

RELATIVE POWER DISTRIBUTION AS
RELATED TO NEED SATISFACTION
IN FAMILIES WITH A WIFE-MOTHER
WHO HAS A RHEUMATIC DISEASE

Thesis for the Degree of Ph. D.
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NANCY CAROL HOOK
1972



This is to certify that the

thesis entitled

RELATIVE POWER DISTRIBUTION AS RELATED TO
NEED SATISFACTION IN FAMILIES WITH
A WIFE-MOTHER WHO HAS A RHEUMATIC DISEASE

presented by

Nancy Carol Hook

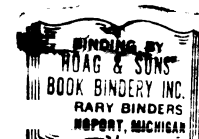
has been accepted towards fulfillment
of the requirements for

Ph.D. degree in Department
of Family Ecology

A handwritten signature in cursive script, reading "Beatrice Pokucci".

Major professor

Date July 27, 1972



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ABSTRACT

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A WIFE-MOTHER WHO HAS A RHEUMATIC DISEASE

By

Nancy Carol Hook

Although some family management educators have accepted the premise that the manager is a person who delegates some of the responsibility of carrying out work to others, it is open to question whether or not within the family, who makes the decision can be separated from who carries out the decision. Because decision-implementation is dependent upon capacity to perform and within the family, close interpersonal relationships are intermingled with the accomplishment of work, decision-making and decision-implementing may not be separable in the family. By studying power in decision-making in families in which the wife-mother has a limitation in capacity to perform because of her disability, there is an opportunity to examine the hierarchial power structure in the family and the relation of needs to power in decision-making. Satisfied needs may be potential resources for social exchange within the family.

Simultaneous field interviews were conducted with three members of 35 families--the husband-father, wife-mother, and

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teen-ager--selected from the medical records of the wife-mother who has a rheumatic disease and has been hospitalized at the McMaster Rheumatic Diseases Unit, Hamilton, Ontario, Canada.

Power, defined as an ability within a social relationship to influence or control another person's behavior, was measured by the number of decisions a family member made or participated in making which affected another person's behavior. The power scores depended not only on who made the decisions, but whose behavior was being decided upon for a series of activities adapted from previous work of Herbst, Johannis, and Onorato and modified for a division of tasks applicable to these families. The average power scores of the wife-mothers were four times more than the average scores of the husband-fathers and almost five times more than that of the teen-agers. In these families, the wife-mothers were able to delegate activities to other family members and decision-implementation was not dependent upon decision-making.

Satisfaction of physiological, safety, and companionship and support needs as measured by the perception of the respondent was related to the power scores. For the wife-mothers, power was positively related to need satisfaction at a significant level (.05) for overall need satisfaction and companionship and support needs.

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Both power and need satisfaction were examined in relation to the extent of disability of the wife-mothers who primarily have rheumatoid arthritis. Extent of disability was measured by number of hospitalizations, total days hospitalized, activity of condition, A.R.A. severity of disease, and A.R.A. functional capacity as determined from the medical records by a resident physician in rheumatology and as assessed in the patients' homes by the Canadian Arthritis and Rheumatism Society physiotherapists following the family interviews. A significant positive linear relationship existed between total days hospitalized and severity of disease and power for the wife-mothers; that is, the more disabled the wife-mother, the more power she had within the family. With few exceptions, there were no significant linear relationships for any family member between need satisfaction and extent of disability of the wife-mothers. For wife-mothers, a high positive linear relationship existed between need satisfaction and "acceptance of illness".

Degree of congruence measured by the extent of agreement among the three family members on who does and who decides for the everyday activities varied significantly with the overall need satisfaction and companionship and support needs for the husband-fathers. Out of a possible total score of 102 points for complete agreement, the degree of congruence scores averaged 84 for the family, 78 for the spouses, 73 for

the husband-father and
the teen-ager.

There were no significant
power in decision-making
measured by the Hollnagel
test, the Blishen Index,
or manual dichotomy.

The study raised
support to the importance
of a system with interrelated
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the husband-father and the teen-ager and for the wife-mother and the teen-ager.

There were no significant linear relationships between power in decision-making and socio-economic status as measured by the Hollingshead Two Factor Index of Social Position, the Blishen Index of Occupations in Canada, and a manual-non-manual dichotomy of occupations.

The study raised questions for future research and gave support to the importance of recognizing the family as a system with interrelated and interdependent parts. Although the perceptions of the situation (degree of congruence) were very similar, the situations may have quite different meanings for each family member as relationships among variables varied for each member of the family.

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By
Nancy Carol Hook

A THESIS

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

Department of Family Ecology

1972

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Appreciation is expressed to those who have helped me complete this study:

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other staff members
motivated by answering
information;

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Mrs. Pat Lawson
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other staff members of The Chedoke McMaster Centre who contributed by answering questions and locating needed information;

The Canadian Arthritis and Rheumatism Society for its encouragement and assistance in both the formulation of the project and collection of the data, especially to those physiotherapists who completed the home assessments under inclement weather conditions;

Mrs. Pat Lawson and my mother who coded the taped interviews and both of my parents for their continued support and encouragement;

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In addition, the financial assistance of the General Foods Corporation and the American Home Economics Association-Rehabilitation Services Traineeship provided for continuous graduate study. Their contributions to the program are recognized and greatly appreciated.

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Because much of the natural world, to gain insight into decision-making. In family, one realizes again. Studies of impetus during the category which examine structure of the family.

The crux of many researchers have examined the decision context.

¹C. West Churchman (McGraw-Hill, 1968)

²For an extensive review see James M. Henggeler, "Theory of Family Therapy, 12: 1-2 (Journal of Marital and Family Therapy, 1976-1977), and Review 1960-1969 (November, 1970).

³Jean R. Hall, "Dynamics of a Decision Context, and Decision Making, Michigan State University Seminar in the Family, Spring, 1969.

CHAPTER I

INTRODUCTION

Because much of decision-making remains a mystery of the natural world,¹ researchers continue probing the process to gain insight into the who, when, how, and what of man's decision-making. Turning to decision-making within the family, one realizes that a number of unanswered questions remain. Studies of decision-making in the family gained impetus during the late 50's and 60's and included a broad category which examined the authority pattern or the power structure of the family.²

The crux of management is decision-making. Management researchers have examined the decision event;³ that is, the the decision context or areas in which decisions are made,

¹C. West Churchman, Challenge to Reason (New York: McGraw-Hill, 1968), p. 20.

²For an extensive review of the literature from 1930-1961 see James M. Rollins, "Two Empirical Tests of a Parsonian Theory of Family Authority Patterns," The Family Life Coordinator, 12: 1-2 (January-April 1963), 3-79 and Constantina Safilios-Rothschild, "The Study of Family Power Structure: A Review 1960-1969," Journal of Marriage and the Family, 32:4 (November, 1970), 539-552.

³Jean R. Halliday, "Relationships Among Certain Characteristics of a Decision Event: Decision Procedure, Decision Context, and Decision-maker" (unpublished Doctoral dissertation, Michigan State University, 1964), pp. 9-12.

Seminar HMCD 832, "Theories of Management and Decision-making in the Family," Michigan State University, Winter-Spring, 1969.

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the decision-maker or who makes decisions, and the decision procedure or how decisions are made. A critical factor in the family is the linkage between who makes the decisions and who implements the decisions. Along with other behavioral scientists, family management researchers have associated aspects of decision-making in the family with the power structure in the family. The hierarchical power structure has been identified and adapted into the traditional family management framework.⁴ A current question relative to this is the importance of the relationship of personal resources to power in decision-making in the contemporary family. Two factors related to the question may be: 1) recognition of participative management which has been a part of the family and increasingly employed by productive managers in business and industry,⁵ and 2) reported changes in the family power structure by sociologists.⁶ Stress has been placed on equalitarianism as the norm for families in North American society⁷

⁴Irma Gross and Elizabeth W. Crandall, Management for Modern Families (2d ed.; New York: Appleton-Century Crofts, 1963).

⁵Rensis Likert, New Patterns of Management (New York: McGraw-Hill, 1961).

Rensis Likert, The Human Organization (New York: McGraw-Hill, 1967).

⁶Ernest W. Burgess and Harvey J. Locke, The Family (2d ed.; New York: American Book Co., 1960).

⁷William G. Dyer and Dick Urban, "The Institutionalization of Family Norms," Marriage and Family Living, 20: (1958), 53-58.

Frederick Elkin, The Family in Canada (Ottawa, Canada: The Vanier Institute of the Family, 1964), p. 97.

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Cartwright¹⁰ was
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⁸Richard E. F.
and Anthony J. Wiener
Family Service Association

⁹William A. W.
Security (San Francisco)

¹⁰Dorwin Cartwright
Michigan Institute for
Michigan, 1959), pp.

and on the prediction that equalitarianism will increase before the end of the century.⁸ However, a recent study indicated that a father-led pattern of authority within the family in addition to other factors contributed to the emotional well-being of the children.⁹

Cartwright¹⁰ wrote that power is a neglected variable in social psychology and concluded,

The important social problems which demand our attention raise questions about power--questions which our systematic knowledge cannot answer . . . a concerted attack on the problem of power should produce a major advance in the field of social psychology.

His recommendations are still pertinent today. Consequently, as management teachers and researchers attempt to explain managerial behavior in the home, they need to continue probing family decision-making patterns and power relationships.

In the process of managing, families sometimes face abrupt or disjunctive changes which may or may not produce stress or disequilibrium for the family system. One of these changes may be serious illness or disability which places a constraint on personal resources and may disrupt power relationships in the family.

⁸Richard E. Farson, Phillip M. Hauser, Herbert Stroup, and Anthony J. Wiener, The Future of the Family (New York: Family Service Association, 1969), p. 35.

⁹William A. Westley and Nathan B. Epstein, The Silent Majority (San Francisco: Jossey-Bass, 1969), p. 166.

¹⁰Dorwin Cartwright, Studies in Social Power (Ann Arbor, Mich.: Institute for Social Research, The University of Michigan, 1959), pp. 12-13.

Within North America, approximately 27 million people live in Canada¹² and at least 100 million in the United States. Many are attempting to live as housekeepers. A proportion of their disability is due to disability-related responsibilities.

Arthritis, a common condition, is a major problem within the health care system as the leading cause of disability for persons suffering from arthritis in the United States.¹³ The incidence of arthritis is increasing.

¹¹Disabled persons are defined as those who are unable to perform a physical, mental, or emotional task that is necessary for them to go to school, keep a job, or take care of their age group.

¹²Canada Department of Health and Welfare, "Disability Statistics: 1981-82 from briefs" (Proceedings of the House of Commons).

¹³U. S. Department of Health and Human Services, "Disability Statistics: A Report on the Status of Rehabilitation Services" (1981).

¹⁴Edwin I. Thorpe, "The Relative of Role Theory in the Study of Health and Disease," *Journal of Health and Human Behavior*, 1971, 251-259.

¹⁵U. S. Department of Health and Human Services, "Arthritis Sourcebook" (Washington: Government Printing Office, 1981).

Within North American society, there is a minimum of approximately 27 million disabled¹¹ persons--4.4 million in Canada¹² and at least 22.6 million, probably over 30 million in the United States.¹³ Of these, a certain percentage are women attempting to fulfill their roles as wife, mother, and housekeeper. A proportionate number are severely restricted by their disability and face at least one of a number of disability-related roles¹⁴ in addition to their other role responsibilities.

Arthritis, a chronic condition, is the number onecrippler within the total population and is rated second to heart disease as the leading cause of limitation of activity for persons suffering from chronic disability in the United States.¹⁵ The incidence of disease is higher among women;

¹¹Disabled refers to individuals of all ages who--because of a physical, mental, or emotional condition--are functioning below their potential or face serious problems in working, going to school, keeping house, or other activities normal for their age group.

¹²Canada Department of National Health and Welfare, Table I-2 from brief to Senate's Special Committee on Science Policy (Proceedings No. 13, November, 1968).

¹³U. S. Department of Health, Education, and Welfare. People Power: A Report of the Conference (Washington: Social and Rehabilitation Service, 1969), p. 124.

¹⁴Edwin I. Thomas, "Problems of Disability from the Perspective of Role Theory," Families in Crisis, eds. Paul A. Glasser and Lois N. Glasser (New York: Harper and Row, 1970), pp. 251-259.

¹⁵U. S. Department of Health, Education, and Welfare. Arthritis Sourcebook, Public Health Service Pubn. No. 1431 (Washington: Government Printing Office, April, 1966), p. 15.

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¹⁷U. S. Department
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Report Surgeon General
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Health Service Government Printing Office

¹⁸Sidney Cobb,
Cambridge, Mass.:
and correspondence

¹⁹The Canadian
Arthritis Control Program
Commission by Ontario

of the 12.6 million persons with arthritis or rheumatism in the United States, 8.2 million are females.¹⁶ Of those limited in activity, 64 percent (2,098,000) are females.¹⁷ One estimate places the frequency of episodes classified as probable rheumatoid arthritis in excess of 15 percent of the population 20 years and over.¹⁸ Turning to Canadian statistics,¹⁹ a conservative estimate indicates that one in every 20 Canadians requires treatment for arthritis and of those affected, one in five is disabled.

Very little is known about the impact of illness and disability on the social relationships within the family although professionals involved with families frequently report changes. The economic impact on society may be measured through work productivity losses, cost of treatment and care, and benefit payments. The loss in social relationships could be partially measured in family separations and divorces, but for the majority of families with illness or disability, this

¹⁶U. S. Department of Health, Education, and Welfare. Arthritis Sourcebook, p. 5.

¹⁷U. S. Department of Health, Education, and Welfare. Report Surgeon General's Workshop on Prevention of Disability from Arthritis, Public Health Service Pubn. No. 1444 (Washington: Government Printing Office, April 1, 1966), p. 95.

¹⁸Sidney Cobb, The Frequency of the Rheumatic Diseases (Cambridge, Mass.: Harvard University Press, 1971), p. 41, and correspondence with Dr. Sidney Cobb, 1972.

¹⁹The Canadian Arthritis and Rheumatism Society. Arthritis Control Program (Toronto, Ontario: United Appeal Submission by Ontario Division, 1970 for 1971), p. 1.

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information is not available.²⁰ Aside from medical research to prevent and cure various conditions, much of the work with handicapped persons has centered on adapting the physical environment to increase mobility and functioning.²¹ No doubt this has added greatly to the lives of the disabled; the need for this kind of research will continue. But "if a professional home economist is more interested in the materials and physical facilities and structure than she is in the people, personalities, and the family groups that will make use of the material and facilities, she will be frustrated and less effective"²² in contributing to rehabilitation efforts.

Identification of the Problem

Conceptual Orientation

A knowledge gap appears in the area of managerial decision-making within the home as one attempts to understand personal

²⁰Saad Z. Nagi and Donovan L. Clark, "Factors in Marital Adjustment after Disability," Journal of Marriage and the Family, 26: (1964), 215-216.

²¹Ruth Lauder, The Goal is: Mobility! Environmental and Transportation Barriers Encountered by the Disabled, U. S. Department of Health, Education, and Welfare. National Citizens Conference on Rehabilitation of the Disabled and Disadvantaged (Washington, D. C.: Social and Rehabilitation Service, 1969).

²²Lee Lacey, "The Home Economist--a Team Approach," Proceedings of the Second Interdisciplinary Workshop--Future Directions for Home Economics in Rehabilitation (Washington, D. C.: American Home Economics Association, March, 1969), p. 15.

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resources²³ and family functioning. The most appropriate power structure or structures for families facing the latter part of this century is unknown. Although some family management educators have accepted the premise that the manager is a person who delegates to his workers, it is open to question whether or not within the family, who makes the decision can be separated from who carries out the decision. Because decision-implementation is dependent upon capacity to perform, decision-making and decision-implementing in the family may not be separable.²⁴ By studying power in decision-making in families in which the wife-mother has a limitation in personal resources because of her disability, there is an opportunity to examine the hierarchial power structure in the family and the relation of needs to power in decision-making within a resource exchange framework.

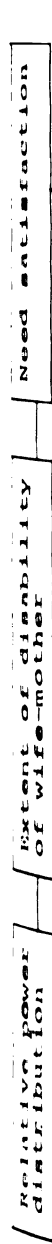
This study focused on decision-making within families with a disabled wife-mother and specifically examined the power relations within families in which the wife-mothers were disabled from the effects of a rheumatic disease (see Figure 1 on the following page). One step in conceptualizing human

²³Cleo Fitzsimmons, The Management of Family Resources (San Francisco: W. H. Freeman, 1951), p. 165.

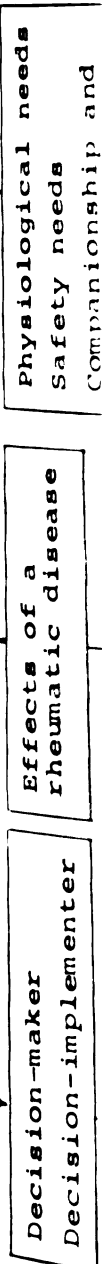
²⁴Rosemary M. Harzmann, "Decision-making in Homes of Disabled Homemakers" (unpublished Master's problem, Department of Home Management and Child Development, Michigan State University, 1964), p. 62.

Jean D. Schlater, "The Management Process and Its Core Concepts," Journal of Home Economics, 59:2 (February, 1967), p. 95.

VARIABLES



DEFINITIONS



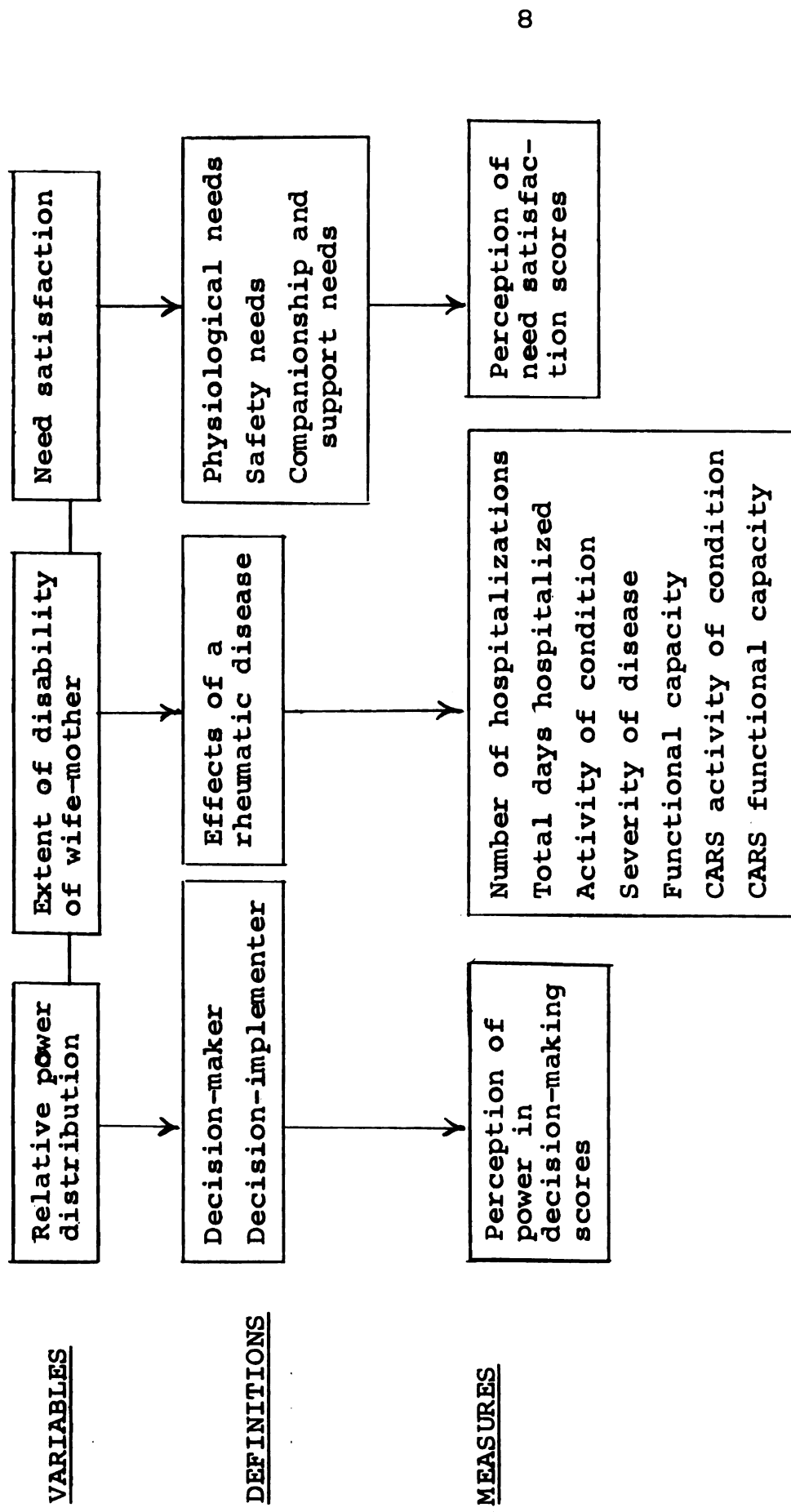


Figure 1. Conceptualization of relationships among relative power distribution in the family, disability of wife-mother, and need satisfaction of family members.

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Purposes

The purposes of this exploratory study were: 1) to conceptualize and measure the relative power distribution within the family and the extent of satisfaction of needs of family members; 2) to conceptualize and measure the degree of congruence among family members of perceptions of decision-making and implementing; 3) to examine relationships between each of these conceptualizations; and 4) to explore the relationship of the extent of disability from a rheumatic disease of the wife-mother with each conceptualization. Specifically a search for answers to the following questions formed the basis for the study:

- 1) How may the variables of relative power distribution, need satisfaction, and degree of congruence among family members be operationalized and measured?
 - A. To what extent do family members concur on the decision-making and implementing within the family?
- 2) What relationships exist between relative power distribution and need satisfaction?
- 3) Do the variables of relative power distribution, need satisfaction, and degree of congruence among family members vary significantly with the extent of disability of the wife-mother?
- 4) Is "acceptance of illness" an intervening variable in these relationships?

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- A. Are the variables of relative power distribution and need satisfaction related to "acceptance of illness"?
- 5) What interrelationships exist among the variables of relative power distribution, need satisfaction, and the extent of disability of the wife-mother?
 - 6) Does the relationship between the degree of congruence among family members vary significantly with the need satisfaction of family members?
 - 7) Does relative power distribution vary significantly with the socio-economic status of the family?

In addition to these questions, another phase which employed game theory was outlined in cooperation with The Centre from which the sample was obtained. Based on current research interests within The Centre, consultation with one of their staff was provided to field test a series of one trial games. In order not to affect the answers to the research questions attended to in this study, data fulfilling the researcher's obligation to The Centre were collected from a selected number of families following the interviews with each family member. These findings will be analyzed later.

Assumptions

1. Families have a flexible pattern of internal differentiation based on power and status but attempt to maintain a practical equilibrium²⁵ (equifinality).²⁶

2. In North American society although wives may be employed outside the home, their major responsibility within

²⁵George C. Homans, Social Behavior: Its Elementary Forms (New York: Harcourt, Brace and World, 1961), pp. 112-114.

²⁶Walter Buckley, Sociology and Modern Systems Theory (Englewood Cliffs, New Jersey: Prentice-Hall, 1967), p. 60.

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3. A wife-mother with a disability is apt to be more dependent upon others than a wife-mother without a disability.

4. Methodological considerations remain the same across various categories of families.

Formulation of Hypotheses

Recognizing the exploratory purpose of this study, the major hypotheses were formulated prior to the field work and the sub-hypotheses were generated as part of the research process.

1. The power in decision-making of an individual family member is positively related to his need satisfaction.
 - A. The power in decision-making of the wife-mother is positively related to her need satisfaction when her "acceptance of illness" is partialled out.
 - B. The power in decision-making of the wife-mother is positively related to her need satisfaction when her extent of disability is partialled out.
2. The power in decision-making of the wife-mother is inversely related to the extent of her disability.
 - A. The power in decision-making of the wife-mother is inversely related to her "acceptance of illness".
 - B. The power in decision-making of the wife-mother is inversely related to the extent of her disability when her "acceptance of illness" is partialled out.
 - C. The power in decision-making of the wife-mother is inversely related to the extent of her disability when her need satisfaction is partialled out.
3. The need satisfaction of the wife-mother is inversely related to the extent of her disability.
 - A. The need satisfaction of the wife-mother is positively related to her "acceptance of illness".
 - B. The need satisfaction of the wife-mother is inversely related to the extent of her disability when her "acceptance of illness" is partialled out.

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- C. The need satisfaction of the wife-mother is inversely related to the extent of her disability when her power in decision-making is partialled out.
4. The degree of congruence among responses of family members as to who does and who decides on various activities varies significantly with the extent of disability of the wife-mother.
 5. The degree of congruence among responses of family members as to who does and who decides on various activities varies significantly with the need satisfaction of family members.
 6. The power in decision-making of an individual family member varies significantly with the social-economic status of the family.

Selection and Development of Definitions

The task of selecting and developing definitions necessitates recognizing that for any concept there are two meanings:

1) the theoretical meaning and 2) the empirical meaning.²⁷

The theoretical meaning is determined by its interrelations with the other constructs in its theoretical system. The empirical meaning is determined by the rules of correspondence or the operational definitions that link the construct to observable events. An attempt to include both definitions for key concepts follows. Other definitions pertinent to the study appear when the term is first used.

Power

From the various uses of the term in the literature, power was defined as an ability within a social relationship to

²⁷Morton Deutsch and Robert M. Kraus, Theories in Social Psychology (New York: Basic Books, 1965), p. 8.

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Need Satisfaction

This term has been defined as the fulfillment of anything a person wants with sufficient consistency over time to have become part of his personality, that is, a motivation basic to human behavior. These needs may be considered as sub-goals. Satisfaction was measured by asking the respondent "Are you satisfied with . . . " and by his selecting one of these responses: "most of the time, sometimes, usually not, or not at all." Questions were included which asked about activities in three areas of needs: physiological, safety, and companionship and support needs.

Extent of Disability

This concept has been defined as levels of a physical, mental, or emotional condition which limit the potential or create serious problems in working, going to school, keeping house, or other activities normal for the age group. For this study, disability primarily stems from the effects of a rheumatic disease. Fully recognizing the lack of an objective measure of disability for these effects, five indicators were used to operationally measure extent of disability of the wife-mothers. These included number of hospitalizations, total days hospitalized, activity of condition, severity of disease,

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and functional capacity. Each indicator is defined in the section of Chapter Three entitled Medical Information, page 74.

"Acceptance of Illness"

This concept was derived specifically for the study from the acceptance-rejection continuum of attitudes and orientations of a person toward himself.²⁸ Although the questions did not specify the arthritis of the wife-mother, the primary focus was on her health and her acceptance-rejection. Operationally combinations of answers to the following two questions asked of the wife-mother formed the levels of the variable "acceptance of illness": "Is your health a worry to you?" and "Are you satisfied with what you are able to do for your family?" Responses for both questions were "most of the time, sometimes, usually not, or not at all."

Socio-economic Status

Social class, status, stratification, role, and life style are frequently encountered concepts. From this assortment, socio-economic status was selected as a concept implying the differentiation among families based upon social and economic factors in society. The concept was measured by the

²⁸Julius Gould and William L. Kolb (eds.), A Dictionary of the Social Sciences (New York: The Free Press, 1964), pp. 4-5.

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²⁹August B.
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³¹Ronald M.
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Hollingshead Two Factor Index of Social Position,²⁹ the Blishen Index of Occupations in Canada,³⁰ and a manual-non-manual dichotomy of occupations.³¹

Degree of Congruence

Agreement among any number of persons may be evaluated in various ways. Degree of congruence is the amount or intensity of coinciding or agreeing. Scores indicating the agreement among responses of family members to the items of who does and who decides for the various activities were calculated to measure degree of congruence. Complete agreement was indicated when respondents had given the same response to an item.

Family

"We define family as a corporate unit of interacting and interdependent personalities who have a common theme and goals, have a commitment over time, and share resources and living space."³² Although the definition encompasses a number of

²⁹August B. Hollingshead, Two Factor Index of Social Position (New Haven, Connecticut, 1965 Yale Station, 1957), pp. 1-11.

³⁰Bernard R. Blishen, "A Socio-Economic Index for Occupations in Canada," The Canadian Review of Sociology and Anthropology, 4:1 (February, 1967), 41-53.

"Social Class and Opportunity in Canada," The Canadian Review of Sociology and Anthropology, 7:2 (May, 1970), 110-112.

³¹Ronald M. Pavalko and David R. Bishop, "Socioeconomic Status and College Plans: A Study of Canadian High School Students," Sociology of Education, 39 (Summer, 1966), 292-293.

³²Nancy C. Hook and Beatrice Paolucci, "The Family As An Ecosystem," Journal of Home Economics, 62:5 (May, 1970), 316.

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possible combinations, in this study the criteria chosen for selection of families specified that the minimum constellation include a husband-father, wife-mother, and teen-age child. Families of all women whose admittance form in the medical records listed a husband became potential candidates for the study. Nonrelated persons who lived in the household and benefited from the homemaking tasks were considered family members.

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CHAPTER II

REVIEW OF LITERATURE

This review of literature is a selected compilation from five areas within the major topic: theoretical formulations of power and authority; previous studies of power within the family; methods used to measure family power and authority; physical disability within the family; and psychosocial variables in rheumatic diseases.

Theoretical Formulations of Power and Authority

A cursory review of the literature reveals a number of words and phrases such as power, power structure, authority, authority patterns, influence, dominance, submission, egalitarianism, and status. Frequently terms have been used interchangeably by various authors, thus indicating that one of the major problems is a lack of consistent use of terminology. In dealing with this problem, it is possible to review conceptualizations of power and authority remembering both the theoretical and the empirical meanings for concepts.¹

¹Morton Deutsch and Robert M. Kraus, Theories in Social Psychology (New York: Basic Books, 1965), p. 8.

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³John Schopler
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⁴John W. Thibaut
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⁵George C. Homans
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Peter M. Blau
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⁶Robert O. Anderson
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The concept of power has been differentiated into:

- 1) power viewed as a characteristic of a social relationship
- and 2) power viewed as a personality trait of an individual.^{2,3}

Schopler limited his review to theories and experiments in which power was considered "a characteristic of a social relationship, involving at least two persons, where the amount of power is defined by the events occurring in the relationship." This limitation has been accepted for the study.

Reviewing operational definitions of power used in various research studies denoted the interchangeable usage of the concepts of power and authority. Within an interaction framework, Thibaut and Kelley⁴ defined power as the ability to affect the quality of the partner's outcomes. Homans and Blau⁵ viewed interaction as an 'exchange' process. Blood and Wolfe⁶ defined power as the potential ability of one partner to influence the other's behavior and stated that it

²Richard M. Emerson, "Power-dependence Relations," American Sociological Review, 27: (1962), 32.

³John Schopler, "Social Power," Advances in Experimental Social Psychology, ed. L. Berkowitz (New York: Academic Press, 1965), p. 178.

⁴John W. Thibaut and Harold H. Kelley, The Social Psychology of Groups (New York: John Wiley, 1959), p. 101.

