In the beginning of life, man's first educative experience comes from his feelings of anxiety transmitted by his parents whose behaviour, looks, and general attitude center on anxious moments in the child's care and welfare. Through empathy, the infant absorbs the feelings of anxiety concerning his health and safety, which he first noticed in his parents. Some anxiety makes him learn what is good and what is harmful, but too much anxiety makes him withdraw into a shell of security.

According to Sullivan (1953) man does what he does, because of interpersonal relationships. Whatever he does is done because another human being taught him to do it, or because he imitated behaviour of another person. Any interpersonal relationships which involve satisfaction, tends to build up a favorable picture of the persons



involved. Positive attitudes developed towards the mother are due to the fact that she nursed and cared for the child, while anxiety evoking experiences with her fix her into the bad picture. In the same way, our experiences with others forms a picture of them in our minds. It is on the basis of past experiences with other that forms a picture of them in our minds. It is on the basis of past experiences that our interpersonal relationships with people takes a positive or negative image of others.

Sullivan has presented three aspects of interpersonal co-operation which are necessary for survival, and these dictate learning as the person starts knowing himself. Personification is of three kinds, the "good me", the "bad me" and the "not me". The "good me" the image of the self where satisfaction has been enhanced by rewarding tendencies; the "bad me" are the experiences of anxiety associated with the behaviour of the mother or others; "the not me" is a state of intense anxiety. Good-me is the beginning personification which organizes experience in which satisfaction have been enhanced by rewarding increments of tenderness, which come to the infant because the mothering one is pleased with the way things are going; therefore, and to the that extent, she is free, and moves toward expressing tender appreciation

of the infant. Bad-me, on the other hand, is the beginning personification which organizes experience in which increasing degrees of anxiety are associated with behaviour involving the mothering one in its more or less clearly prehended interpersonal setting. That is to say, bad-me is based on this increasing gradient of anxiety and that, in turn, is dependent, at this stage of life, on the infant's behaviour by someone who can induce anxiety. The frequent coincidence of certain behaviour on the part of the infant with increasing tenseness and increasingly evident forbidding on the part of the mother is the source of the type of experience which is organized as a rudimentary personification to which the term bad-me is applied. The third personification, not-me, is known only through certain very special circumstances. The personification of not-me is encountered by most of the people in an occasional dream while they are asleep. But it is very emphatically encountered by people who are having a severe schizophrenic episode, in aspects that are to them most spectacularly real. As a matter of fact, it is always manifest - not every minute, but every day, in every life - in certain peculiar absence of phenomena where there should be phenomena; and in a good many people - it is very striking in its indirect

manifestations, in which people do and say things of which they do not and could not have knowledge, things which may be quite meaningful to other people but are unknown to them.

With time, the individual develops a self system that serves to protect him or her from anxiety through the control of awareness, the individual "selectivity inattends" to elements of experience that cause anxiety. If severe anxiety is aroused by some especially frightening aspect of self experience, the individual perceives it as "not-me", totally screening it out of consciousness or even attributing it to someone else. However such action leads to an incongruity between the individual's perception and the world as it really is, and may therefore result in maladaptive behaviour.

The self-system then, is the product of interpersonal experiences arising from anxiety encountered in the satisfaction of general needs. It is the tendency of the self-system to govern "witting" experiences, so that one tends to be unchanging despite exposure to opportunities for learning and change. Sullivan emphasizes that, as human beings pass through different stages of life, it is necessary for them to learn to live with others, and the foundation of adequate interpersonal relationships is based on learning this. Difficulties arise in the

ability to live with others, when the self-system of a person is not adequate and balanced.

R.D. Laing (1969) says "All 'identities' require an other: some other in and through a relationship with whom self identity is actualized". As a woman cannot be a mother without a child, a man needs a wife for him to be a husband. Every relationship implies a definition of self by other and other by self. This complementarity can be central or peripheral and have greater or less dynamic significance at different periods of one's life. At some point a child rebels against the nexus of bonds which bind him to these parents and siblings whom he has not chosen; he does not wish to be defined and identified as his father's son, or sister's brother. These people may seem strangers to him. Surely, he has affinities with parents who are finer, wiser, more exalted. Yet, this nexus of complementary bonds is an anchor that others long for. Orphans and adopted children sometimes develop a tremendously strong desire to find out "who they are" by tracing their real parents. They feel incomplete for want of a father or mother, whose absence leaves their concept of self incomplete.

A person's "own" identity cannot be completely abstracted from his identity for others. His identity



for himself, the identity others ascribe to him; the identities he attributes to them; the identity or identities he thinks they attribute to him. Identity is that whereby one feels one is the same in this place, this time as that by which one is identified. This give and take between individuals improves and enhances their interpersonal relationships. It is on the basis of such interaction that we confirm each other's presence in this world. In an interpersonal relationships a person constructs his behaviour in the light of what he thinks the other thinks of him. Our field experience, however is filled not only by our direct view of ourselves (ego) and of the other, but of what we call metaperspective, our view of the others' view of us "I may not actually be able to see myself as others see me, but I am constantly supposing them to be seeing me in particular ways, and I am constantly acting in the light of the actual or supposed attitudes, opinions, needs and so on the other has in respect of me" (Laing, 1966).

Thus for Laing, behaviour is a function of experience and both behaviour and experience are always in relation to someone or something other than the self. So, in an interpersonal relationship each has his/her own experience and each must interpret the behaviour of others. There is no direct access to the experience of

the other, rather it is a matter of inference that entails a particular interpretation of one's behaviour. To feel loved is to perceive and interpret, that is to experience, the action of the other as loving. since these inferences are only made from the view point of one's own beliefs, there is room for misunderstanding. The person has to deal with his relationships through a haze of only dimly recognized misapprehensions. From this haze arise many of the manifestations known as psychopathology. And because the life of people is interpersonal, it is this domain in which an individual's behaviour, rather his different behaviours and personality is evoked, developed and displayed. These are dimensions of experiences which do not reside in the person's mind rather they emerge in the relationships one has. To understand a disturbed person, it is necessarily the person's experience which is important, and making that experience and action intelligible by explicating the social context. Bateson (1956) and a group of clinicians and scholars collectively introduced a communication theory approach to the mental health field through pioneering contributions to the development of family therapy. Their works emphasized that there are within families, as within the individual's internal environment,

homeostatic or stability making processes which regulate their functioning and contribute to their survival within families. Communication serves this stabilizing function.

A single complex human communication can contain many messages of different logical type, often involving separate modalities which can contradict or reinforce one another. An aggressive utterance might, for example, be qualified by movements, postures, or voices tones conveying that "this is all in fun". The relationship of the message to surrounding events or shared past experiences may contribute to its meaning. In its regulatory role in human interaction, communication carries substantial responsibility for defining the nature and limits of the relationships between or among people and, there the roles appropriately played by each in a given interaction. The communicational approach holds that each transaction between the parties to a communication involves a relationship of a particular sort, and a response which accepts, modifies or negates the definition communicated. Thus by the act of scolding, a parent affirms the right to scold in the relationship with the child.

