1968

A Study of Problems in Family Functioning in Long Term Male Hospital Patients

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A STUDY OF PROBLEMS IN FAMILY FUNCTIONING IN LONG TERM MALE HOSPITAL PATIENTS

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WATERLOO LUTHERAN UNIVERSITY
GRADUATE SCHOOL OF SOCIAL WORK
Waterloo
1968.

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P.O. Box 1346
Ann Arbor, MI 48106 - 1346

TOPIC.

The topic for this exploratory study arose out of the question "What happens to long term male hospital patients when they return home ?" The assumption is that men who have been absent from their homes and families for long term hospital treatment have some difficulty fitting in to the pattern of family life on their return.[1] They may have difficulty re-establishing a mutually satisfactory relationship with their wives and children. They may find it stress producing to reassume their role in decision making, in exercising authority and in providing economic security and a satisfactory style of living.

Usually men in hospital are relieved of their duties and responsibilities by their families and friends. So that the patient can concentrate on getting well, the finances of the fmaily may be taken care of by others with the patient being unaware of the details involved. The mother may assume the responsibilities of managing the home and of disciplining the children. The children learn to tell their problems and achievements to their mother and to rely on her for love, security and support in their father's absence.

Visiting hours in a hospital are focused on the patient. It is a time for the family to be cheerful and optimistic. The pleasant and interesting aspects of the daily routine are related eagerly, but the problems and the concerns are kept away from the patient, lest he worry and let his anxiety negatively affect his recovery.

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[1] Field, Patients Are People, 205

Life in the home, then, does go on despite the absence of the husband and father. The family members reorganize their roles to take over the duties of the husband and father. Meanwhile, the husband and father has learned the new role of being a patient. The hospital patient's role is one of dependence and passivity. He depends on various members of the staff for his care, and must learn to function within the structure of an institutional life. In almost every medical setting bed rest is a part of the treatment procedure. This means that the patient has ample time to reflect on his personal and family situation. He may feel rejected by his family because they do not come to visit him as often as he would like, or find it inconvenient to take him home for a weekend when he has a pass available. He may worry about the security of his job during his absence, or feel guilty and inadequate because he is not able to support his family economically as society expects.[2] He may be concerned over the distance growing into his relationships with his wife and children. He may wonder about the way in which his family, friends, and peers will react to someone who has been in a treatment hospital for a long period of time. All of these anxieties could conceivably affect the patient's psycho-social functioning and help to make his return home difficult to cope with.

What then happens when the patient goes home ? He has to again assume his role of husband and father, and the other family members must readjust their roles to include him in the family as a present and participating member. What are the particular areas of stress encountered by these men ?

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[2] Ibid., 136.

Having assumed that long term male hospital patients do have some difficulty in reorienting and re-establishing themselves in family life in various areas, one of the key variables to be considered, that may influence the pattern of adjustment, is time. Is there a relationship, then, between the time a man spends in hospital and the degree and kind of stress he encounters on his return home?

Summary: The questions to be answered by this exploratory study are:

1) What specific problem areas in the family functioning of a hospitalized patient can be identified following discharge:
   a) in marital relationships with the spouse
   b) in relationships with the child(ren)
   c) in decision making
   d) in excercising authority
   e) in providing economic support, and
   f) in housing and living arrangements?
2) What relationship, if any, exists between the time spent in hospital and the problems encountered in family functioning on the patients return home?
3) What pattern(s) of problem solving in various areas of family functioning can be identified?

TIMELINESS AND APPROPRIATENESS

This research is timely and appropriate for several reasons. In most general hospitals, patients are not referred for social work treatment

unless there is some evidence of a problem which is directly related to hospitalization. In my experience, as a social work student in a large general hospital, the most recurrent problem areas are financial difficulties, lack of a suitable living arrangement on discharge and poor adjustment to their illness and hospital life.

The patient who is able to accept his illness or disability, has no financial problems, has an appropriate living arrangement and satisfactory interpersonal relationships, is not usually referred for social work treatment. Part of the reason for this is the great volume of more apparent and immediate problems which more than adequately fill a hospital social worker's case load. Another reason is that because of the patient's seemingly steady level of psycho-social functioning, he is overlooked as having a social problem which warrents treatment.

