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# Developed Scale on Psychological Functioning among Catholic Candidates to Consecrated Life in Bangalore City

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# ABSTRACT

The main objective of the present research was to develop a scale on the Psychological Functioning of catholic candidates for Consecrated life in Bangalore City. The second objective of the study was to find out the level of psychological functioning among catholic candidates for consecrated life. The researcher constructed psychological functioning as the main factor and came up with three domains, such as emotional functioning, behavioral skills, and social skills. Behavioral skills are respect, honesty and punctuality. Emotional functioning is gladness, empathy and affection. Social skills are relationship, communication and moral values. The study was conducted in 3 phases such as expert validation, pilot study, and main investigation. In expert validation, the researcher met two experts in psychological functioning research filled and cross-checked the scale, and finally got approval from the persons for the further procedure of scale development. In phase 2, the researcher conducted a pilot study among 100 samples aged between 18 to 30 years through a random sampling method from Bangalore City, Karnataka. The collected data was analyzed using appropriate statistical analyses such as reliability analysis, descriptive statistics and factor analysis. Also, the researcher has checked the reliability, item discrimination and item difficulty score for the scale. Results indicated that the scale has a high reliability score and few items are deleted in item discrimination and item difficulty after the item total statistics. In phase 3 the researcher administered the psychological functioning scale with 25 items among 300 samples aged between 19 to 30 years from different Religious Communities in Bangalore City. A random sampling method was used for the present study. The data was carried out for factor analysis and to test the reliability coefficient of the scale. Results indicated that after the factor analysis, the scale has good reliability and throughout the rotation matrix component analysis, 3 dimensions of the psychological functioning scale are formed namely social skills, behavioral skills, and emotional functioning. The scale has indicated a good fit which was within the expected psychometric properties. Overall results were found that the reliability of the developed scale was within the high range of statistical measures and the factor structure was adequate as per Exploratory Factor Analysis (EFA) measures. Also, the project found that the level of psychological functioning scale among Catholic Candidates to Consecrated Life. Results indicated that out of 300 samples seventy-four participants have a low level of psychological functioning, one hundred and forty-six participants have a moderate level of psychological functioning and eighty participants have a high level of psychological functioning. Overall results of the level of psychological functioning among Catholic Candidates to Consecrated Life showed that the majority of the participants have experienced a moderate level of psychological functioning.

Keywords: Psychological functioning, Emotional functioning, Behavioral skills, Social skills, Consecrated life

# INTRODUCTION

Psychological Functioning is the well-being of an individual and how he or she expresses himself or herself in front of others and within himself or herself. Psychological Functioning is the capacity of a person to achieve his or her goals within him or herself and the external environment which includes an individual's behavior, emotion, social skills, and overall mental health". The purpose of this study is to know about the effectiveness of psychological functioning how an adult deal with others and how he or respond to different situations systematically. Emotional Functioning, behavioral skills and social skills are the important dimensions that lead an individual in their daily life. In progress, these dimensions are enlightening a human being to develop his or her well-being or overall psychological functioning. To get more knowledge about it, the researcher has chosen the sample, the catholic candidates to consecrated life which nobody has selected as a sample for the research effectiveness. The researcher constructed psychological functioning as the main factor and came up