Considerable learning, often nonverbal is involved in the capacity to decode communications, particularly

those involving apparent contradiction between levels, as with angry words said laughingly. When meaning is not apparent, people learn to shift to a more abstract level and to communicate about communication, thereby clarifying the meaning of an ambiguous message. Children initially lack this capacity; if they are blocked from learning how to learn about meaning, serious adulthood disorders may occur.

The Double Bind is a concept characterizing an ongoing pattern of communication which imposes painful "no win" situation upon its victim through two processes: first, through contradictory demands made at different levels of communication, and second by preventing the victim from either discriminating and commenting on the bind or withdrawing from it. Originally studied in the relationship between schizophrenic adults and their families, the double bind was viewed as having had causal relevance for their schizophrenia through having impaired their capacities to derive clear meaning from communications and to participate in normal social relationships.

The double bind involves a communication style which rely upon internal contradictions and blocked learning. As studied in the families of schizophrenics, it appeared often in mother-child relationships in which

the mothers seemed not to want to be understood: they could accept neither their children nor their rejection of those children. Such parents appeared to invite closeness at one level while negating it at another. A mother may be direct in telling her son to go to bed, or she can mystify it by emphasizing that he looked tired and is in need of rest. This type of communication attributes to the child's feelings of fatigue, which he may not have. Such patterns of communication often lead to neurotic tendencies in a person. It was said that what is essential for mental health is that the infant and young child should experience a warm, intimate, and continuous relationship with the parents in which both find satisfaction and enjoyment. It is for these reasons that the parents love which a young child needs can be so easily provided within the family, and is so very difficult to provide outside it. The services which parent habitually render their children are so taken for granted that their greatness is forgotten. In no other relationship do human beings place themselves so unreservedly and so continuously at the disposal of others. (Bowlby, 1965).

John Bowlby (1951) pointed out the psychological ill effects of being deprived of maternal care during the early years. The evidence, Bowlby believed, indicated

that a child must be with his mother during the crucial period of the first two or three years if he is to develop the ability to form relationships with other people. Deprived of a relationship with a permanent mother-figure at that time, such an ability will never develop. Thus, children in institutions, where they are deprived of this necessity become affectionless characters that is, they are unable ever to form a deep, emotionally meaningful relationship with another person. Having missed out on a vital experience, namely being mothered, the child is emotionally crippled for life. And that experience has to have at a particular time, namely in the first years. No amount of good mothering subsequently can remedy the situation.

The general theory of interpersonal relationship by Rogers is explained in the form of the following postulate. Assuming (a) a minimal willingness on the part of two people to be in contact (b) an ability and minimal willingness on the part of each to receive communication from the other; and (c) assuming the contact to continue for a period of time; then the following relationship is hypothesized to hold true: The greater the congruence to experience awareness and communication on the part of one individual, the more the ensuing relationship will involve a tendency toward

reciprocal communication with a quality of increasing congruence; a tendency toward more mutually accurate understanding of the communications; improved psychological adjustment and functioning in both parties; mutual satisfaction in the relationship.

Both, healthy and neurotic personalities, are explained through early life experiences and family back ground. A life span of personal family experience of other persons. Children growing up in families acquire expectations as to the behaviour of others in relation to themselves. One thing is certain here, which is the unique impact of parents upon the child. Parents give the children the basic heritage of the past, which prepares them to receive a full heritage. Cooley's remarks fit in here that, "the family as a primary group is a nursery of human nature" (Cooley et al 1933).

Pathological family patterns cause an imbalance in the personality of a person. A family group exists in the minds of the family members, and an individual family member exists as an image in the minds of fellow members; these images make the concept of one's self clear to the person. It is difficult for a person to regard himself as lovable, if he experiences day to day hostility from all the members of his family.

Family therapy may be described as the attempt to modify

relationship within the context of the family system. It view symptomatic behaviour and problems as the result of faulty interaction, rather than as the property of a given member. It is interpersonal rather than intrapsychic. It derives from a model which sees interaction as a system process in which each person has a role or function to play. This theoretical framework leads therapeutically to a way of conceptualizing family process in which each member has a role in the maintenance of the system. The "identified patient" may be seen as the problem but the cause is the dysfunctional family system itself. It is the therapists' role to change the system by proper intervention. A system is made up of interdependent parts which have mutual causality. A family is an open system, an open system is characterized by three properties, wholeness, relationship and equifinality. Wholeness means that the system is constituted by its interaction and not by the number of people present. The connection among various family members tells this property. Relationship refers to the interaction going on in the system, what is happening in the family among members. Equifinality is the property of system whereby they function independently of initial cause and can be changed by intervention in the here and now; they are

not determined by their initial parameters.

A systems approach emphasizes the individual as a member of various social systems, of which the most important is often the family. The family in turn is considered a system, in interaction with other systems, such as the neighborhood, school, work place etc. Considering the importance of the role of the family in the development of the personality of an individual, psychopathology comes to be viewed as a consequence of emotional experiences to which a person is exposed. If there is faulty communication among family members, then maladaptive behaviour emerges. The person influenced by faulty communication becomes rather confused and can not cope with the adjustive demands of his life.

In the writings of neoanalytic theorists like Sullivan (1953), Fromm (1941) and Horney (1939) earlier development of family therapy for disturbed families has been indicated, they emphasized the interpersonal nature of psychiatric disorders.

Family therapy was first introduced at a time when the original mode of child guidance was beginning to be questioned (Rehin, 1972). Family therapy proceeds on the assumption that the emotional problems of an individual are deeply rooted in his relationships with members of his family as a major bio-social unit; it is designed to

involve all members of a patient's family. It's goals are to promote the adaptive capacities of the individual family members, both as an individual and as a member of the family. According to Haley (1976), most behavioral problems in children are brought about by a cross-generational alliance between a child, and an over-involved parent (usually the mother), and the third party in the triangle is the absent parent (usually the father). If symptoms serve to stabilize the family and maintain homeostasis, it follows that the individual cannot be expected to change unless fundamental changes occur in the family system.

While discussing the criteria of a family in the opening chapter of her book "Normal family processes" Froma Walsh (1982) defines it in this way. "Basic processes involve the integration, maintenance, and growth of the family unit, in relation to both individual and social systems. What is normal, either typical or optimal is defined in temporal and social context and it varies with the different internal and external demands that require adaptation over the course of the family life cycle".

According to Ackerman (1958) "By acquiring skills in working with whole family groups, we would come to have a new dimension to our insight into mental illness as an



ongoing system that change with time and conditions of group adaptation. Now with recent developments in psychotherapy this seems to hold true and applies to all mental health discipline".

Haley (1963) and Riskin (1963, 1964) have both described the family as an ongoing homeostatic system, one in which certain repetitive and enduring techniques or patterns of interaction are developed over time. These techniques or patterns are developed as a means of regulating and maintaining the equilibrium of family life. They further state that the family's manner of communication will elucidate the typical and habitual interactional patterns of behaviour. As an example, Haley (1962, 1963) has emphasized the need for a classification of communication patterns in the family. He found that variations of conversations sequences differed significantly from random expectations in both normal and pathogenic families, and that normal families tended to make greater use of the possible interaction patterns than did the pathological families. Haley sees relationships as involving a struggle for power, and he asserts that when one person communicates a message to another he is manoeuvring to define a relationship (Haley 1963).