⁵George C. Homans, The Human Group, 1950 and Social Behavior: Its Elementary Forms, 1961 (New York: Harcourt, Brace and World).

Peter M. Blau, Exchange and Power in Social Life (New York: John Wiley, 1964).

⁶Robert O. Blood Jr., and Donald M. Wolfe, Husbands and Wives (New York: The Free Press, 1960).

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⁷James M. F.
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⁸Lois W. Ho
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⁹David H. C
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is manifested in the ability to make decisions affecting the life of the family. Authority is legitimate power. Rollins⁷ defined authority as the ability of one or more family members to make decisions which guide the conduct of one or more members in a given home activity area. Hoffman⁸ considered power the extent to which one person decides over the other's behavior. Olson⁹ defined power as an individual's ability to persuade the spouse to accept a particular decision that is contrary to the spouse's personal preference. He defined authority as the legitimate right that a spouse gives the other to exercise power in regard to a particular family decision.

With few exceptions, authority is usually defined as legitimate power. Authority is part of the formal structure of a group and is based on role position, role expectations, and the social norms of the group or society. The crux of the problem is in defining power. According to Safilios-Rothschild,¹⁰ family power

⁷James M. Rollins, "Two Empirical Tests of Parsonian Theory of Family Authority Patterns," The Family Life Coordinator, 12: 1-2 (January-April, 1963), 10.

⁸Lois W. Hoffman, "Effects of the Employment of Mothers on Parental Power Relations and the Division of Household Tasks," Marriage and Family Living, 22: (1960), 27-35.

⁹David H. Olson, "Decision-making in Couples: A Comparison of a Self-report and Behavioral Measure of Power" (Doctoral dissertation, Pennsylvania State University, Ann Arbor, Mich.: University Microfilms, 1967), No. 68-8729.

¹⁰Constantina Safilios-Rothschild, "The Study of Family Power Structure: A Review 1960-1969," Journal of Marriage and the Family, 32: (1970), 540.

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is a multidimensional concept that is measured indirectly through behavioral acts in which the degree of one's power is put to the test. Thus, familial power can be measured through the outcome of decision-making, the patterns of tension and conflict management, or the type of prevailing division of labor. . . .

None of these particular behavioral patterns can be identified alone with familial power; it is their total configuration that tends to reflect the prevailing model of power.

Consequently, as one reviews Schopler's¹¹ summary and considers the 'multidimensional' nature of power,¹² the complexity of the problem of theoretically defining and then operationalizing the concept becomes more than apparent.

Despite this complexity and the numerous definitions of power, there appear to be recurring elements such that power may be defined as an ability within a social relationship to influence or control another person's behavior.

Edwards¹³ proposed that familial behavior be examined within the framework of social exchange.¹⁴ Briefly the framework relies on the premise that individuals will enter into relationships with others to accomplish socially mediated goals and to fulfill the role expectations of their

¹¹Schopler.

¹²David M. Herr, "The Measurement and Bases of Family Power: an Overview," Marriage and Family Living, 25: (May, 1963), 135.

Safilios-Rothschild, 1970.

¹³John Edwards, "Familial Behavior as Social Exchange," Journal of Marriage and the Family, 31: (1969), 518-526.

¹⁴Homans, 1961. Peter M. Blau, 1964.

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¹⁵Edwards, p.

¹⁶Marcel Mauss
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¹⁷Blair, p. 7

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positions. This entails an exchange, that is, to attain one person's goals involves an investment and cost by the other person. The resources exchanged in a social situation may not be of the same kind, for example, a mother may use her resources of time and skills to prepare a favorite dessert for her family and then receive affection and praise in return. The resources necessary for transactional behavior within the family are not always clear or easily defined. In this social exchange framework, Edwards¹⁵ defined a resource as "that which an exchanger has to give in a relationship." In social exchange as contrasted with economic exchange, he suggested that most resources are inseparable from the giver. In the study of exchange in archaic societies,¹⁶ to give something means to give a part of oneself. Each person supposedly receives in exchange something which he perceives as equivalent to that which he has given. According to Blau,¹⁷ unreciprocated exchange leads to the differentiation of power.

Concepts and hypotheses from exchange theory have formed the basis of studies of family power structure.¹⁸ The "resource theory" of family power was developed by Blood and Wolfe from

¹⁵Edwards, p. 519.

¹⁶Marcel Mauss, The Gift: Forms and Functions of Exchange in Archaic Societies (New York: W. W. Norton, 1967), p. 10.

¹⁷Blau, p. 7.

¹⁸Blood and Wolfe. Herr, 1963, pp. 133-139.

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their study in Detroit. This theory holds that the balance of marital power is determined by the comparative participation of the husband and wife in the external system. This participation in occupational, educational, organizational, and social activities provides the bases for marital power.¹⁹ The balance of power will be on the side of the partner who contributes the greater resources to the marriage and who is the most competent.

Herr criticized Blood and Wolfe's theory proposing a substitute which he labeled "exchange value theory." According to Herr²⁰ this theory

involves the terms of the exchange of resources between husband and wife with the focus on the value placed on these resources outside the marriage. The greater the positive difference between the value to the wife of the resources contributed by her husband and the value to her of the resources which she might obtain through exchanging her own resources outside the existing marriage, the greater the power of the husband and vice-versa.

From existing data, Herr suggested five bases of power:

1) external social control, 2) the prior internalization of norms, 3) discrepancy between actual return and return expected under an alternative to the existing marriage or family, 4) relative competence, and 5) relative involvement. Safilios-Rothschild also criticized the "resource theory" citing studies which have refuted its basic premises. She considered the

¹⁹Robert O. Blood Jr., "The Measurement and Bases of Family Power," Marriage and Family Living, 25: (1963), 475-478.

²⁰Herr, 1963, p. 477.

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relevancy of Herr's "exchange theory" and proposed a "relative love and need" theory as a possibility for explaining power structure. The crucial variable may be "the relative degree to which the one spouse loves and needs the other. . . ." ²¹

Wilkening, ²² in an attempt to refine the "resource theory," listed resources of companionship, love and sexual responsiveness of the spouses as unknown influences in decision-making. Homans ²³ proposed that the higher a man's esteem in a group, the higher his authority and that men earn esteem by providing rare and valuable service to others.

The resources of the family have been categorized in a number of ways with research focusing on material or non-human resources. Only recently effort has been directed toward measuring human resources in the family. ²⁴ They are not easily identified or quantified in measurable terms. Non-human resources are tangibles that in the majority of instances may be identified, counted, measured, and readily observed in exchange transactions.

²¹Salifios-Rothschild, 1970, p. 548.

²²E. A. Wilkening, "Toward Further Refinement of the Resource Theory of Family Power," Sociological Focus, 2: (1968), 1-19.

²³Homans, 1961, pp. 286-290.

²⁴Georgianne R. Baker, "Patterning of Family Resources for Educability: Conceptualization and Measurement in Costa Rican Families" (Doctoral dissertation, Michigan State University, Ann Arbor, Michigan: University Microfilms, 1970.) No. 71-11, 779.

Uriel G. Foa, "Interpersonal and Economic Resources," Science, 171 No. 3969 (1971), 345-351.

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From an economic stance, production is the creation of utility or the want-satisfying power possessed by wealth and services. Fitzsimmons²⁵ stressed service utilities as an important production activity within the home. According to her, they are

satisfactions which one individual makes possible for another . . . such things as answering the doorbell and the telephone, care of the sick, and interpreting the meaning of experience--most often, perhaps to children--but sometimes for adults also.

Potential human resources available for exchange by family members may stem from satisfied needs. The concept of need has been defined in a number of ways and various listings of man's basic needs postulated. One theoretical framework that has been commonly used to conceptualize the full range of man's needs was developed by Maslow.²⁶ He listed five basic needs: physiological, safety, love, esteem, and self-actualization.

From a managerial stance, meeting human needs is one goal in family development.²⁷ The needs as delineated by Maslow

²⁵Cleo Fitzsimmons, The Management of Family Resources (San Francisco: W. H. Freeman, 1951), p. 165.

²⁶A. H. Maslow, Motivation and Personality (2d ed. New York: Harper and Bros., 1970), pp. 35-58.

²⁷Margaret I. Liston, "Management in the Family as Social Process." In Conceptual Frameworks: Process of Home Management. Proceedings of a Home Management Conference, East Lansing, Michigan, June 17-20, 1964 (Washington, D. C.: American Home Economics Association).

Beatrice Paolucci, "Contributions of a Framework of Home Management to the Teaching of Family Relationships," Journal of Marriage and the Family, 28:3 (August, 1966), 339-340.

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may be looked at as sub-goals. According to Liston,²⁸ "the degree to which the needs of family members are met will determine the character of the human resources on which the family may capitalize. . . ." In attempting to conceptualize human resources for social exchange, one step may be to identify the satisfied needs of family members. Stemming from these satisfied needs then are potential resources for exchange. This essentially became the foundation for the conceptualization and measurement of needs in this study. Part of Maslow's hierarchy of needs as used in a study of physically disabled women²⁹ formed the basis for measuring need satisfaction. A review of various marital satisfaction and related instruments guided the formulation of the questions.³⁰

²⁸Liston, p. 26.

²⁹Phyllis N. Hallenbeck, James K. Skipper Jr., and Stephen L. Fink, How the Severely Disabled Client Perceives the Problems of Daily Living (VRA Project #1584. Final report. Cleveland, Ohio: Vocational Guidance and Rehabilitation Services, July, 1966).

³⁰Luther T. Jansen, "Measuring Family Solidarity," American Sociological Review, 17: (1952), 727-733.

Charles E. Bowerman, "Adjustment in Marriage: Overall and in Specific Areas," Sociology and Social Research, 41: (1957), 257-263.

Harvey J. Locke and Robert C. Williamson, "Marital Adjustment: A Factor Analysis Study," American Sociological Review, 23: (1958), 562-569.

Harvey J. Locke and Karl M. Wallace, "Short Marital-Adjustment and Predication Tests: Their Reliability and Validity," Marriage and Family Living, 21: (August, 1959), 251-255.

Elizabeth Most, "Measuring Change in Marital Satisfaction," Social Work (July, 1964), 64-70. Cont'd next page.

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Previous Studies of Power Within the Family

In this section there is an overall review of previous studies divided according to the methods used: either survey or small group research methods.

Survey Methods

As part of the UNESCO studies of the Australian culture, Herbst³¹ was responsible for a study of the relationships within the family between husband and wife. He considered it necessary in addition to who makes the decision within a certain area of activity to know whose behavior is being decided upon. His study with Australian school children resulted in a summation of four basic types of power relationships:

the autonomic pattern--the husband decides and does the activity by himself; the wife decides and does the activity by herself.

the husband-dominance pattern--the husband decides and they both do it; the husband decides and the wife does the activity.

the wife-dominance pattern--the wife decides and they both do it; the wife decides and the husband does the activity.

the syncratic pattern--they decide and do the activity together; after both decide, either does the task.

Myer Katz, "Agreement on Connotative Meaning in Marriage," Family Process, 4: (1964), 64-74.

Malcolm Kahn, "Non-Verbal Communication and Marital Satisfaction," Family Process, 9:4 (December, 1970), 449-455.

³¹P. G. Herbst, "The Measurement of Family Relationships," Human Relations, 5: (1952), 3-30.

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This framework and various adaptations have served as the basis for later studies.³²

Another group of studies focused on the Parson-Bales role framework³³ which designates the wife-mother as fulfilling the expressive role and the husband-father the instrumental role. Rollins³⁴ used this framework in secondary analysis of data collected by Johannis in a study of family decision-making. These data consist of the responses of 1,217 tenth grade adolescents. Rollins' analysis supported the predictions derived from the Parsonian frame of reference when the responses of female subjects were used and not supported when the responses of male subjects were used. When the results from the two separate tests were combined, there was weak overall support for the theory. The wife emerged as the leading authority figure in all areas of home activity considered in the study--household tasks, child care and

³²Theodore B. Johannis Jr., and James M. Rollins, "Teenager Perception of Family Decision Making," The Coordinator, 7: (1959), 70-74.

Verda M. Dale, "An Exploration of the Relationship of Home Managers' Self-actualization to Participation by Family Members in Home Activities" (unpublished Doctoral dissertation, Michigan State University, 1968).

Loretta Ann Onorato, "Structures of Family Management in Two Socio-economic Classes" (unpublished Master's thesis, Michigan State University, 1968).

³³Talcott Parsons and Robert F. Bales, Family, Socialization and Interaction Process (New York: Free Press, 1955), p. 46.

³⁴Rollins, 3-79. Quote p. 12.

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Rollins concluded that:

the evidence appears to support the notion that the lower strata tend toward non-joint authority patterns, with either spouse taking the lead, the odds being slightly in favor of the female. The middle strata tend toward joint authority patterns, and the higher strata tend toward a non-joint authority pattern with the male taking the lead.

In a cross-cultural survey of 56 societies for which the necessary information was available, Zelditch³⁵ found that 46 societies had a Parsons-Bales role structure. That is, there is a differentiation of instrumental and expressive roles with the husband-father role more instrumental and the wife-mother role more expressive. This structure is intended to describe roles in decision-making rather than task execution.³⁶

Basing their framework on the Parsons-Bales proposition, McKinley³⁷ reported that whoever exercises power is determined not solely by the sex of the parent but by the area of decision-making.

³⁵Morris Zelditch Jr., "Role Differentiation in the Nuclear Family: a Comparative Study," Family Socialization and Interaction Process, eds. Talcott Parsons and Robert F. Bales (New York: Free Press, 1955), p. 320.

³⁶Morris Zelditch Jr., "Cross-cultural Analysis of Family Structure," Handbook of Marriage and the Family, ed. Harold T. Christensen (Chicago: Rand McNally, 1964), p. 479.

³⁷Donald G. McKinley, Social Class and Family Life (New York: Free Press, 1964), pp. 107-108.

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Some studies³⁸ have considered the crucial problem to be that of locating the family at any given time on a continuum from matriarchal through equalitarian, to the patriarchal family or from the authoritarian to the democratic family and designating these categories as descriptive of the family power structure. Background variables such as socio-economic class, race, employment status, occupation have been examined in relation to each group. Unless specific statements about the relationships being described for each continuum are included, these overall categories may include a number of variations in describing the family power structure. This may partially explain why, in general, there have been no consistent findings.

Bowerman and Elder³⁹ formulated family structural patterns for three relationships: 1) conjugal or marital role pattern for the perceived structure of husband-wife relations; 2) parental role or authority pattern for the structure of mother and father relations in child rearing; and 3) child rearing structure for that of parent-child relations. Measures of family structure and related data were obtained from

³⁸Karl King, "A Comparison of the Negro and White Family Power Structure in Low-income Families," Child and Family (Spring, 1967), 65-75.

Carol L. Stone and Paul H. Landis, "An Approach to Authority Pattern in Parent-Teen-age Relationships," Rural Sociology, 18:3 (1953), 233-242.

³⁹Charles E. Bowerman and Glen H. Elder Jr., "Variations in Adolescent Perception of Family Power Structure," American Sociological Review, 29: (1964), 551-567.

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structured questionnaires administered in classrooms to a large sample of adolescents in Ohio and North Carolina. Using a crude typology for parental power in decision-making, they attempted to determine whether mother, father or both were seen as most frequently making final decisions in both marital and parental relations: wife or mother-dominance, equalitarian or shared, and husband or father-dominance. The largest proportion of adolescents reported that their parents had equal power in family decision-making with husband-dominance and wife-dominance next in order of prevalence. The findings also suggested that the effects of family structure vary depending on the relationships involved and that family structure is extremely complex.

Stone and Landis⁴⁰ in a study of parent-adolescent relations considered family authority patterns based on the students' conception of their family patterns. These perceptions were not based on who made decisions or how decisions were made but on the content of the decisions. From six questions which formed a Guttman-type scale, the families of the teenagers were classified as to authoritarian, intermediate, or democratic. The researchers then related these family authority patterns to the adjustment problems of teenagers and found that young people from democratic families more often gave responses indicating harmonious relationships with parents than did youth from authoritarian families. Later work

⁴⁰Stone and Landis, 233-242.

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by Empey⁴¹ added intensity analysis to the scale used in this study.

A survey of 776 married persons in Metropolitan Los Angeles⁴² similar to the Blood and Wolfe⁴³ study, indicated that husband and wives in Los Angeles and Detroit are very much the same in their allocations of who makes decisions particularly when analyzing the original eight items selected to reflect power. By broadening the sample of decisions with six additional items, the mean power of the husband dropped and an equal power position for the husband and wife resulted. The personality variable of authoritarianism measured by a short form of the F-scale was positively and significantly related to the exercise of power in marriage. The study also considered the relationship of need to conjugal power. A significant interaction effect indicated that needs of the husbands have different effects on the power relationship than the comparable needs of the wives. In this study the effects of prior marriage significantly reduced the husband's power in the family.

⁴¹LaMar T. Empey, "An Instrument for the Measurement of Family Authority Patterns," Rural Sociology, 22: (1957), 73-77.

⁴²Richard Centers, Bertram H. Raven, and Aroldo D. Rodrigues, "Conjugal Power Structure: A Re-examination" (University of California, Los Angeles, 1969, Technical Report No. 23. Contract Nonr. 233 (54)).

⁴³Blood and Wolfe.

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⁴⁶Paul A. Da
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⁴⁷Phyllis N.
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In a study with farm families, Smith⁴⁴ related marital satisfaction to syncretic decision-making patterns, that is, husband and wives sharing in making decisions. For selected child rearing decisions, syncretic decision-making was associated with marital satisfaction. Although this was the only decision area in which there was a significant relationship, each area contributed to the overall satisfaction of the couples.

French and Raven's⁴⁵ classical delineation of five bases of power in small group theory has formed a framework for some research in decision-making.⁴⁶ Hallenbeck⁴⁷ proposed a typology for analyzing power dynamics in marriage relying on these bases of power: 1) reward power, based on the ability of the person possessing power to provide rewards for the one influenced; 2) coercive power, based on the powerful one's ability to mediate punishments for the one influenced; 3) legitimate power, based on the influenced one's belief that

⁴⁴Herbert L. Smith, "Intra-familial Decision Making and Marital Satisfaction" (paper presented at the Annual Meetings of the National Council on Family Relations, August 16-19, 1967, San Francisco, California), p. 13.

⁴⁵John R. French and Bertram H. Raven, "The Bases of Social Power," Studies in Social Power, ed. D. Cartwright (Ann Arbor, Mich.: Institute for Social Research, The University of Michigan, 1959), pp. 155-156.

⁴⁶Paul A. Dawson, "The Effects of Expert Power and Dogmatism on a Process of Individual Decision-making" (unpublished Doctoral dissertation, Michigan State University, 1969).

⁴⁷Phyllis N. Hallenbeck, "An Analysis of Power Dynamics in Marriage," Journal of Marriage and the Family, 28: (May, 1966), 200-203.

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⁴⁹William F.
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the powerful one has the right to control his behavior or opinions; 4) referent power, based on the influenced one's identification with the powerful one; and 5) expert power, based on the influenced one's perception of superior knowledge or expertness in the powerful one. An empirical test of this typology was conducted in a field study by Raven, Centers, and Rodrigues.⁴⁸ Husbands and wives differentiated among the various power bases which, when exercised by their spouses, would influence them. Coercion is the least likely base for influence followed by reward power. Approximately 55 percent considered expert and referent power as very likely and 47 percent selected the legitimacy response as a very likely basis for compliance. Raven and associates concluded that the bases of power operate independently because they vary according to domain or area of decision and in relation to other demographic variables.

Small Group Research

Kenkel⁴⁹ published a series of articles as a result of a long-term empirical study of family decision-making in which

⁴⁸Bertram H. Raven, Richard Centers, and Aroldo D. Rodrigues, "Social Influence in the Dyad: The Bases of Conjugal Power" (University of California, Los Angeles, 1969, Technical Report No. 25. Contract Nonr. 233 (54)).

⁴⁹William F. Kenkel, "Influence Differentiation in Family Decision-making," Sociology and Social Research, 42: (1957), 18-25; "Traditional Family Ideology and Spousal Roles in Decision-making," Marriage and Family Living, 21: (1959), 334-339; "Family Interaction in Decision-making on Spending," Household Decision-Making, ed. Nelson Foote (New York: New York University Press, 1961), pp. 140-164.

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he focused on roles of family members in the decision-making process, relative influence of family members, changes in the process over time, and an assessment of their ability to teach rational decision-making. From experimental observations of couples as they decided how to spend a hypothetical gift of money, he concluded that husbands and wives showed no great ability to judge several aspects of the roles they would play in a decision-making session.

Mack⁵⁰ focused on the husband-wife power relationship in 80 married couples selected to measure differences among four experimental groups: Black middle-class, white middle-class, Black working-class, and white working-class. In employing several measures of power, Mack found that results obtained from the questionnaire were quite different from those obtained either in the discussion situation or in the bargaining situation. Class differences were more predominant than racial differences in this study.

University Press, 1961), pp. 140-164; "Dominance, Persistence, Self-confidence, and Spousal Roles in Decision-making," The Journal of Social Psychology, 54: (1961), 349-359; "Observational Studies of Husband-wife Interaction in Family Decision-making," Sourcebook in Marriage and the Family, ed. Marvin B. Sussman (Boston: Houghton Mifflin Co., 1963), pp. 144-156.

⁵⁰Delores E. Mack, "The Husband-wife Power Relationship in Black Families and White Families" (Doctoral dissertation, Stanford University, Ann Arbor, Michigan: University Microfilms, 1970), No. 70-18, 438.

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Middleton and Putney,⁵¹ contrary to their expectations, found there was no evidence that whites and Negroes, professors and skilled workers, differ as to which spouse dominates in the making of daily decisions. Their study is based on observation of behavior rather than on subjects' statements. They suggested that these differences may be an example of people saying one thing and doing another.

Straus and Tallman⁵² have been studying problem solving behavior of families. They developed a laboratory technique called SIMFAM (Simulated Family Activity Measurement) to measure the variables of relative power of family members, interpersonal support patterns, volume and quality of communication, problem solving ability, and creativity. A modified technique known as the bean bag task has been developed for use in the home. In a study which used SIMFAM to examine the effects of sex of a child and social class on instrumental and expressive roles, the working class wives exercised more power relative to their husbands than did the middle class wives on instrumental roles. Husbands tended to be predominant in both instrumental and expressive roles among middle

⁵¹Russell Middleton and Snell Putney, "Dominance in Decisions in the Family: Race and Class Differences," The American Journal of Sociology, 65: (1960), 605-609.

⁵²Murray A. Straus and Irving Tallman, "SIMFAM: A Technique for Observational Measurement and Experimental Study of Families," Family Problem Solving, eds. Joan Aldous et al. (Hinsdale, Illinois: The Dryden Press Inc., 1971), pp. 381-438.

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⁵³Murray A. Social Class and the Laboratory Setting (1967), 7-21.

⁵⁴Murray A. and Working Class Preliminary work (1967), 7-21.

⁵⁵Stephen. Conjugal Power, (1971), 360-367

⁵⁶Rollins. Constant Family Structure

class families. Boys had a higher mean power score than girls.⁵³ Straus⁵⁴ has used the SIMFAM technique for measuring relative power of the husband and wife in cross-cultural studies.

Bahr and Rollins⁵⁵ in their use of the technique to experimentally investigate the effects of crisis on conjugal power concluded that the effect depends on the precrisis power structure. Couples with a very dominant mate tended to resist power changes during stress while couples without an especially dominant mate tended to have a flexible power structure that permitted change to occur during the crisis.

Methods Used to Measure Family Power and Authority

Problems in methodology in various studies of family power structure have been discussed in the literature.⁵⁶

⁵³Murray A. Straus, "The Influence of Sex of Child and Social Class on Instrumental and Expressive Family Roles in a Laboratory Setting," Sociology and Social Research, 52:1 (1967), 7-21.

⁵⁴Murray A. Straus, "Husband-wife Interaction in Middle and Working Class Nuclear and Joint Households in Bombay," Preliminary working paper for Studies in Honor of K. M. Kapadia, University of Bombay, in press.

⁵⁵Stephen J. Bahr and Boyd C. Rollins, "Crisis and Conjugal Power," Journal of Marriage and the Family, 33:2 (1971), 360-367.

⁵⁶Rollins. Herr, 1963. Olson, 1967.
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Two recent studies⁵⁷ focused on methodological problems and another re-emphasized the discrepancies in responses depending upon the methods used.⁵⁸

Dimensions of measurement have included both reputational and experimental observation. In the reputational approach, influence has been measured by self report or by report of a person closely acquainted with the family power structure through use of an interview or questionnaire. The experimental observation approach frequently has involved an experimentally contrived decision making process, e.g., a \$300 allocation by the husband and wife,⁵⁹ a boutique bargaining situation⁶⁰ or some version of Strodbeck's method of revealed differences.⁶¹

Strodbeck⁶² is well known for his experimental observation approach--the method of revealed differences. In his

Decision-making," Journal of Marriage and the Family, 31: (1969), 290-301.

Safilios-Rothschild (1970).

James L. Turk and Norman W. Bell, "Measuring Power in Families," Journal of Marriage and the Family, 34:2 (1972), 215-222.

David H. Olson and Carolyn Rabunsky, "Validity of Four Measures of Family Power," Journal of Marriage and the Family, 34:2 (1972), 224-234.

⁵⁷Olson, 1967. Olson and Rabunsky. Turk and Bell.

⁵⁸Mack. ⁵⁹Kenkel, 1963. ⁶⁰Mack,

⁶¹Fred L. Strodbeck, "Husband-Wife Interaction Over Revealed Differences," American Sociological Review, 16: (1951), 468-473. .

⁶²Strodbeck, 1951. .

Fred L. Strodbeck, "The Family as a Three-person Group," American Sociological Review, 19: (1954), 23-29.

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early work, this consisted of asking subjects who have shared experiences to make individual evaluation of them and then asking the subjects to reconcile any differences in interpretations. In a later development, the first step has been to determine the position of each family member on certain hypothetical questions of value; second to find out differences of value revealed by the questionnaire (at least one member of the family disagrees with the value position of another member); and the last step to find out how the revealed difference is resolved. Family power is then measured by finding out whose opinion prevails in each of several discussions over a revealed difference and adding up scores of each participant on all discussions.

The revealed difference technique was used in an extensive study⁶³ comparing families with normal children and families with schizophrenic children. They focused on the control strategies, either attention control or person-control, which group members use to influence other members. In families with normal children there was a clear power structure and a norm which allows all members to participate in the decision-making process.

Middleton and Putney⁶⁴ used a modified version of the revealed differences technique. Their questions concerned

⁶³Elliot G. Mishler and Nancy E. Waxler, Interaction in Families (New York: John Wiley, 1968).

⁶⁴Middleton and Putney.

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judgments of value or preference rather than matters of fact to eliminate the possibility of one partner having more information.

In the analysis of interaction between family members, scoring has been based on Bales Interaction Process Analysis⁶⁵ or a modified version of his categories.⁶⁶

Much of the laboratory small group research in which these categories have been employed has been with groups without a history. Yet the relationships within the family are of a relatively long duration--there is a past and a future. Laboratory studies of small groups examine the emergence of a power structure while studies of families begin with an established power structure.

Leik⁶⁷ compared initiation of acts in the experimental groups composed of triads from nine families-- 1) the families meeting as families, 2) three groups composed of either all mothers, all fathers, or all daughters, and 3) nine groups composed of a father, a mother, and a daughter but not from the same family. He concluded that predictions from interaction with strangers will not hold for interaction with family members.

⁶⁵Robert F. Bales, Interaction Process Analysis (Cambridge, Mass.: Addison-Wesley Press, 1950).

⁶⁶John O'Rourke, "Field and Laboratory: The Decision-making Behavior of Family Groups in Two Experimental Conditions," Sociometry, 26: (1963), 422-435.
Kenkel, 1957.

Robert K. Leik, "Type of Group and the Probability of Initiating Acts," Sociometry, 28: (1965), 57-65.

⁶⁷Leik.

Although O'Rourke's research was strictly limited in scope, the quantity and quality of the data changed as the group grew. There was a general trend toward social-emotional behavior in the laboratory person family group. This was the result of a group project, a series of lessons, and a ranking system.

In using the data, O'Rourke obtained a report that this has been interpreted as a culture. Blood and studies a child has between his parents, husband and wife structure,⁷¹ and

⁶⁸O'Rourke,

⁶⁹Blood and

⁷⁰Herbst. St. Elder.

⁷¹David M. H. Power Structure, "1965-67.

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Although O'Rourke⁶⁸ cautioned the reader regarding the strictly limited nature of his results, he found that both the quantity and quality of the groups' interactive behavior changed as the groups moved from the home to the laboratory. There was a general increase in instrumental and negative social-emotional behaviors as the groups moved from the home to the laboratory situation. In his experiment with 24 three-person family groups, the procedure included the completion of a group projective task, discussion of two decision problems, and a ranking task.

In using the reputational approach, most studies have obtained a report from only one respondent and then frequently this has been interpreted to represent the family power structure. Blood and Wolfe⁶⁹ had only the wife respond. In other studies a child has been asked to report the balance of power between his parents.⁷⁰ There are a few exceptions when both husband and wife have been asked about the conjugal power structure,⁷¹ and when husband, wife and one child have been

⁶⁸O'Rourke, pp. 426-427, 434.

⁶⁹Blood and Wolfe, p. 6.

⁷⁰Herbst. Stone and Landis. Hoffman. Bowerman and Elder.

⁷¹David M. Herr, "Husband and Wife Perceptions of Family Power Structure," Marriage and Family Living, 24: (1962), 65-67.

Ella Jane Oyer, "Relationship of Homemakers' Hearing Losses to Family Integration" (unpublished Doctoral dissertation, Michigan State University, 1969).

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asked about family power.⁷²

A group of husbands and a group of wives responded to who in their families decides about certain economic problems. The researcher,⁷³ suggested that, in general, husbands and wives reflect one another's judgment almost perfectly. This may be true in the aggregate, but does it happen within families? Would this have been the finding if husbands and wives in the same family had been interviewed?

Disagreement between responses of husbands and wives exists according to a summary of various studies by Safilios-Rothschild.⁷⁴ The degree of disagreement varies depending upon the variable under consideration. But practical difficulties sometimes complicate simultaneous interviewing of family members. Although the concurrence of perception has been analyzed in some studies, much more knowledge is needed to determine the part of all family members in the family power structure.

Kenkel⁷⁵ studied the sex of the observer in his observations and found that the effects of the sex of an observer were in the hypothesized direction--that is, wives in the presence of a female researcher talked more, contributed more

⁷²Strodtbeck, 1954. Onorato.

⁷³Elizabeth H. Wolgast, "Do Husbands or Wives Make the Purchasing Decisions?" The Journal of Marketing, 23: (1959), 151-158.

⁷⁴Safilios-Rothschild, 1969, 1970.

⁷⁵Kenkel, 1961.

of the problem solving attempts, and had more influence on the decision outcome than the wives who interacted with their husbands in the presence of a male worker. The reasons for the differences could be debated as to whether they were due to the sex of the observer, their personalities, or the techniques. However, it raises the question of the effect any observer may have on family interaction.