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with three domains, such as emotional functioning, behavioral skills, and social skills. Construct is psychological functioning which is the ability to achieve his or her goals within him or herself and the external environment. It includes an individual's behavior, emotions, social skills, and overall mental health. Emotional functioning is the facial expressions and the general activity level during influence our interaction with others, it can be in different forms of reaction such as fear, anger, happiness, sadness and so on. Social skills are the communication skills and how an individual interacts with other people both verbally and non-verbally. Behavioral skills are good character, friendliness, maturity, or common sense which means how well the individual can get along with other people in the society where he or she lives. Personality can be defined as the distinctive and characteristic patterns of thought, emotion, and behavior that make up an individual's style of interacting with the physical and social environment. Personally, psychologists have attempted to boil down the huge number of characteristics that might be thought of as personality traits to a manageable set that will cover the diversity of human personality. Some psychologists claim that physiological arousal is a more basic component of emotional response than cognition and that the type of arousal is that experience strongly influences the cognitive appraisal and the labelling of the emotion (Lazard). The "common sense theory of emotions is that something happens which is a situation that is cognitively appraised that is interpreted by the person, and the feeling state which is a combination of arousal and thoughts follows. Emotions are simply the cognitive representations or by-products of automatic physiological and behavioral responses. The James-Lange theory is consistent with the facial feedback hypothesis. That is smiling apparently can induce pleasant feelings, even if the effect may not be strong enough to overcome feelings of sadness [1]. Behaviorist psychologists have attempted to explain personality based on learning principles, more particularly conditioning learning, instrumental or operant conditioning and cognitive learning. Personality theories built on learning and behavioral principles share some important assumptions. Two of these assumptions are important: The first one is behaviors that make up personality are conditioned or learned which means that the behavioral components of personality have their origin at some point in the learning history of the individual as early as childhood. The second one is that the current environmental situations help to maintain these learned behaviors. Skinner's approach which is Radical Behaviorism is instrumental and is concerned with the processes by which reinforcement such as reward and punishment influence the probability of behavior. Skinner has a trait approach. Skinner holds that in reality, there is no need for a concept of personality. Or any such excess baggage as traits and types. Thus, analysis of stimulus conditions that control our behavior is crucial to explaining behavior. The common top four behavioral skills in humans are good communication, goal setting and planning, numeracy and empathy. The social theory of Rotter, 1982 rests on five basic assumptions. He assumes that humans interact with their meaningful environment, the human personality is learning, the personality has a basic unity, motivation is goal-directed and people are capable of anticipating events Bandura, 1986 believes that observational learning is much more efficient than learning through direct experience. By observing others, the individuals are spread countless responses that might followed by punishment or by no reinforcement. Children observe characters on television and repeat what they hear or see, they need to enact behaviors, hoping that some of them will be rewarded. Social skills should be appropriate to the situation of communication and can be identified as certain types of behavior whereby an individual can be judged on how socially skilled, they are. Social skills can be taught, practiced and learned and it should be under the cognitive control of the individual - learning them involves learning when to use particular behaviors, as well as what behaviors to use, or how to use them [2]. The greatest divisions in Christianity today, however, are between the Eastern and Oriental Orthodox, Catholicism, and the various denominations formed during and after the Protestant Reformation. There also exist several non-Trinitarian groups. Catholic Christians are mostly "Roman Catholic" yet some groups still call themselves "Catholic" but are no longer united with Rome. The "Old Catholic Church" broke away in 1870, disagreeing with the decrees from the First Vatican Council about "papal infallibility". Various groups of "Traditionalist Catholics" or "Tridentine Catholics" broke after 1965, disagreeing with reforms of the Second Vatican Council. Other groups of "Progressive Catholics" broke out in 1965, thinking the reforms instituted by Vatican II did not go far enough. Consecrated life is in responding to their baptismal call, some men and women join religious communities to consecrate their lives to God as a way of seeking holiness. To consecrate something means to set it aside or devote it to a holy purpose. When a man or woman decides to accept Christ's invitation to leave everything and follow Him more radically, they make vows to live like Jesus in poverty, chastity, and obedience. They participate in a ceremony in which they make this commitment, much like a married couple exchanges their vows on their wedding day. (The Catholic Center • 7200 Stonehenge Drive • Raleigh, NC 27613 • (919) 821-9700). Religious life brings together disciples of Christ who should be assisted in accepting "this gift of God which the Church has received from her Lord and which by his grace she always safeguards". This is why the best forms of adaptation will bear fruit only if they are animated by a profound spiritual renewal [3]. The primary end of formation is to permit candidates to the religious life and young professed, first, to discover and, later, to assimilate and deepen that in which religious identity consists. Only under these conditions will the person dedicated to God be inserted into the world as a significant, effective, and faithful witness [4].

"The fact that religious belong to an institute causes them to give to Christ and the Church a public witness of separation about "the spirit of the world" (1 Cor. 2:12) and to the behavior which it involves, and at the same time of a presence to the world in keeping with the "wisdom of God" (St. Paul, 1 Cor. 2:7). Most of the researchers have already developed psychological functioning scales among different clinical and nonclinical populations in foreign countries but not many researchers have been carried out in India, especially samples related to catholic candidates to consecrated life. For that reason, the researcher felt the necessity for the respected developed scale. So, the present study tried to develop a scale on psychological functioning among catholic candidates for consecrated life.

# **REVIEW OF LITERATURE**

The review was conducted to derive valid guidelines for formulating objectives in this research. Studies were collected from various sources such as the Internet, journals and books. The review focuses on two broad areas given below.