Of the pioneers of family therapy, Virginia Satir, (1967)

is probably the one who has placed the most emphasis on the communication of feelings. She has pointed out that all marital partners have emotional needs of one sort or another, needs that they hope to have met in the marriage, though they may not be fully aware of these needs. As children come into the family, they have their needs too, while parents have needs which they hope to satisfy by having children. Satir believes that in the meeting of everyone's emotional needs, the communication of feelings is important; where it is unsatisfactory, the aim of therapy should be to improve it. Minuchin (1974) has argued that his structural family approach causes changes in a family structure, which contribute to changes in behaviour and the inner psychic processes of the members of that system. A systems model always consider the child as a member of social group, usually but not necessarily, the family. It follows that there are many possible "target" systems for intervention, the individual child, his "parent" family group, the neighborhood. She can also intervene at the interface, between the two systems, for example, the family and the school.

In the case of the development and application of family therapy, the idea that the family will resist the therapist's efforts to make changes in the family

system, leads to the development of strategic therapy. Strategic therapy is defined by Haley (1973) as an approach where the therapist directly structures the therapeutic transactions, and designs a particular approach for each problem. In practice, strategic therapy has come to be associated with certain types of intervention strategies such that the changes in the individual will effectively come about when the structure of the family undergoes changes.

Structural family therapy is derived from a systems perspective. The structural approach was developed by Minuchin (1974). Structural family therapy resembles strategic therapy in a number of ways. Haley was one of the pioneers of strategic therapy and was also involved in structural approaches. The structural model, like all system theories, views psychiatric symptoms in the individual as being generated by pathological family systems. Significant changes can come about only when the therapist is successful in altering the family structure.

As psychopathology came to be viewed as the consequence of the emotional experience to which the individual was exposed, interest was focused on the earliest of such experiences occurring in the family. The human infant is born incapable of sustaining its own life for a

considerable length of time, and is in consequence dependent upon the mother or a mother substitute for its very existence. So, the mother child relationship is a close one, and is expected to be influential with regard to the psychological development of the child. Explanations for the development of psychopathology have therefore focused on this particular relationship as the major etiological factor. Laing and Esterson (1964), in the study of eleven families, found that social interaction and day to day experiences of a family, if based on pathological patterns of interaction, leads to disturbances in the family pattern as well as the development of insanity in family members. In view of all these facts, if symptoms serve to stabilize the family and maintain homeostasis, it follows that the individual can not be expected to change unless fundamental changes occur in the family system.

Family system is effected by the culture to which it belongs. Culture refers to the patterned way in which the members of a population think, feel and behave. Personality also refers to patterned way of thinking, feeling and behaving but the focus is on the individual. Personality is defined as "the tendency to behave in certain way regardless of the specific setting (Whiting & Whiting 1978). Our personalities are shaped by

interaction between our genetically determined predispositions and the totality of our experiences as infants and children. While everyone's experiences are unique in some respects parents who share the same cultural tradition tend to provide similar experiences for their enculturation. For example, parents in a particular culture tend to follow patterns involving the feeding, cleaning and handling of infants and children. These childhood training practices vary widely from one society to another. Society further divided into classes, upper, lower, and middle class. All these classes differ in their living patterns, their economic condition influence their daily routines of life.

A large number of sociocultural changes are coming in either through diffusion or discoveries in all phases of Pakistani society. It is with passage of time that some social problems are arising in family institutions because of political movement, social mobility, contact with outside societies and emergence of new value system in our country. The family problems are not new for our society. The position of family unit is such that almost every normal person is involved in one way or the other, and is facing difficulties while playing different roles. Evidence is accumulating that human beings of all ages are happiest and able to deploy their talents to

the best advantage when they are confident that, standing behind them, there are one or more trusted persons who will come to their aid should difficulties arise. The person trusted, also known as an attachment figure (Bowlby 1969), can be considered as providing his (or her) companion with a secure base from which to operate. The requirement of an attachment figure, a secure personal base, is by no means confined to children, the requirement applies also to adolescents and to mature adults as well.

In picture of personality functioning that emerges there are two main sets of influences. The first concerns the presence or absence, partial or total, of a trustworthy figure willing and able to provide the kind of secure base required at each phase of the life cycle. These constitute the external, or environmental influence. The second set concerns the relative ability or inability of an individual, first to recognize when another person is both trustworthy and willing to provide a base and, second, when recognized, to collaborate with the person in such a way that a mutually rewarding relationship is initiated and maintained. These constitute the internal, or organismic, influences.

Throughout life the two sets of influence interact in complex and circular ways. In one direction the kinds of

experience a person has, especially during childhood, greatly affect both whether he expects later to find a secure personal base, or not, and also the degree of competence he has to initiate and maintain a mutually rewarding relationship when opportunity offers. In the reverse direction the nature of the expectations a person has, and the degree of competence he brings, play a large part in determining both the kinds of person with whom he associates and how they then treat him. Because of these interaction, whatever pattern is first established tends to persist. This is a main reason why the pattern of family relationships a person experiences during childhood is of such crucial importance for the development of his personality.

In emphasizing the contribution of family life, Freud (1930) recognizes the importance of family life and its relationship to society. Hartmann (1950) stated, "Society is not a projection of unconscious fantasy ... we must accept social reality as a factor in its own right. Certainly most analysts do not attempt to intercept between human behaviour exclusively in terms of unconscious drives and fantasies". He developed the idea of social compliance in the sense that given social structures might be understood in their selection and make effective, specific psychological tendencies and



developmental trends. The family may be considered as a process that has a time continuum of past, present and future orientation (Spiegel, 1954). Ackerman (1958) attempted to correlate individual and family dynamics and was one of the earliest psychiatrist to develop family therapy.

Bornstein (1934) formulated the general experience that parents act out unrecognized unconscious tendencies more readily with their children than with anyone else. And this is true not only severely taxed, unstable, overworked parents, but also of healthy, clear-thinking parents who are well-intentioned towards their children; it happens not only to the unanalyzed education, but also to those who have achieved through personal analysis greater familiarity, with the processes of their unconscious.

There have been an increasing number of studies of family dynamics which occupy themselves mainly with superficial behavioural features in family communication. Studies by Lidz and his fellow workers of the families of schizophrenics reveal that certain psychotic ways of thinking and patterns of communication can take possession of whole family groups and change by induction even basically quite normal children.

Anthony (1972) makes a distinction between families in

which other members can, to a certain extent, erect a barrier between themselves and a schizophrenic, and such families in which psychosis of an adult spreads by induction through the entire family. In such a case "every aspect of family life is vitiated by the psychosis, so that even the children fall completely under the spell of the parental delusions and hallucination.

Solnit (1975) reported on dysfunctional families based on longitudinal study and also on the simultaneous analysis of all the members of a family. Dysfunction may develop from the mutual interactions of the child's vulnerability with the vulnerability of the parent or parents. How aggression is tolerated or evokes conflicts, both intraphysically for the individual and interpersonally between family members, serves as a sign of dysfunction.