In one study in which conversations between husband and wives were recorded, there were no striking differences between conversations when the recording devices were concealed or when the recorder was in full view.⁷⁶ Vidich⁷⁷ concluded that the tape recorder made a difference in the interaction situation between husbands and wives. From these contradictory findings, the question could be asked to what extent does the acceptability of the recorder depend on the attitude and approach of the researcher?

A study comparing the two methodological approaches was completed by Olson⁷⁸ who had as his primary purpose to investigate the relationship between the self-report measure of predicted power and the behavioral measure of actual power

⁷⁶Fred L. Strodbeck, "Family Interaction, Values, and Achievement," Talent and Society, eds. R. C. McClelland, A. L. Baldwin, U. Bronfenbrenner, F. L. Strodbeck (Princeton, N. J.: Van Nostrand, 1958), 135-194.

⁷⁷A. J. Vidich, "Methodological Problems in the Observation of Husband-Wife Interaction," Marriage and Family Living, 18: (1956), 234-239..

⁷⁸Olson, 1969.

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in family decision-making by couples. He found there is no relationship between these measures based on an analysis of the decisions. When there is incongruence between these measure of power, husbands' responses on the questionnaire tended to overestimate their actual influence in the decision-making process. There was a strong relationship between authority and actual power. When using the questionnaire, the authority variable may be a better estimate of who will actually exercise power than the variable of predicted power. Later Olson and Rabunsky⁷⁹ completed a third phase of the project to determine the validity of four measures of family power with a criterion measure of outcome power and concluded that none of the four variables--predicted power, process power, retrospective power, and authority--were valid.

By comparing nine measures of power in 211 families (842 individuals), Turk and Bell⁸⁰ raised the basic issue calling for reanalysis of the concept of power because generally the measures were not equivalent. Those selected for replication included questionnaire, task outcome, and interactional measures. In the observational measures, children had power which had not happened in the questionnaire measures.

With both approaches to measuring family power--the experimental observation and the reputational--little is known

⁷⁹Olson and Rabunsky, 1972.

⁸⁰Turk and Bell, 1972.

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of their respective contributions. In future studies it would be desirable to use both capitalizing on the strengths of each method for obtaining the desired data of the dimensions of power which of necessity need conceptual clarification.

Physical Disability Within the Family

The disabled are a motley assortment of individuals with all sorts of conditions--psychological, sociological, and economic--and diverse impairments that medically define them as disabled.⁸¹ Some studies have concentrated on the effects of a particular disability on the family.⁸² In others, the

⁸¹Disability may be defined as ". . . a condition of impairment, physical or mental, having an objective aspect that can usually be described by a physician . . . ," in contrast, a handicap ". . . is the cumulative result of the obstacles which disability interposes between the individual and his maximum functional level." See K. W. Hamilton, Counseling the Handicapped in the Rehabilitation Process (New York: Ronald Press, 1950), p. 17, quoted in Beatrice A. Wright, Physical Disability--A Psychological Approach (New York: Harper and Row, 1960), p. 9.

⁸²Gretchen H. Bonnewell, "Effects of Cystic Fibrosis on Families" (unpublished Master's thesis, Kansas State University, 1965).

Bernard Farber, "Some Effects of a Retarded Child on the Mother," Sourcebook in Marriage and the Family, ed. Marvin B. Sussman (2d. ed.; Boston: Houghton Mifflin, 1963), 324-333.

Margaret M. Jacobson, "Coping with Heart Disease: A Study of Farm Families" (Doctoral dissertation, Purdue University, Ann Arbor, Mich.: University Microfilms, 1963) No. 63-6507.

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⁸⁵Harzmann

subjects have various disabilities.⁸³

King⁸⁴ in discussing social psychological factors in illness suggested that "work, authority or decision-making, and emotional support or affection are areas where allocation and meaning of roles will have the greatest impact on illness." The illness of the mother may produce strain on the support-giving activities or affection patterns of the family.

Harzmann⁸⁵ conducted an exploratory study of decision-making in families with physically disabled homemakers.

⁸³Victor A. Christopherson, "Role Modifications of the Handicapped Homemakers," Rehabilitation Literature, 21: (1960), 110-117.

Ruth Deason, Francille Maloch, and Ann Bardwell, Relationships of Maternal Health to Family Solidarity Among Low-income Families in 28 Appalachian Counties, (School of Home Economics, The Ohio State University, December, 1967).

Phyllis N. Hallenbeck et al., 1966.

Rosemary M. Harzmann, "Decision-making in Homes of Disabled Homemakers" (unpublished Master's problem, Department of Home Management and Child Development, Michigan State University, 1964).

J. C. Lacy, "Physical and Psychological Adjustments Associated with Home and Family Management Problems of Selected Normal and Handicapped Homemakers" (unpublished Master's thesis, University of Maryland, 1963).

E. G. Ludwig and J. Collette, "Disability, Dependency and Conjugal Roles," Journal of Marriage and the Family, 31: (1969), 736-739.

Lois O. Schwab, "Self Perceptions of Physically Disabled Homemakers" (Doctoral dissertation, The University of Nebraska Teachers College, Ann Arbor, Mich.: University Microfilms, 1966) No. 66-11, 749.

⁸⁴Stanley H. King, "Social Psychological Factors in Illness," Handbook of Medical Sociology, eds. Howard E. Freeman, Sol Levine, and Leo G. Reeder (Englewood Cliffs, N. J.: Prentice Hall, 1963), p. 118.

⁸⁵Harzmann.

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She found that there had been changes in: 1) the division of labor, 2) activity control, 3) their power in the family, 4) personal and physical aspects of the household, and 5) the amount of influence they had in making decisions. The extent to which the homemaker decided over the behavior of other family members (power) as reported by the mother was generally very low.

As part of a large-scale follow-up study of social security disability applicants in central Ohio, Ludwig and Collette⁸⁶ examined the effects of a disabled breadwinner on decision-making. They found that those husbands dependent upon their wives for activities of daily living had a significantly lesser voice in the three decisions of computing the family income, deciding on the purchase of a new car, and decisions regarding automotive repairs. These decisions were chosen as indicators of decision-making power since they reflect decisions which would not necessitate task performance strongly influenced by physical abilities and which are customarily made by husbands.

In comparing low-income families with and without chronic maternal illness or impairments in Ohio's Appalachian area, Deacon and associates⁸⁷ found no significant differences in the tasks performed by the mother, the decision-making patterns, or family stability. A difference was found in the number

⁸⁶Ludwig and Collette, pp. 737-738.

⁸⁷Deacon et al.

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of meals eaten together which was used as an indicator of family solidarity. For families without maternal chronic illness, more meals were eaten together than for families with a chronic maternal illness or impairment.

Oyer⁸⁸ compared 30 families with hearing-handicapped homemakers with 30 families with normal-hearing homemakers. She found that mothers' power in decision-making did not differ significantly between the two groups, but there was a tendency for hard-of-hearing mothers to have more decision-making power. When the hearing handicapped homemakers were divided as to the severity of their hearing losses, the husbands of the women with the more severe hearing losses reported significantly more marital tension than did husbands of women with normal hearing.

Jacobson⁸⁹ investigated the impact upon the family of arteriosclerotic or hypertensive heart disease in the husband-father. From approximately 400 interviews with cardiac and non-cardiac farmers in 1956-57 and 1960, a group of 54 families were selected for intensive study through interviews with the wives. The family itself was the major resource for coping with heart disease. But when wives assumed a more dominant role in management and income earning, there was sometimes loss to the man's status.

⁸⁸Oyer.

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⁹¹Stanley
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In a few studies which included various disabilities, a limited number of case studies of arthritis have been reported. These have indicated a trend in the importance of supportive family relations for successful rehabilitation of the patient. Although Litman⁹⁰ was unable to determine a statistically significant relationship between rehabilitation response and family integration, he found considerable evidence that the family as an interacting unit serves an important supportive role during the patient's convalescence.

Psychosocial Variables in Rheumatic Diseases

With a disease of unknown etiology, there are often attempts to find any factor that may have a bearing on the disease. Perhaps for this reason, the literature includes a number of reviews of psychosocial variables in rheumatic diseases.⁹¹

⁹⁰Theodor James Litman, "An Analysis of the Sociologic Factors Affecting the Rehabilitation of Physically Handicapped Patients," Archives of Physical Medicine and Rehabilitation (January 1964), 9-16.

⁹¹Stanley H. King, "Psychological Factors Associated with Rheumatoid Arthritis," Journal of Chronic Diseases, 2:3 (1955), 287-302.

Norman A. Scotch, and H. Jack Geiger, "The Epidemiology of Rheumatoid Arthritis," Journal of Chronic Diseases, 15: (April 1962), 1037-1967.

Rudolph H. Moos, "Personality Factors Associated with Rheumatoid Arthritis: A Review," Journal of Chronic Diseases, 17: (1964), 41-55.

Harold Geist, The Psychological Aspects of Rheumatoid Arthritis (Springfield, Ill.: Charles C. Thomas, 1966).

Henry J. Wyatt, "Psychologic Factors in Arthritis," Arthritis and Physical Medicine, ed. Sidney Licht (Baltimore, Maryland: Waverly Press, Inc., 1969), pp. 176-190.

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Cobb⁹² recently proposed a theory about the development of rheumatoid arthritis to encourage the formulation of hypotheses about the etiology of the disease. Part of this proposed theory includes social stress which has been associated with onset and exacerbation and special personality characteristics which make one vulnerable to social stress. These environmental events and personality characteristics lead to the conflict over expression of anger and other negative affects which in turn are associated with physiologic changes. This proposed theory is a culmination of research examining psychosocial factors in rheumatoid arthritis. Findings from specific studies pertinent to this project follow.

In a study comparing a number of psychosocial factors in male patients with rheumatoid arthritis and in patients hospitalized for other disease, the arthritic group was less able to definitely express feelings toward job satisfaction or dissatisfaction. Based on findings from this study and their previous research, Mueller and his co-workers⁹³ indicated that arthritic patients are either unwilling or unable to express openly feelings of dissatisfaction against many

⁹²Sidney Cobb, The Frequency of the Rheumatic Diseases (Cambridge, Mass.: Harvard University Press, 1971), pp. 61-62.

⁹³Alfred D. Mueller, Aaron M. Lefkovits, John E. Bryant, and Max L. Marshall, "Some Psychosocial Factors in Patients with Rheumatoid Arthritis," Arthritis and Rheumatism, 4: (1961), 275.

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stressful aspects of their environment and their lot in life.

In reviewing personality factors associated with rheumatoid arthritis, Moos⁹⁴ reported on a study published in 1947 in which arthritic females tended to reject the feminine role. Evidence of rejection was given by their being head of the house and by making the decisions. Since the investigation includes no control group, it is impossible to know whether rejection of the feminine role is a particular personality characteristic of rheumatoid arthritics. This tendency plus the preference in the following study, raises questions which are not answered for the present project and may contaminate the proposed relationships.

Both members of seven out of eight sets of monozygotic twins discordant for juvenile and adult rheumatoid arthritis preferred physical activity in a study by Meyerowitz and associates.⁹⁵ Part of the activity included a characteristic style of object relating with an emphasis on managing, assuming responsibility, doing for and taking care of others.

Meyerwitz⁹⁶ identified three hypotheses about the role of psychosocial variables in rheumatoid arthritis. The third,

⁹⁴Moos, p. 43.

⁹⁵Sanford Meyerwitz, "The Continuing Investigation of Psychosocial Variables in Rheumatoid Arthritis," Modern Trends in Rheumatology - 2, ed. Alan G. S. Hill (London: Butterworths, 1971), pp. 96-97.

⁹⁶Meyerwitz, pp. 98-104.

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that identifiable psychological responses seen in patients with rheumatoid arthritis influence the course of the illness, was designated a disease course hypothesis. Recent and forthcoming work in this category may, according to Meyerwitz, be of greatest practical assistance to the clinician.

Scotch and Geiger⁹⁷ pointed out that 'mild arthritic' patients differed more from the severely arthritic than do normal subjects in a study which examined the perceived identification of each subject with various members of her family.⁹⁸ Hallenbeck, Skipper and Fink⁹⁹ suggested that greater mobility in the disabled person may place that person in a more ambiguous role situation and that the nature and extent of an impairment may be very much the same for several different etiologies.

The disease course hypothesis coupled with the results from these two studies led to the formulation of an exploratory study within families of power in decision-making and need satisfaction in relation to the extent of disability of patients with rheumatic diseases rather than between a disabled and non-disabled population.

⁹⁷Scotch and Geiger, p. 1059.

⁹⁸Stanley H. King and Sidney Cobb, "Psychosocial Factors in the Epidemiology of Rheumatoid Arthritis," Journal of Chronic Diseases, 7:6 (1958), 466-475.

⁹⁹Hallenbeck et al., pp. 78, 81-82.

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Summary

The review of the literature speaks to the discrepancies in theoretically defining and operationalizing the concept of power. Various conceptual frameworks have formed the basis for previous research on power in the family. However, social exchange theory, which recognizes the role of resources in the family system, appeared the most promising to illuminate relationships between relative power distribution, need satisfaction, and extent of disability.

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CHAPTER III

THE PROCEDURE

To fulfill the purposes of this study, the procedure included: identification of the problem; review of the literature; formulation of hypotheses; selection and development of operational definitions; selection of the sample; description of the sample; selection and development of instruments; description of instruments; collection of data; and analyses of data. This chapter begins with the selection of the sample.

Selection of Sample

Criteria

A purposive, non-probability sample was selected to conform to the following criteria:

- families in which the wives have a rheumatic disease that affects their activities;
- intact families with at least one teen-ager living with the parents and attending school;
- families in which the husband, wife, and teen-ager were willing and able to participate in the project;

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- families living within a reasonable driving distance from Guelph, Ontario, Canada.

Procedure

Interviews were completed with the husband-father, wife-mother, and one teen-ager or child in 35 families representing 90 per cent of the group who were eligible. Families who would meet the criteria were located through the assistance of the Rheumatic Diseases Unit of the Chedoke-McMaster Centre, Hamilton, Ontario. The Unit was recommended through an initial contact with a worker at a regional office of the Canadian Arthritis and Rheumatism Society (C.A.R.S.). Opened in October, 1967 under the direction of Dr. John I. Frid, the Unit is affiliated with the Division of Health Sciences, McMaster University. Prior to that time, the Canadian Arthritis and Rheumatism Society provided a patient care program for individuals with rheumatic diseases in the region. This program continues to exist with close liaison between the McMaster Rheumatic Diseases Unit and the Canadian Arthritis and Rheumatism Society resulting in a continuum of care for patients in the community with rheumatoid disease. With its 29 beds and the average length of stay sixty days, the Unit served 359 patients in 1970 and 1971.

The Hospital Medical Records Institute (HMRI), Don Mills, Ontario computer print-outs for 1968 through March, 1971 were reviewed to identify female patients and their chart numbers of the Rheumatic Diseases Unit. The print-outs are based on the date of discharge from the various services which comprise the Chedoke-McMaster Centre.

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From the Physician's Index section of HMRI, all women patients of the four physicians on the staff of the Unit were listed individually on a form color coded by year. (The form is in Appendix A, page 179.) From the Index, the age, the diagnoses, the physician, the date of admission, the date of discharge, the total hospital days and the chart number were recorded. The forms which represented repeat admissions for the same patient were collated for 1969 to the present. Permanent hospital admission numbers were assigned beginning in 1969.

The charts for all diagnoses excluding oestoarthritis and lumbar and lumbrosacral displacement of an intervertebral disc were pulled by the staff of the Medical Records Department. Repeat admissions for 1968 were identified as the charts were pulled. If, from the name or admission sheet, the staff recognized a single, widowed or divorced patient as they pulled the chart, these were automatically eliminated. Any additional information to assist in determining eligibility and in contacting the family was recorded on the form. When available the additional information included the number, age and sex of children; date of first illness; date of diagnosis of arthritis; the referring physician; the Canadian Arthritis and Rheumatism Society physiotherapist; the public health nurse; date of birth; birthplace; date of marriage; occupation and/or insurance group of husband; religious affiliation; and any other notes from the clinical record that would be pertinent

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in contacts with the family. The name, address, county, and telephone number were also recorded.

As the later computer print-outs became available, they were reviewed through August, 1971. A social worker also reviewed her records to check on possible families for the study. Her list was compared with the sample already acquired; additional families were those in which the patient was still hospitalized.

Reasons for rejecting women patients are given in Table 1. Although any one patient could have been rejected for several reasons, only the major reason is indicated. Patients with either osteoarthritis or lumbar and lumbrosacral displacement of an intervertebral disc were rejected because the probability of these women having dependent children was far less than those with other diagnoses. The average age of the 39 women with osteoarthritis who were rejected was 66.3 years. For the five women with disc displacement, the average age was 58.8 years. The averages are based on age at admission to the Unit.

Following identification of intact families with dependent children, intact families in which the ages of the children were not known, and families in which the present marital status was not known, letters were sent to each of the referring physicians by Dr. John I. Frid, Clinical Director of the McMaster Rheumatic Diseases Unit. A copy of the letter is in Appendix A, page 180. Since patients are

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Table 1. Reason

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Total
^a Included patient Ontario-Windsor

referred to the Unit by the family physician, permission to contact each family was obtained by writing to each of the physicians. During the period of two weeks while waiting for responses from the family physicians, the physiotherapists of the Canadian Arthritis and Rheumatism Society were contacted for information on the composition of the families in which there had been questions following the review of the medical records.

Table 1. Reasons for rejecting women patients.

Reasons	Number
Pertaining to children:	
No dependent children	92
Children under age	13
Pertaining to marital status:	
Widowed	33
Single	28
Separated or divorced	17
Pertaining to the individual:	
Diagnoses	44
Dead	4
English not spoken	1
Pertaining to the location:	
Out of area ^a	4
Admitted to nursing home	1
Total	237

^aIncluded patients in British Columbia and outlying areas of Ontario-Windsor, White River, and Little Current.

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Letters were sent to family physicians of 55 women patients requesting permission to include the patient and her family in the study. Of this number, seven were eliminated based on information from the physicians or physiotherapists indicating that the family had moved, separated, or the children were no longer dependent. Dr. John I. Frid wrote to each of the remaining families. A copy of the letter is in Appendix A, page 181. The letters were mailed in intervals just prior to the time of contacting each of the families by telephone or in person. Of the families who were contacted directly, six families were eliminated because there were no dependent children in the family; one family had recently separated; and in two families the wife-mothers were hospitalized for an indefinite period of time. Out of the total of 55 families, 16 families were omitted for the following reasons:

No dependent children	9
Husband and wife separated	4
Hospitalized	2
Moved to United States	1

Consequently, 39 families or 71 per cent were verified as eligible after contacts with the family physicians, the Canadian Arthritis and Rheumatism Society physiotherapists, and the wife-mother or another family member in each family. In the family with the twelve year old who precipitated the revision of the criterion for sample selection, only the husband-father and wife-mother were interviewed. Therefore, this family has been eliminated from the analysis of the data.

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Demographic Information

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There were three additional refusals resulting in completion of interviews with three members of 35 families or 90 per cent of those eligible for a total of 105 individual interviews.

Description of Sample

Various descriptive characteristics of the sample were identified from the medical records, the interviews, and the home assessments. These have been categorized as to demographic and medical information.

Demographic Information

The size of family, composition of the family, length of marriage, residency characteristics, socio-economic status, employment, education, and ethnic origin were determined from the interviews and the hospital admission forms.

Size of family. Since a major criterion used in the selection of subjects was that the families include a husband-father, a wife-mother, and a teen-ager living at home and attending school, the minimum size of family at home was three. Table 2 shows the distribution of the size of family at home. The families ranged from three to seven members at home averaging 4.26 members. In seven families there was an only child and in two families one child still remained at home. Family members at home included parents and their children except in one family which employed a full-time

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Table 2. Size

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Four
Five
Six
Seven
Total

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housekeeper who lived with the family and was considered a member of the family according to the definition of family used in the study.

Table 2. Size of family at home.

Size of family	Distribution	
	Frequency	Percentage
Three	9	25.71
Four	15	42.85
Five	5	14.29
Six	5	14.29
Seven	1	2.86
Total	35	100.00

In 27 families there were no members of the family living away from home. Among eight families there were eleven children living away from home. Except for one seventeen year old boy, these family members were married.

Composition of family. The number, age, and sex of family members living at home is shown in Table 3. The husband-fathers ranged from 35 to 63 years of age while the wife-mothers ranged from 33 to 58 years of age. However, the mean and median differences indicate the closeness in age of the spouses in the total sample. In Table 4, the age patterns of the spouses show that the husband is older than the wife in 21 families and the wife is older than the husband in ten families.

Table 3. Number
home.

Age of par (Years)	
30-34	
35-39	
40-44	
45-49	
50-54	
55-59	
60-64	
Range	
Mean	
Median	
Age of child (Years)	
12 and under	
13-17	
18-19 ^b	
Adult child	
Total	

^a One family had
who was 20 year

^b Attending high

Table 3. Number, age, and sex of family members living at home.^a

Age of parents (Years)	Number of parents	
	Husband-fathers	Wife-mothers
30-34	0	2
35-39	3	4
40-44	14	10
45-49	11	12
50-54	3	6
55-59	3	1
60-64	1	0
	Years	Years
Range	35-63	33-58
Mean	45.9	44.6
Median	44.7	45.6

Age of children (Years)	Number of teenagers and children	
	Boys	Girls
12 and under	9	17
13-17	20	24
18-19 ^b	2	3
Adult children	1	2
Total	32	46

^aOne family had a female housekeeper living in the family who was 20 years of age.

^bAttending high school.

Table 4. Age P

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H-F equal to
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Table 4. Age patterns of husband-fathers and wife-mothers.

Age patterns	Distribution	
	Frequency	Percentage
H-F older than W-M by 1 to 4 years	15	42.86
H-F older than W-M by 5 or more years	6	17.14
H-F equal to W-M	4	11.43
W-M older than H-F	10	28.57
Total	35	100.00

There are predominantly more girls than boys in the sample families and more family members 13-17 years of age according to information in Table 3. The sex patterns within the family reported in Table 5, emphasize that the females outnumber the males in 16 families.

Table 6 shows that almost half of the families were composed of parents and a teen-ager or teen-agers which follows from the established criteria for the study. Four families had adult members in addition to the parents.

In the 26 families with more than one child or teen-ager, the youngest member at home ranged in age from 2 to 17 years of age and the oldest ranged from 11 to 20 years of age. The age spread between the youngest and oldest child or teen-ager in each family ranged from one to eleven years averaging 4.96 years (Table 7).

Table 5. Sex

Sex pattern
Males less than
Males equal to
Males greater than
Total

Table 6. Composition

Composition
Parents and children
Parents and children
Parents, teenagers, and children
Parents, adults, and children
Parents, adults, and children
Total

Table 5. Sex patterns within the family.

Sex patterns	Distribution	
	Frequency	Percentage
Males less than females	16	45.71
Males equal to females	11	31.43
Males greater than females	8	22.86
Total	35	100.00

Table 6. Composition of the family living at home.

Composition of family	Distribution	
	Frequency	Percentage
Parents and teen-ager(s)	16	45.71
Parents and child(ren)	3	8.57
Parents, teen-ager(s) and child(ren)	12	34.28
Parents, adult, and teen-ager	2	5.72
Parents, adult, teenager(s) and children	2	5.72
Total	35	100.00

Table 7. Number
living

Years
1-3
4-6
7-9
10-11
Total

^aIncludes adult
^bIn nine families

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Table 7. Number of years between oldest and youngest child^a living at home.

Years	Distribution	
	Frequency	Percentage
1-3	12	46.15
4-6	6	23.08
7-9	6	23.08
10-11	2	7.69
Total	26 ^b	100.00

^aIncludes adult children living at home.

^bIn nine families, only one child is living at home.

The sixteen boys interviewed (Table 8) ranged from 10 to 18 years of age averaging 15.0 years. The nineteen girls ranged from 11 to 18 years of age averaging 14.6 years. The four children, 10 and 11 years of age, who were interviewed will be designated as teen-agers in the following discussion.¹

¹During the process of collecting data, an interview was scheduled with a family whose only child at home was twelve years of age. When the interview was arranged, it was thought that an older teen-ager still lived with the family. Through a communication problem with the wife-mother who does not speak fluent English and because of her hospitalization in the interim, the interview was not cancelled. Instead, the forms of the total number of families with children twelve years of age and under were reviewed. There were four families with children eleven and twelve years of age and three of these were then included. The fourth family was omitted because the wife-mother helped in development of the interview schedules when the focus was on families with teen-agers. Another family was inadvertently omitted in the review.

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Table 8. Age

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Eleven
Thirteen
Fourteen
Fifteen
Sixteen
Seventeen
Eighteen
Total
Range
Mean

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Table 8. Age and sex of teen-agers interviewed.

Age	Number of teen-agers		
	Boys	Girls	Total
Ten	2	0	2
Eleven	1	1	2
Thirteen	1	4	5
Fourteen	2	5	7
Fifteen	0	3	3
Sixteen	3	3	6
Seventeen	6	2	8
Eighteen	1	1	2
Total	16	19	35
	Years	Years	Years
Range	10-18	11-18	10-18
Mean	15.0	14.6	14.4

An attempt was made to interview an equal number of boys and girls. In sixteen families the only teen-ager eligible for the study was a girl and in ten families, it was a boy. Consequently, whenever there was a choice between boys and girls, the boy was interviewed. If there were more than

the age to eleven year olds, two ten year olds were interviewed as noted in Table 8. The records had shown one boy to be eleven years of age in 1970 and the second was the younger brother of a teen-ager who, after receiving a gun for his birthday, did not remain at home for the interview scheduled late Saturday afternoon. Since this family lived 91 miles from Guelph, Ontario and the interviewers expected everyone to be present from the telephone conversation with the wife-mother enroute to their home, the ten year old boy was interviewed as a replacement for the teen-ager.

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 Table 9. Twenty
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Table 9. Birth

Birth order
First
Second
Third
Fifth
Only child
Total

^dBased on children
 children were

one eligible teen-ager of the same sex, plans were to initiate a random procedure for selection of the respondent. In the pretests, it was evident that the oldest child would be selected by the family. The families needed justification for the other children in the family and the oldest child is often selected for special consideration by virtue of his position. For practical reasons, this procedure was followed because the interviewer attempted to leave the family scene with as little disruption of relationships as possible. The birth order of the teen-ager interviewed is recorded in Table 9. Twenty-three of the respondents were either only children or the oldest child in the family.

Table 9. Birth order of teen-ager or child interviewed.^a

Birth order	Distribution	
	Frequency	Percentage
First	16	45.71
Second	7	20.00
Third	4	11.43
Fifth	1	2.86
Only child	7	20.00
Total	35	100.00

^aBased on children alive at time of interview. Adopted children were not differentiated.

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Table 10. Length

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Length of marriage. For 32 families the present marriage was the only marriage for either spouse. There were previous marriages for both the husband and wife in two families and for the wife in one family. The length of marriage averaged approximately twenty years (Table 10).

Table 10. Length of marriage for both spouses.

	Range	Years married		SD
		Mean	Median	
Length of present marriage	6-32	19.97	20.00	5.4
Total length of marriage:				
Husband	7-32	20.28	20.00	5.6
Wife	11-32	20.28	20.00	5.2

Residency characteristics. The majority of the families (27) lived in one of the following census metropolitan areas: Kitchener, Hamilton, Niagara-St. Catherines, or Toronto. Table 11 shows that the sample families are a relatively stable group averaging either 10.5 years or 10.6 years in their present homes which are owned by 31 of the families (88.57 per cent). Length of present residence ranged from one to twenty-eight years.

Socio-economic status. The socio-economic status of each family was determined by the Hollingshead

Two Factor Index

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Two Factor Index of Social Position,² the Blishen Index of Occupations in Canada,³ and a dichotomization of the occupations into non-manual and manual categories to represent high and low socio-economic status.⁴

The Hollingshead Index uses occupation and education of the husband as determinants of social status and was developed in the United States. The Blishen Index for 1961 uses a ranking of occupations which has been derived from education and income characteristics of incumbents of these occupations in Canada and from approximations of the Pineo-Porter prestige scale scores. The dichotomization of occupations includes skilled manual employees, machine operators and semi-skilled employees, and unskilled employees (groups five through seven from the Hollingshead Occupational Scale), farmers, and a nurseryman as manual occupations. Nonmanual occupations include professionals, proprietors, managers, technicians, and clerical and sales workers.

Table 12 shows the distribution of the families on the three measures of socio-economic status. The majority of the families are in the lower socio-economic classes.

²August B. Hollingshead, Two Factor Index of Social Position (New Haven, Connecticut, 1965 Yale Station, 1957), pp. 1-11.

³Bernard R. Blishen, "A Socio-Economic Index for Occupations in Canada," The Canadian Review of Sociology and Anthropology, 4:1 (February, 1967), 41-53.

"Social Class and Opportunity in Canada," The Canadian Review of Sociology and Anthropology, 7:2 (May, 1970), 110-112.

⁴Ronald M. Pavalko and David R. Bishop, "Socioeconomic Status and College Plans: A Study of Canadian High School Students," Sociology of Education, 39 (Summer, 1966), 292-293.

Table 11. Res

Location of res

Census metropol

Census agglomer

Rural farm

Rural non-farm

Total

Length of prese
(Year

1-5

6-10

11-15

16-20

21-25

26-30

Range

Mean

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Home owners

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Total

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of at least 1,
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Table 11. Residency characteristics of sample families.

Location of residence ^a	Number of families	Percentage
Census metropolitan area	27	77.14
Census agglomeration	1	2.86
Rural farm	5	14.29
Rural non-farm	2	5.71
Total	35	100.00

Length of present residence (Years)	Perception of	
	Husband	Wife
1-5	11	11
6-10	6	7
11-15	10	8
16-20	5	7
21-25	2	1
26-30	1	1

	Years	Years
Range	1-28	1-28
Mean	10.6	10.5
Median	11	10.25

Home ownership	Number of Families	Percentage
Own	31	88.57
Rent	4	11.43
Total	35	100.00

^aBased on area divisions established for the 1971 Census, Statistics Canada, Ottawa, Canada. Obtained through correspondence with Dr. F. Ricour-Singh, Geography Section, Census Division, Statistics Canada.

"Census metropolitan area is the main labour market area of a continuous built-up area having 100,000 or more population."

"Census agglomeration is a statistical area having an urban centre with a population over 1,000 and adjacent built-up area of at least 1,000 population and a minimum density of 1,000 persons per square mile...."

Table 12. Soc

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II	II
III	III
IV	IV
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Blishen In	
Class	
I	I
II	II
III	III
IV	IV
V	V
To	

Occupations	
Nonmanual	
Manual (low)	
To	

Table 12. Socio-economic status of families.