The findings of this study should show at which point in time long term hospitalization affects the reorientation and readjustment to the family situation for the patient, and which areas are the most stressful and difficult in the adjustment of "long term male hospital patients".

Because social problems must be ranked in most agencies, due to limited staff and the great volume of work, it is important to know after which period of time hospitalization affects certain areas of functioning.

The results of this study will indicate to medical social workers when and in what areas treatment around discharge to home situations should begin. This would be preventative social work, following the identification of a potential problem-producing situation. There might be a use for family

therapy here in fostering some husband/father role retention and in preparing all members of the family to deal with the necessary adjustment in accommodating the long absent family member. Treatment of patient groups might be a method of helping the men foresee their problems and motivate their resources to deal with them as effectively as possible.

HYPOTHESIS

The length of hospitalization of male patients is directly related to the difficulty they have in re-establishing themselves in their roles as husbands and fathers.

a) Male patients who have been hospitalized for a period of 31 days to six months encounter less difficulty in re-establishing themselves in their roles as husbands and fathers than do those patients hospitalized for a period of six months to one year.

b) Male patients who have been hospitalized for a period of six months to one year encounter more difficulty in re-establishing themselves in their roles as husbands and fathers than do those patients hospitalized for a period of 31 days to six months.

Definition of terms:

a) length of hospitalization
   i) 31 days to six months
   ii) six months to one year

b) difficulty in re-establishing themselves in their roles as husbands and fathers
   i) will be those areas stated by the patients as being significantly stressful for them

SUBJECTS

The subjects used for this study will be all those males between the ages of 20 to 50 admitted for the first time to Sanatorium X for treatment of tuberculosis during the year 1965, 1966 and 1967.

There are several reasons for using tuberculosis patients as subjects in this study. In the majority of instances, tuberculosis strikes people in the productive years of life and interferes with their earning capacity, not only in the immediate present but for an indefinite period to come.[3] As well, the period of hospitalization is usually longer than it is for many other ailments and this prolonged hospitalization is unavoidable.[4] Thus, by using these patients as subjects we will be studying the effect of hospitalization on men likely to have families, and to be in hospital for an extended period of time.

The use of subjects having the same medical condition eliminates the varying effects different illnesses and disabilities have on the emotional and physical state of patients. Tuberculosis is not a disease which physically cripples the patient, although it may mean that he has to restrict and somewhat control his activities. Tuberculosis is also not a disease which has outwardly noticeable manifestations when it is in the early stages of development.

By using tuberculosis patients in the same hospital we are able to control for different types of treatment. Patients will be receiving

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[3] Ibid., 79.

[4] Ibid., 80.

approximately the same treatment from the same type of staff members while in hospital and will be discharged in a similar condition. The type of life patients live within the hospital will be much the same. The visiting hours and passes for patients to visit their homes will be equal among all patients. The actual amount of visiting cannot be controlled for, but is a factor which must be kept in mind as it may affect the ease with which the patient fits into his home situation on his return at discharge.

The use of only those patients who are hospitalized for the first time with tuberculosis also acts as a control. These patients will find their return home after an extended absence in hospital to be a new situation with which to deal, without the advantage of previously learned adaptive patterns of behavior. In this particular sanatorium, patients and their families receive no professional counselling around the psycho-social aspects of discharge, so all patients will have to depend on their own resourses in readapting.

There are several factors which cannot be controlled in this study. One factor is the level of integration of the family before the hospitalization of the patient. What appear to be difficulties in reorienting to the family situation may not be the result of hospitalization at all, but the result of many years of family dysfunctioning. The hospitalization may be used by some patients as a rationale for original family problems. Another factor which cannot be controlled is the degree of adaptability in individual patients and families. Some families may have a high level of integration and co-operation which en-

ables them to meet difficult situations with ease and a high degree of adaptability. Other families may have great difficulty in surmounting and coping with very minor problems.