Studies of children with a mentally disturbed parent, particularly the mother, indicate that such children belong to a high risk group and differ from low-risk children in a number of respects. Rate of developments, and other psychological variables show deviations and irregularities in these children. (Anthony and Koupernik, (1974).

Socialization model maintains that there is a causal

relationship between the family pathology and the appearance of mental disorder in family members. That is, the pathological family inter-relationships cause the symptoms seen in family members.

In our culture, great importance is given to family relationships, i.e., not only the immediate family, but also distant relatives; their behaviours and attitudes also influence the development of personality. If there is an imbalance in these relationships, it leads to maladaptive behaviour. The usual family pattern here, is the joint family. Even when not on a large scale, the immediate family is usually composed of father, mother, children and often the grandparents. Parental influence and disturbance in interpersonal relations also contribute an intolerable threat to the well being of the person.

In our culture there is much suppression as the young generation are not allowed to express their personal feelings and opinions freely. There is a gap between parents and children which inhibits mutual understanding. The family pattern is that usually the father is the dominating figure in the family and demands complete obedience from the children and wife. The interpersonal relationship is the key factor in the building up of personality, if it is not based on

understanding, love, affection then it creates disturbance in the positive development of personality. Disturbance in the interpersonal relationship somehow becomes causal factor in the development of pathological symptoms. It is intended here to find whether family relationships contribute to the onset of pathological behaviour. If there is a pathological member in a family, whether his presence creates disturbance in the behaviour of other family members?

CHAPTER II

STATEMENT OF PROBLEM

STATEMENT OF PROBLEM

The study of child psychology has been of a great help in understanding the child's mind and behavior. It has been found that the child's mind is not a blank slate but is filled with ideas and experiences. The child's mind is a complex and dynamic system that is constantly changing and growing. The child's mind is a product of both nature and nurture. The child's mind is a product of the child's genetic inheritance and the child's environment. The child's mind is a product of the child's experiences and the child's interactions with the world. The child's mind is a product of the child's learning and the child's development. The child's mind is a product of the child's growth and the child's maturation. The child's mind is a product of the child's life and the child's death.

CHAPTER II

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The field of psychopathology has been of a great interest to psychologists and psychiatrists. Researchers have been trying to find the root causes of maladaptive behaviour. Actually major shifts in the structure and values of culture deprive us of many of the supports enjoyed by those who came before us. The family which is supposed to be the protecting source for children is losing its efficiency. Only rarely can a child expect to grow to adulthood with an extended family. Cultural values once regarded as permanent are now seen to be relative. Now-a-days we see anxious unhappy people who miss the realization of their potentialities because they can not find adequate solutions or answers to problems. Mental impairments of one sort or another now afflict more people than all physical health problems combined.

The development of both healthy and neurotic personalities are explained through the earlier life experiences and family background. Family experiences contribute to basic human motivation which is important for the larger social life. There is a congruity between the early family experiences of the individual and the family roles with which he is confronted in later life.

The family process is important because familial groups have ever-changing patterns in them. A life span of personal family experience is mixed with the family life experience of other persons. There is a difference in the family life of Eastern and Western cultures, because of our traditions and values the family has a greater impact on the personality of an individual. With these considerations, and in view of the important role that family plays in interpersonal relationship the present researcher plans to study the relationship of individual psychopathology and family.

The purpose is to explore this interwoven field and especially those families who have a symptomatic member in it. There are many questions to be answered through this work of which the main ones are. Is the effect of a disturbed person found on other members of the family? Is there any contribution from the family members in the disturbance of the person concerned? Is there any difference between the family pattern of those families having a symptomatic member, and those which have no such member present?

It is assumed that if there is a disturbed member in a family, it becomes difficult for other members to adjust to the situation. In our culture psychopathology is considered as something to be ashamed of and it

therefore produces feelings of guilt. Most of us do not want to disclose the facts about such members. A problematic person wants most of the attention of other family members, especially parents. It becomes rather difficult for them in such a situation to devote most of their time and attention to problem person to the exclusion of others.

As far as the role of family is concerned, if they neglect such a member, it strengthens his symptoms. The identity of self emerges with the support of others, and the more positive the response from others, the more strong a person thinks himself to be. If the love, warmth and affection which a symptomatic person needs are not provided by the family members it further creates problems for such a person.

To explore this field further a comparison is to be done between the families having a problematic person and those which have no such member. It is said that those families which have a symptomatic member are maladjusted and their relationship as compared to those which do not have such a member. it is necessary to find out whether so called normal families are really adjusted to their day-to-day dealings with others, or whether they too face difficulties in their family relationships.

CHAPTER III
METHODOLOGY

METHOD

Sixteen families were included in the present study. The families were roughly matched i.e. all families were middle class, having some education and belonging to the N.W.F.P. Province.

the families were selected and divided into three groups:

1. Families which had a psychotic members. (Group I)
2. Families which had a neurotic member. (Group II)
3. Families with no psychopathological member. (Group III)

Identification of the families having a neurotic or psychotic member was done through hospitals. Members were selected from psychiatry out-patient departments of the Lady Reading Hospital and Khyber Teaching Hospital.

PROCEDURE

STAGE-I.

The identified families were approached and rapport was developed with them. All the members of the families living in the same house were included in the sample. All the necessary information was taken about the identified members.

STAGE-II.

Some selected psychological tests were given to each

member of the families. The tests which were used here were:

1. Neuroticism Scale Questionnaire (NSQ) (Scheier and Cattell, 1961).
2. Ego-Strength Scale (Barren, 1963).
3. Elias Family Opinion Survey (Elia, 1944).

These tests were given to every member of the family living in the same house. The families agreed to cooperate with the researcher on the promise of the research remaining anonymous.

1. Neuroticism Scale Questionnaire (NSQ).

It is a brief, standard, easily administered and scored inventory measuring degree of neurotisisism or "neurotic trend". The Neuroticism Scale Questionnaire (NSQ) is designed to implement this fundamental measurement precondition.

NSQ scores discriminate not only between neurotics and normals, but also between varying degree of slight neurotic trend in persons usually classed as normal. Thus, the NSQ can be usefully applied to the vast numbers of essentially normal persons for whom assessment of neurotic trend is nevertheless important. For the present research NSQ not only serves as the measure of the personality characteristics of disturbed member of the family. It also serves the purpose of

evaluating every member of the family, whether there is any neurotic trend in them or not.

Ego Strength Scale:

The second test used in the study was the Ego-Strength Scale which was translated in Urdu. The original test consisted of 68 statements, 59 out of 68 were translated and standardized on our population by Dr. Laeeq Mirza (1973). The remaining items were translated by Dr. Syeda Farhana Jehangir (1986).

In general this test measures constructive forces in the personality. It may serve as a predictor in any situation in which an estimate of personal adaptability and resourcefulness is called for. Ego-strength is, first of all a function simply of intelligence, physiological stability and regularity of physical functions is the biological matrix in which the ego thrives or attains maximum strength. Generally speaking the ego is at its strongest in the years of physical maturity, granting good bodily health. "Ego strength increases as the organism grows towards maturity, levels off in the the prime of life and declines thereafter with increasing age". (Barron, 1963).