Hollingshead Index		Distribution	
		Frequency	Percentage
Class	I (high)	1	2.86
	II	1	2.86
	III	9	25.71
	IV	11	31.43
	V (low)	13	37.14
Total		35	100.00
Blishen Index			
Class	I (high)	2	5.71
	II	2	5.71
	III	1	2.86
	IV	7	20.00
	V	18	51.43
	VI (low)	5	14.29
Total		35	100.00
Occupations			
Nonmanual (high)		13	37.14
Manual (low)		22	62.86
Total		35	100.00

Employment

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Employment

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Employment--husband-father. All of the husband-fathers were full-time employees at the time of the interview. One man had been laid off in May, 1971 and later the workers went on strike. He was still on strike at the time of the interview November 3, 1971. Another worker was temporarily at home on compensation from an industrial accident. Except for these two men, the husband-fathers were working full-time at the time of the interviews. The number of hours worked per week ranged from 32 to 100 hours averaging 46.6 hours per week (based on responses from 34 men). One dairy farmer refused to estimate the number of hours that he worked each week.

Employment--wife-mother. Only seven women (20 per cent) were employed. Of these, four were employed full-time outside the home, that is, 35 hours or more per week. One woman worked three to four hours each week away from home. The remaining two women worked at home for pay. One averaged 16 hours per week at dressmaking and the other did full-time farm work during the harvest of apples. Except for the farm work, the work was primarily sedentary.

Employment--teen-ager. Thirteen of the 35 teen-agers were employed at the time of the interview. For those employed, the hours ranged from one half hour per month to 23 hours per week with an average of 10.1 hours per week. The computation does not include two respondents who work on their family farms and the boy who works only one-half hour

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per month. The kinds of jobs ranged from intermittent tasks of selling programs, shoveling snow, and baby-sitting to regular part-time jobs, such as, a paper route, clerking, food service, and janitorial work.

Education. From Table 13 it can be seen why several of the husband-fathers remarked that their son or daughter already had more education than they had completed. The teen-agers have already averaged slightly more grades of elementary or secondary schooling than either parent--9.97 for the teen-ager or child; 9.51 for the wife-mother; and 9.43 for the husband-father. The fathers frequently stressed the desire for their children to get more schooling.

Twenty-two husband-fathers and fourteen wife-mothers had additional schooling. The husband-fathers primarily had taken night school courses. Two husband-fathers and one wife-mother completed their bachelor's degree. Two husband-fathers and one wife-mother received diplomas from university diploma courses. There were two registered nurses and two registered nursing assistants among the women who had additional schooling. Four women and three men had taken business college courses.

The children interviewed were in grades 5 through 13 either in public or separate schools. The schools were located as close as one-half block and as far away as 24 miles from their homes.

Ethnic origin. The birthplace of the wife-mother was used to determine the ethnic origin of the family.

Table 13. High
att

Grade	Husb
5	
6	
7	
8	
9	
10	
11	
12	
13	

Family Member
Husband-father
Wife-mother
Teen-ager or child

Twenty-three of
these were born
and lived on the
Another woman
but she was not
in the sample.
One woman was
community where

Table 13. Highest grade of elementary or secondary school attended by family members interviewed.

Grade	Frequency Distribution		
	Husband-father	Wife-mother	Teen-ager or child
5	3	3	1
6	0	1	1
7	3	1	2
8	8	6	6
9	3	3	6
10	7	7	3
11	4	8	3
12	2	6	10
13	5	0	3

Family Member	Highest grade of schooling		
	Range	Mean	Median
Husband-father	5-13	9.43	9.57
Wife-mother	5-12	9.51	10.00
Teen-ager or child	5-13	9.97	10.00

Twenty-three of the women were born in Canada and most of these were born in Ontario. One family was Canadian Indian and lived on the Six Nations Reserve at Ohsweken, Ontario. Another woman indicated that her husband was French Canadian, but she was not. Otherwise there were no French Canadians in the sample. Four women were born in the United Kingdom. One woman was born in Buffalo, New York--very close to the community where she now lived. There was one family from

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Hungary, Poland, and Yugoslavia and two each from Italy and the Netherlands. For the women who were born in these European countries, their husbands were born there, too. Emigration usually took place following World War II.

Medical Information

The major criterion for selection of the sample specified that the wife-mothers have a rheumatic disease which affects their activities. The medical status of the wife-mothers was evaluated from the medical records, the interviews, and the home assessments. The data describing the women is reported under the following headings: major diagnoses, hospitalizations, duration of disease, rapidity of onset of disease, severity of disease, activity of condition, and functional capacity.

Major diagnoses. The majority of the women in the study (31 or 88.57 per cent) were diagnosed as having rheumatoid arthritis (RA) at their last admission to the Rheumatic Diseases Unit (Table 14). Three women had systemic lupus erythematosus (SLE) and another was diagnosed as non-articular or other muscular rheumatism, fibrositis and myalgia.⁵ Among the secondary diagnoses were obesity, Cushing's syndrome, anemias, and ulcerations of the skin which are frequently

⁵U. S. Department of Health, Education, and Welfare, Eighth Revision International Classification of Diseases Adapted for Use in the United States, Public Health Service Pubn. No. 1693 Vol. 1 (Washington: Government Printing Office, 1967), p. 325.

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Table 14. Major diagnoses of wife-mother from last admission to Rheumatic Diseases Unit.

Diagnosis	Distribution	
	Frequency	Percentage
Rheumatoid arthritis	31	88.57
Systemic lupus erythematosus	3	8.57
Arthritis, non-articular	1	2.86
Total	35	100.00

seen in patients with rheumatoid arthritis. One patient had diabetes mellitus and another goiter.

Hospitalizations. The number of hospitalizations was determined by grouping the admissions to the McMaster Rheumatic Diseases Unit to cover each extended period of time when the patient was away from the family. According to hospital records, the patients may have been discharged and readmitted within short periods of time. The grouping of admissions also reflected the perception of the wife-mother who was asked the number of times she had been hospitalized at Holbrook or Evel. Nineteen women were hospitalized only once at the Unit as shown in Table 15. Sixteen women were hospitalized either two or three times.

The number of days that the women were hospitalized at the Unit ranged from 15 to 532 days averaging 108.6 days with a median of 65 days. The Chedoke General hospitalizations

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Table 15. Hospital days and hospitalizations for wife-mother.

Hospitals	Hospital days		
	Range	Mean	Median
Rheumatic Diseases Unit N=35	15-532	108.6	65
Chedoke General Hospital N=15	1-99	28.6	15

Hospitals	Number of Hospitalizations	Frequency Distribution
Rheumatic Diseases Unit	one	19
	two	9
	three	7
Chedoke General Hospital	none	20
	one	9
	two	3
	three	1
	four	2
Other hospitals	none	20
	one	9
	two	4
	four	1
	six	1

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were mainly for surgical procedures and the patients were transferred to Chedoke from the Unit across the street.

The other hospitalizations were in hospitals scattered throughout the area. Since the women were quite inaccurate in reporting the number of days and dates of hospitalizations, only the data which came from the Medical Records Department at Chedoke General Hospital and the McMaster Rheumatic Diseases Unit have been reported.

Duration of disease. Originally it was planned to include women for whom the disease had been diagnosed a minimum of one year after their marriage. Some of these stringent restrictions on the sample were relaxed during the field work phase of the project. Only one wife-mother had the disease less than one year. That family had made more structural adjustments to their house than the majority of the other families. The family is attempting to prevent any adverse effects from the disease and seemed to have benefitted greatly from the rehabilitation efforts at the RDU.

Two women entered marriage with the disease. For one family both spouses were on crutches at the time of their marriage and have adapted to their disabilities together. For the other wife-mother, there is a discrepancy of 22 years in duration of disease between the perception of the physician from the clinical record and the perception of the patient reported in the interview. This wife-mother also had been married for only six years. According to her report, the diagnosis of the disease followed marriage.

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6-10
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More than 20 ye
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Table 16. Duration of disease of wife-mother.

Time since onset (Years)	Frequency Distribution	
	From Clinical Record	From interview
Less than one year	1	1
1-5	12	15
6-10	7	9
11-15	7	4
16-20	4	5
More than 20 years	2	1
Total	33 ^a	35
Years		
Mean	9.1	8.0
Median	6.1	6.0
Range	1 year-27 years	10 months-26 years

^aNo data available for two patients.

Rapidity of onset of disease. The adjustment of the family to any crisis may be affected by the onset of the event. Although there is a great variation in the clinical features of rheumatoid arthritis, the onset in the majority of cases is insidious.⁶ The onset was insidious for 22 women (Table 17) and acute for 11 women.

⁶According to Webster's Third New International Dictionary, 1961, p. 1169, insidious means "developing so gradually as to be well established before becoming apparent as an insidious disease."

Committee of A.R.A., Primer on the Rheumatic Diseases (New York: The Arthritis Foundation, 1964), p. 7.

Table 17. R

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Table 17. Rapidity of onset of disease of wife-mother.

Onset	Distribution	
	Frequency (N=35)	Percentage
Acute	11	31.43
Insidious	22	62.86
Total	33 ^a	93.29

^aNo data available for two patients.

Severity of disease. The severity of disease at the last admission of the wife-mother was recorded in Table 18. Approximately 40 per cent of the women were classified as Stage III--Severe or Stage IV--Terminal which indicates joint deformity and various other criteria (A.R.A. Anatomical Stages, Appendix B, page 212).⁷ Only six women were placed in Stage I--Early, indicating no destructive changes roentgenologically.

Activity of condition. Rheumatoid arthritis is characterized by exacerbations and remissions. Consequently, one cannot expect an increasing degree of severity of the activity of condition or decreasing functional capacity with an

⁷Otto Steinbrocker, Cornelius H. Traeger, and Robert C. Betterman, "Therapeutic Criteria in Rheumatoid Arthritis," The Journal of the American Medical Association, 140:8 (June 25, 1949), p. 661.

Table 18. Severity of disease of wife-mother at last admission to Rheumatic Diseases Unit.

Stage ^a	Distribution	
	Frequency	Percentage
I. Early	6	17.14
II. Moderate	14	40.00
2.5	1	2.86
III. Severe	9	25.71
IV. Terminal	5	14.29
Total	35	100.00

^aBased on A.R.A. Anatomical Stages.

additional number of hospitalizations at the Unit. The activity of condition rated as mild, moderate, and severe is shown in Table 19 for each admission of the wife-mother. Nineteen women were admitted once to the Unit and the activity of condition was rated as mild for eight, mild to moderate for one, moderate for nine, and severe for one. The nine women with two admissions and the seven women with three admissions were rated as proportionately more severe at their first and later hospitalizations. The activity of condition assessed by the C.A.R.S. physiotherapists reported in Table 20 shows that over 50 percent of the women were at a moderate level.

Table 19. Activity of condition of wife-mother for each hospitalization at Rheumatic Diseases Unit.

Activity of Condition	Number of Hospitalizations					
	1	2		3		
	First Admission	First Admission	Second Admission	First Admission	Second Admission	Third Admission
Mild	8	1	1	2	1	0
(Mild to Moderate) 1.5	1	0	0	0	0	0
Moderate	9	6	4	4	1	5
2.5	0	0	0	0	0	0
Severe	1	2	4	1	5	2
Total wife-mothers	19	9	9	7	7	7

Table 20. Activity of condition of wife-mother based on home assessment by the Canadian Arthritis and Rheumatism physiotherapist.

Level of condition	Distribution	
	Frequency	Percentage
Mild	13	37.14
Moderate	19	54.29
Severe	3	8.57
Total	35	100.00

Functional capacity. Functional capacity may vary considerably regardless of the degree of activity of condition or the extent of structural damage as measured by the stages of the severity of the disease. From the perspective of the wife-mother who is attempting to fulfill her roles as wife, mother, and housekeeper, her degree of functional impairment is of utmost importance. However, the categories of functional capacity are gross measures and the extent of subjectiveness inherent in the evaluation may not indicate the real differences among the wife-mothers in their ability to perform within the home. Various rating scales have been developed to evaluate the extent of disability on functional performance. The complexities involved in using some scales frequently override the practicalities of evaluation. Fully recognizing the shortcomings of the schema selected

(the A.R.A. Functional Class),⁸ the functional capacity of each wife-mother at each admission and discharge from the Unit was evaluated by the physician from the medical records. Table 21 shows the functional capacity at discharge from each hospitalization. The majority of the women were considered Class II--Adequate for normal activities despite handicap of discomfort or limited motion at one or more joints.

At the home assessment by the C.A.R.S. physiotherapist, 14 women were placed in Class 1--Unimpaired or slightly impaired and 15 women were placed in Class 2--Complete self-care (Table 22). From the time of the interview until the home assessment, one wife-mother had been hospitalized; therefore, she was rated as severely impaired. Although the woman was in her own home at the time of the interview, she was dependent upon auxillary services such as a visiting nurse, a homemaker, and the C.A.R.S. physiotherapist. The additional services had been employed to avoid further hospitalization; however, another medical problem necessitated hospitalization for an extended period of time.

Medical status of husband-father. Thirty of the men reported that there was no condition for which they were presently receiving medical care. Of the five men who were receiving care, two had heart conditions which affected their activities. One each reported being treated for allergies, back, and gout and high blood pressure.

⁸Steinbrocker et al., p. 661.

Table 21. Functional capacity of wife-mother at discharge from each hospitalization at Rheumatic Diseases Unit.

Functional capacity ^a	Number of Hospitalizations				
	1 First Admission	2 First Admission Second Admission	3 First Admission Second Admission Third Admission		
Class I Complete	3	0	0	0	0
1.5	0	0	0	0	0
II Adequate	13	6	4	4	3
2.5	1	0	1	0	0
III Limited	2	3	4	3	3
3.5	0	0	0	0	1
IV Incapacitated	0	0	0	0	0
Total wife-mothers	19	9	9	7	7

^aBased on A.R.A. Functional Class.

Table 22. Functional capacity of wife-mother based on home assessment by the Canadian Arthritis and Rheumatism physiotherapist.

Functional capacity ^a	Distribution	
	Frequency	Percentage
1. Unimpaired or slightly impaired	14	40.00
2. Complete self-care	15	42.85
3. Partial self-care	5	14.29
4. Severely impaired	1	2.86
Total	35	100.00

^aFrom Part II, Appendix C Functional Capacity Code, C.A.R.S. Medical and Scientific Committee, 1954.

Medical status of teen-ager. Only four teen-agers reported that they were receiving medical care at the time of the interview. Three teen-agers were receiving treatment for asthma or allergies and one boy was still confined to his home with infectious mononucleosis.

Selection and Development of Instruments

During the formulation of the interview schedules, a wife-mother who had been a patient at the Rheumatic Diseases Unit willingly discussed problems that developed for her family and for families she knew in which the wife-mother had one of the rheumatic diseases such as rheumatoid arthritis, ankylosing

spondylitis, or systematis lupus erythematosus. She had graduated from college in home economics and periodically discusses her disability and family with university students in home management. Originally the family was not eligible for the study, because the children were 9 and 11 years of age. When the age of the children was changed, the family became eligible. But the family was rejected because of the assistance given by the wife-mother in the development phase of the project. The initial visit to her home and subsequent visits indicated that the roles of wife, mother, and house-keeper and the family dynamics probably have been affected by the disease.

While reading the medical records of the patients to determine the sample, it was usually necessary to read reports by both the physiotherapists and occupational therapists to determine family composition. Their reports were helpful in the development of the measure of power in decision-making by providing information for the division of tasks into segments to reflect the capabilities of the wife-mother and the general pattern of the family situation. In addition to the literature review of rheumatic diseases, an educational conference sponsored by C.A.R.S. for physiotherapists and occupational therapists on "The Total Management of Rheumatoid Arthritis," June 25, 1971 provided background information regarding the medical aspects of the majority of the women in the sample.

A psychiatrist in Toronto, Ontario who serves as a member of the Medical Advisory Committee to The Canadian Arthritis and Rheumatism Society in Ontario reviewed the proposed interview schedules prior to pretesting. He stressed the fatigue aspects of the disease and the resulting need to limit the length of the interviews.

The Director of Professional Services, Ontario Division of The Canadian Arthritis and Rheumatism Society, reviewed the project proposal and offered his support. The C.A.R.S. librarian initially helped with the review of literature on psychosocial factors in rheumatoid arthritis.

Pretests were arranged through the cooperation of the C.A.R.S. senior physiotherapist in the Toronto region. The therapists in that region determined the families from their case loads who met the established criteria and secured permission from the family for their participation. The investigator contacted each family and arranged interviews with the husband-father, wife-mother, and teen-ager in four families. The pretests were conducted in July, 1971 by the investigator and a male interviewer hired to conduct the interviews of the husband-fathers. For the pretests, one of the two interviewers interviewed the teen-ager depending upon the sex of the teen-ager. Following the pretests, the decision was made to hire a third person to interview the teen-ager, therefore enabling the three members of the family to be interviewed simultaneously in separate parts of the home.

Based on comments from the pretests and the knowledge gained from reading the medical charts, the interview schedules were revised. Length of interview was one of the major considerations. It was felt that the interview schedule should be less than 90 minutes in length, preferably no more than 60 minutes. A review of the conceptualization of the major variables resulted in eliminating parts of both the power in decision-making and the perception of needs components of the interview schedules. After revisions of the interview schedules, a pretest was conducted with a wife-mother who had been a patient at the McMaster RDU but no longer had dependent children; consequently, she was not eligible for the sample. The format appeared acceptable, but questions still needed to be eliminated because of the length of the interview. The questions pertaining to family activities were condensed and certain information eliminated prior to the final type setting and printing of the interview schedules.

Description of Instruments

Instruments which have been utilized in this study may be found in Appendix B, pages 182 to 214.

Husband-father, Wife-mother, and Teen-ager Interview Schedules

The interview schedules for the husband-father, wife-mother, and teen-ager are identical except for questions pertaining to employment, income, the wife-mother's illness,

sexual satisfaction; for references to the person interviewed in relation to other family members; and for color. To facilitate use of the interview schedules, a different color was chosen for each family member. The husband-father schedules were yellow; the wife-mother schedules were green; and the teen-ager schedules were salmon.

The interview schedules were developed for use with the respondent reading along with the interviewer if the respondent so desired. Any extraneous information for coding that could lead to apprehension on the part of the respondent was not included in the schedule. For this reason the questions were not numbered.

Two major variables--power in decision-making and perception of need satisfaction--were measured by components of the interview schedule. Each component is discussed in the following sections. There were additional questions to measure descriptive variables.

Perception of power in decision-making. Onorato⁹ developed an instrument to measure the involvement of family members in decision-making and decision-implementing. She built her instrument upon previous work of Herbst, Johannis, and

⁹Loretta Ann Onorato, "Structures of Family Management in Two Socio-Economic Classes" (unpublished Master's thesis, Michigan State University, 1968), pp. 77-89.

Harzmann.¹⁰ Dale¹¹ used part of this instrument to identify family member participation in family activities. Oyer¹² used a measure of task performance and power of the homemaker in decision-making comprised of selected items from the Onorato instrument.

A preliminary listing of tasks for this study was selected from results obtained in each study named. Revisions in the first form were made from the comments of the family members in the pretesting and the information gained in the review of the medical charts. The areas of control derived from Herbst¹³ that were part of the previous studies were not delineated as part of this study. However, the tasks were partially grouped according to the classification of the needs in the perception of needs measure.

¹⁰P. G. Herbst, "The Measurement of Family Relationships," Human Relations, 5 (1952), pp. 32-33.

T. B. Johannis, Jr., "The Adolescent's View of Father Roles in Relation to Socio-economic Class" (unpublished Doctoral dissertation, The Florida State University, Tallahassee, 1955).

Rosemary M. Harzmann, "Decision-making in Homes of Disabled Homemakers" (unpublished Master's problem, Department of Home Management and Child Development, Michigan State University, 1964), pp. 70-75.

¹¹Verda M. Dale, "An Exploration of the Relationship of Home Managers' Self-actualization to Participation by Family Members in Home Activities" (unpublished Doctoral dissertation, Michigan State University, 1968), pp. 88-92.

¹²Ella Jane Oyer, "Relationship of Homemakers' Hearing Losses to Family Integration" (unpublished Doctoral dissertation, Michigan State University, 1969), pp. 104-107.

¹³Herbst, 1952.

The first component of the power in decision-making measure consisted of fifty-one activities for which each respondent was asked to identify from his perception who completed the task (pages 1, 2, and 7 in schedule, Appendix B, pages 182, 183, 188; 191, 192, 197; 200, 201, 206). The second component consisted of who was perceived to make the decision regarding who completed the task for the same fifty-one activities (pages 7-8 in schedule, Appendix B, pages 188-189; 197-198; 206-207). By combining these two components of the measure, a perceived power in decision-making score was computed for each respondent according to the method outlined in Tables 23-25.

Previous studies¹⁴ based the scoring procedures on a dichotomy--homemaker and others or mother and father--although the responses permitted more refinements in the scoring procedures. In this study, the response categories for who does and who decides were: husband, wife, teen-age boy, teen-age girl, child boy, child girl, other family adult, other than family, each does himself, and no one or does not apply. For scoring, the categories of husband, wife, teen-age boy, teen-age girl, child boy, child girl, other family adult, and other than family were reduced to husband-father, wife-mother, teen-ager and others. There are a multiplicity of possible combinations when four response categories are used

¹⁴Lois W. Hoffman, "Some Effects of the Employment of Mothers on Family Structure" (Doctoral dissertation, University of Michigan, 1958), p. 60.

Harzmann, p. 21.

Oyer, p. 60.

Table 23. Method of item scoring of power in decision-making for husband-father.

Response of husband-father	Weight
HF decides; any one, two, or all three-- WM, T, or O(s)--does or do.	+ 7
HF decides; HF <u>and</u> any one, two, or all three-- WM, T, O(s)--do.	+ 6
HF <u>and</u> any one--WM or T or O(s)--decide; any one, two, or all three--WM, T, O(s)--does or do.	+ 5
HF <u>and</u> any one--WM or T or O(s)--decide; HF <u>and</u> any two or all three--WM, T, O(s)--do.	+ 4
HF <u>and</u> any two--WM, T, O(s)--decide; any one, two, or all three--WM, T, O(s)--does or do	+ 3
HF <u>and</u> any two--WM, T, O(s)--decide; HF <u>and</u> WM <u>and</u> T <u>and</u> O(s) do	+ 2
HF <u>and</u> WM <u>and</u> T <u>and</u> O(s) decide; any one, two, of all three--WM, T, O(s)--does or do	+ 1
HF decides; HF does	0
HF <u>and</u> WM or T or O(s) decide; HF <u>and</u> WM or T, or O(s) do	0
HF <u>and</u> any two--WM, T, O(s)--decide; HF <u>and</u> any two--WM, T, O(s)--do	0
HF <u>and</u> WM <u>and</u> T <u>and</u> O(s) decide; HF <u>and</u> WM <u>and</u> T <u>and</u> O(s) do	0
Any one, two, or all three--WM, T, O(s) decide; HF <u>and</u> WM <u>and</u> T <u>and</u> O(s) do	- 1
HF <u>and</u> WM <u>and</u> T <u>and</u> O(s) decide; HF <u>and</u> any two-- WM, T, O(s)--do	- 2
Any one, two, or all three--WM, T, O(s)--decide; HF <u>and</u> any two--WM, T, O(s)--do	- 3
HF <u>and</u> any two or all three--WM, T, O(s)--decide; HF <u>and</u> any one--WM or T or O(s)--do	- 4

continued

Table 23--Continued

Response of husband-father	Weight
Any one, two, or all three--WM, T, O(s) decide; HF <u>and</u> any one--WM, T, O(s)--do	- 5
HF <u>and</u> any one, two, or all three--WM, T, O(s) decide; HF does	- 6
Any one, two, or all three--WM, T, O(s)--decide; HF does	- 7

Table 24. Method of item scoring of power in decision-making for wife-mother.

Response for wife-mother	Weight
WM decides; any one, two, or all three--HF, T, O(s)--does or do	+ 7
WM decides; WM <u>and</u> any one, two, or all three--HF, T, O(s)--do	+ 6
WM <u>and</u> any one--HF, T, O(s)--decide; any one, two, or all three--HF, T, O(s)--does or do	+ 5
WM <u>and</u> any one--HF, T, O(s)--decide; WM <u>and</u> any two or all three--HF, T, O(s)--do	+ 4
WM <u>and</u> any two--HF, T, O(s)--decide; any one, two, or all three--HF, T, O(s)--does or do	+ 3
WM <u>and</u> any two--HF, T, O(s)--decide; WM <u>and</u> HF <u>and</u> T <u>and</u> O(s) do	+ 2
WM <u>and</u> HF <u>and</u> T <u>and</u> O(s) decide; any one, two, or all three--HF, T, O(s)--does or do	+ 1
WM decides; WM does	0
WM <u>and</u> HF or T or O(s) decide; WM <u>and</u> HF or T or O(s) do	0
WM <u>and</u> any two--HF, T, O(s)--decide; WM <u>and</u> any two--HF, T, O(s)--do	0
WM <u>and</u> HF <u>and</u> T <u>and</u> O(s) decide; WM <u>and</u> HF <u>and</u> T <u>and</u> O(s) do	0
Any one, two, or all three--HF, T, O(s)--decide; WM <u>and</u> HF <u>and</u> T <u>and</u> O(s)--do	- 1
WM <u>and</u> HF <u>and</u> T <u>and</u> O(s) decide; WM <u>and</u> any two--HF, T, O(s)--do	- 2
Any one, two, or all three--HF, T, O(s)--decide; WM <u>and</u> any two--HF, T, O(s)--do	- 3
WM <u>and</u> any two or all three--HF, T, O(s)--decide; WM <u>and</u> any one--HF, T, O(s)--do	- 4

continued

Table 24--Continued

Response for wife-mother	Weight
Any one, two, or all three--HF, T, O(s)--decide; WM <u>and</u> any one--HF or T or O(s)--do	- 5
WM <u>and</u> any one, two, or all three--HF, T, O(s)-- decide; WM does	- 6
Any one, two, or all three--HF, T, O(s)--decide; WM does	- 7

Table 25. Method of item scoring of power in decision-making for teen-ager.

Response of teen-ager	Weight
T decides; any one, two, or all three--HF, WM, O(s)--does or do	+ 7
T decides; T <u>and</u> any one, two, or all three--HF, WM, O(s)--do	+ 6
T <u>and</u> any one--HF or WM or O(s)--decide; any one, two, or all three--HF, WM, O(s)--does or do	+ 5
T <u>and</u> any one--HF, WM, O(s)--decide; T <u>and</u> any two or all three--HF, WM, O(s)--do	+ 4
T <u>and</u> any two--HF, WM, O(s)--decide; any one, two, or all three--HF, WM, O(s)--does or do	+ 3
T <u>and</u> any two--HF, WM, O(s)--decide; T <u>and</u> HF <u>and</u> WM <u>and</u> O(s) do	+ 2
T <u>and</u> HF <u>and</u> WM <u>and</u> O(s) decide; any one, two, or all three--HF, WM, O(s)--does or do	+ 1
T decides; T does	0
T <u>and</u> HF or WM or O(s) decide; T <u>and</u> HF or WM or O(s) do	0
T <u>and</u> any two--HF, WM, O(s)--decide; T <u>and</u> any two--HF, WM, O(s)--do	0
T <u>and</u> HF <u>and</u> WM <u>and</u> O(s) decide; T <u>and</u> HF <u>and</u> WM <u>and</u> O(s) do	0
Any one, two, or all three--HF, WM, O(s)--decide; T <u>and</u> HF <u>and</u> WM <u>and</u> O(s) do	- 1
T <u>and</u> HF <u>and</u> WM <u>and</u> O(s) decide; T <u>and</u> any two--HF, WM, O(s)--do	- 2
Any one, two, or all three--HF, WM, O(s)--decide; T <u>and</u> any two--HF, WM, O(s)--do	- 3
T <u>and</u> any two or all three--HF, WM, O(s)--decide; T <u>and</u> any one--HF, WM, O(s)--do	- 4

continued

Table 25--Continued

Response of teen-ager	Weight
Any one, two, or all three--HF, WM, O(s)--decide; T <u>and</u> any one--HF, WM, O(s)--do	- 5
T <u>and</u> any one, two, or all three--HF, WM, O(s)-- decide; T does	- 6
Any one, two, or three--HF, WM, O(s)--decide; T does	- 7

in determining scores of power in decision-making. These have been combined in Tables 23-25. The weighting is based on the assumption that the persons named above have equal access to power.

The response category 'each does himself' adapted from Oyer¹⁵ was found not to be mutually exclusive in the coding process. One member of the family may have responded with 'each does himself' while another may have named all members of the family which is essentially the same response. By using these response categories, there is no way to determine for any activity whether the task is perceived as done individually or collectively. The concern in this measure is with the perception of who does the task and not the manner in which it is accomplished.

Perception of need satisfaction. An interview schedule to measure need satisfaction developed by Hallenbeck, Skipper and Fink¹⁶ was modified for this study. Maslow's¹⁷ hierarchy of needs formed the basis of the Hallenbeck schedule. Only those questions reportedly measuring physiological, safety, and love and belongingness needs were adapted. Maslow's schema was accepted for categorization only and no assumption was made that needs are ordered in a hierarchy.

¹⁵Oyer, p. 104.

¹⁶Phyllis N. Hallenbeck, James K. Skipper, and Stephen L. Fink, How the Severely Disabled Client Perceives the Problems of Daily Living (VRA Project No. 1584, Cleveland, Ohio: Vocational Guidance and Rehabilitation Services, Final Report, July, 1966), pp. 95-99.

¹⁷A. H. Maslow, Motivation and Personality (2d ed. New York: Harper and Bros., 1970), pp. 35-58.

The second measure employed by Hallenbeck et al.¹⁸ was a marital satisfaction interview schedule. Some of these items were included in the love and belongingness category which was expanded and designated companionship and support needs.

Hallenbeck et al.¹⁹ depended upon trained coders to evaluate the responses of the interviewees to determine the extent of satisfaction of the needs. They used a seven-point Likert-type scale ranging from "very dissatisfied" to "very satisfied". This procedure was modified for the present study.

The extent of need satisfaction was evaluated by the respondent on a scale of four responses: most of the time, sometimes, usually not, or not at all. The component of the interview schedule measuring perception of need satisfaction is found on page nine of the husband-father, wife-mother, and teen-ager interview schedules (Appendix B, pages 190, 199, 208). Table 26 shows the method of item scoring for the perceived need satisfaction scores.

¹⁸Hallenbeck et al., pp. 100-104.

¹⁹Hallenbeck et al., pp. 114-116.

Table 26. Method of item scoring of need satisfaction of family members.