A more general reason for the use of tuberculosis patients is the factor of stress involved. In any illness emotional factors can be a precipitating cause. The body cannot be separated from the emotions, so an emotional strain often results in a physical deterioration to some extent. Emotional stress tends to weaken the adaptive functions of the body and allow disease to take hold and develop.[5] In tuberculosis particularly, stress is an important factor. It is now a medically accepted fact that the onset of tuberculosis is usually, if not always, preceeded by a stressful event. A young nurse who had recently married, moved to a new city and begun a new job, developed tuberculosis. In this example, the girl had been in contact with tuberculosis before her marriage, but the emotional stress of the marriage, move and new job weakened her adaptive functions and the tuberculosis became an active disease. A significant amount of stress reactivates tuberculosis once it has been treated. It is therefore of utmost importance that a patient's return to his home situation be as conflict free as possible, to prevent the risk of reactivation.

It has been suggested that tuberculosis patients tend to be

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5 Witthower, "Psychological Aspects of Pulmonary Tuberculosis: A General Survey", 157

dependent persons with an inordinate need for affection and security.[6] They also have conflicts over aggression, being unable to tolerate their own aggressive impulses. These factors might well be problematic for the individual returning home. He has been in a secure setting which has met and fostered his dependency needs. In his own home he may feel very insecure, unsure of his welcome and anxious because the family is unable to satisfy these dependency needs as fully as did the hospital staff. It may be necessary for the patient to be aggressive in re-establishing himself as husband and father, but his own conflicts over aggression would make such action highly stress-producing for him.

Every illness has a different effect on every patient, but the factors which are common to all long term illnesses are inherent in tuberculosis. This means that the results of this study can be generalized to other physical conditions. Tuberculosis is a medical condition which demands long term hospitalization and daily treatment. The patient is separated from his family and in an institutional setting for an extended period of time. With perhaps a few reservations and considerations imposed by specific illnesses and diseases, the results of this study will be generally applicable to similar types of illnesses demanding long term hospitalization.

The subjects will be divided into two groups for the purpose of comparing the effect of the length of stay in hospital on the difficulty of fitting into the family situation on discharge.(Table 1)

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[6] Seyle, "Recent Progress in Stress Research with Deference to Tuberculosis", 60.

The average number of days spent in hospital by the two groups is shown in Table 11.

TABLE 1

NUMBER OF PATIENTS TREATED FOR A PERIOD OF 31 DAYS TO 6 MONTHS AND FOR 6 MONTHS TO 1 YEAR DURING 1965, 1966, AND 1967

Fiscal Year	No. of patients in hospital	
	31 days - 6 mos.	6 mos.- 1 year
1965	100	29
1966	87	22
1967	76	19

Notes:

The decline in the number of patients receiving treatment on an inpatient basis for tuberculosis from 1965 to 1967 may be explained by the increased early diagnosis, the improved medical treatment and the preventative measures now taken. Tuberculosis tests are given in school and work situations and, thus, tuberculosis is often detected in its beginning stages. The sooner treatment is begun, the sooner the patient is released from hospital. With more sophisticated methods of treatment and drug therapy, patients with tuberculosis are able to leave hospital sooner and continue their treatment at home under supervision. When tuberculosis is discovered in a patient, all those persons who have been in recent contact with the patient are given a medical examination with the aim of locating the carrier and preventing the infection of others. Thus, the incidence of tuberculosis may not be any lower each year, but more tuberculosis is being discovered in its beginning stages and is able to be treated in a manner requiring increasingly less hospitalization.

TABLE II

AVERAGE LENGTH OF STAY IN SANATORIUM X
FOR HOSPITALIZED PATIENTS

Fiscal Year	Days in hospital	
	31 days-6 mos.[a]	6 mos.-1 year[b]
1965	88	250
1966	84	234
1967	94	241

[a] As all patients must remain in hospital for a period of at lease one month for testing, only time beyond this month is considered as part of inpatient treatment.

[b] As very few patients are hospitalized more than one year, and these cases are for the most part terminal, only those patients remaining in hospital up to one year are being considered in this study.

DESIGN

Public Relations Groundwork: To ensure the co-operation and collaboration of Sanatorium X and the local Tuberculosis Associations, several visits will be made by the researcher to explain thoroughly the purpose, method and possible applications of the study.

Instrument: The instrument used for collecting data in this study will be a nonschedule standard interview. An interview is the instrument of choice because the information being gathered is about past events and feelings which are not documented and which cannot be observed. It is possible to use an interview to gather data because Sanatorium X serves the counties in its immediate vicinity and the subjects can be easily contacted.