High scorers on ego strength, it would seem, are effective and independent people, with easy command over their own resources. They are intelligent, stable and

somewhat original, and they make their presence felt socially. Low scorers on the other hand are confused, rigid, submissive and rather stereotyped and unoriginal. It helped in the present research in finding out the estimate of personal adaptability and resourcefulness of every member of every family.

3. Family Adjustment Test (FAT) (Elias Family Opinion Survey) The third test applied in the present study is family adjustment test. (To be referred as the FAT). It is designed to measure feelings of intra family homyness-homelessness(referred to as H-ness), while appearing to be concerned only with the testee's attitudes towards general community life. Feelings of intra-family homyness-homelessness have been considered central to long-lasting and deep adjustment of individuals, even prior to emphasis which psychoanalysis has placed upon the role of family relations in personality development.

Homey feelings are positive, they are full of warmth, love, harmony and other unifying qualities. As individual feelings towards his intra family relations are homey when he both,

1. Feels himself positively drawn towards his family group and its members (i.e. he experiences positive valence) and,

2. Feels that his family group and its members desired to move positively towards him (i.e. that they experience approach or positive valences).

Homeless feelings on the other hand are negative, cold, hateful and loveless, divisive and full of friction. An individual's feelings towards his intrafamily relations are homeless when he either.

1. Feels himself moving away from the family group or its members (i.e. he experiences avoidance tendencies or negative valences) or

2. Feels that his family group or its members are desirous of moving away from or repelling (i.e. they experience avoidance tendencies or negative valences).

The purpose of giving this test to every member of the family was to know about the feeling of homyness or homelessness of each individual.



RESULTS

The present research was designed to study the relationship of individual neurophysiology and the family. The study relationship between the child and parents, the personality of the father, it has been studied. To find the effect of a neurophysiological on the other side of the family and also to find the relationship of the child and the family of his

CHAPTER IV

RESULTS

The first section of the chapter discusses the results of the study. The second section discusses the results of the study. The third section discusses the results of the study. The fourth section discusses the results of the study. The fifth section discusses the results of the study. The sixth section discusses the results of the study. The seventh section discusses the results of the study. The eighth section discusses the results of the study. The ninth section discusses the results of the study. The tenth section discusses the results of the study. The eleventh section discusses the results of the study. The twelfth section discusses the results of the study. The thirteenth section discusses the results of the study. The fourteenth section discusses the results of the study. The fifteenth section discusses the results of the study. The sixteenth section discusses the results of the study. The seventeenth section discusses the results of the study. 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RESULTS

The present research was designed to study the relationship of individual psychopathology and the family. the basic relationship between the child and parents effects the personality of the former. It was intended to find the effect of a symptomatic member on the other member of the family and also to know the contribution of the family in the severity of his problems. Although family, and its effects are equally important in our culture, but not many studies have been conducted in this area. It was rather difficult to study a family in this area of Pakistan because people were not so open and did not like to tell other people about their personal life.

There were three groups of families.

Group I were the families with an identified psychotic member; Group II were families with an identified neurotic member. Group III were families having no member labeled as psychologically unhealthy.

The results of Group I on the NSQ are spelled out below. As given in Table 1 - 6, in every family of Group I, some members other than the symptomatic member showed neurotic trends. In table no.5 the results of family 5 are given in which the mother of the family was



diagnosed as schizophrenic: Four daughters show very low scores indicating psychotic trends. Even the father of the family scored very high showing severe neurotic tendencies. In table 4, family no.6 which had the eldest son as a symptomatic member shows the whole family excluding the daughter-in-law having neurotic trends. Further analysis of the data of this group on the NSQ showed high scores of fathers on the components like submissiveness and depression. Mothers showed high scores on depressiveness and anxiety. In the siblings there was variation in scores as in most of the families in which a daughter or son was the symptomatic person others also show higher scores on depressiveness, sensitivity and anxiety. The male members exhibit personality factors like depression in most cases while the female members were more prone towards anxiety, depressiveness and submissiveness. In those cases where patients show symptoms, it was interesting to note anxiety and submissiveness in the children.

The results of Group I on the FAT were as follows, 58% of the members of these families scored quite high (see tables 1, 2, 3, 4,5, 6 which indicate feeling of homelessness. In family No.6, in which the eldest son was the disturbed member, six members out of 7 scored in the 99th percentile, which indicates overt homelessness.



Even the parents were not well adjusted, which was clearly reflected through their scores. On the whole the majority of the cases the family members seemed to be maladjusted in their family relationships.

Group I was given the third test known as Ego-Strength Scale. 50% of the psychotic members score below normal range indicating weak ego functioning as shown in Table 1 - 6. In family No.6 all members except the father fall below normal range. A closer look at the relationship in this family revealed the father as a very authoritarian person. None of the children liked him nor did he have any positive feelings towards the children. These scores representing weak ego functioning might be due to the rejecting behaviour of the father.

The scores of Group II on NSQ indicated that if anyone of the parents had neurotic tendency it was reflected in the children as well (see Table 7 - 11). Out of five families, three families had the mother as a symptomatic members, and 92% of the members show neurotic trend through their scores on NSQ. The other two families in which one of the daughters were the identified member, 77% of other members show neurotic tendency (see Table 10, 11). These scores indicated that if any member of the family had neurotic tendencies, some others would be also effected. Further analysis of these results

indicate that the presence of a pathological member in the family produced factors like depressiveness, anxiety, submissiveness and sensitivity. It makes sense because in our culture much more importance is given to the family and the members of the family are very close to each other, so maladjusted behaviour by any member evoked the feelings of guilt, depression in other members of the family.

The results of Group II on the FAT showed 70% of the members scoring high, thus indicating the feelings of homelessness. In three of the families the mother was the suffering person and higher percentage of maladjusted behaviour in other members was reflected in Table 7, 8, 9.

On Ego Strength Scale the results of Group II show the symptomatic members scoring below average indicating weak ego functioning (see tables 7, 8, 9, 10). In this group 77% of the members show strong ego functioning.

Group III, which was composed of families which had no pathological members, were given all three tests. Their scores on NSQ show neurotic trends in some of the members. The scores of Family 3 represented the mother and daughter in the neurotic category while father and son did not show neurotic tendency. In family 4 the father and eldest daughter scored high showing neurotic

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trend. The personality components on which the scores were high in this group were depressiveness, sensitivity and anxiety. The scores of Group III on FAT showed better results. In these families 75% of the members scores fall into normal category as it reflected homyness and warm relationships within the family.

In this group of families which had no pathological member the results on Ego Strength Scale were positive, except that three members out of twenty scored low on this scale, indicating weak ego functioning.

These results indicate strong ego functioning and normal sense of adaptability in them.

A comparison of all three groups on NSQ indicated that the more severe a case was in a family more negatively affected that family would be. Although there was not much difference in the scores of Groups I and II but the impact within the group was very obvious.