Needs	Possible Scores			
	Most of the time	Sometimes	Usually not	Not at all
Physiological needs:				
Satisfaction with meals	4	3	2	1
Satisfaction with rest and sleep	4	3	2	1
Concern about pain	Not concerned			3.5
	Concerned			1.5
Safety needs:				
Satisfaction with clothing	4	3	2	1
Satisfaction with housing	4	3	2	1
Satisfaction with family's safety and security	4	3	2	1
Companionship and support needs:				
Satisfaction with empathy (understanding of feelings)	4	3	2	1
Satisfaction with expression of affection				
spouse	2	1.5	1	.5
parent-teen-ager	2	1.5	1	.5
Satisfaction with thoughtfulness				
spouse	2	1.5	1	.5
parent-teen-ager	2	1.5	1	.5
Satisfaction with sharing of information				
spouse	2	1.5	1	.5
parent-teen-ager	2	1.5	1	.5
Satisfaction with sharing of confidences				
spouse	2	1.5	1	.5
parent-teen-ager	2	1.5	1	.5

continued

Table 26--Continued

Needs	Possible Scores			
	Most of the time	Sometimes	Usually not	Not at all
Sexual satisfaction and satisfaction with self as sex partner	4	3	2	1
Satisfaction with activity sharing				
spouse	.8	.6	.4	.2
parent-teen-ager	.8	.6	.4	.2
family	.8	.6	.4	.2
friends	.8	.6	.4	.2
relatives	.8	.6	.4	.2

Responses to open-ended questions relative to each need were taped. Coders were trained to evaluate these responses to determine the need satisfaction of the respondents. The coding form is found in Appendix C, pages 215-216. The results of inter-rater reliability and respondent-rater congruence relative to need satisfaction are found in Appendix C, pages 220-227.

Husband-Wife Interview Schedule

The husband-wife interview schedule consists of a single sheet and includes basic demographic data obtained from the husband and wife jointly (Appendix B, page 209). The 1971 Canadian Census was conducted in June, 1971. Because families were quite familiar with that format, some questions were patterned after the Census. Other questions were similar to those used in previous studies.

Medical Data for Wife-mother

The medical data forms were developed in consultation with Dr. John I. Frid, Clinical Director, McMaster Rheumatic Diseases Unit, Hamilton, Ontario. They included two sheets for medical data from the patient's hospital chart and a home assessment form used by the C.A.R.S. physiotherapist (Appendix B, pages 210-213). When feasible, established criteria for patient assessment were incorporated into the forms. These are the A.R.A. criteria for functional capacity and the A.R.A. anatomical stages.²⁰ An estimate of the degree of disease

²⁰Steinbrocker et al., p. 661.

activity as to mild, moderate, and severe was included in preference to the more detailed A.R.A. criteria for estimating degrees of disease activity.

On the home assessment form, the wording for the functional capacity categories came from the Functional Capacity Code, C.A.R.S. Medical Scientific Committee, 1954 and is the terminology which the C.A.R.S. therapists regularly employ in patient assessment. Although the wording is not identical with that on the medical data form, the categories are considered to represent comparable functional levels.

Log for Interview Data

A form was used (Appendix B, page 214) as a log during the field work phase of the study. The form included family code information, the address, telephone number, directions to the home, a listing of all contacts with the family, and comments from the interview that assisted in further contacts with the family.

Collection of Data

Three persons were involved in the initial collection of data in the field. The investigator interviewed the wife-mothers in each family. In selecting a person to interview the husband-fathers, three males were considered. Through Canada Manpower, a former farmer, who is now selling to farmers, was recruited and trained in the pretesting phase.

His previous experience in tax assessment and collection and in sales helped him easily gain rapport with the husband-fathers and his educational level approximated that of the majority of the men in the sample.

A recent college graduate was hired to interview the teen-agers. Following the first 20 interviews she was replaced due to the difficulty of arranging transportation for her from her home in Kitchener to Guelph, Ontario. The second person hired to interview the teen-agers was a college student from Ohio who was working as a volunteer at the YMCA-YWCA in Guelph. She had excellent rapport with the children and was well accepted by the families (as reported by the physiotherapists after their family visits).

The field work began after letters were mailed to each wife-mother. Since the families were spread over a wide geographic area (Figure 2, page 106), there was a need to coordinate interviews with families who lived close to each other or enroute to another family. Consequently, the location of each family was plotted on a provincial road map according to the postal address or on a city street map for Hamilton, Burlington, Kitchener-Waterloo, and Galt. Clusters of families were determined from a visual inspection of the maps.

Families were contacted by telephone to elicit cooperation for the interview and to arrange a time when the husband-father, wife-mother, and teen-ager would be home. Usually the wife-mother made these arrangements. Occasionally she wanted

Figure 2. Location of families interviewed in Ontario.

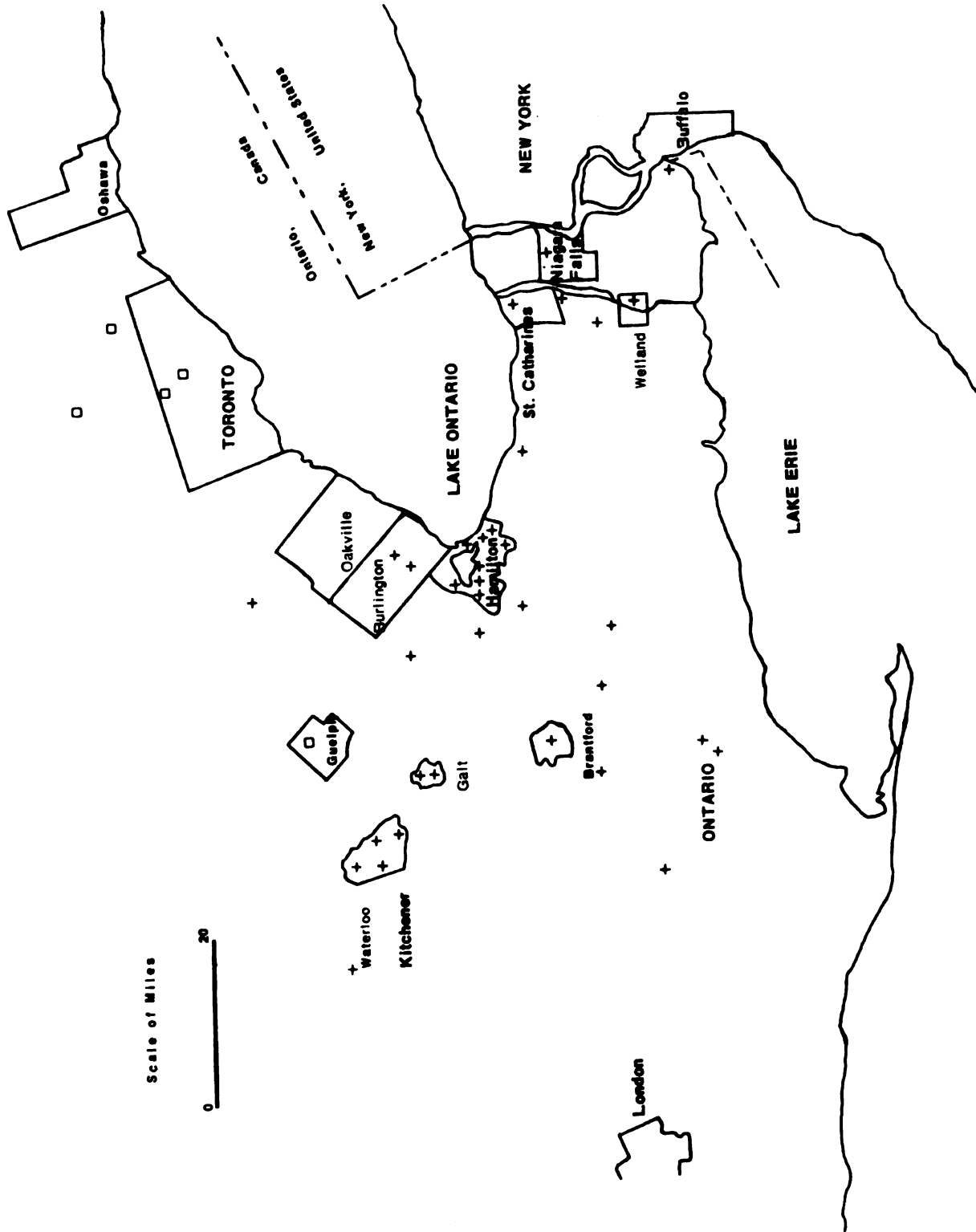
+ = Families interviewed in sample.
□ = Families interviewed in pretest.

Census metropolitan areas:

Hamilton
Kitchener
London
Niagara-St. Catharines
Toronto

Census agglomerations:

Brantford
Guelph



to check with the family and asked that the telephone call be returned after she had consulted with other family members. Two families without telephones were contacted directly in person. One of the women reported that there was a telephone both at her home and at her place of employment where she could be contacted. The family without a telephone eventually refused to cooperate in the study.

Although it was emphasized that the interviewers would adjust to the families' schedules, most wife-mothers suggested that the interviewers set the time. Families offered to forego activities for the interview; the appointments were arranged to make this unnecessary. By being able to occasionally set the time of the interview at the convenience of the interviewers, it facilitated two family visits per evening--usually one at 6:30 P. M. and another at 8:30 P. M. It was necessary to interview in the evenings and on Saturdays, because children were not home during the day even though the husband-fathers on shift work were frequently home. Many of the men who worked in industry were on a swing shift, that is, every week the men worked a different shift rotating through the cycle of three shifts--days, evenings, and nights. On Saturdays, arrangements were made to interview those families who lived near one another the farthest distance from Guelph, Ontario.

Families were usually waiting for the interviewers. A reminder note was sent to the family only if the appointment

had been scheduled a week or two in advance. In two families the husband-fathers were late returning from work and in another family the husband-father had unexpectedly acted as chauffeur for children in several families.

The usual format during the interview began with the investigator introducing her assistants to the family members soon after entering their home. The general procedure was explained to the husband-father or wife-mother or both depending upon who was present and who functioned as host or hostess. The teen-ager was interviewed by the younger female interviewer while the husband-father and wife-mother answered some questions together and were then interviewed separately. The male investigator interviewed the husband-father while the female investigator interviewed the wife-mother. If there were any questions about the research project, these were deferred until the interviews were completed.

The parents usually suggested which rooms could be used for the interviews. The husband-father and wife-mother sat with the interviewers in the living room or around the table in the dining room for the combined husband-wife interview. The location of the individual interviews of the husband-father and wife-mother was determined mainly by the mobility of the wife-mother. She picked a comfortable location for herself and everyone else arranged themselves accordingly. Frequently her choice was a particular chair which had been raised to accommodate her. Several of the women never moved from the location where they were seated when the interviewers arrived.

Each interview was tape recorded. No family refused permission, because they willingly accepted the reason that it saved time for the interviewers and the information was strictly confidential. Only short answers or columns were checked by the interviewers during the interviews. The three tape recorders were used throughout the sessions mainly for recording answers to open-ended questions. Technical difficulties resulted in the loss of eight taped interviews out of the total of 105 interviews.

Although any artifact of the interviewing situation may potentially affect the responses, the tape recorder did not elicit behavior similar to that reported by Vidich²¹ who indicated that respondents were aware of the recorder and their attitude changed when the machine was turned off. In this study, families reported that they had tape recorders and often explained how they used them. The teen-agers frequently used a recorder in their school work. Several of the children wanted recorders for Christmas presents and were extremely interested in those used in the study. Between the time Vidich conducted his study (prior to 1956) and this study in 1971, tape recorders are more commonly used by the general public.

After completion of each interview, the schedules were numbered with a stamp; the tapes were labeled; and the

²¹Arthur J. Vidich, "Methodological Problems in the Observation of Husband-Wife Interaction," Marriage and Family Living (August, 1956), 236.

Rheumatic Diseases Unit chart number and census geographic location recorded on the husband-wife interview schedule.

A personal thank you note was sent to the three members of each family who participated. If any requests had been made, these were met or referred to the appropriate person.

In a four week period of time from October 20, 1971 to November 17, 1971, thirty-two families were interviewed. The remaining three family interviews were completed by December 7, 1971. There were an average of five contacts with each family including the initial letter, the telephone call or visit, the interview, and the personal thank you note following the interview. Additional contacts were either a reminder note of the interview or telephone calls to re-schedule or confirm appointments. Several families cancelled appointments because of unexpected family situations. The time spent with each family ranged from one hour to three hours averaging one hour and forty-five minutes.

In eleven families following the completion of the interview schedules, the family members independently completed four games. The family visits which included the games ranged from one hour fifteen minutes to two hours thirty minutes averaging one hour and fifty minutes. By subtracting the eleven interviews from the total, the time spent with each family in which the games were not played averaged three minutes less. The differences in time spent with the families does not reflect the length of time necessary for the games.

In the families in which the games were not played, the extra time may have been used in waiting for a family member or in sociability.

Family researchers have sometimes reported difficulty in contacting and including several members of one family. Surprisingly this was not the response among the sample. One can only speculate as to whether this reflects particular characteristics of the sample, their eagerness to help provide a better life for arthritics, their expectations from meeting appointments scheduled by the hospital, or a combination of these factors.

The medical data form for each wife-mother was completed by Dr. William Caughey, M.D., resident physician at the Unit during this phase of the study, and by the investigator. Prior to submitting the forms to Dr. Caughey, the admissions were numbered and recorded indicating the inclusive dates for each admission; the diagnoses, surgical procedures, length of illness and laboratory data were recorded in pencil. The resident physician revised any data that was incorrectly recorded. These forms were completed by February 8, 1972.

The home assessment forms were presented to the C.A.R.S. physiotherapists at a regional meeting in Hamilton on January 20, 1972. The Patient Care Program of The Canadian Arthritis and Rheumatism Society consists basically of a home physiotherapy program for patients who are referred by their physicians. They also provide follow-up on each patient who

has been hospitalized at the Rheumatic Diseases Units. To facilitate the work of the Society, the province is divided into regions each with a regional office and various branch offices. The families in this sample lived in Regions 4 and 5. Contacts were initially made with the senior therapists at London and Hamilton who are in charge of services in these regions and who, with their staff have provided or are presently providing a patient care program for the wife-mothers in the sample. In Region 4 (Kitchener), there are branch offices in Hamilton, Oakville, and St. Catharines. There were eight therapists from the five offices who completed the forms for the patients in the sample. The assessments were made between January 20, 1972 and March 7, 1972 for 30 women. Four other assessments were based on earlier visits to the patients in January and one assessment was based on a visit to the wife-mother two days before the family interview in November, 1971.

Analyses of Data

Data from the various instruments were coded on forms prior to keypunching data processing cards. An acetate overlay was used for coding the husband-father, wife-mother, and teen-ager interview schedules. These sheets included the column numbers and code responses for the questions.

The CDC 6500 computer was used to perform the computations. Table 27 shows the methods used in each analysis of

the data. The revision of response categories for power scores was necessitated to eliminate the non-mutually exclusive categories in the power in decision-making measure (see page 98).

The statistical tests performed included: tests of significance of the Pearson product moment correlation coefficients, the biserial correlation coefficients, the partial correlation coefficients, and the Phi coefficients; and the Ebel test for reliability by the intraclass correlation.²² The selection was based on two purposes of the study which were to measure relationships between specific variables. Therefore, correlational techniques are an appropriate statistical model. The Pearson product moment correlation coefficient was selected to measure relationships between continuous variables. Unless otherwise specified, this is the coefficient represented by r in the findings for the zero order correlations. The biserial correlation coefficient was selected to measure relationships between the non-manual and manual dichotomy of occupations (a continuous variable forced into a dichotomy) and the continuous variables in the study. Partial correlation coefficients of the first order were used to measure the relationship between two variables while

²²N. M. Downie and R. W. Heath, Basic Statistical Methods (3d ed. New York: Harper and Row, 1970), pp. 86-91, 112-114, 232, 236-237, 311, 318.

H. M. Blalock, Social Statistics (New York: McGraw-Hill, 1960), pp. 329-336.

J. P. Guilford, Psychometric Methods (2d ed. New York: McGraw-Hill, 1954), pp. 395-397.

Table 27. Methods used in analysis of data.

Intent of Analysis	Data Employed	Statistic and Computer Program
1. Revision of response categories for power scores.	Who does and who decides items from interview schedules.	Transformation program ^a
2. Determination of power scores.	As above.	Transformation program ^a
3. Determination of need satisfaction sub-scores and overall scores.	Respondent's perception of need satisfaction from interview schedule.	Transformation program ^a
4. Description of sample.	Interview, medical, and home assessment data.	Frequency distribution, mean, range, cell count, percentages, and standard deviation. ^b
5. Selection of extent of disability variables	As above	Intercorrelation matrix ^c
6. Derivation of variables: "acceptance of illness" age difference.	Interview data.	Contingency tables ^d
7. Determination of degree of congruence among family members.	Who does and who decides items from interview schedules.	Ebel's formula for reliability by intraclass correlation; Original program ^e

8. Determination of degree of association between power scores, need satisfaction scores, extent of disability, "acceptance of illness," degree of congruence and socio-economic status.
- Interview, medical, and home assessment data.
- Computation of Pearson product-moment correlation coefficients.^c
- Computation of 1st order partial correlations.^f
- Computation of multiserial correlation coefficients.^g
-
- ^aPrograms written by Gary Ingvaldson, Computer Institute for Social Science Research, Michigan State University, 1972.
- ^bL. Price and W. O'Hare, "Percentage and Frequency Distribution," Technical Report No. 72-6 (East Lansing: Computer Institute for Social Science Research, Michigan State University, May 17, 1972).
- ^cL. Price and G. Ingvaldson, "Intercorrelation Matrix," Technical Report No. 72-10 (East Lansing: Computer Institute for Social Science Research, Michigan State University, May 17, 1972).
- ^dL. Price and W. O'Hare, "Analysis of Contingency Tables," Technical Report No. 72-8 (East Lansing: Computer Institute for Social Science Research, Michigan State University, May 17, 1972).
- ^eProgram written by Gary Ingvaldson, Michigan State University, Spring, 1972.
- ^fL. Price and W. O'Hare, "Partial Correlations," Technical Report No. 72-12 (East Lansing: Computer Institute for Social Science Research, Michigan State University, May 17, 1972).
- ^gA. Holdridge and E. Currie, "Coefficient of Multiserial Correlation," Technical Report No. 17-1 (East Lansing: Computer Institute for Social Science Research, Michigan State University, September 15, 1969).

controlling for one other variable. The Ebel test for reliability by the intraclass correlation was used to compute degree of congruence scores. For inter-rater reliability and for relationships between the raters' perception of need satisfaction and the family members' perceived need satisfaction dichotomized as satisfied or dissatisfied, the Phi coefficient was selected.

The choice of tests was made fully recognizing that inherent in the use of the statistical procedures was the assumption of linearity. Consequently no significance in a coefficient indicates that there are no linear relationships, but it does not follow that there are no relationships among the variables. A non-linear relationship may be masked by the statistical test chosen. The assumption of homoscedasticity was assumed to have been met.

CHAPTER IV

THE FINDINGS

The chapter presents the results under three headings: measurement of variables, description of the situation, and tests of hypotheses.

Measurement of Variables

Perceived Power in Decision-making

Scores for perceived power in decision-making in the family were computed for each respondent by looking at who does and who decides for each of 51 items and assigning points for each item according to the weighting listed in Tables 23-25 (pages 92-97). The range, mean, and standard deviation of the scores are given in Table 28. A higher score indicates more power in decision-making.

The wife-mothers in these families perceive themselves as having the most power; their scores ranged from minus 2 to 156 and averaged 83. The husband-fathers and teen-agers have similar lower limits to their range of scores, a minus 81 for the husband-fathers and a minus 88 for the teen-agers. The husband-fathers have a higher upper limit and averaged minus 24.7 compared to the teen-agers who averaged only minus 43.6 points.

Table 28. Range, mean, and standard deviation of perceived power in decision-making scores.

Power in decision-making	N	Range	Mean	S.D.
Husband-father	34	-81 to 43	-24.7	28.5
Wife-mother	35	- 2 to 156	83.0	38.0
Teen-ager	35	-88 to 24	-43.6	29.8

For the power scores, the score for one husband-father was eliminated because of missing data for the part on who does the task. Whenever power scores or degree of congruence scores are used in analyses of data, the total number of husband-fathers and the total number of families for degree of congruence and for those combinations involving the husband-father is 34.

Table 29 shows the various perceptions of who is boss and who makes the final decision for each family member. With the exception of seven or less families, wife-mothers were not perceived as boss or as making the final decision when there is a disagreement.

Perceived Need Satisfaction

The perceived need satisfaction scores were determined according to the method reported in Table 26, page 100. The total possible overall scores of the husband-fathers and wife-mothers

Table 29. Relations of measures of power as perceived by family members.

Perception of:	Who would you say is the boss in your family?		
	Husband-father	Wife-mother	Teen-ager
Husband-father	15	2	18
Wife-mother ^a	19	4	10
Teen-ager ^b	19	6	9
When you don't agree on something, who makes the final decision?			
Husband-father	10	7	18
Wife-mother ^c	15	5	14
Teen-ager	10	4	19

^aNo one---response of two wife-mothers.

^bEverybody---response of one teen-ager.

^cNo one---response of one wife-mother.

is 51.5 with a minimum of 13.5. The teen-agers total possible overall score is 47.5 with a minimum of 12.5, because the sexual satisfaction and satisfaction with self as sex partner were omitted from their interview schedule. A higher score indicates more need satisfaction. The range, mean, and standard deviation of perceived need satisfaction scores are reported in Table 30.

Table 30. Range, mean, and standard deviation of perceived need satisfaction scores.

Need satisfaction	Range	Mean	S.D.
<u>Overall need satisfaction:</u>			
Husband-father	43.6 to 51.5	49.23	2.05
Wife-mother	40.4 to 51.5	46.74	3.22
Teen-ager	28.2 to 47.5	43.18	3.73
<u>Subscores:</u>			
Physiological needs			
Husband-father	7.5 to 11.5	10.43	1.18
Wife-mother	7.5 to 11.5	9.79	1.23
Teen-ager	6.5 to 11.5	9.42	1.18
Safety needs			
Husband-father	10.0 to 12.0	11.89	.40
Wife-mother	9.0 to 12.0	11.63	.88
Teen-ager	8.0 to 12.0	11.63	1.00
Companionship needs			
Husband-father	22.8 to 28.0	26.92	1.43
Wife-mother	20.4 to 28.0	25.32	2.27
Teen-ager	11.6 to 24.0	22.13	2.34

Degree of Congruence

A method of estimating reliability for ratings described by Ebel¹ was used to compute scores which indicate the degree of congruence among responses of family members to the 51 items of who does and the 51 items of who decides. For each of these items, there were eight possible responses. The family member could give any number of responses for each item. From a formula² which gives the reliability for mean ratings from k raters, the coefficient for each of the 102 items for the three family members was determined and then the coefficients for each item were added for a total score for each family designated in this study as degree of congruence among family members. The formula also was used to give a degree of congruence score between pairs within each family: husband-father and wife-mother, husband-father and teen-ager, and wife-mother and teen-ager. The range, mean, and standard deviation of the degree of congruence scores are given in Table 31. A higher score indicates more congruence among family members.

¹R. L. Ebel, "Estimation of the Reliability of Ratings," Psychometrika, 16 (1951), 407-424, cited by J. P. Guilford, Psychometric Methods (New York: McGraw-Hill, 1954), pp. 395-397.

²Guilford, p. 395.

Table 31. Range, mean, and standard deviation of degree of congruence scores.

Degree of congruence score	N	Range	Mean	S.D.
Family score	34	73.1-92.5	84.0	4.3
Husband-father and wife-mother	34	66.0-92.6	78.2	7.0
Husband-father and teen-ager	34	52.9-85.5	72.5	7.8
Wife-mother and teen-ager	35	54.6-85.0	73.3	7.8

Extent of Disability

From an intercorrelation matrix of the disability variables (Table 32), seven variables were selected for the analysis: number of hospitalizations, total days hospitalized, activity of condition at last admission, severity of disease at last discharge, functional capacity at last discharge, activity of condition following the interview, and functional capacity following the interview. An increasing value of each of these variables indicates a greater extent of disability. Table 33 shows the range, mean, and standard deviation of extent of disability variables.

Rapidity of onset is a disability variable that does not indicate extent of disability. As a component of disability, the onset may affect the relationships within the family. The measure is available for further analyses of the data.

"Acceptance of Illness"

Using a four-dimensional contingency table, three categories of a variable designated "acceptance of illness" were derived from responses by the wife-mother to two questions: "Is your health a worry to you?" and "Are you satisfied with what you are able to do for your family?" The response choices were "most of the time, sometimes, usually not, and not at all". Table 34 reports the combination of responses for each category. There were fourteen women who have accepted their illness, thirteen who have partially accepted their illness, and eight who have not accepted their illness. As measured in this

Table 32. Intercorrelation matrix of disability variables.

Disability variables	1	2	3	4	5	6	7	8	9	10
1. Number of hospitalizations	1.00									
2. Total days hospitalized	.66	1.00								
3. Activity of condition	.46	.64	1.00							
4. Severity of disease	.47	.56	.52	1.00						
5. Functional capacity	.48	.52	.60	.70	1.00					
6. Activity of condition CARS	.09	.10	.23	.27	.26	1.00				
7. Functional capacity CARS	.18	.37	.47	.47	.30	.74	1.00			
8. Rapidity of onset	-.01	.12	-.00	.25	.01	.21	.15	1.00		
9. Duration of illness--MD	-.03	-.01	-.14	-.04	.09	.15	-.01	-.08	1.00	
10. Duration of illness--patient	-.07	-.02	-.17	-.08	.02	.12	-.02	-.14	.96	1.00

Table 33. Range, mean, and standard deviation of extent of disability variables.

Extent of disability	Range	Mean	S.D.
Number of hospitalizations	1-3	1.66	.80
Total days hospitalized	15-532	108.60	108.30
Activity of condition ^a	1-3	1.93	.69
Severity of disease ^b	1-4	2.39	.94
Functional capacity ^b	1-3.5	2.24	.61
Activity of condition ^c	1-3	1.71	.62
Functional capacity ^c	1-4	1.82	.78

^aAt last admission.

^bAt last discharge.

^cFollowing interview.

study, a low score indicates "acceptance of illness" and a high score indicates the wife-mother has not accepted her illness.

Description of the Situation

From the data collected, there are a number of possibilities for describing the families and their environment. This section is limited to three areas: income, housing, and perceptions of health and functional level.

Table 34. Combinations forming categories of "acceptance of illness".

Category	Question ^a	Response	N	Total
1. "Accepted" illness	Health a worry	Usually not Not at all	9 5	14
	Satisfaction	Most of the time Sometimes	14 0	
2. Partial "acceptance"	Health a worry	Usually not Not at all	2 1	13
	Satisfaction	Usually not Not at all	2 1	
	Health a worry	Most of the time Sometimes	3 7	
	Satisfaction	Most of the time Sometimes	7 3	
3. No "acceptance"	Health a worry	Most of the time Sometimes	8 0	8
	Satisfaction	Usually not Not at all	6 2	

^aIs your health a worry to you?
Are you satisfied with what you are able to do for your family?

Income

A comparison of gross family income may be meaningless unless the demands upon the income are known. Consequently in this study, the husband-father evaluated his satisfaction with income and reported his perceptions of changes in financial status and expenses since the onset of the disease (Tables 35-37). The majority of the husband-fathers were satisfied with their income (Table 35).

Table 35. Satisfaction of husband-father with income.

Degree of satisfaction	Distribution	
	Frequency	Percentage
Most of the time	30	85.71
Sometimes	2	5.71
Usually not	1	2.86
Not at all	2	5.71
Total	35	100.00

Even though 21 husband-fathers indicated that there were more expenses since the onset of the disease of the wife-mother (Table 36), only four husband-fathers reported that their financial status was worse since the onset (Table 37). Twenty-four husband-fathers thought their family financial status had remained the same.

Table 36. Husband-fathers' comparison of expenses before and after onset of disease of wife-mother.

Expenses	Distribution	
	Frequency	Percentage
More	21	60.00
No more	14	40.00
Total	35	100.00

Table 37. Husband-fathers' comparison of family financial status before and after onset of disease of wife-mother.

Financial status	Distribution	
	Frequency	Percentage
Better	7	20.00
Same	24	68.57
Worse	4	11.43
Total	35	100.00

Housing

The effects of the rheumatic disease may limit the mobility of the wife-mother which in turn affects the decisions of the family in the area of housing. Families may move or make changes in their present housing to accommodate her limitations (Tables 38-39). According to the wife-mother, six families moved because of her illness and 13 families made changes in their present housing. Teen-agers perceive changes in present housing in more families than either the husband-fathers or wife-mothers (Table 39).

Table 38. Family moved because of wife-mother's illness.

Perception of:	Moved	No move
Husband-father	6	29
Wife-mother	6	29
Teen-ager	4	31

Table 39. Changes in housing because of illness.

Perception of:	Changes	No changes
Husband-father	14	21
Wife-mother	13	22
Teen-ager	19	16



Perceptions of Health and Functional Level

Health is a personal resource which is limited at least for the wife-mothers in the sample. The self-perceptions of health and of functional level of each family member are reported in Tables 40-43. Health was perceived as a worry most of the time or sometimes by 13 husband-fathers, 18 wife-mothers, and 15 teen-agers (Table 40).

Table 40. Perception of health as a worry.

Extent of worry	Husband-father	Wife-mother	Teen-ager
Most of the time	1	11	4
Sometimes	12	7	11
Usually not	7	12	14
Not at all	15	5	6

As shown in Table 41, all except four of the wife-mothers saw themselves as limited in both amount and kind of housework and all except one saw themselves limited in other activities. Yet only 24 wife-mothers thought they were not able to work outside the home. One woman felt she didn't know if she could work outside the home, two felt there were no limitations, and eight said they would be limited in both amount and kind of work outside the home. One woman consistently reported no limitations, but during the interview she contradicted her

Table 41. Self-perception of wife-mother of her functional level.

Functional level	Limitations in housework		Limitations in other activities		Limitations in work outside the home	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
No limitations	1	2.86	1	2.86	2	5.71
Limited in amount	1	2.86	--	--	--	--
Limited in kind	2	5.71	--	--	--	--
Limited in both amount and kind	31	88.57	34	97.14	8	22.86
Not able to work outside the home	--	--	--	--	24	68.57
Doesn't know	--	--	--	--	1	2.86
Total	35	100.00	35	100.00	35	100.00

self-perception by reporting limitations in her housework, social activities, and in loss of employment.

More than two-thirds (24) of the families received help while the wife-mother was hospitalized at the Rheumatic Diseases Unit. At the time of the interview, only 13 of the women anticipated that their family would have help if they were hospitalized again.

Of the 35 husband-fathers, eight reported limitations in their work and nine reported limitations in other activities (Table 42). Four teen-agers reported limitations in work and three reported limitations in other activities (Table 43). One teen-ager with infectious mononucleosis at the time of the interview indicated that his health was keeping him away from school.

Table 42. Self-perception of husband-father of his functional level.

Functional level	<u>Limitations in work</u>		<u>Limitations in other activities</u>	
	Frequency	Percentage	Frequency	Percentage
No limitations	27	77.14	26	74.29
Limited in amount	3	8.57	3	8.57
Limited in kind	3	8.57	3	8.57
Limited in both amount and kind	2	5.72	3	8.57
Total	35	100.00	35	100.00

Table 43. Self-perception of teen-ager of his functional level.

Functional level	<u>Limitations in work</u>		<u>Limitations in other activities</u>	
	Frequency	Percentage	Frequency	Percentage
No limitations	31	88.57	32	91.42
Limited in amount	1	2.86	1	2.86
Limited in kind	1	2.86	1	2.86
Limited in both amount and kind	2	5.71	1	2.86
Total	35	100.00	35	100.00

Tests of Hypotheses

Hypothesis 1. The power in decision-making of an individual family member is positively related to his need satisfaction.