A standardized or stuctured interview will be used because the same information will be collected from each subject. By standardizing the interview we can be fairly sure that the variations in response will be due to differences in the subjects themselves, and not predominantly due to the different form of interviewing.

A nonschedule interview means that the interviewer will have a list of the information required from each subject (Appendix 1) but will formulate the questions himself. The advantage of this type of interview is that the interviewer is able to phrase the questions in words which are familiar to the subject, and therefore easily understood by him. If a scheduled type of interview was used, the interviewer would ask precisely the same questions of each subject,

and would only repeat them, but not rephrase them, if the meaning was unclear. The risk here is that the subject will not respond with the required information, having misinterpreted the question. In the nonschedule interview, "it is the interviewer's job to inquire into each area of behavior until he or she is satisfied that he has the information requested".[7] The questions will be phrased in an open-ended manner. This eliminates the risk of losing valuable information and insights supplied by the subject, as often happens with closed questions which are characteristically restrictive in the nature of response.

Another advantage of the nonschedule standardized interview is that there is no fixed sequence of questions. The interviewer is free to choose the most effective sequence of questions for each particular subject, and is able to permit the subject to move independently from one area to another. If the subject's willingness or readiness to talk about one area drops, the interviewer is free to move on to another question, and pick up the necessary information later.

Although the format of the interview is primarily nonschedule, the basic family data will be collected in a scheduled manner. This information includes the subject's age and occupation, his wife's age and occupation and the ages of his children.

Interviewer: When a nonschedule standardized interview is used as the instrument for collecting data, a great deal of responsibility

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[7] Richardson, Doberwend and Klein, Interviewing: Its Forms and Functions, 45.

rests with the interviewer in gathering the appropriate and required data.

The interviewer must be able to formulate his questions so that he gets the same meaning across to each subject. He must be able to guide the subject in his responses so that the interview is purposeful and the necessary information is gathered. At the same time, he must not influence the subject to make certain responses and must not judge the responses as being good or bad. He must be able to encourage the subject to continue and to keep his answers relevant.

It is important, then, in ensuring the validity of this study that the interviewer be flexible with each subject without changing the meaning of the questions asked. He must be able to evaluate his own performance acutely and accurately. In an exploratory study using a nonschedule standard interview, the interviewer must have a high level of skill in the following areas:[8]

a) knowledge of the subject matter

b) translations of concepts into content areas and questions

c) gaining and exploiting new ideas and insights during the interview

d) formulating questions during the interview and

e) gaining the participation of the respondants.

Only one interviewer will be used in this study. The advantage of this is that it lowers the cost and time involved in training and employing

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[8] Ibid., 272

an interviewer, and ensures some consistency in the manner in which the interviews are carried out. We cannot control completely for the effect the interviewer himself will have on the subject, but the variation of the influence is decreased through the use of only one interviewer. Having only one interviewer means that he must be a person who is able to withstand stress.[9] If after a number of interviews the stress felt by the interviewer mounts, the level of his own skills and abilities will be reduced. As well, the stress he feels may visibly lower his self-confidence and competence which may make the subjects less willing to participate.

The age and sex and ethnic background of the interviewer should not be a variable which will influence this group of subjects to any significant degree. If the required material were to be highly sexual in nature, it would be easier for the subjects to discuss it with a male interviewer. If the material dealt with racial questions, the race of the interviewer would be a factor to consider seriously. However, neither of these areas will be dealt with extensively, so the subjects should not be influenced by the age, sex or ethnic background of the interviewer.

SUBJECT PARTICIPATION

There are several factors which may influence the participation of the subjects which cannot be controlled for but which should be noted if observed. The background of the individual and his previous experi-

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[9] Ibid., 280

ence in interview situations may positively or negatively affect his participation in this interview. The subject's customary modes of interpersonal behavior may have an effect on the interview. He may be an aggressive person who is unable to take direction. He may be a passive, inarticulate person who finds responding very difficult. It is important, then, that the interviewer be highly skilled so that the effect of these vaiables is minimized. The subject's own feelings around the hospital itself and his period of treatment there might colour his responses. It is assumed that subjects who have strongly negative feelings toward the sanatorium will refuse to participate.