There was a significant difference between all three groups on FAT. The scores of Group I were very high on this test showing maladjustment in 58% of the members. In group II the scores represented 72% of the member showing feelings of homelessness. Comparatively the third group showed positive results on this test. In group III 75% of the members' scores fall in the normal category showing feelings of homyness in them.

The results in Ego Strength Scale of all three groups showed strong ego functioning in most of the members. In Group 1 three of the psychotic members showed weak ego functioning, while in Group 2 again three of the neurotic members showed weak ego functioning. As compared to these two groups in the third group only three out of twenty members scored below average (see table 12 - 16. The scores on Ego Strength Scale revealed the fact that ego functioning was independent of other variables and depended upon the person's individual approach, and resourcefulness to meet different problems.

Analysis of results on all three tests by all the groups revealed some important factors. First, any kind of disturbance in the behaviour of parents affects the whole family and their relationships. Second, further analysis of the data indicated that there were the effects of sex differences on the scores of different tests by these groups of families. Comparing the scores of parents, mothers seemed to be more influenced by the disturbance at home as shown through their scores on different tests given in table 10. In our culture mostly mothers are more involved with family, so they usually are more concerned and affected by problems in the family. Among siblings more girls show neurotic tendency



than boys as in all three groups girls score below average on NSQ (See table). Even on FAT the girls scored above average i.e. showing feelings of homelessness. Ego functioning was good in both the sexes.

Analysis of variance of the scores of all three groups on different tests showed no significant difference on NSQ and Ego Strength Scale, but there was a significant difference in all three groups on Family Adjustment Test. Further comparison of this data through Duncan's Range Test also showed a significant difference between Group I, II, and III on FAT. There was more maladjustment shown by Psychotic (1) group compared to Neurotic (2) and in the same way Neurotic (2) group showed more homelessness as compared to the normal group.

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TABLES

Table 1

Group 1

Family 1: NSQ, FAT and Ego Strength Scale Scores

Participants	NSQ		FAT		Ego Strength Score	
	Neuroticism Score	Dominant Personality Factor	Raw Score	Classification	Raw Score	T score
Father	5	Depressed	344	Overtly Homeless	42	52
Daughter	8	Submissiveness	220	Warm & Homey	33	40
Daughter	9	Submissive & Anxious	216	Warm & Homey	36	44

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Table 2

Group I

Family 2: NSQ, FAT and Ego Strength Scale Scores

Participants	NSQ	Dominant Personality Factor	FAT		Ego Strength Score	
	Neuroticism Score		Raw Score	Classification	Raw Score	T score
Father	7	Submissive	286	Homeless	49	60
Mother	8	Depressed	240	Normal	34	42
Son	7	Depressed	293	Homeless	33	40
Son	8	Submissive	257	Normal	40	49

Table 3

Group 1

Family 3: NSQ, FAT and Ego Strength Scale Scores

Participants	NSQ	Dominant Personality Factor	FAT		Ego Strength Score	
	Neuroticism Score		Raw Score	Classification	Raw Score	T score
Father	8	Submissive	241	Normal	42	52
Mother	6	Depressed	221	Normal	40	49
Daughter	7	Depressed	258	Cool & Questioning	33	40

Table 4

Group 1

Family 4: NSQ, FAT and Ego Strength Scale Scores

Participants	NSQ	Dominant Personality Factor	FAT		Ego Strength Score	
	Neuroticism Score		Raw Score	Classification	Raw Score	T score
Father	8	Submissive	134	Clearly Unrealistic	43	53
Mother	6	Anxious	144	Clearly Unrealistic	48	59
Son	7	Depressed	277	Borderline Homeless	31	38
Son	5	Sensitive	142	Clearly Unrealistic	45	56

Table 5

Group 1

Family 5: NSQ, FAT and Ego Strength Scale Scores

Participants	NSQ	Dominant Personality Factor	FAT		Ego Strength Score	
	Neuroticism Score		Raw Score	Classification	Raw Score	T score
Father	8	Sensitive	211	Borderline Unrealistic	35	43
Mother	7	Depressed	258	Cool & Questioning	30	37
Daughter	5	Depressed	240	Normal	47	58
Daughter	1	Toughminded	214	Warm & Homey	42	52
Daughter	5	Sensitive	234	Normal	33	40
Daughter	3	Toughminded	221	Normal	41	50
Daughter	1	Toughminded	206	Warm & Homey	42	52
Daughter	1	Tough minded	248	Normal	38	47

Table 6

Group 1

Family 6: NSQ, FAT and Ego Strength Scale Scores

Participants	NSQ	Dominant Personality Factor	FAT		Ego Strength Score	
	Neuroticism Score		Raw Score	Classification	Raw Score	T score
Father	8	Depressed	293	Borderline Homeless	35	43
Mother	7	Submissive	260	Cool & Questioning	28	34
Son	2	Sensitive	346	Overtly Homeless	27	33
Daughter	9	Submissive	476	Overtly Homeless	27	33
Daughter	2	Anxious	386	Overtly Homeless	25	30
Son	8	Sensitive	390	Overtly Homeless	27	33
Daughter- in-law	6	Anxious	410	Overtly Homeless	29	36

Table 1

Group II

Family 1: NSQ, FAT and Ego Strength Scale Scores

Participants	NSQ		FAT		Ego Strength Score	
	Neuroticism Score	Dominant Personality Factor	Raw Score	Classification	Raw Score	T score
Father	2	Depressed	182	Clearly Unrealistic	37	45
Mother	8	Depressed	312	Overtly Homeless	29	36
Daughter	7	Depressed	263	Cool & Questioning	44	54
Daughter	6	Anxious	329	Overtly Homeless	30	37
Son	4	Depressed	353	Overtly Homeless	48	59

Table 1

Group II

Family 1: NSQ, FAT and Ego Strength Scale Scores

Participants	NSQ		FAT		Ego Strength Score	
	Neuroticism Score	Dominant Personality Factor	Raw Score	Classification	Raw Score	T score
Father	2	Depressed	182	Clearly Unrealistic	37	45
Mother	8	Depressed	312	Overtly Homeless	29	36
Daughter	7	Depressed	263	Cool & Questioning	44	54
Daughter	6	Anxious	329	Overtly Homeless	30	37
Son	4	Depressed	353	Overtly Homeless	48	59

Table 8

Group 2

Family 2: NSQ, FAT and Ego Strength Scale Scores

Participants	NSQ	Dominant Personality Factor	FAT		Ego Strength Score	
	Neuroticism Score		Raw Score	Classification	Raw Score	T score
Father	7	Sensitive	292	Homeless	29	36
Mother	8	Anxious	282	Homeless	35	43
Son	5	Sensitive	260	Normal	42	52
Daughter	4	Sensitive	249	Normal	40	49

Table 9

Group 2

Family 3 NSQ, FAT and Ego Strength Scale Scores

Participants	NSQ	Dominant Personality Factor	FAT		Ego Strength Score	
	Neuroticism Score		Raw Score	Classification	Raw Score	T score
Father	9	Depressed	253	Cool & Questioning	40	49
Mother	9	Submissive	266	Homeless	34	42
Daughter	7	Submissive	265	Cool & Questioning	35	43
Son	8	Submissive	338	Homeless	42	52