For the wife-mother, the hypothesis was supported. There was a significant positive linear relationship ($r = .36$) between her power in decision-making and overall need satisfaction (Table 44). The subscore of companionship and support needs was also significantly related to power in decision-making ($r = .35$). This is a positive linear relationship, that is, the more power in decision-making, the more satisfied needs of the wife-mother.

Table 44. Correlations between perceived power in decision-making and perceived need satisfaction.

Need satisfaction	Husband-father	Wife-mother	Teen-ager
Overall need satisfaction	.05	.36*	-.07
Physiological needs	.22	.11	-.13
Safety needs	.01	.27	.28
Companionship needs	-.13	.35*	-.16

df = 33; * $r \pm .33$: $p = .05$

df = 32; $r \pm .34$: $p = .05$

There were no significant relationships between the variables for the husband-father or for the teen-ager. The weak association that did appear for the teen-ager was in the negative direction. There was a slight positive relationship between the power in decision-making of the husband-fathers and their perceived satisfaction of physiological needs.

Hypothesis 1A. The power in decision-making of the wife-mother is positively related to her need satisfaction when her "acceptance of illness" is partialled out.

When "acceptance of illness" is partialled out, the significant linear relationships between power in decision-making and need satisfaction in hypothesis 1 increase (Table 45). Thus, hypothesis 1A is supported.

Table 45. Correlations between perceived power in decision-making and perceived need satisfaction with "acceptance of illness" partialled out.

Need satisfaction	Husband-father	Wife-mother	Teen-ager
Overall need satisfaction	.05	.45**	-.04
Physiological needs	.25	.14	-.10
Safety needs	.00	.27	.25
Companionship needs	-.14	.42*	-.12

df = 31 or 32; $r \pm .34$: $p = .05$
 $*r \pm .40$: $p = .02$
 $**r \pm .44$: $p = .01$

Hypothesis 1B. The power in decision-making of the wife-mother is positively related to her need satisfaction when her extent of disability is partialled out.

Table 46 shows that the significant positive linear relationships of the wife-mother between her power in decision-making and her need satisfaction as noted in Tables 44 and 45 continue when the extent of disability variables are partialled out except for functional capacity at last discharge. For that particular extent of disability variable, the degree of the relationships does not quite reach the .05 level of significance. The direction of the relationship and the pattern among the need satisfaction subscores is similar to that of the other extent of disability variables. With the one exception, hypothesis 1B is supported.

Table 47. Correlations between perceived power in decision-making of wife-mother and per perceived need satisfaction with extent of disability partialled out.

Need satisfaction	Number of hosp.	Total days hosp.	Act. cond.	Sev. dis.	Func. cap.	CARS act.	CARS func.
Overall need satisfaction	.37*	.41**	.37*	.40**	.30	.37*	.39*
Physiological needs	.10	.11	.09	.22	.11	.15	.20
Safety needs	.25	.21	.25	.18	.18	.26	.25
Companionship needs	.38*	.44**	.39*	.39*	.30	.35*	.35*

df = 32; *r ± .34: p = .05

**r ± .40: p = .02

***r ± .44: p = .01

Hypothesis 2. The power in decision-making of the wife-mother is inversely related to the extent of her disability.

Table 47 shows that the hypothesized direction of the relationship in hypothesis number two was not supported for the wife-mother. Instead, there were significant positive linear relationships between power in decision-making and two of the extent of disability variables: total days hospitalized and severity of disease at last discharge. A positive relationship existed between power in decision-making and the other extent of disability variables.

Although no hypothesized relationship was stated for the other family members, the distribution of power in decision-making is relative to that of the wife-mother. The trend in the relationship between power in decision-making of the husband-father and the extent of disability of the wife-mother is a negative one, that is, the husband-fathers may have less power when the wife-mothers are more disabled or the husband-fathers may have more power when the wife-mothers are less disabled.

Hypothesis 2A. The power in decision-making of the wife-mother is inversely related to her "acceptance of illness".

As indicated in Table 48, hypothesis 2A was not supported. There was an indication that in families in which the wife-mother has not accepted her illness, the teen-ager may have more power in decision-making or conversely in families in which the wife-mother has accepted her illness, the teen-ager may have less power in decision-making.

100

Table 47. Correlations between perceived power in decision-making and extent of disability.

Extent of disability	Husband-father	Wife-mother	Teen-ager
Number of hospitalizations	-.00	.14	.14
Total days hospitalized	-.15	.41**	-.17
Activity of condition ^a	-.18	.20	.04
Severity of disease ^b	-.07	.45***	-.14
Functional capacity ^b	-.04	.30	-.06
Activity of condition ^c	-.26	.18	-.14
Functional capacity ^c	-.35*	.24	-.13

^aAt last admission. ^bAt last discharge. ^cFollowing interview.

df = 32; *r ± .34: p = .05

df = 33; r ± .33: p = .05

***r ± .40: p = .02

***r ± .43: p = .01

Table 48. Correlations between perceived power in decision-making and "acceptance of illness."

Power in decision-making	Husband-father	Wife-mother	Teen-ager
Total	-.05	.06	.27

df = 32; r ± .34: p = .05

df = 33; r ± .33: p = .05

Hypothesis 2B. The power in decision-making of the wife-mother is inversely related to the extent of her disability when her "acceptance of illness" is partialled out.

Since hypothesis 2A was not supported, there was no expectation that the relationships from Table 47 would change when "acceptance of illness" was partialled out of the relationship between power in decision-making of the wife-mother and her extent of disability (Table 49). Therefore, hypothesis 2B was not supported.

Table 49. Correlations between perceived power in decision-making and extent of disability with "acceptance of illness" partialled out.

Extent of disability	Husband-father	Wife-mother	Teen-ager
Number of hospitalizations	.00	.14	.11
Total days hospitalized	-.14	.41**	-.24
Activity of condition ^a	-.17	.20	-.04
Severity of disease ^b	-.07	.45***	-.20
Functional capacity ^b	-.04	.30	-.06
Activity of condition ^c	-.26	.17	-.17
Functional capacity ^c	-.35*	.23	-.22

^aAt last admission. ^bAt last discharge. ^cFollowing interview.

df = 32; *r ± .34: p = .05

df = 33; r ± .33: p = .05

 **r ± .40: p = .02

 ***r ± .43: p = .01

As in hypothesis 2, there were significant positive linear relationships between power in decision-making and two of the extent of disability variables (total days hospitalized and severity of disease at last discharge) and positive relationships between power in decision-making and the other extent of disability variables.

Hypothesis 2C. The power in decision-making of the wife-mother is inversely related to the extent of her disability when her need satisfaction is partialled out.

As in the previous hypothesis, the positive linear relationship between power in decision-making of the wife-mother and the extent of her disability continued when her overall need satisfaction was partialled out (Table 50). These linear relationships increased slightly in degree. The same pattern was shown in Table 51 for power in decision-making and extent of disability when each of the need satisfaction subscores was partialled out.

Hypothesis 3. The need satisfaction of the wife-mother is inversely related to the extent of her disability.

Although there was an inverse relationship between overall need satisfaction of the wife-mother and her extent of disability for all extent of disability variables except functional capacity at last discharge, hypothesis three was not supported (Table 52). The various relationships did not approach significance.

Table 50. Correlations between perceived power in decision-making and extent of disability with perceived overall need satisfaction partialled out.

Extent of disability	Husband-father	Wife-mother	Teen-ager
Number of hospitalizations	-.01	.17	.14
Total days hospitalized	-.16	.45**	-.16
Activity of condition ^a	-.19	.24	.04
Severity of disease ^b	-.10	.48**	-.14
Functional capacity ^b	-.06	.23	-.04
Activity of condition ^c	-.26	.21	-.17
Functional capacity ^c	-.35*	.28	-.14

^aAt last admission. ^bAt last discharge. ^cFollowing interview.

df = 31 or 32; *r ± .34: p = .05
 **r ± .44: p = .01

Table 51. Correlations between perceived power in decision-making and extent of disability of wife-mother with her perceived need satisfaction partialled out.

Extent of disability	Need satisfaction		
	Physiological	Safety	Companionship
Number of hospitalizations	.14	.10	.21
Total days hospitalized	.41**	.38*	.49***
Activity of condition ^a	.20	.18	.28
Severity of disease ^b	.48***	.41**	.48***
Functional capacity ^b	.30	.23	.24
Activity of condition ^c	.20	.17	.18
Functional capacity ^c	.29	.22	.25

^aAt last admission. ^bAt last discharge. ^cFollowing interview.

df = 32: *r ± .34: p = .05

**r ± .40: p = .02

***r ± .44: p = .01

Table 52. Correlations between perceived overall need satisfaction and extent of disability.

Extent of disability	Husband-father	Wife-mother	Teen-ager
Number of hospitalizations	.13	-.05	.01
Total days hospitalized	.14	-.03	.15
Activity of condition ^a	.21	-.04	.07
Severity of disease ^b	.33 ⁻	-.01	.04
Functional capacity ^b	.33 ⁻	.26	.20
Activity of condition ^c	-.10	-.05	-.25
Functional capacity ^c	.04	-.08	-.12

^aAt last admission. ^bAt last discharge. ^cFollowing interview.
df = 33; $r \pm .33$: $p = .05$

The relationships between the various subscores of perceived need satisfaction and extent of disability were examined and reported in Tables 53-55. There were no significant relationships except for that between safety needs of the wife-mother and functional capacity at last discharge as reported in Table 54.

Hypothesis 3A. The need satisfaction of the wife-mother is positively related to her "acceptance of illness".

For the wife-mother, there is a high positive relationship between need satisfaction and "acceptance of illness" (Table 56). That is, if the wife-mother has "accepted" her

Table 53. Correlations between perceived physiological need satisfaction and extent of disability.

Extent of disability	Husband-father	Wife-mother	Teen-ager
Number of hospitalizations	.00	.01	.01
Total days hospitalized	.07	.01	.02
Activity of condition ^a	.27	.09	.05
Severity of disease ^b	.22	-.20	.01
Functional capacity ^b	.30	.00	.11
Activity of condition ^c	-.01	-.20	-.28
Functional capacity ^c	.09	-.31	-.24

^aAt last admission. ^bAt last discharge. ^cFollowing interview.
df = 33; $r \pm .33$: $p = .05$

Table 54. Correlations between perceived safety need satisfaction and extent of disability.

Extent of disability	Husband-father	Wife-mother	Teen-ager
Number of hospitalizations	-.22	.19	.20
Total days hospitalized	.02	.20	.18
Activity of condition ^a	-.03	.12	.02
Severity of disease ^b	.04	.25	.09
Functional capacity ^b	.12	.34*	.15
Activity of condition ^c	-.13	.07	-.36*
Functional capacity ^c	-.06	.12	-.08

^aAt last admission. ^bAt last discharge. ^cFollowing interview.
df = 33; $r \pm .33$: $p = .05$

Table 55. Correlations between perceived companionship need satisfaction and extent of disability.

Extent of disability	Husband-father	Wife-mother	Teen-ager
Number of hospitalizations	.00	-.14	-.07
Total days hospitalized	.14	-.12	.16
Activity of condition ^a	.08	-.15	.00
Severity of disease ^b	.27	-.00	.02
Functional capacity ^b	.20	.24	.19
Activity of condition ^c	-.10	.00	-.10
Functional capacity ^c	.01	.01	-.03

^aAt last admission. ^bAt last discharge. ^cFollowing interview.
 df = 33; $r \pm .33$: $p = .05$

Table 56. Correlations between perceived need satisfaction and "acceptance of illness".

Need satisfaction	Husband-father	Wife-mother	Teen-ager
Overall need satisfaction	.15	-.50***	-.10
Physiological needs	.38*	-.40**	-.11
Safety needs	-.06	-.10	.14
Companionship needs	-.08	-.45***	-.16

df = 33; * $r \pm .33$: $p = .05$
 ** $r \pm .39$: $p = .02$
 *** $r \pm .43$: $p = .01$

illness, she has more satisfied needs. This finding supports hypothesis three A. (The correlation coefficients are negative, because a low score indicates the wife-mother has "accepted" her illness and a high score indicates more needs are satisfied.)

Hypothesis 3B. The need satisfaction of the wife-mother is inversely related to the extent of her disability when her "acceptance of illness" is partialled out.

As for hypothesis 3, there were no significant linear relationships for the wife-mother between overall need satisfaction and her extent of disability, thus giving no support to hypothesis 3B (Table 57). The inverse relationship which was predicted and found in the relationships for hypothesis 3 disappeared when "acceptance of illness" was partialled out.

Table 57. Correlations between perceived overall need satisfaction and extent of disability with "acceptance of illness" partialled out.

Extent of disability	Husband-father	Wife-mother	Teen-ager
Number of hospitalizations	.11	.03	.03
Total days hospitalized	.12	.08	.18
Activity of condition ^a	.18	.12	.10
Severity of disease ^b	.31	.10	.06
Functional capacity ^b	.33	.30	.20
Activity of condition ^c	.03	-.01	-.24
Functional capacity ^c	-.00	.08	-.10

^aAt last admission. ^bAt last discharge. ^cFollowing interview.
df = 32; $r \pm .34$; $p = .05$

There was a significant positive relationship between satisfaction of safety needs and functional capacity at last discharge when "acceptance of illness" was partialled out (Table 58). This relationship is opposite to that hypothesized.

Table 58. Correlations between perceived need satisfaction and extent of disability of wife-mother with her "acceptance of illness" partialled out.

Extent of disability	Need satisfaction		
	Physiological	Safety	Companionship
Number of hospitalizations	.08	.20	-.09
Total days hospitalized	.10	.22	-.04
Activity of condition ^a	.24	.16	-.03
Severity of disease ^b	-.14	.27	.10
Functional capacity ^b	.00	.34*	.27
Activity of condition ^c	-.18	.08	.05
Functional capacity ^c	-.23	.15	.16

^aAt last admission. ^bAt last discharge. ^cFollowing interview.
df = 32; *r ± .34: p = .05

Hypothesis 3C. The need satisfaction of the wife-mother is inversely related to the extent of her disability when her power in decision-making is partialled out.

Most of the relationships for the wife-mothers between overall need satisfaction and extent of disability and between physiological and companionship and support needs and extent

of disability when perceived power in decision-making was partialled out were inverse linear relationships which did not approach a level of significance (Table 59). Consequently hypothesis 3C was not supported. The only relationships which reached a level of statistical significance (Table 60) was between functional capacity following the interview and the satisfaction of physiological needs ($r = .35$). Relationships which approached a significant level were that of total days hospitalized and satisfaction of companionship and support needs and of severity of disease and satisfaction of physiological needs (Table 60).

Table 59. Correlations between perceived overall need satisfaction and extent of disability with perceived power in decision-making partialled out.

Extent of disability	Husband-father	Wife-mother	Teen-ager
Number of hospitalizations	.07	-.11	.02
Total days hospitalized	.10	-.21	.14
Activity of condition ^a	.26	-.12	.08
Severity of disease ^b	.34 ⁻	-.20	.04
Functional capacity ^b	.34 ⁻	.17	.19
Activity of condition ^c	-.06	-.12	-.26
Functional capacity ^c	.09	-.18	-.13

^aAt last admission. ^bAt last discharge. ^cFollowing interview.
df = 31 or 32; $r \pm .34$: $p = .05$

Table 60. Correlations between perceived need satisfaction and extent of disability of wife-mother with her perceived power in decision-making partialled out.

Extent of disability	Need satisfaction		
	Physiological	Safety	Companionship
Number of hospitalizations	-.00	.16	-.21
Total days hospitalized	-.04	.10	-.31
Activity of condition ^a	.07	.07	-.24
Severity of disease ^b	-.28	.15	-.18
Functional capacity ^b	-.03	.28	.15
Activity of condition ^c	-.22	.02	-.06
Functional capacity ^c	-.35*	.06	-.08

^aAt last admission. ^bAt last discharge. ^cFollowing interview.
df = 32; *r ± .34: p = .05

Hypothesis 4. The degree of congruence among responses of family members as to who does and who decides on various activities varies significantly with the extent of disability of the wife-mother.

The hypothesis was not supported by the findings (Table 61). Although the correlations were not significant, the trend was for the relationship to be positive, that is, the more congruence among family members, the more disabled the wife-mother.

Table 61. Correlations between degree of congruence among family members and extent of disability of wife-mother.

Extent of disability	Pearson product moment correlation (r)
Number of hospitalizations	.28
Total days hospitalized	.21
Activity of condition ^a	.10
Severity of disease ^b	.24
Functional capacity ^b	.31
Activity of condition ^c	.00
Functional capacity ^c	-.04

^aAt last admission. ^bAt last discharge. ^cFollowing interview.
df = 33; $r \pm .33$; $p = .05$

Hypothesis 5. The degree of congruence among responses of family members as to who does and who decides on various activities varies significantly with the need satisfaction of family members.

For the wife-mother, hypothesis number five was not supported and there was no trend in the data (Table 62). There was a significant relationship beyond the .01 level between the degree of congruence among responses of family members and the teen-agers' perception of the satisfaction of his physiological needs.

Both overall need satisfaction and companionship and support needs of the husband-father varied significantly with

the degree of congruence among family members. The relationship with overall need satisfaction was significant beyond the .02 level and with companionship and support needs beyond the .05 level of significance.

Table 62. Correlations between degree of congruence among family members and perceived need satisfaction.

Need satisfaction	Husband-father	Wife-mother	Teen-ager
Overall need satisfaction	.42**	.02	.27
Physiological needs	.21	-.18	.48***
Safety needs	.09	.02	.21
Companionship needs	.39*	.12	.10

df = 33; *r $\pm$.33: p = .05

**r $\pm$.39: p = .02

***r $\pm$.43: p = .01

Hypothesis 6. The power in decision-making of an individual family member varies significantly with the socio-economic status of the family.

Table 63 shows that there were no significant linear relationships between perceived power in decision-making and socio-economic status; therefore, hypothesis six was not supported in this study.

The correlations (r and r_b) among the three socio-economic status measures were significant beyond the .001 probability

Table 63. Correlations between perceived power in decision-making and socio-economic status.

Socio-economic status	Husband-father	Wife-mother	Teen-ager
Hollingshead Index	.01	-.05	-.11
Blishen Index	.08	-.06	.10
Manual-nonmanual ^a	-.22	.07	.00

^aBiserial correlation coefficient (r_b)

level (Table 64). There is a negative relationship between the Blishen and Hollingshead measures and between the Blishen and non-manual-manual measures, because the raw scores are reversed for the class designations. In both the Hollingshead Index and the non-manual-manual dichotomy, a low score indicates a higher socio-economic status. In the Blishen Index, a high score represents a higher socio-economic status.

Table 64. Correlations between measures of socio-economic status.

	Hollingshead	Blishen	Non-manual-manual
Hollingshead	1.00		
Blishen ^a	-.66	1.00	
Non-manual manual ^b	.72	-.83	1.00

^aPearson product moment correlation (r)

^bBiserial correlation coefficient (r_b)

df = 33; $r \pm .53$: $p = .001$

CHAPTER V

DISCUSSION, CONCLUSIONS, AND IMPLICATIONS

Within this chapter there is a discussion of findings and presentation of limitations, conclusions, and implications of the research.

Discussion of Findings

Perceived Power in Decision-making

The wife-mothers have more perceived power in decision-making in everyday activities within these families averaging 83 points compared to the husband-fathers who averaged minus 24.7 points and the teen-agers who averaged minus 43.6 points. This is in direct contrast to the perceptions of family members as to who is boss or who makes the final decision when there is a disagreement. Knowing that there are a number of methodological problems in measurement of power and differences between measures reported in other studies, it is still a revealing finding that family members perceive the husband-fathers as boss or as making the final decision especially since the degree of congruence scores (based on the components of the perceived power in decision-making measure) were relatively high.

Harzmann found that the power scores of the mothers were in general very low. Consequently the question becomes, why is the perceived power of the husband-fathers so low in these families and that of the wife-mother so high? Has the relative power distribution changed over time? Is there a personality factor of the respondents which would explain this finding? Have the husbands and wives separated in those families in which the power needs of the husband-father were not met? Is this an acceptable distribution of power or does the wife-mother have manipulative control over other family members? Why does the discrepancy exist between the perceptions of the wife-mother as having power in decision-making (control or influence over the behavior of others) and her perception of the husband-father as the final decision-maker and boss? Does the perception of who is boss or who makes the final decision fulfill societal and role expectations and while in actuality, other behavioral enactments are taking place?

There was no attempt to divide various tasks into areas of control even though one question that appears in studies of the conjugal power structure related to the representativeness of the sampling of decision areas. Some preliminary computations with the data in determining perceived power scores on the basis of the extent of involvement were not successful. It was thought that by defining the power score as an average measure of those activities in which the person was actually involved would answer the criticism that many of the activities may be defined as "women's work". The findings indicated

that the relative perceived power distribution within the family may not be associated with the extent of involvement. Further analyses of the data using several methods for computing power scores are a next step.

Perceived Need Satisfaction

The perceived needs of the majority of the family members were met. Scores averaged 49.23 points for the husband-fathers and 46.74 points for the wife-mothers out of a possible score of 51.5; the teen-agers averaged 43.18 points out of a possible score of 47.5. Even a slight indicator of unmet needs may be a clue to greater dissatisfaction not verbalized and merits further study. This study is still acknowledged as only a beginning attempt to operationalize components of need satisfaction. Recognizing that the questions are quite global, additional findings will help delineate specific aspects of each need and perhaps illuminate those needs which are not easily verbalized. There was some difficulty in operationalizing safety needs. Because of the narrow range of scores and the differing responses, conclusions from relationships with safety needs are extremely tenuous. The components of physiological needs and companionship and support needs were more readily identified and the findings related to these needs are more meaningful.

Degree of Congruence

The degree of congruence among family members was relatively high. The finding indicated that family members who

were interviewed have similar perceptions of the decision-maker and the decision-implementer in the specific family situations identified.

The predicted relationship between degree of congruence among family members and the extent of disability of the wife-mother was not statistically supported. However, the more disabled the wife-mother, the more similar the perceptions of who does and who decides within the family. Perhaps families perceive the situation clearly when there is a chronic illness of a family member. Could it be that when a resource is restricted within the family, roles are clearly defined and communicated?

For the husband-fathers and teen-agers there was quite a different pattern of relationships between degree of congruence and perceived need satisfaction than for that of the wife-mothers. The correlation coefficient for the wife-mothers between degree of congruence and their perceived overall need satisfaction was almost zero ($r = .02$). Their component scores also correlated relatively low. The husband-fathers had significant correlation coefficients for both their overall need satisfaction ($r = .42$) and satisfaction of their companionship and support needs ($r = .39$) as related to degree of congruence. Satisfaction of physiological needs was highly correlated with degree of congruence for the teen-agers ($r = .48$). The correlation coefficient for their overall need satisfaction and degree of congruence tended to be significant ($r = .27$). These findings, coupled with the finding of the positive relationships between perceived power in decision-making and perceived need satisfaction for the wife-mother, make it

apparent that for the three family members an explanation of the relative power distribution may vary for each family member. A question remains unanswered as to whether there are any non-linear relationships among these variables.

Extent of Disability

Measures to reflect a continuum of disability for a chronic disease which is characterized by exacerbations and remissions are difficult to define objectively. Seven measures were selected ranging in objectivity from total days hospitalized to more subjective evaluations such as present activity of condition by the physiotherapist. Even though some of these extent of disability measures correlated quite highly, there are various patterns in the relationships with other variables. Among the variables measuring extent of disability, functional capacity at last discharge stands alone in many of the relationships: power in decision-making and perceived need satisfaction of the wife-mother with extent of disability partialled out; power in decision-making of the husband-father and extent of disability; overall need satisfaction and extent of disability with "acceptance of illness" partialled out; perceived need satisfaction and extent of disability of wife-mother with power in decision-making partialled out; and degree of congruence among family members and extent of disability. For this reason, functional capacity merits further attention. Do the expectations from the professional rehabilitation team regarding functional capacity at time of discharge linger and assume an aura of role

expectations for the family?

There was some indication that the more severely disabled wife-mother has more perceived power in decision-making. This relationship was particularly strong for total days hospitalized and severity of disease at last discharge. One might ask what is the effect of the disability of the wife-mother on the relative power distribution? Although the relationships were not statistically significant, perceived overall need satisfaction and extent of disability as measured by severity of disease and functional capacity at last discharge were positively related for the husband-fathers. Why is it that in families with a more severely disabled wife-mother, the husband-fathers tended to have more satisfied needs? Is this apparent because of the project limitation of intact families? Is there need for rehabilitation efforts with the less severely disabled wife-mothers and their families because role expectations of the wife-mother may not be as clearly defined in these families?

"Acceptance of Illness"

The original question asked whether "acceptance of illness" were an intervening variable in these relationships. As a variable, it had no noticeable effects on the relationships which included power in decision-making. However, it was highly correlated with need satisfaction of the wife-mothers, and perhaps it indicated the subjectiveness of the need satisfaction ratings. Are the attitudes and/or values of an individual an underlying determinant of his satisfactions?

Socio-economic Status

Contrary to findings in other studies, there were no relationships between perceived power in decision-making and the measures of socio-economic status. Because there was no consistent use of measures for socio-economic status in the Canadian studies reviewed, three measures were selected: The Hollingshead Two Factor Index of Social Position, the Blishen Index of Occupations in Canada, and a dichotomy of occupations classified as non-manual and manual. These measures correlated quite highly.

Description of the Situation

For the majority of these families, expenses related to the illness had not decreased their financial status according to the husband-fathers, but for 24 families, they see no increase in their financial status. At least some of these families anticipate future educational expenses for their teen-agers. If the family will be able to meet additional obligations and whether there is any reserve for unexpected events are unanswered questions for the family economist.

In housing, the most frequent problem mentioned by family members or the reason usually given for moving or making changes or contemplating a future move was stairs. Accomplishment of household tasks was sometimes limited because of them. Since some families did move and make changes in their housing, the economic resource was available and may have contributed to need satisfaction.

Since almost fifty per cent of the family members worry about their health, the question is how does this compare with families in which there is no chronic illness? Almost a third of the women thought they could work outside the home. Seven women were gainfully employed with only four employed full time. Does this reflect realistic perceptions or a desire to get out since many have very few activities away from home or both?

Conclusions

The major findings from this study were:

1. Within the power distribution in the family, the wife-mothers perceived that they had more power relative to either of the other family members who were interviewed.

2. For the wife-mothers, power in decision-making was positively related to need satisfaction.

3. There was a positive relationship between the perceived power in decision-making of the wife-mother and the extent of her disability.

4. The need satisfaction of the wife-mother was positively related to her "acceptance of illness".

5. Three members of the family were able to concur on their perceptions of the decision-maker and the decision-implementer in specific family activities.

6. Perceptions of components of need satisfaction of the husband-father and teen-ager were positively related

to the degree of congruence among family members.

7. Relationships among variables varied for each member of the family.

Limitations

1. The size of the sample (35 families) limits the possibilities for sub-dividing the group into potentially useful classifications. For some variables, there is inadequate representation in the categories for desirable analyses.

2. The sample is representative of a particular group of women patients with rheumatic diseases and their families; the sample in no way represents the total population of disabled women with rheumatic diseases and their families. Therefore, generalizations may not be applicable beyond the sample in the study and have been limited to the sample.

3. The measurement of variables depends upon the self-report of family members. To what extent the respondent's self report of his behavior and his actual behavior corresponds is unknown.

4. Interviewing only one child in each family places restrictions on what is gained relative to the part of children in the relative power distribution especially in families with more than one child at home.

5. By including only intact families in the sample, a particular bias may have been introduced and its effects are unknown.

6. In limiting the analysis to linear relationships, any non-linear relationship which may exist is not recognized. Assumptions underlying the statistical techniques were recognized but no claims for rigorous adherence are made.

Implications for Future Research

Within the data collected for this study, there are possibilities for further analyses. Relationships of two disability variables, namely duration of illness and rapidity of onset of illness, to perceived power in decision-making, perceived need satisfaction, and degree of congruence among family members may be examined. Participation of family members in the various activities could be identified. Because the wife-mother had more perceived power indicating that she made more decisions affecting the behavior of other family members, participation of other family members is expected to be high. The degree of congruence among respondents could be examined for other questions.

The self-perception of power could be compared with each person's perception of other family member's power. Since there was a high degree of congruence among family members, it would be expected that perceptions of the power scores would be highly correlated.

Methodological questions have been inherent throughout studies of power. Continued refinement of alternative methods of computing power scores may be pertinent to area

of control and extent of involvement. A factor analysis of the power score measure and a test of its reliability are necessary for improved measurement.

Descriptive data from the open-ended questions pertinent to each need could be analyzed. The results may assist in refinement of items comprising the need satisfaction scores.

For only the major analyses were findings from the husband-fathers and teen-agers reported. These data may be examined more closely and also that from the selected families in which additional children were interviewed. Tests for non-linear relationships may be appropriate with the data from both the husband-fathers and the teen-agers, and socio-economic status.

Replication of this study with similar families in which the wife-mother is not disabled becomes necessary to determine the effect of the disability particularly on the relationships between perceived need satisfaction and both perceived power in decision-making and degree of congruence. Also, a study could examine the same relationships in families in which the wife-mother has a rheumatic disease, but has not been hospitalized in a rehabilitation setting. Comparisons between the perceptions of health and functional level may indicate if the chronic illness of one family member affects these perceptions. The values of each family member may elucidate these self-perceptions and the extent of satisfaction of needs.

The disparity between who is boss and who makes the final decision and the perceived power scores suggests further study of role expectations and role enactments and an examination of the area or content of decisions. Does the husband-father make decisions of a consequential nature that establishes his role expectation as boss or as making the final decision? And in the majority of the routine activities does the wife-mother make decisions and direct the behavior of other family members which is accepted as her role, hence not perceived as the boss or as making final decisions?

In obtaining the sample for this study, a number of families were contacted in which an adult child was still living at home. These families may be an important part of a study examining role relationships within similar families.

Comparisons could be made with similar families living in the United States or with families without a disabled wife-mother. Families which have separated or obtained a divorce following the onset of the illness may have had different patterns of relationships from intact families in which the wife-mother is disabled.

To continue identification of needs which become potential resources for exchange and may be the basis of reward power, further elaboration of the measures for the sub-scores of need satisfaction directly follows from this study. The satisfaction of physiological needs, particularly those of the husband-father, would be a fruitful area of research

following from the comments to the open-ended question "How are the meals at your house?" The concepts of relative involvement and relative competence apparently require elaboration, too. Answers to the questions who does the various activities were often qualified with the comments that the person doing the activity varied with the schedule of each family member and that some activities varied depending on the skills and abilities of the person completing the task.

Decisions that families make about housing are critical. And evident from this study, adjustments are made to meet individual needs. These can be costly. What differences exist between those families who move and make changes and those who do not? What consideration is given in architectural planning for individuals with physical disabilities? Attention to the financial management of the families becomes part of this research.