OTHER CONSIDERATIONS

There is a possibility that the subjects will find it emotionally satisfying to talk in the interview situation and will unconsciously use the interviewer as a therapist. It is the role of the interviewer to control for this by keeping the interview purposeful and research orientated.

The design of this study could have been broadened to include a pre-hospital measurement, a measurement during hospitalization and a post-hospitalization measurement of the degree of difficulty male patients have in performing their roles as husbands and fathers. However, due to the researcher's personal limitations and the inability to obtain the necessary information at this point in time, such a design was not possible.

PRELIMINARIES

One month before the proposed interview time, a letter will be sent to each subject explaining the purpose of the study and requesting his co-operation (Appendix II). A stamped return addressed card will be enclosed in the letter which the subject will be asked to return to the local branch of the Tuberculosis Association (Appendix III). When the card is returned, a research assistant will contact the subjects who have indicated a willingness to participate to arrange an appointment time. Only those men who had a wife and at least one child at the time of discharge from the hospital will be considered for this study. Due to the unavailability of files, it is not possible to determine other than by direct correspondence whether or not the subjects have families. It is necessary that all cards be returned, regardless of the fact that subjects do not have families or are unwilling to participate. This will eliminate the number of unnecessary re-contacts. If no answer is received after a period of two weeks, the research assistant will contact the subject for follow-up.

One week prior to the interview a letter will be sent to the subject reminding him of his appointment time.

The interviews will be carried out in a private office of the local branch of the Tuberculosis Association. In each branch office one person will be employed as a research assistant to make appointments, do follow-up and make any necessary transportation arrangements.

The use of branch offices will control for the variables which may be encountered in the subjects' homes. In most homes confidentiality and an uninterrupted interview cannot be assured. At the same time, the subjects will have a minimal amount of inconvenience in attending the interview.

The time allotted for each interview will be one hour. This is an approximation and may be flexible if the interviewer sees fit.

At the beginning of each interview, the interviewer will again explain the purpose of the study and what is expected of the subject in the interview. He will also explain the concepts of confidentiality and anonymity and answer any questions the subject might have.

All interviews will be tape-recorded for purpose of analysis data.

ANALYSIS OF DATA

The analysis of data will be carried out by three judges, one of whom will be the interviewer. The interviewer will be aware of any non-verbal communication which takes place during the interview, but which is not evident when listening to the tape-recording. The use of three trained judges helps achieve more reliability, as personal judgements and likes and dislikes will be minimized.

All responses will be categorized according to the subject areas investigated (Appendix 1). Each question area will be judged as to the degree of difficulty each subject has in adjusting to family functioning.

Categories of judgement: The following three categories will be used to judge the level of family functioning:

a) minimal difficulty

b) moderate difficulty

c) serious difficulty.

Criteria for judgement: The three judges, one of whom will be the interviewer, will use the following criteria for judgement:

a) minimal difficulty

A minimal degree of difficulty in family functioning will be considered to be those responses given by the subjects which indicate that they had some minor difficulties which were smoothed over within a few weeks without the aid of professional counselling, and which had no lasting effect on any of the family members.

b) moderate difficulty

A moderate degree of difficulty will be considered to be those areas in which the subject expressed definite difficulty in adjusting to family functioning, and which lasted for more than a few weeks but for less than 6 months. Some short term counselling from a minister or social agency may have been used by the family in this category. The manifestations of a moderate degree of difficulty in family functioning in family members will be considered to be such things as school problems in children, or difficulty in outside interpersonal relationships.

c) serious difficulty

A serious degree of difficulty in family functioning refers

to those difficulties which lasted for a period exceeding six months, resulted in permanent family disruption (e.g. a child leaving home), or which the family required extensive professional help in coping with, whether or not they received such help.

Training of judges: Prior to the collection of data the three judges will be trained in the analysis of data in a manner consistent with the purpose of the study.

The subjects' degree of difficulty in adjusting in each area of family functioning will be compared on a percentage basis. By using percentages the individual areas will be compared to each other and the degree of difficulty in each area will then be compared according to the length of time spent in the hospital by the subjects.