Table 10

Group 2

Family 4: NSQ, FAT and Ego Strength Scale Scores

Participants	NSQ	Dominant Personality Factor	FAT		Ego Strength Score	
	Neuroticism Score		Raw Score	Classification	Raw Score	T score
Father	6	Anxious	246	Normal	35	43
Mother	6	Anxious	226	Normal	39	48
Daughter	7	Depressed	320	Homeless	31	38
Son-in-law	4	Sensitive	292	Homeless	39	48

Table 11

Group 2

Family 5: NSQ, FAT and Ego Strength Scale Scores

Participants	NSQ	Dominant Personality Factor	FAT		Ego Strength Score	
	Neuroticism Score		Raw Score	Classification	Raw Score	T score
Mother	7	Depressed	336	Homeless	37	45
Son	2	Sensitive	352	Homeless	41	50
Son	2	Sensitive	243	Normal	42	52
Daughter	9	Submissive	347	Homeless	27	33
Daughter	9	Depressed	358	Homeless	24	28

Table 12

Group 3

Family 1: NSQ, FAT and Ego Strength Scale Scores

Participants	NSQ	Dominant Personality Factor	FAT		Ego Strength Score	
	Neuroticism Score		Raw Score	Classification	Raw Score	T score
Mother	5	Sensitive	265	Cool & Questioning	37	45
Daughter	2	Anxious	201	Warm & Homey	46	57
Daughter	7	Depressed	259	Normal	37	45
Daughter	1	Sensitive	279	Cool & Questioning	49	60



Table 13

Group 3

Family 2: NSQ, FAT and Ego Strength Scale Scores

Participants	NSQ	Dominant Personality Factor	FAT		Ego Strength Score	
	Neuroticism Score		Raw Score	Classification	Raw Score	T score
Father	6	Depressed	213	Warn & Homey	40	49
Mother	8	Depressed	198	Warn & Homey	22	25
Daughter	7	Depressed	241	Normal	31	38
Son	7	Depressed	233	Normal	39	48

Table 14

Group 3

Family 3: NSQ, FAT and Ego Strength Scale Scores

Participants	NSQ	Dominant Personality Factor	FAT		Ego Strength Score	
	Neuroticism Score		Raw Score	Classification	Raw Score	T score
Father	6	Depressed	284	Overtly Hostile	45	56
Mother	7	Submissive	213	Warm & Homey	33	40
Daughter	7	Depressed	218	Warm & Homey	40	49
Son	6	Depressed	265	Cool & Questioning	43	53

Table 15

Group 3

Family 4: NSQ, FAT and Ego Strength Scale Scores

Participants	NSQ	Dominant Personality Factor	FAT		Ego Strength Score	
	Neuroticism Score		Raw Score	Classification	Raw Score	T score
Father	8	Sensitive	292	Overtly Homeless	34	42
Mother	6	Anxious	260	Cool & Questioning	26	32
Daughter	7	Sensitive	288	Overtly Homeless	36	44
Daughter	4	Sensitive	205	Warm & Honey	39	48
Son	5	Anxious	225	Normal	39	48

Table 16

Group 3

Family 5 NSQ, FAT and Ego Strength Scale Scores

Participants	NSQ	Dominant Personality Factor	FAT		Ego Strength Score	
	Neuroticise Score		Raw Score	Classification	Raw Score	T score
Mother	8	Anxious	240	Normal	34	42
Daughter	5	Sensitive	232	Normal	38	47
Uncle	5	Anxious	220	Warn & Homey	43	53

TABLE 17
Means Scores on NSQ

Group I

Subjects	Mean
Fathers	7.3
Mothers	6.8

Group II

Subjects	Mean
Fathers	6
Mothers	7.6

Group III

Subjects	Mean
Fathers	6.6
Mothers	6.8

TABLE 18
Mean scores on FAT

Group I

Subjects	Mean
Fathers	251.5
Mothers	224.6

Group II

Subjects	Mean
Fathers	243.25
Mothers	284.8

Group III

Subjects	Mean
Fathers	263
Mothers	222.4

TABLE 19

Mean scores on Ego Strength ScaleGroup I

Subjects	Mean
Fathers	50.5
Mothers	44.2

Group II

Subjects	Mean
Fathers	43.25
Mothers	42.8

Group III

Subjects	Mean
Fathers	49
Mothers	36.8

TABLE 20
Mean scores on NSQ

Group I

Subjects	Mean
Daughters	4.75
Sons	6.16

Group II

Subjects	Mean
Daughters	7
Sons	4.2

Group III

Subjects	Mean
Daughters	5
Sons	6

TABLE 21
Mean Scores on FAT

Group I

Subjects	Mean
Daughters	277.4
Sons	284.16

Group II

Subjects	Mean
Daughters	304.42
Sons	309.2

Group III

Subjects	Mean
Daughters	215.2
Sons	241

TABLE 22

Mean Scores on Ego Strength ScaleGroup I

Subjects	Mean
Daughters	43.5
Sons	41.5

Group II

Subjects	Mean
Daughters	40.28
Sons	53

Group III

Subjects	Mean
Daughters	48.5
Sons	49.6

TABLE 23

Analysis of Variance on Family Adjustment Test

Source	SS	DF	MS	F
Total	268897	70		
Between	24031.8	2	12015.9	
Within	244565	68	3596.55	3.34096

F - 3.34095

DF - 2 & 68

Significant at 0.05 level

TABLE 24

Analysis of Variance on Ego Strength Scale

Source	SS	DF	MS	F
Total	4692.87	70		
Between	28.2305	2	14.1152	
Within	4664.64	68	68.5977	.205768

F - .205768

DF - 2 & 68

Not Significant

TABLE 25

Analysis of Variance on Neuroticism Scale Questionnaire

Source	SS	DF	MS	F
Total	356.984	70		
Between	1.29736	2	.648682	
Within	355.686	68	5.23068	.124015

F = .124015

DF = 2 & 68

Not Significant

CHAPTER V

DISCUSSION

DISCUSSION

"We cannot give an undistorted account of 'a person' without giving an account of his relation with others. Even an account of one person can not afford to forget that each person is always acting upon others and acted upon by others. The others are there also. No one acts or experiences in a vacuum. The person whom we describe, and over whom we theorize, is not the only agent in his 'world'. How he perceives and acts towards the others, how they perceive and act towards him, how he perceives them as perceiving him, how they perceived him as perceiving them, are all aspects of 'the situation. They are all pertinent to understanding one person's participation in it (Laing, 1961).

It is the quality of interpersonal relationships which determines the basic core of man's make-up. From the very beginning of life human beings experience these relationships through their interaction with family members. As the child matures, he influences the family as much as he is influenced by it. There is usually a very strong bond between a person and his family. It is with this point in view that the present researcher tried to find the relationship of psychopathology and family. It was intended to find the effect of a

pathological member on the other family members. Further, it was also a question of interest whether the family relationships contribute to the pathology of a symptomatic member.