Implications for the Family Educator

The major implication from this study for family education stresses the importance of recognizing the family as a system with interrelated and interdependent parts. Although the perceptions of the situations at times may be very similar, the situations may have different meanings for each family member. It behooves the family educator to work with the family in totality rather than viewing and assisting the

family only through individuals. Perception of one family member and his acceptance of the situation may not adequately reflect the acceptance of the situation by other members of the family.

Secondly, some families are able to cope with chronic illness making changes and adjusting to them. This indicates a need for the family educator to be able to recognize and to assist families in anticipating changes and in making the needed adjustments.

And lastly, for those educators or the rehabilitation team directly involved with families of disabled members, there is an indication for a need to recognize that some differences among families with the same disability may be dependent upon the extent of the disability and that greater disability may not indicate more problems or less satisfaction. Therefore, rehabilitation efforts could be directed at families with less severely disabled wife-mothers. Realization of the situation specific elements of any problem are again emphasized.

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APPENDICES

APPENDIX A

SAMPLE SELECTION

Initial Form for Listing Patients

Letter to Referring Physicians

Letter to Families

M.D. _____

RDU No. _____

Family No. _____

Name: _____ Phone: _____

Address: _____

Location of home: _____

No. of children: _____ Date of birth: _____

Boys _____ Birthplace: _____

Girls _____

Dates of hospitalization (RDU)

Admission: _____ Referring MD: _____

Discharge: _____

Hospital Days: _____

Diagnosis: _____ CARS Therapist: _____

Date of first illness: _____ Public Health

Date of diagnosis of arthritis: _____ Nurse: _____

Clinic or outpatient: _____ Date of marriage: _____

Date of marriage: _____

Occupation of husband: _____

Insurance group: _____

[illegible]



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THE CHEDOKE-McMASTER CENTRE

OPERATED BY THE HAMILTON HEALTH ASSOCIATION IN CONJUNCTION
WITH THE DIVISION OF HEALTH SCIENCES McMASTER UNIVERSITY
McMASTER RHEUMATIC DISEASES UNIT

POST OFFICE BOX 590
HAMILTON, ONTARIO
TELEPHONE (416) 388-0240

August 16, 1971.

Dear Dr.

We are grateful to you for the opportunity to participate in the care of your patient.

As part of our continuing interest in the welfare of arthritics, we are cooperating with Miss Nancy Hook in a research project. The purpose is to study the dynamics of families in which the mother is an arthritic.

Miss Hook presently lives in Guelph where she has been a member of the faculty of the University of Guelph. This research is in support of her Ph.D. Thesis at Michigan State University. Her work involving former McMaster R.D.U. patients has our full endorsement.

As you know, we are concerned not only with the treatment of disease but in rehabilitation in its fullest sense and thus our support of this project. We will assume that you approve of Miss Hook interviewing your patient at her home unless we hear otherwise from you within two weeks.

Thank you very much, in advance, for your cooperation.

Yours sincerely,

J.I. Frid, M.D.,
Clinical Director.

JIF:dj



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POST OFFICE BOX 590
HAMILTON, ONTARIO
TELEPHONE (416) 388-0240

Dear

I am writing to you as a former patient of the McMaster Rheumatic Diseases Unit. Everyone here at the Unit joins me in sending greetings to you.

As you well know, we are interested not only in your arthritis but in day-by-day functioning: being able to work, being able to enjoy life, etc. We are continuously trying to learn more about the kinds of problems arthritis creates in the business of living so that we can do a better job to help you.

Therefore the staff here are cooperating with Miss Nancy Hook in a study she is carrying out on families in which the homemaker has arthritis. Your doctor has given permission for Miss Hook to contact you to make arrangements to visit with you, your husband and your children who are living at home.

We think that you will find the contact with Miss Hook pleasant and interesting. We will assume that you are willing to welcome Miss Hook unless we hear otherwise. She will be contacting you in the near future to arrange a time to visit with you and your family.

Kindest regards.

Yours sincerely,

J.I. Frid, M.D.,
Clinical Director.

JIF:dj

APPENDIX B

INSTRUMENTS

**Husband-father, Wife-mother, and Teen-ager
Interview Schedules**

Husband-Wife Interview Schedule

Medical Data for Wife-mother

Log for Interview Data

HUSBAND INTERVIEW

These are questions about you and your family. Every family is special; there are no right and wrong answers. We are interested in what happens in your family and some of your reactions to what happens. Your answers are strictly confidential.

Meals are an everyday activity for all families. The recent price wars, special diets, and individual likes and dislikes sometimes make meals a problem.

	HUSBAND	WIFE	TEENAGE		CHILD		OTHER FAMILY ADULT	OTHER THAN FAMILY	EACH DOES HIMSELF	NO ONE	DOES NOT APPLY
			Boy	Girl	Boy	Girl					
Who makes breakfast ? _____											
Who does the breakfast dishes ? _____											
Who sets the table for the main meal ? _____											
Who cooks the main meal ? _____											
Who clears the table after the main meal ? _____											
Who does the dishes after the main meal ? _____											
Who takes care of the garbage and trash ? _____											
Who buys groceries ? _____											
Who makes out a shopping list ? _____											

How are the meals at your house ?

In our society Clothing is another concern of the family.

Do you have what you need ?

Is there plenty of warm clothing for everybody ?

	HUSBAND	WIFE	TEENAGE		CHILD		OTHER FAMILY ADULT	OTHER THAN FAMILY	EACH DOES HIMSELF	NO ONE	DOES NOT APPLY
			Boy	Girl	Boy	Girl					
Who mends or sews the family's clothes ? _____											
Who does the family wash ? _____											
Who does the family ironing ? _____											
Who buys father's clothes ? _____											
Who buys mother's clothes ? _____											
Who buys teenager's clothes ? _____											

What do you think about the clothing in your family ?

Have you had any problems with clothing the family ?

How long have you lived in this house (apartment) ? _____

Have you had to move because of your wife's arthritis?

no ☐ yes ☐ Tell me about the move. How do you feel about the move ?

Have any changes been made in the house because of your wife's arthritis?

no ☐ yes ☐ Tell me about the changes. How do you feel about the changes ?

What are the advantages of your present housing ? What are the disadvantages of your present housing ?

	HUSBAND	WIFE	TEENAGE		CHILD		OTHER FAMILY ADULT	OTHER THAN FAMILY	EACH DOES HIMSELF	NO ONE	DOES NOT APPLY
			Boy	Girl	Boy	Girl					
Who does the dusting ? _____											
Who does the vacuuming ? _____											
Who scrubs the floors ? _____											
Who makes the beds ? _____											
Who cleans the bedrooms ? _____											
Who cleans the bathtub ? _____											
Who cleans the bathroom ? _____											
Who washes the walls ? _____											
Who washes windows inside the house ? _____											
Who washes windows outside the house ? _____											
Who selects furniture and other household appliances ? _____											
Who arranges furniture inside the house ? _____											
Who puts up curtains and draperies in the house ? _____											
Who fixes broken things or makes repairs around the house ? _____											
Who sees to it that children help with the housework ? _____											
Who earns money for the family ? _____											
Who plans the savings for the family ? _____											
Who pays the bills _____											
Who locks up at night ? _____											
Who cares for family members when they are sick ? _____											
Who takes family members to the doctor's office ? _____											
Who tells the children and teenagers what time to come in at night ? _____											
Who cares for the children or teenagers when the parents are not at home ? _____											
Who sees that the children and teenagers get to school on time ? _____											
Who sees that the children and teenagers practice good manners ? _____											
Who gives the children and teenagers advice ? _____											
Who gets the family up in the morning ? _____											
Who sees to it that children get washed and dressed in the morning ? _____											

Families have many different ways of providing for the Safety and Security of their members.

How do you feel about being left at home alone ?

What precautions do you take for your own safety and security ?

What precautions do you take for the safety and security of other family members ?

People vary a great deal as to the amount of **Rest and Sleep** they require.

Do you **Sleep** well? YES ☐ Have you always? YES ☐ NO ☐
NO ☐ Why not?

Do you get enough **Rest**? YES ☐ NO ☐ Did you used to? YES ☐ NO ☐

What are the sleeping arrangements for you and the other members of your family?

Have they changed since the diagnosis of your wife's arthritis? YES ☐ NO ☐

Do you have much pain? YES ☐ NO ☐

If both answers are no, Skip to bottom of page.†

Is it a concern to you? YES ☐ NO ☐

How much of the time during the day do you have pain?

seldom ☐ sometimes ☐ frequently ☐ always ☐

How severe is the pain in the morning? Very severe ☐ Moderate ☐ Slight ☐

How severe is the pain when moving? Very severe ☐ Moderate ☐ Slight ☐

How severe is the pain when sitting? Very severe ☐ Moderate ☐ Slight ☐

What do you do when you have pain?

(If medication is taken), does the medication help? a lot ☐ very little ☐

How much of the time does the pain affect your everyday activities?

most of the time ☐ half of the time ☐ less than half of the time ☐ not at all ☐

How are these everyday activities affected by pain?

Which activities are affected by pain?

† Is your health a worry to you? most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are there things you would like to do that your family won't let you do?

NO ☐ YES ☐ What would these be?

Are you satisfied with what you are able to do for your family?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Has it always been this way? YES ☐ NO ☐ What differences are there?

Has your wife's arthritis made any difference in your family's actions toward you?

NO ☐ YES ☐ In what ways?

Are your family's actions toward you the way you want them to be? YES ☐ NO ☐

Are you satisfied with what your wife does for the family?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Has it always been this way? yes ☐ no ☐ What differences are there?

What is your occupation? _____

How many hours do you usually work at this occupation each week? _____

Your wife has arthritis. Have you any condition for which you are under medical care?

no ☐ yes ☐ What is this condition? _____

Does your health limit the Kind of work you can do? yes ☐ no ☐

Does your health limit the Kind of other activities you can do? yes ☐ no ☐

Does your health limit the AMOUNT of work you can do? yes ☐ no ☐

Does your health limit the AMOUNT of other activities you can do? yes ☐ no ☐

Does your health keep you from working altogether? yes ☐ no ☐

What is the health condition that limits what you can do? _____

Are you satisfied with the income you bring home to the family?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

All things considered, are you better off, worse off, or about the same financially since your wife's illness?

better off ☐ worse off ☐ about the same ☐

Are there any more expenses now? yes ☐ no ☐

Family members may or may not understand each others **Feelings**, for example when happy, unhappy, angry, pleased or sad.

How well does your wife understand your feelings?

completely ☐ to a great extent ☐ to some extent ☐ only slightly ☐ not at all ☐

How well does your teenager understand your feelings?

completely ☐ to a great extent ☐ to some extent ☐ only slightly ☐ not at all ☐

How well do you understand your wife's feelings?

completely ☐ to a great extent ☐ to some extent ☐ only slightly ☐ not at all ☐

How well do you understand your teenager's feelings?

completely ☐ to a great extent ☐ to some extent ☐ only slightly ☐ not at all ☐

Does your wife ask your opinion on matters of importance?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Did she before her illness?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Does your teenager ask your opinion on matters of importance?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Did your teenager before your wife's illness? not applicable ☐

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

In what ways does your wife express affection for you?

Any other ways?

In what ways does your teenager express affection for you?

Does your wife do anything thoughtful or considerate?

NO ☐ YES ☐ What does she do?

Does she buy you little things?

NO ☐ YES ☐

Does she bring you little surprises?

NO ☐ YES ☐

Does she remember your birthday without being reminded?

NO ☐ YES ☐

Does she remember your anniversary without being reminded?

NO ☐ YES ☐

Does she help without being asked?

NO ☐ YES ☐

Has your wife always (ever) done these things?

NO ☐ YES ☐

Do your children ever do anything thoughtful or considerate?

NO ☐ YES ☐ What do they do?
NOT APPLICABLE ☐

Does your teenager ever do anything thoughtful or considerate?

NO ☐ YES ☐ What does he do?

When you are feeling hurt or disgusted or fed up, does your wife try to make you feel better?

YES ☐ How?

NO ☐ Why not?

How do you feel about this?

When you don't agree on something, who makes the final decision? _____

Do you and your wife talk about what has happened during the day?

YES ☐ Do you both talk? YES ☐ NO ☐ Who does most of the talking? _____

NO ☐

Is this the way you want it to be? YES ☐ NO ☐

Do you and your teenager talk about what has happened during the day?

YES ☐ Do you both talk? YES ☐ NO ☐ Who does most of the talking? _____

NO ☐ Do you talk to friends and/or relatives about what has happened during the day? YES ☐ NO ☐

Is this the way you want it to be? YES ☐ NO ☐

Do you confide in your wife?

YES ☐ NO ☐

Would you tell her something that happened if you knew it might worry her?

YES ☐ NO ☐

If you had a bad day, do you tell her about it?

YES ☐ NO ☐

If you are in pain or not feeling well, do you tell her?

YES ☐ NO ☐

Do you think she tells you everything?

YES ☐ NO ☐

Even if it might worry you?

YES ☐ NO ☐

Is the sharing of confidences between you and your wife pertaining to family matters the way you want it to be?

YES ☐ NO ☐

Do you confide in your teenager?

YES ☐ NO ☐

Would you tell your teenager something that happened if you knew it might worry him?

YES ☐ NO ☐

If you had a bad day, do you tell him about it?

YES ☐ NO ☐

If you are in pain or not feeling well, do you tell him?

YES ☐ NO ☐

Do you think your teenager tells you everything?

YES ☐ NO ☐

Even if it might worry you?

YES ☐ NO ☐

Is the sharing of confidences between you and your teenager pertaining to family matters the way you want it to be?

YES ☐ NO ☐

Some people think that Sex is the most important part of marriage and some do not.

What do you think about it?

How important has sex been in your marriage?

Is it different because of your wife's illness? NO ☐ YES ☐ In what ways are there differences?
How do you feel about this?

Is your wife considerate about your feelings about sex?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Does your wife satisfy your sexual needs? YES ☐ NO ☐

Is your wife satisfied with you as a sex partner?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Who would you say is the boss in your family? _____

Is this the way it used to be? YES ☐ NO ☐ In what ways are there differences?

How do you feel about this?

Today there are many Activities that families may do: playing cards and table games; going to hockey games or other sports events; dancing, movies, plays, concerts; taking part in sports such as skiing, swimming, bowling; having family dinners or celebrations on special occasions or holidays, and so forth.

[illegible]

What activities would you do with your Wife? At home? Away from home? When do you do these activities?

What activities would you do with your Teenager? At home? Away from home? When do you do these activities?

What activities would All members of the family do together? At home? Away from home? When do you do these activities?

What activities would you do with your Friends? At home? Away from home? When do you do these activities?

What activities would you do with your Relatives ? At home? Away from home? When do you do these activities ?

Today there are many Groups or Organizations that family members may belong to: community, school, church.

What groups or organizations would you belong to?

What meetings or other activities of groups or organizations would you attend with your Wife ?

When would these be ?

What meetings or other activities of groups or organizations would you attend with your Teenager?

When would these be ?

What meetings or other activities of groups or organizations would All members of the family attend ?

When would these be ?

This section concerns Who Makes the Decision that various activities be done.

Who usually Decides who:

[illegible]

[illegible]

This section is about **Your** reactions to what happens in your family.

Are you satisfied with your **Meals**?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the **Clothing** in your family?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with your **Housing**?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the arrangements for the **Safety and Security** of the family?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the **Rest and Sleep** you get?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the **Understanding of Feelings** among family members?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the **Affection** expressed between you and your wife?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the **Affection** expressed between you and your teenager?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the **Thoughtfulness** of your wife?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the **Thoughtfulness** of your teenager?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the **Sharing of Information** between you and your wife?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the **Sharing of Information** between you and your teenager?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the **Sharing of Confidences** pertaining to your family between you and your wife?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the **Sharing of Confidences** pertaining to your family between you and your teenager?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the **Sexual Part** of your marriage?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with yourself as a **Sex Partner**?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the **Sharing of Activities** with your wife?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the **Sharing of Activities** with your teenager?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the **Sharing of Activities** as a family?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the **Sharing of Activities** with your friends?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the **Sharing of Activities** with your relatives?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

WIFE INTERVIEW

These are questions about you and your family. Every family is special; there are no right and wrong answers. We are interested in what happens in your family and some of your reactions to what happens. Your answers are strictly confidential.

Meals are an everyday activity for all families. The recent price wars, special diets, and individual likes and dislikes sometimes make meals a problem.

	HUSBAND	WIFE	TEENAGE		CHILD		OTHER FAMILY ADULT	OTHER THAN FAMILY	EACH DOES HIMSELF	NO ONE	DOES NOT APPLY
			Boy	Girl	Boy	Girl					
Who makes breakfast? _____											
Who does the breakfast dishes? _____											
Who sets the table for the main meal? _____											
Who cooks the main meal? _____											
Who clears the table after the main meal? _____											
Who does the dishes after the main meal? _____											
Who takes care of the garbage and trash? _____											
Who buys groceries? _____											
Who makes out a shopping list? _____											

How are the meals at your house?

In our society Clothing is another concern of the family.

Do you have what you need?

Is there plenty of warm clothing for everybody?

	HUSBAND	WIFE	TEENAGE		CHILD		OTHER FAMILY ADULT	OTHER THAN FAMILY	EACH DOES HIMSELF	NO ONE	DOES NOT APPLY
			Boy	Girl	Boy	Girl					
Who mends or sews the family's clothes? _____											
Who does the family wash? _____											
Who does the family ironing? _____											
Who buys father's clothes? _____											
Who buys mother's clothes? _____											
Who buys teenager's clothes? _____											

What do you think about the clothing in your family?

Have you had any problems with clothing the family?

How long have you lived in this house (apartment)? _____

Have you had to move because of your arthritis?

no ☐ yes ☐ Tell me about the move. How do you feel about the move?

Have any changes been made in the house because of your arthritis?

no ☐ yes ☐ Tell me about the changes. How do you feel about the changes?

What are the advantages of your present housing? What are the disadvantages of your present housing?

	HUSBAND	WIFE	TEENAGE		CHILD		OTHER FAMILY ADULT	OTHER THAN FAMILY	EACH DOES HIMSELF	NO ONE	DOES NOT APPLY
			Boy	Girl	Boy	Girl					
Who does the dusting ? _____											
Who does the vacuuming ? _____											
Who scrubs the floors ? _____											
Who makes the beds ? _____											
Who cleans the bedrooms ? _____											
Who cleans the bathtub ? _____											
Who cleans the bathroom ? _____											
Who washes the walls ? _____											
Who washes windows inside the house ? _____											
Who washes windows outside the house ? _____											
Who selects furniture and other household appliances ? _____											
Who arranges furniture inside the house ? _____											
Who puts up curtains and draperies in the house ? _____											
Who fixes broken things or makes repairs around the house ? _____											
Who sees to it that children help with the housework ? _____											
Who earns money for the family ? _____											
Who plans the savings for the family ? _____											
Who pays the bills _____											
Who locks up at night ? _____											
Who cares for family members when they are sick ? _____											
Who takes family members to the doctor's office ? _____											
Who tells the children and teenagers what time to come in at night ? _____											
Who cares for the children or teenagers when the parents are not at home ? _____											
Who sees that the children and teenagers get to school on time ? _____											
Who sees that the children and teenagers practice good manners ? _____											
Who gives the children and teenagers advice ? _____											
Who gets the family up in the morning ? _____											
Who sees to it that children get washed and dressed in the morning ? _____											

Families have many different ways of providing for the **Safety and Security** of their members.

How do you feel about being left at home alone ?

What precautions do you take for your own safety and security ?

What precautions do you take for the safety and security of other family members ?

People vary a great deal as to the amount of Rest and Sleep they require.

Do you Sleep well? YES ☐ Have you always? YES ☐ NO ☐
NO ☐ Why not?

Do you get enough Rest? YES ☐ NO ☐ Did you used to? YES ☐ NO ☐

What are the sleeping arrangements for you and the other members of your family?

Have they changed since the diagnosis of your arthritis? YES ☐ NO ☐

Do you have much pain? YES ☐ NO ☐

If both answers are no, Skip to bottom of page.†

Is it a concern to you? YES ☐ NO ☐

How much of the time during the day do you have pain?

seldom ☐ sometimes ☐ frequently ☐ always ☐

How severe is the pain in the morning? Very severe ☐ Moderate ☐ Slight ☐

How severe is the pain when moving? Very severe ☐ Moderate ☐ Slight ☐

How severe is the pain when sitting? Very severe ☐ Moderate ☐ Slight ☐

What do you do when you have pain?

(If medication is taken), does the medication help? a lot ☐ very little ☐

How much of the time does the pain affect your everyday activities?

most of the time ☐ half of the time ☐ less than half of the time ☐ not at all ☐

How are these everyday activities affected by pain?

Which activities are affected by pain?

† Is your health a worry to you? most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are there things you would like to do that your family won't let you do?

NO ☐ YES ☐ What would these be?

Are you satisfied with what you are able to do for your family?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Has it always been this way? YES ☐ NO ☐ What differences are there?

Has your arthritis made any difference in your family's actions toward you?

NO ☐ YES ☐ In what ways?

Are your family's actions toward you the way you want them to be? YES ☐ NO ☐

When did you first become ill? _____

When was your illness first diagnosed as arthritis? _____

When were you hospitalized at the Rheumatic Diseases Unit in Hamilton? _____

Did anyone help with the family while you were away? YES ☐ Who? _____ NO ☐

Have you been hospitalized since? YES ☐ NO ☐

Where _____

When _____

Does anyone help with the family while you are hospitalized? YES ☐ Who? _____ NO ☐

Does your health limit the Kind of work other than housework that you can do? YES ☐ NO ☐

Does your health limit the Kind of housework you can do? YES ☐ NO ☐

Does your health limit the Kind of other activities you can do? YES ☐ NO ☐

Does your health limit the AMOUNT of work other than housework that you can do? YES ☐ NO ☐

Does your health limit the AMOUNT of housework you can do? YES ☐ NO ☐

Does your health limit the AMOUNT of other activities you can do? YES ☐ NO ☐

Does your health keep you from working altogether? YES ☐ NO ☐

Does your health keep you from doing any housework? YES ☐ NO ☐

Are you employed outside the home now?

YES ☐ What do you do? _____

How many hours do you usually do this work each week? _____

Has your illness made a difference in your work outside the home?

YES ☐ In what ways? _____

NO ☐

NO ☐ Since your marriage, have you ever been employed outside the home?

YES ☐ What did you do? _____

For how long? _____

Has your illness made a difference in your work outside the home?

NO ☐ YES ☐ In what ways? _____

NO ☐

Do you work for pay within the home?

YES ☐ What do you do? _____

How many hours do you usually do this work each week? _____

NO ☐

Family members may or may not understand each others Feelings, for example when happy, unhappy, angry, pleased or sad.

How well does your husband understand your feelings?

completely ☐ to a great extent ☐ to some extent ☐ only slightly ☐ not at all ☐

How well does your teenager understand your feelings?

completely ☐ to a great extent ☐ to some extent ☐ only slightly ☐ not at all ☐

How well do you understand your husband's feelings?

completely ☐ to a great extent ☐ to some extent ☐ only slightly ☐ not at all ☐

How well do you understand your teenager's feelings?

completely ☐ to a great extent ☐ to some extent ☐ only slightly ☐ not at all ☐

Does your husband ask your opinion on matters of importance?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Did he before your illness?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Does your teenager ask your opinion on matters of importance?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Did your teenager before your illness? not applicable ☐

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

In what ways does your husband express affection for you?

Any other ways?

In what ways does your teenager express affection for you?

Does your husband do anything thoughtful or considerate?

NO ☐ YES ☐ What does he do?

Does he buy you little things?

NO ☐ YES ☐

Does he bring you little surprises?

NO ☐ YES ☐

Does he remember your birthday without being reminded?

NO ☐ YES ☐

Does he remember your anniversary without being reminded?

NO ☐ YES ☐

Does he help without being asked?

NO ☐ YES ☐

Has your husband always (ever) done these things?

NO ☐ YES ☐

Do your children ever do anything thoughtful or considerate?

NO ☐ YES ☐ What do they do?
NOT APPLICABLE ☐

Does your teenager ever do anything thoughtful or considerate?

NO ☐ YES ☐ What does he do?

When you are feeling hurt or disgusted or fed up, does your husband try to make you feel better?

YES ☐ How?

NO ☐ Why not?

How do you feel about this?

When you don't agree on something, who makes the final decision? _____

Do you and your husband talk about what has happened during the day?

yes ☐ Do you both talk? yes ☐ no ☐ Who does most of the talking? _____

no ☐

Is this the way you want it to be? yes ☐ no ☐

Do you and your teenager talk about what has happened during the day?

yes ☐ Do you both talk? yes ☐ no ☐ Who does most of the talking? _____

no ☐ Do you talk to friends and/or relatives about what has happened during the day? yes ☐ no ☐

Is this the way you want it to be? yes ☐ no ☐

Do you confide in your husband?

yes ☐ no ☐

Would you tell him something that happened if you knew it might worry him?

yes ☐ no ☐

If you had a bad day, do you tell him about it?

yes ☐ no ☐

If you are in pain or not feeling well, do you tell him?

yes ☐ no ☐

Do you think he tells you everything?

yes ☐ no ☐

Even if it might worry you?

yes ☐ no ☐

Is the sharing of confidences between you and your husband pertaining to family matters the way you want it to be?

yes ☐ no ☐

Do you confide in your teenager?

yes ☐ no ☐

Would you tell your teenager something that happened if you knew it might worry him?

yes ☐ no ☐

If you had a bad day, do you tell him about it?

yes ☐ no ☐

If you are in pain or not feeling well, do you tell him?

yes ☐ no ☐

Do you think your teenager tells you everything?

yes ☐ no ☐

Even if it might worry you?

yes ☐ no ☐

Is the sharing of confidences between you and your teenager pertaining to family matters the way you want it to be?

yes ☐ no ☐

Some people think that sex is the most important part of marriage and some do not. What do you think about it?

How important has sex been in your marriage?

Is it different because of your illness? no ☐ yes ☐ In what ways are there differences?
How do you feel about this?

Is your husband considerate about your feelings about sex?

most of the time ☐

sometimes ☐

usually not ☐

not at all ☐

Does your husband satisfy your sexual needs? yes ☐ no ☐

Is your husband satisfied with you as a sex partner?

most of the time ☐

sometimes ☐

usually not ☐

not at all ☐

Who would you say is the boss in your family? _____

Is this the way it used to be? yes ☐ no ☐ In what ways are there differences?

How do you feel about this?

Today there are many Groups or Organizations that family members may belong to: community, school, church.

What groups or organizations would you belong to?

What meetings or other activities of groups or organizations would you attend with your Husband?

When would these be ?

What meetings or other activities of groups or organizations would you attend with your Teenager?

When would these be ?

What meetings or other activities of groups or organizations would All members of the family attend ?

When would these be ?

This section concerns Who Makes the Decision that various activities be done.

Who usually Decides who:

[illegible]

[illegible]

This section is about Your reactions to what happens in your family.

Are you satisfied with your Meals?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Clothing in your family?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with your Housing?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the arrangements for the Safety and Security of the family?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Rest and Sleep you get?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Understanding of Feelings among family members?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Affection expressed between you and your husband?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Affection expressed between you and your teenager?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Thoughtfulness of your husband?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Thoughtfulness of your teenager?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Sharing of Information between you and your husband?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Sharing of Information between you and your teenager?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Sharing of Confidences pertaining to your family between you and your husband?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Sharing of Confidences pertaining to your family between you and your teenager?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Sexual Part of your marriage?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with yourself as a Sex Partner?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Sharing of Activities with your husband?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Sharing of Activities with your teenager?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Sharing of Activities as a family?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Sharing of Activities with your friends?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Sharing of Activities with your relatives?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

TEENAGER INTERVIEW

These are questions about you and your family. Every family is special; there are no right and wrong answers. We are interested in what happens in your family and some of your reactions to what happens. Your answers are strictly confidential.

Meals are an everyday activity for all families. The recent price wars, special diets, and individual likes and dislikes sometimes make meals a problem.

	HUSBAND	WIFE	TEENAGE		CHILD		OTHER FAMILY ADULT	OTHER THAN FAMILY	EACH DOES HIMSELF	NO ONE	DOES NOT APPLY
			Boy	Girl	Boy	Girl					
Who makes breakfast ? _____											
Who does the breakfast dishes ? _____											
Who sets the table for the main meal ? _____											
Who cooks the main meal ? _____											
Who clears the table after the main meal ? _____											
Who does the dishes after the main meal ? _____											
Who takes care of the garbage and trash ? _____											
Who buys groceries ? _____											
Who makes out a shopping list ? _____											

How are the meals at your house ?

In our society Clothing is another concern of the family.

Do you have what you need ?

Is there plenty of warm clothing for everybody ?

	HUSBAND	WIFE	TEENAGE		CHILD		OTHER FAMILY ADULT	OTHER THAN FAMILY	EACH DOES HIMSELF	NO ONE	DOES NOT APPLY
			Boy	Girl	Boy	Girl					
Who mends or sews the family's clothes ? _____											
Who does the family wash ? _____											
Who does the family ironing ? _____											
Who buys father's clothes ? _____											
Who buys mother's clothes ? _____											
Who buys teenager's clothes ? _____											

What do you think about the clothing in your family ?

Have you had any problems about clothing with your parents ?

How long have you lived in this house (apartment) ? _____

Have you had to move because of your mother's arthritis ?

NO ☐ YES ☐ Tell me about the move. How do you feel about the move ?

Have any changes been made in the house because of your mother's arthritis ?

NO ☐ YES ☐ Tell me about the changes. How do you feel about the changes ?

What are the advantages of your present housing ? What are the disadvantages of your present housing ?

	HUSBAND	WIFE	TEENAGE		CHILD		OTHER FAMILY ADULT	OTHER THAN FAMILY	EACH DOES HIMSELF	NO ONE	DOES NOT APPLY
			Boy	Girl	Boy	Girl					
Who does the dusting ? _____											
Who does the vacuuming ? _____											
Who scrubs the floors ? _____											
Who makes the beds ? _____											
Who cleans the bedrooms ? _____											
Who cleans the bathtub ? _____											
Who cleans the bathroom ? _____											
Who washes the walls ? _____											
Who washes windows inside the house ? _____											
Who washes windows outside the house ? _____											
Who selects furniture and other household appliances ? _____											
Who arranges furniture inside the house ? _____											
Who puts up curtains and draperies in the house ? _____											
Who fixes broken things or makes repairs around the house ? _____											
Who sees to it that children help with the housework ? _____											
Who earns money for the family ? _____											
Who plans the savings for the family ? _____											
Who pays the bills _____											
Who locks up at night ? _____											
Who cares for family members when they are sick ? _____											
Who takes family members to the doctor's office ? _____											
Who tells the children and teenagers what time to come in at night ? _____											
Who cares for the children or teenagers when the parents are not at home ? _____											
Who sees that the children and teenagers get to school on time ? _____											
Who sees that the children and teenagers practice good manners ? _____											
Who gives the children and teenagers advice ? _____											
Who gets the family up in the morning ? _____											
Who sees to it that children get washed and dressed in the morning ? _____											

Families have many different ways of providing for the Safety and Security of their members.