VALIDITY AND RELIABILITY

The validity of the subject's reponses is difficult to ensure. If the subject shows doubt, uncertaintity or hesitance in responding, the interviewer, in this type of design, is free to question him. This again demands skill on the part of the interviewer. If the subject's responses appear to the interviewer to be invalid, by being blatantly contradictory or insincere, the information from that particular section of the interview need not be considered when the analysis of data is carried out.

The reliability of the study is established through the use of three trained judges, who will make objective judgements on the basis of concensus.

SOME EXPECTED FINDINGS

It is expected that the group of subjects spending six months to one year in hospital will show a higher degree of difficulty in adjusting to all areas of family functioning, than will the subjects who had been hospitalized for a period of 31 days to six months. It is also expected that the longer hospitalized group will have a higher degree of difficulty in more areas of family functioning than will the shorter term group. It is expected that the patterns of problem solving will be difficult to identify in all cases, but will be more evident in the subjects showing a serious degree of difficulty in adjusting to family functioning, as these are the problems which persisted over a longer period of time.

APPENDIX I

Areas of Required Information:

1. Problem areas in family functioning
   a) marital relationships with spouse
      i) communication
         - in recognizing and fulfilling each other's needs
         - in being able to discuss problems and arrive at mutually satisfactory solutions
         - in being able to talk to each other comfortably about daily routine
      ii) affection
         - communication of affection[10]
         - demonstration of sexual affection[11]
      iii) sexual relationships
   b) relationships with children
      i) able to show love to and receive demonstration of love from children
      ii) able to satisfy their needs
      iii) in being the figure they look to for support and sanction
      iv) in spending time with children playing and doing other things

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[10] David, Patterns of Social Functioning in Families with Marital and Parent-Child Problems, 239.

[11] Ibid., 238.

c) decision making

i) about family and own personal life

ii) about child rearing methods and discipline of children

d) excercising authority

i) with regard to discipline of children

ii) with regard to decision making for family

e) providing economic support

f) housing and living arrangements

i) providing adequately

ii) assignment of household tasks[12]

g) other areas specified by subject

2. Patterns of problem solving in various areas of family functioning which can be identified by the subject or the interviewer.

a) through family discussion

b) with use of outside resources

c) through mere passing of time

d) by change in role performance and/or methods of interaction.

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[12] Ibid., 36.

APPENDIX II

Letter to Subjects:

Dear Sir;

Sanatorium X is undertaking a study for the purpose of determining if the treatment in the hospital can be improved for the benefit of the patients.

Our particular area of concern is with the difficulties men have in fitting into their family situations after being in hospital for an extended period of time. It is in this regard that we wish to ask you to give us your assistance and participation.

If, by talking to men who have been patients in Sanatorium X, we are able to identify areas of difficulty for men returning home, we will be able to improve our treatment in hospital in an effort to prevent these problems. By participating in this study you will be doing a great service for Sanatorium X and for the men who will be patients in the future.

If you decide to participate in this study, we will ask you to come to your local Tuberculosis Association branch for one interview of approximately one hour to discuss the difficulties you did or did not have on your return to your home and family. At the time of the interview you will be assigned a number for the purpose of the study. Your name will not then be used and any information you chose to share with us will

be anonymous.

I hope that you will check the appropriate answers on the enclosed card and return it as soon as possible. Although only those men who were married and had children at the time of their hospitalization will be needed for this particular study, it is necessary that all cards be returned to avoid re-contacting persons unnecessarily. If you decide to participate in this study, you will be contacted to arrange for a convenient interview time in the near future.

I hope that you will agree to participate in this study. May I thank you in advance for your consideration and co-operation.

Yours sincerely,

APPENDIX III

Enclosed Card:

1) I was married at the time of my hospitalization in Sanatorium X.

YES ☐ NO ☐

2) At the time of my hospitalization in Sanatorium X, I had the following number of children:

0 ☐ 1 or more ☐

3) I am willing to participate in this study and wish to be contacted to arrange an interview time.

YES ☐ NO ☐

APPENDIX IV

Sample Coding Form:

Subject No. ____

Problem Area	Degree of difficulty		
	Minimal	Moderate	Serious
Decision making			
Excercising authority			
Providing economic support			

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