The data of the present research gave some conclusions through which the relationship of family and psychopathology could be observed. An important factor which emerged through these observations was the significant difference in the adjustment of the family members of different groups. In families with a psychotic member 90% of the members showed maladjustment on the Family Adjustment Test (FAT). In families with a neurotic member 72% of the members were maladjusted. On the other hand, the families not having a disturbed member had only 25% maladjusted members. These results showed that the more severe the problem was the more effected a family would be. It might be due to the fact that in our culture psychopathology is still not accepted as such. It is associated with evil spirits or demons. People think that evil spirits have taken possession of such persons and these spirits command them to behave in a particular manner. It is with the fear of rejection by the society that the family members of a disturbed person do not disclose it to others. They try their utmost to minimize social contacts and to

confine the suffering person. It is the ignorance of our people which creates more problems for a disturbed person. Instead of providing a healthy interpersonal relationship, a suffering person is deprived of social contacts, which adds to the miseries.

Our society is male dominated if a male member suffers from any kind of mental disturbance it reduces the number of earning hands in a family. The parents who, with the birth of a son attach high hopes for his bright future and their prosperous old age, really become frustrated when one of the sons suffers from mental illness. As in the case of family no.6 in Group I. The results of the whole family except the father is below average on the FAT, which indicates maladjustment in their behavior. So, the presence of a pathological member in the family creates adjustment problems for others.

In case of the disturbed member being female, not only her condition, but the fact to get a suitable life partner adds to the depression of the parents. Traditionally, sons are given more importance in our culture, the same attitude is reflected in the treatment towards a disturbed member. The female pathological person is in more trouble as compared to male members. They are more neglected and due to the cultural tendency

to be secretive, parents in order to hide the problem, seclude her from the outer world. Lack of relationship and the change in interpersonal relationship proves to be very harmful for such members.

Regarding the families of neurotic and psychotics, several factors emerge which seem to characterize these groups. Submissiveness, depressiveness, worry and guilt-proneness are the common characteristics of these families. It indicates that the suffering of one person in a family strongly affects the others. Worry and guilt-proneness arise by the non-acceptance of a disturbed member. Usually when a person is sick, people accept his illness and try to help him, but a pathological member is still not accepted as a suffering person. Improper treatment and a negative attitude towards such members makes their condition worse.

Apart from the adjustment problem, there is not much difference revealed through the data, in the families of normal and pathological members. One of the major problem here is that human behavior is a very complicated phenomenon determined by many factors and not clearly understandable out of the context in which it occurs. Not everyone reacts in a like manner to similar life experiences. For example strict discipline is reacted to differently when this occurs in a "warm"

or "cold" home atmosphere (Sears, 1961); maternal rejection is reacted to differently where the father is accepting and warm (McCord et al, 1961). Barun & Wilox (1944) noted that impersonal tension leads to different reaction in boys as compared to girls; in boys, it led to ascendance-submission problems; in girls to experience lack of affection.

Considering middle class families in our culture, their problems like, economic pressures demands of children, other social demands etc.; make these families overburdened. The presence of a disturbed member adds to their problems (as they claim). But finding the same symptoms like depression, worry etc. (which is reflected through the scores on NSQ) in families with no pathological member shows that even in these families there are problems which are affecting their psychological life.

A comparison of all three groups of families on Ego Strength Scale revealed no significant difference. In most of the subject ego functioning is stable. Some of the psychotic members show weak ego functioning. The results on Ego Strength Scale indicate that ego functioning seems to work independently and is not effected by other variables in our sample.

Another important factor is the role of men in

psychopathology of females. It is obvious that our society is male-oriented. The most powerful member of majority of families is the father. Even as a child the boy is pampered and given more attention than the female child. This tends to encourage ideas of grandeur which continue till adulthood. During maturity these ideas and feelings rigidify into authoritarianism. This authoritarian attitude of the father tends to suppress the children and especially the girls who have no activity outside the home and away from the families. Thus girls tend to develop a poor self image and a deep sense of helplessness. The suppression of personal feelings and ideas causes internal turmoil which predisposes the girl to psychological symptoms when faced with psycho-social stressors.

A comparison between siblings of the pathological members show more maladjustment in the family life of females as compared to the males. The results on FAT and NSQ both show their scores as below average in most of the cases. Females are more prone towards neurotic tendencies, which is usually the resultant behavior of pent up emotions and the tendency of not communicating their feelings. They seem to be more effected by the disturbance at home that their sister or brother's sufferings create. Factor analysis of NSQ shows anxiety.

depressiveness as common characterize amongst them.

A comparison of the results of parents in different groups show mothers to be more effected and depressed by the disturbances at home. Usually mothers devote all their time to their home and children are more involved with the family. Their own position makes them ore miserable as the old tradition of male authority still prevails in our society and continues creating more disturbance for the females.

In this part of world people are more dependent on each other, various family members cannot act independently of one another and are stuck together forming a vague mass. This kind of relationship creates problems in the adjustment to everyday life. The severity of the problem of an identified member effects the behavior of other family members. There are more disturbed relationships in the families where the condition of a pathological member is very severe.

A closer look on the relationships of the families of symptomatic members revealed some more information. Some common factors are found to be present in those families. Mothers proves to be more liked among the parents. Fathers are more authoritarian, and least liked or trusted by the children e.g. in one of the families from Group I, every member expressed their hatred

towards their father.

In most of the families from Group I and II there was parental conflict and lack of mutual understanding between them. The attitude of the family members towards the identified member is most of the time negative. They do not like to attend to his/her needs or to converse with him. In other words they try to negate his presence. The fact that the present research was done in the N.W.F.P. makes it more difficult. People are comparatively more conservative here, they are very reserved and do not allow strangers to interfere in their personal lives. Secondly, traditional values compel them to be very strict towards their females.

Obviously, questions regarding the patterns of personality and behavior, which are regarded as pathological, unadaptive or unadjusted cannot be understood simply. Apparently the factors which play a part in the development of behavior in humans are so complex that it would appear that they almost defy being investigated scientifically and oppose one's attempts to draw meaningful generalization. It is, of course conceivable that human behavior is so complex that it cannot be reduced to simple terms or be expected to field unalterable patterns, of occurrence. It might also be that what produces psychological reaction in one

individual does not do so in another.

Interaction with, and observation of the families having a symptomatic member revealed the fact that a change in the system of family is required to help the suffering person. Not only that the pathological person needs therapy but the whole family is usually in need of guidance, in the form of family therapy. In this part of world people are not very open. They do not allow strangers to interfere or to know about their personal lives. It is very difficult to introduce family therapy here, but once it works, it can help a lot, because total structure of the family sometimes needs to be modified. Because when the cues are always there to support the symptoms of disturbed members, they cannot be cured. Until and unless the disturbances of the relationships are removed, the problems will remain. Family therapy is an attempt to modify relationships within the context of the family system. It views symptomatic behavior and problems as the result of faulty interaction, rather than as the property of a given family members. It is intrapersonal rather than intrapsychic. It derives from a model which sees interaction as a systemic process in which each person has a role to play. It focuses on the family process in

which each person has a role in the maintenance of the system. The identified patient may be seen as the "problem", but the cause is the dysfunctional family system itself. It is the therapist's role to change the system by proper interventions.

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