How do you feel about being left at home alone ?

What precautions do you take for your own safety and security ?

What precautions do you take for the safety and security of other family members ?

People vary a great deal as to the amount of Rest and Sleep they require.

Do you Sleep well? YES ☐ Have you always? YES ☐ NO ☐
NO ☐ Why not?

Do you get enough Rest? YES ☐ NO ☐ Did you used to? YES ☐ NO ☐

What are the sleeping arrangements for you and the other members of your family?

Have they changed since the diagnosis of your mother's arthritis? YES ☐ NO ☐
NOT APPLICABLE ☐

Do you have much pain? YES ☐ NO ☐

Is it a concern to you? YES ☐ NO ☐

If both answers are no, Skip to bottom of page.†

How much of the time during the day do you have pain?

seldom ☐ sometimes ☐ frequently ☐ always ☐

How severe is the pain in the morning? Very severe ☐ Moderate ☐ Slight ☐

How severe is the pain when moving? Very severe ☐ Moderate ☐ Slight ☐

How severe is the pain when sitting? Very severe ☐ Moderate ☐ Slight ☐

What do you do when you have pain?

(If medication is taken), does the medication help? a lot ☐ very little ☐

How much of the time does the pain affect your everyday activities?

most of the time ☐ half of the time ☐ less than half of the time ☐ not at all ☐

How are these everyday activities affected by pain?

Which activities are affected by pain?

† Is your health a worry to you? most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are there things you would like to do that your family won't let you do?

NO ☐ YES ☐ What would these be?

Are you satisfied with what you are able to do for your family?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Has it always been this way? YES ☐ NO ☐ What differences are there?

Has your mother's arthritis made any difference in your family's actions toward you?

NO ☐ YES ☐ In what ways?

NOT APPLICABLE ☐

Are your family's actions toward you the way you want them to be? YES ☐ NO ☐

Are you satisfied with what your father does for the family?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Has it always been this way? YES ☐ NO ☐ What differences are there?

Are you satisfied with what your mother does for the family?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Has it always been this way? YES ☐ NO ☐ What differences are there?

When were you born?

MONTH DAY YEAR

Which high school do you attend? _____ Where is it located? _____

What year are you in? _____

Do you have a job? YES ☐ NO ☐ What is it? _____

How many hours do you usually work at this job each week? _____

Your mother has arthritis. Have you any condition for which you are under medical care?

NO ☐ YES ☐ What is this condition? _____

Does your health limit the Kind of work you can do? YES ☐ NO ☐

Does your health limit the Kind of other activities you can do? YES ☐ NO ☐

Does your health limit the AMOUNT of work you can do? YES ☐ NO ☐

Does your health limit the AMOUNT of other activities you can do? YES ☐ NO ☐

Does your health keep you from working altogether? YES ☐ NO ☐

What is the health condition that limits what you can do? _____

Family members may or may not understand each others **Feelings**, for example when happy, unhappy, angry, pleased or sad.

How well does your father understand your feelings?

completely ☐ to a great extent ☐ to some extent ☐ only slightly ☐ not at all ☐

How well does your mother understand your feelings?

completely ☐ to a great extent ☐ to some extent ☐ only slightly ☐ not at all ☐

How well do you understand your father's feelings?

completely ☐ to a great extent ☐ to some extent ☐ only slightly ☐ not at all ☐

How well do you understand your mother's feelings?

completely ☐ to a great extent ☐ to some extent ☐ only slightly ☐ not at all ☐

Does your father ask your opinion on matters of importance?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Did he before your mother's illness?

not applicable ☐

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Does your mother ask your opinion on matters of importance?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Did your mother before her illness?

not applicable ☐

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

In what ways does your father express affection for you?

Any other ways?

In what ways does your mother express affection for you?

Does your father do anything thoughtful or considerate?

NO ☐ YES ☐ What does he do?

Does he buy you little things?

NO ☐ YES ☐

Does he bring you little surprises?

NO ☐ YES ☐

Does he remember your birthday without being reminded?

NO ☐ YES ☐

Does he help without being asked?

NO ☐ YES ☐

Has your father always (ever) done these things?

NO ☐ YES ☐

Does your mother ever do anything thoughtful or considerate?

NO ☐ YES ☐ What does she do?

Does she buy you little things?

NO ☐ YES ☐

Does she bring you little surprises?

NO ☐ YES ☐

Does she remember your birthday without being reminded?

NO ☐ YES ☐

Does she help without being asked?

NO ☐ YES ☐

Has your mother always (ever) done these things?

NO ☐ YES ☐

When you are feeling hurt or disgusted or fed up, does your father try to make you feel better?

YES ☐ How?

NO ☐ Why not?

How do you feel about this?

When you are feeling hurt or disgusted or fed up, does your mother try to make you feel better?

YES ☐ How?

NO ☐ Why not?

How do you feel about this?

When you don't agree on something, who makes the final decision? _____

Do you and your father talk about what has happened during the day?

YES ☐ Do you both talk? YES ☐ NO ☐ Who does most of the talking? _____

NO ☐

Is this the way you want it to be? YES ☐ NO ☐

Do you and your mother talk about what has happened during the day?

YES ☐ Do you both talk? YES ☐ NO ☐ Who does most of the talking? _____

NO ☐ Do you talk to friends and/or relatives about what has happened during the day? YES ☐ NO ☐

Is this the way you want it to be? YES ☐ NO ☐

Do you confide in your father?

YES ☐ NO ☐

Would you tell him something that happened if you knew it might worry him?

YES ☐ NO ☐

If you had a bad day, do you tell him about it?

YES ☐ NO ☐

If you are in pain or not feeling well, do you tell him?

YES ☐ NO ☐

Do you think he tells you everything?

YES ☐ NO ☐

Even if it might worry you?

YES ☐ NO ☐

Is the sharing of confidences between you and your father pertaining to family matters the way you want it to be?

YES ☐ NO ☐

Do you confide in your mother?

YES ☐ NO ☐

Would you tell your mother something that happened if you knew it might worry her?

YES ☐ NO ☐

If you had a bad day, do you tell her about it?

YES ☐ NO ☐

If you are in pain or not feeling well, do you tell her?

YES ☐ NO ☐

Do you think your mother tells you everything?

YES ☐ NO ☐

Even if it might worry you?

YES ☐ NO ☐

Is the sharing of confidences between you and your mother pertaining to family matters the way you want it to be?

YES ☐ NO ☐

Who would you say is the boss in your family? _____

Is this the way it used to be? YES ☐ NO ☐ In what ways are there differences?

How do you feel about this?

Today there are many Activities that families may do: playing cards and table games; going to hockey games or other sports events; dancing, movies, plays, concerts; taking part in sports such as skiing, swimming, bowling; having family dinners or celebrations on special occasions or holidays, and so forth.

[illegible]

What activities would you do with your Father?	At home ?	Away from home ?	When do you do these activities ?

What activities would you do with your Mother?	At home?	Away from home?	When do you do these activities?
1. <u>Go to school</u>			
2. <u>Go to work</u>			
3. <u>Go to church</u>			
4. <u>Go to the store</u>			
5. <u>Go to the doctor</u>			
6. <u>Go to the bank</u>			
7. <u>Go to the library</u>			
8. <u>Go to the post office</u>			
9. <u>Go to the police station</u>			
10. <u>Go to the court</u>			
11. <u>Go to the hospital</u>			
12. <u>Go to the prison</u>			
13. <u>Go to the jail</u>			
14. <u>Go to the court house</u>			
15. <u>Go to the city hall</u>			
16. <u>Go to the county seat</u>			
17. <u>Go to the state capital</u>			
18. <u>Go to the federal government</u>			
19. <u>Go to the United States Capitol</u>			
20. <u>Go to the White House</u>			
21. <u>Go to the Supreme Court</u>			
22. <u>Go to the Congress</u>			
23. <u>Go to the Senate</u>			
24. <u>Go to the House of Representatives</u>			
25. <u>Go to the President's office</u>			
26. <u>Go to the Vice President's office</u>			
27. <u>Go to the Secretary of State's office</u>			
28. <u>Go to the Department of Justice</u>			
29. <u>Go to the Department of Education</u>			
30. <u>Go to the Department of Health</u>			
31. <u>Go to the Department of Agriculture</u>			
32. <u>Go to the Department of Commerce</u>			
33. <u>Go to the Department of Labor</u>			
34. <u>Go to the Department of the Interior</u>			
35. <u>Go to the Department of the Navy</u>			
36. <u>Go to the Department of the Army</u>			
37. <u>Go to the Department of the Air Force</u>			
38. <u>Go to the Department of the Coast Guard</u>			
39. <u>Go to the Department of the Marine Corps</u>			
40. <u>Go to the Department of the Navy</u>			
41. <u>Go to the Department of the Army</u>			
42. <u>Go to the Department of the Air Force</u>			
43. <u>Go to the Department of the Coast Guard</u>			
44. <u>Go to the Department of the Marine Corps</u>			
45. <u>Go to the Department of the Navy</u>			
46. <u>Go to the Department of the Army</u>			
47. <u>Go to the Department of the Air Force</u>			
48. <u>Go to the Department of the Coast Guard</u>			
49. <u>Go to the Department of the Marine Corps</u>			
50. <u>Go to the Department of the Navy</u>			

What activities would All members of the family do together? At home? Away from home? When do you do these activities?

What activities would you do with your Friends ? At home ? Away from home ? When do you do these activities ?

What activities would you do with your Relatives? At home? Away from home? When do you do these activities?

Today there are many Groups or Organizations that family members may belong to: community, school, church.

What groups or organizations would you belong to?

What meetings or other activities of groups or organizations would you attend with your Father?

When would these be?

What meetings or other activities of groups or organizations would you attend with your Mother?

When would these be ?

What meetings or other activities of groups or organizations would All members of the family attend?

When would these be ?

This section concerns Who Makes the Decision that various activities be done.

Who usually Decides who:

[illegible]

[illegible]

This section is about Your reactions to what happens in your family.

Are you satisfied with your Meals?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Clothing in your family?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with your Housing?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the arrangements for the Safety and Security of the family?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Rest and Sleep you get?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Understanding of Feelings among family members?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Affection expressed between you and your father?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Affection expressed between you and your mother?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Thoughtfulness of your father?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Thoughtfulness of your mother?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Sharing of Information between you and your father?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Sharing of Information between you and your mother?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Sharing of Confidences pertaining to your family between you and your father?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Sharing of Confidences pertaining to your family between you and your mother?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Sharing of Activities with your father?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Sharing of Activities with your mother?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Sharing of Activities as a family?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Sharing of Activities with your friends?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

Are you satisfied with the Sharing of Activities with your relatives?

most of the time ☐ sometimes ☐ usually not ☐ not at all ☐

HUSBAND-WIFE INTERVIEW

These are questions about you and your family. Every family is special; there are no right and wrong answers. We are interested in what happens in your family and some of your reactions to what happens. Your answers are strictly confidential.

1. How many people live in this home and benefit from the homemaking tasks? _____

2. How old are the children who live in this home? _____

Boys _____

Girls _____

(Circle ages of those attending school -- through high school.)

3. Who else lives in this home? (Note relations to the husband and/or wife; sex and activity)

4. Are there members of this family living away from home? YES ☐ NO ☐

Who _____

Age _____

Where _____

5. When were you born? Husband _____ Wife _____

6. What is the Highest grade or year of elementary or secondary school you ever attended?

No Schooling ☐ Kindergarten ☐ Elementary or secondary (grade or year)

Husband 1 2 3 4 5 6 7 8 9 10 11 12 13

Wife 1 2 3 4 5 6 7 8 9 10 11 12 13

7. Have either of you had any additional schooling? (Indicate length of time, nature of the course, and degrees, certificates or diplomas received.)

Husband YES ☐ _____
NO ☐ _____

Wife YES ☐ _____
NO ☐ _____

8. When were you married? _____

9. Were either of you married previously?

Husband NO ☐ YES ☐ For how long? _____

Wife NO ☐ YES ☐ For how long? _____

Medical Data for Wife-Mother

Name: _____ Chart No. _____

<u>RDU Admissions:</u>	<u>Diagnoses:</u>	<u>Surgical Procedures:</u>	<u>Date:</u>
1. _____	_____	_____	_____
_____	_____	_____	_____
2. _____	_____	_____	_____
_____	_____	_____	_____
3. _____	_____	_____	_____
_____	_____	_____	_____

Year of onset of disease: _____ Onset: acute _____ insidious _____

<u>Laboratory Data:</u>	1.		2.		3.	
	Admission	Discharge	Admission	Discharge	Admission	Discharge
Hemoglobin						
Sed. rate						
RA factor						
titre						

A.R.A. Functional Class:

Class I Complete (Ability to carry on all usual duties without handicaps)

II Adequate for normal activities (Despite handicap of discomfort or limited motion at one or more joints)

III Limited (Only to little or none of duties of usual occupation or self care)

IV Incapacitated, largely or wholly (Bedridden or confined to wheelchair; little or no self care)

Functional Class for Each Admission and Discharge:

1. Admission _____	2. Admission _____	3. Admission _____
Discharge _____	Discharge _____	Discharge _____

Activity of Condition:

Indicate activity of condition for each admission:

Mild _____ Moderate _____ Severe _____

Medical Data for Wife-Mother

Name: _____ Chart No. _____

<u>RDU Admissions:</u>	<u>Diagnoses:</u>	<u>Surgical Procedures:</u>	<u>Date:</u>
1. _____	_____	_____	_____
_____	_____	_____	_____
2. _____	_____	_____	_____
_____	_____	_____	_____
3. _____	_____	_____	_____
_____	_____	_____	_____

Year of onset of disease: _____ Onset: acute _____ insidious _____

<u>Laboratory Data:</u>	1.		2.		3.	
	Admission	Discharge	Admission	Discharge	Admission	Discharge
Hemoglobin						
Sed. rate						
L.E. cells						
White count						

A.R.A. Functional Class:

Class I Complete (Ability to carry on all usual duties without handicaps)

I Adequate for normal activities (Despite handicap of discomfort or limited motion at one or more joints)

III Limited (Only to little or none of duties of usual occupation or self care)

IV Incapacitated, largely or wholly (Bedridden or confined to wheelchair; little or no self care)

Functional Class for Each Admission and Discharge:

1. Admission _____	2. Admission _____	3. Admission _____
Discharge _____	Discharge _____	Discharge _____

Activity of Condition:

Indicate activity of condition for each admission:

Mild _____ Moderate _____ Severe _____

Name: _____ Chart No. _____

A.R.A. Anatomical Stages:

If change in anatomical stage since first admission, please indicate for each admission. Check those criteria which are applicable.

_____ Stage I, Early

- _____ *1. No destructive changes roentgenologically.
- _____ 2. Roentgenologic evidence of osteoporosis may be present.

_____ Stage II, Moderate

- _____ *1. Roentgenologic evidence of osteoporosis, with or without slight bone destruction; slight cartilage destruction may be present.
- _____ *2. No joint deformities, although limitation of joint mobility may be present.
- _____ 3. Adjacent muscle atrophy.
- _____ 4. Extra-articular soft tissue lesions, such as nodules and tenovaginitis, may be present.

_____ Stage III, Severe

- _____ *1. Roentgenologic evidence of cartilage and bone destruction, in addition to osteoporosis.
- _____ *2. Joint deformity, such as subluxation, ulnar deviation or hyperextension, without fibrous or bony ankylosis.
- _____ 3. Extensive muscle atrophy.
- _____ 4. Extra-articular soft tissue lesions, such as nodules and tenovaginitis, may be present.

_____ Stage IV, Terminal

- _____ *1. Fibrous or bony ankylosis.
- _____ 2. Criteria of stage III.

The criteria prefaced by an asterisk are those which must be present to permit classification of a patient in any particular stage.

CARS Physiotherapist Assessment of Wife-Mother

Name: _____

Address: _____ Phone no. _____

Date of interview: _____

Please assess the functional capacity of the above individual from your records as of the date of interview if possible. If you did not see the person at that time or sometime after October 1, 1971, please make your assessment at present.

Date of visit to patient on which assessment is based: _____

Person making the assessment: _____

Person completing this form if different from above line: _____

***Functional Capacity:** (Check appropriate category)

_____ 1. Unimpaired or slightly impaired

_____ 2. Complete self-care

_____ 3. Partial self-care

_____ 4. Severely impaired

*An elaboration of these categories is found in Part II, Appendix C.

Please assess the activity of the condition of the above individual following the same guidelines for the date of assessment of functional capacity.

Activity of Condition:

Mild _____ Moderate _____ Severe _____

LOCATION OF HOME: _____

DATE	KIND OF CONTACT	PERSON MAKING IT	COMMENTS

[illegible]

APPENDIX C

NEED SATISFACTION MEASUREMENT

Family number _____ Respondent _____ Coder _____

Column number	Item	1. Satisfied	2. Not Satisfied
56	Meals		
57	Clothing		
58	Housing		
59	Safety and security		
60	Rest and sleep		
61	Understanding of feelings		
62	Affection husband-father; wife		
63	Affection teenager; mother		
64	Thoughtfulness husband-father; wife		
65	Thoughtfulness teenager; mother		
66	Sharing of information husband-father; wife		
67	Sharing of information teenager; mother		
68	Sharing of confidences husband-father; wife		
69	Sharing of confidences teenager; mother		
70	Sexual satisfaction		
71	Sex partner		

Family number _____ Respondent _____ Coder _____

Column number	Item	1. Satisfied	2. Not Satisfied
72	Sharing of activities husband-father; wife		
73	Sharing of activities teenager; mother		
74	Sharing of activities family		
75	Sharing of activities friends		
76	Sharing of activities relatives		

Table 65. Frequency distribution of husband-fathers' perception of need satisfaction.

Needs	Frequency Distribution				
	Most of the time	Sometimes	Usually not	Not at all	No response
Physiological needs:					
Satisfaction with meals	35				
Satisfaction with rest and sleep	33	1	1		
Concern about pain	Not concerned	=			18
	Concerned	=			11
	No response	=			6
Safety needs:					
Satisfaction with clothing	35				
Satisfaction with housing	33	2			
Satisfaction with family's safety and security	33	2			
Companionship and support needs:					
Satisfaction with empathy (understanding of feelings)	31	4			
Satisfaction with expression of affection					
spouse	31	3			1
teen-ager	34				1
Satisfaction with thoughtfulness					
spouse	33	2			
teen-ager	29	4			2
Satisfaction with sharing of information					
spouse	34	1			
teen-ager	31	2	1		1
Satisfaction with sharing of confidences					
spouse	35				
teen-ager	31	3			1
Sexual satisfaction	28	5		1	1
Satisfaction with self as sex partner	29	4			2
Satisfaction with activity sharing					
spouse	29	5			1
teen-ager	30	3			2
family	33	1			1
friends	30	2		1	2
relatives	27	3	1		4

Table 66. Frequency distribution of wife-mothers' perception of need satisfaction.

Needs	Frequency Distribution			
	Most of the time	Sometimes	Usually not	Not at all
Physiological needs:				
Satisfaction with meals	29	6		
Satisfaction with rest and sleep	26	6	3	
Concern about pain	Not concerned = 14 Concerned = 21			
Safety needs:				
Satisfaction with clothing	30	4	1	
Satisfaction with housing	30	4	1	
Satisfaction with family's safety and security	34	1		
Companionship and support needs:				
Satisfaction with empathy (understanding of feelings)	22	10	3	
Satisfaction with expression of affection				
spouse	26	7	2	
teen-ager	28	7		
Satisfaction with thoughtfulness				
spouse	28	4	2	1
teen-ager	27	7		1
Satisfaction with sharing of information				
spouse	31	4		
teen-ager	28	7		
Satisfaction with sharing of confidences				
spouse	32	2	1	
teen-ager	30	4	1	
Sexual satisfaction	23	10	1	1
Satisfaction with self as sex partner	13	15	5	2
Satisfaction with activity sharing				
spouse	16	15	3	1
teen-ager	14	18	2	1
family	16	15	3	1
friends	18	13	2	2
relatives	20	12	1	2

Table 67. Frequency distribution of teen-agers' perception of need satisfaction.

Needs	Frequency Distribution			
	Most of the time	Sometimes	Usually not	Not at all
Physiological needs:				
Satisfaction with meals	30	5		
Satisfaction with rest and sleep	25	6	3	1
Concern about pain	Not concerned =			8
	Concerned =			14
	No response =			13
Safety needs:				
Satisfaction with clothing	34	1		
Satisfaction with housing	30	4		1
Satisfaction with family's safety and security	31	3	1	
Companionship and support needs:				
Satisfaction with empathy (understanding of feelings)	23	12		
Satisfaction with expression of affection				
	father	25	8	2
	mother	30	4	1
Satisfaction with thoughtfulness				
	father	27	7	1
	mother	32	2	1
Satisfaction with sharing of information				
	father	25	8	1
	mother	27	7	1
Satisfaction with sharing of confidences				
	father	23	9	2
	mother	30	4	1
Satisfaction with activity sharing				
	father	24	6	4
	mother	23	11	1
	family	25	5	4
	friends	31	2	2
	relatives	21	12	2

Table 68. Frequency distribution of husband-fathers' need satisfaction as determined by rater number one.

Needs	Frequency Distribution		
	Satisfied	Dissatisfied	No response
Physiological needs:			
Satisfaction with meals	33		2
Satisfaction with rest and sleep	32	1	2
Safety needs:			
Satisfaction with clothing	33		2
Satisfaction with housing	32		3
Satisfaction with family's safety and security	30	3	2
Companionship and support needs:			
Satisfaction with empathy (understanding of feelings)	31	2	2
Satisfaction with expression of affection			
spouse	29	2	4
teen-ager	21	1	13
Satisfaction with thoughtfulness			
spouse	33		2
teen-ager	30	2	3
Satisfaction with sharing of information			
spouse	31	2	2
teen-ager	30	3	2
Satisfaction with sharing of confidences			
spouse	30	3	2
teen-ager	25	8	
Sexual satisfaction	27	6	2
Satisfaction with self as sex partner	30	2	
Satisfaction with activity sharing			
spouse	26	7	2
teen-ager	24	8	3
family	27	6	2
friends	27	6	2
relatives	25	7	3

Table 69. Frequency distribution of husband-fathers' need satisfaction as determined by rater number two.

Needs	Frequency Distribution		
	Satisfied	Dissatisfied	No response
Physiological needs:			
Satisfaction with meals	33		2
Satisfaction with rest and sleep	31	2	2
Safety needs:			
Satisfaction with clothing	32	1	2
Satisfaction with housing	31	1	3
Satisfaction with family's safety and security	32		3
Companionship and support needs:			
Satisfaction with empathy (understanding of feelings)	31	2	2
Satisfaction with expression of affection			
spouse	28	3	4
teen-ager	21		14
Satisfaction with thoughtfulness			
spouse	33		2
teen-ager	32	1	2
Satisfaction with sharing of information			
spouse	32	1	2
teen-ager	29	3	3
Satisfaction with sharing of confidences			
spouse	31	2	2
teen-ager	32	1	2
Sexual satisfaction	30	3	2
Satisfaction with self as sex partner	30	2	3
Satisfaction with activity sharing			
spouse	21	12	2
teen-ager	19	12	4
family	18	15	2
friends	16	17	2
relatives	6	26	3

Table 70. Frequency distribution of wife-mothers' need satisfaction as determined by rater number one.

Needs	Frequency Distribution		
	Satisfied	Dissatisfied	No response
Physiological needs:			
Satisfaction with meals	33		2
Satisfaction with rest and sleep	30	3	2
Safety needs:			
Satisfaction with clothing	33		2
Satisfaction with housing	33		2
Satisfaction with family's safety and security	32	1	2
Companionship and support needs:			
Satisfaction with empathy (understanding of feelings)	30	3	2
Satisfaction with expression of affection			
spouse	31	2	2
teen-ager	32	1	2
Satisfaction with thoughtfulness			
spouse	27	5	3
teen-ager	31	1	2
Satisfaction with sharing of information			
spouse	26	7	2
teen-ager	32	1	2
Satisfaction with sharing of confidences			
spouse	29	4	2
teen-ager	30	3	2
Sexual satisfaction	32	1	2
Satisfaction with self as sex partner	27	6	2
Satisfaction with activity sharing			
spouse	32	1	2
teen-ager	31	2	2
family	32	1	2
friends	31	2	2
relatives	30	3	2

Table 71. Frequency distribution of wife-mothers' need satisfaction as determined by rater number two.

Needs	Frequency Distribution		
	Satisfied	Dissatisfied	No response
Physiological needs:			
Satisfaction with meals	33		2
Satisfaction with rest and sleep	24	9	2
Safety needs:			
Satisfaction with clothing	32	1	2
Satisfaction with housing	30	3	2
Satisfaction with family's safety and security	33		2
Companionship and support needs:			
Satisfaction with empathy (understanding of feelings)	27	6	2
Satisfaction with expression of affection			
spouse	30	3	2
teen-ager	31	2	2
Satisfaction with thoughtfulness			
spouse	28	5	2
teen-ager	31	2	2
Satisfaction with sharing of information			
spouse	22	10	3
teen-ager	28	4	3
Satisfaction with sharing of confidences			
spouse	28	4	3
teen-ager	29	4	2
Sexual satisfaction	32		3
Satisfaction with self as sex partner	27	6	2
Satisfaction with activity sharing			
spouse	26	7	2
teen-ager	17	16	2
family	19	14	2
friends	15	17	3
relatives	12	21	2

Table 72. Frequency distribution of teen-agers' need satisfaction as determined by rater number one.

Needs	Frequency Distribution		
	Satisfied	Dissatisfied	No response
Physiological needs:			
Satisfaction with meals	31		4
Satisfaction with rest and sleep	28	3	4
Safety needs:			
Satisfaction with clothing	31		4
Satisfaction with housing	30	1	4
Satisfaction with family's safety and security	31		4
Companionship and support needs:			
Satisfaction with empathy (understanding of feelings)	30	1	4
Satisfaction with expression of affection			
father	30	1	4
mother	31		4
Satisfaction with thoughtfulness			
father	28	2	5
mother	29	1	5
Satisfaction with sharing of information			
father	21	9	5
mother	26	4	5
Satisfaction with sharing of confidences			
father	18	12	5
mother	27	3	5
Satisfaction with activity sharing			
father	28	3	4
mother	27	4	4
family	27	4	4
friends	31		4
relatives	27	4	4

Table 73. Frequency distribution of teen-agers' need satisfaction as determined by rater number two.

Needs	Frequency Distribution		
	Satisfied	Dissatisfied	No response
Physiological needs:			
Satisfaction with meals	31		4
Satisfaction with rest and sleep	26	5	4
Safety needs:			
Satisfaction with clothing	31		4
Satisfaction with housing	29	2	4
Satisfaction with family's safety and security	31		4
Companionship and support needs:			
Satisfaction with empathy (understanding of feelings)	29	2	4
Satisfaction with expression of affection			
father	30	1	4
mother	31		4
Satisfaction with thoughtfulness			
father	30	1	4
mother	31		4
Satisfaction with sharing of information			
father	24	5	6
mother	27	3	5
Satisfaction with sharing of confidences			
father	25	5	5
mother	29	2	4
Satisfaction with activity sharing			
father	18	13	4
mother	7	24	4
family	20	11	4
friends	34		4
relatives	21	10	4

Table 74. Inter-rater reliability by need satisfaction items for all respondents.

Needs	Inter-rater reliability ^a
Physiological needs:	
Satisfaction with meals	100.0
Satisfaction with rest and sleep	88.7
Safety needs:	
Satisfaction with clothing	97.9
Satisfaction with housing	92.7
Satisfaction with family's safety and security	95.8
Companionship and support needs:	
Satisfaction with empathy (understanding of feelings)	93.8
Satisfaction with expression of affection	
spouse or father	97.9
teen-ager or mother	97.6
Satisfaction with thoughtfulness	
spouse or father	98.9
teen-ager or mother	96.8
Satisfaction with sharing of information	
spouse or father	89.2
teen-ager or mother	90.3
Satisfaction with sharing of confidences	
spouse or father	90.4
teen-ager or mother	90.6
Sexual satisfaction	95.4
Satisfaction with self as sex partner	100.0
Satisfaction with activity sharing	
spouse or father	74.2
teen-ager or mother	54.3
family	68.0
friends	72.9
relatives	55.2

^aPercentage agreement = $\frac{\text{agreements}}{\text{agreements} + \text{disagreements}} \times 100$

where an agreement represents a case in which identical ratings are given an individual family member by the two raters; that is, both agree that the family member was either satisfied or dissatisfied, and a disagreement represents a case in which one rater scored a family member as satisfied and the other rater scored that same family member as dissatisfied.

Table 75. Correlations between raters and family members by need satisfaction items.

Needs	Percentage Agreement ^a							
	R1-HF	R2-HF	R1-WM	R2-WM	R1-T	R2-T		
Physiological needs:								
Satisfaction with meals	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Satisfaction with rest and sleep	93.9	90.9	93.9	75.8	93.5	93.5	93.5	93.5
Safety needs:								
Satisfaction with clothing	100.0	97.0	97.0	93.9	100.0	100.0	100.0	100.0
Satisfaction with housing	100.0	96.9	97.0	87.9	93.5	93.5	96.8	96.8
Satisfaction with family's safety and security	90.0	100.0	97.0	100.0	96.8	96.8	96.8	96.8
Companionship and support needs:								
Satisfaction with empathy (understanding of feelings)	93.9	93.9	93.9	84.8	96.8	96.8	93.5	93.5
Satisfaction with expression of affection								
spouse or father	93.3	90.0	93.9	90.9	96.8	96.8	96.8	96.8
teen-ager or mother	95.5	100.0	97.0	93.9	96.8	96.8	96.8	96.8
Satisfaction with thoughtfulness								
spouse or father	100.0	93.8	90.0	100.0	93.9	93.9	93.5	93.5
teen-ager or mother	93.5	96.8	97.0	93.9	93.3	93.3	96.8	96.8
Satisfaction with sharing of information								
spouse or father	93.9	97.0	78.8	68.8	76.7	76.7	89.7	89.7
teen-ager or mother	87.5	87.1	97.0	87.5	90.0	90.0	93.3	93.3
Satisfaction with sharing of confidences								
spouse or father	90.9	93.9	90.9	90.6	63.3	63.3	86.7	86.7
teen-ager or mother	75.0	96.9	93.9	90.9	93.3	93.3	96.8	96.8
Sexual satisfaction								
Satisfaction with self as sex partner	84.4	93.8	97.0	96.9	-----	-----	-----	-----
Satisfaction with activity sharing	96.7	96.7	84.8	84.8	-----	-----	-----	-----
spouse or father	78.1	62.5	90.9	72.7	87.1	87.1	67.7	67.7
teen-ager or mother	80.0	63.3	93.9	57.6	90.3	90.3	25.8	25.8
family	84.4	53.1	93.9	60.6	90.3	90.3	67.7	67.7
friends	83.9	51.6	87.9	53.1	93.5	93.5	93.5	93.5
relatives	86.2	20.7	100.0	45.5	90.3	90.3	71.0	71.0

^aSee footnote to Table 74.

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