# Studies on psychological functioning among normal population

A research based on psychological functioning and coping among mothers of children with autism. Studies suggest that having a child with autism hurts maternal psychological functioning, but no large-scale, population-based studies are available. The results show that mothers of a child with autism were highly stressed and more likely to report poor or fair mental health than mothers in the general population, even after adjustment for the child's social skills and demographic background. However, mothers of a child with autism were more likely to report a close relationship and better coping with parenting tasks and less likely to report being angry with their child after adjustment for the child's social skills and demographic background [5]. A study regarding the relationship between weight and psychological functioning among adolescent girls. This study investigated whether Body Mass Index (MI) was associated with various aspects of psychological functioning in a sample of largely Caucasian adolescent girls. Three hundred sixty-five adolescent girls ranging from ages 14 through 19 were assessed for general psychological functioning utilizing the Symptom Checklist-90-Revised (SCL-90-R) and functioning specific to eating, shape and weight utilizing the Eating Disorders Inventory (EDI). Excess weight was associated with higher scores on the Bulimia, Body Dissatisfaction and Drive for Thinness subscales of the EDI. Excess weight was not, however, associated with general psychopathology or any of the subscales of the SCL-90-R. The results suggest that excess weight may carry a risk for pathology specifically related to eating, shape and weight in adolescent girls, but not for general forms of psychopathology [6,7]. New research on children with strong social skills in kindergarten more likely to thrive as adults. A link between

children's social skills in kindergarten and their well-being in early adulthood. This study shows that helping children develop social and emotional skills is one of the most important things that can do to prepare them for a healthy future. "From an early age, these skills can determine whether a child goes to college or prison and whether they end up employed or addicted". This latest study comes on the heels of a growing body of findings that prove early learning and development have a significant impact on a child's overall prosperity and health throughout their life. Not only does this new research emphasize the value of early learning, but it also shows the particular importance of focusing those early learning efforts on the development of social and emotional skills. The good news is that social and emotional skills can improve. This research by itself doesn't prove that higher social competence can lead to better outcomes later on. But when combined with other research, it is clear that helping children develop these skills increases their chances of success in school, work, and life. The current study examined the extent to which gratitude was associated with both positive and negative indicators of adolescents' mental health. The results revealed that higher levels of gratitude were strongly correlated with higher levels of life satisfaction. Findings show that gratitude emerged as a significant predictor of students' overall satisfaction with their lives and their experience of internalizing psychopathology. More grateful youth tended to be more satisfied with their lives and experience less depression, anxiety, and other negative thoughts, feelings, and emotions. This study also concentrates on the relationships between gratitude and social functioning. The extent to which gratitude was related to the amount of social support students perceived they received from parents, teachers, and peers. The amount of social support perceived by a relationship partner greatly determines the overall quality of, and one's satisfaction with, the relationship. Finally, this study concentrated on the relationships between gratitude and academic functioning. Findings include that gratitude demonstrated a small positive correlation with GPA and a medium positive correlation with academic selfperceptions, but was not significantly related to attendance or standardized reading scores [8,9].

# Studies on psychological functioning among clinical population

The studies examine the relationship between psychological functioning, childhood trauma, and types of perceived coercion among drug court enrollees. Drug court interventions produce positive results, especially among mandated populations. The findings point to critical implications for research and practice. The link between trauma and perceived coercion in this population must be further explored so that clinicians better tailor motivational techniques to the needs of their mandated clients. The research revealed that childhood trauma and psychological functioning were significantly related to non-legal types of

perceived coercion to enter drug court treatment [10]. Research on the relation between the psychological functioning of children with Down syndrome and their urine peptide levels and levels of serum antibodies to food proteins. The aim of to investigate the relationship between the psychological functioning of subjects with Down syndrome, and their levels of urine peptide and serum antibodies to food proteins. A significant relationship between antibodies to gluten and psychological functioning was documented. The mechanism and potential causal link are still unknown [11]. The research on childhood trauma and current psychological functioning in adults with social anxiety disorder. Etiological models of social anxiety disorder (SAD) suggest that early childhood trauma contributes to the development of this disorder. However, surprisingly little is known about the link between different forms of childhood trauma and adult clinical symptoms in SAD. Participants were 102 individuals with generalized SAD and 30 HCs who completed measures of childhood trauma, social anxiety, trait anxiety, depression, and selfesteem. Compared to HCs, individuals with SAD reported greater childhood emotional abuse and emotional neglect. Within the SAD group, childhood emotional abuse and neglect, but not sexual abuse, physical abuse, or physical neglect, were associated with the severity of social anxiety, trait anxiety, depression, and self-esteem [12]. A study based on fitness effects on the cognitive function of older adults. A meta-analytic study was conducted to examine the hypothesis that aerobic fitness training enhances the cognitive vitality of healthy but sedentary older adults. Eighteen intervention studies published between 1966 and 2001 were entered into the analysis. Several theoretically and practically important results were obtained. Most important, fitness training was found to have robust but selective benefits for cognition, with the largest fitnessinduced benefits occurring for executive-control processes. The magnitude of fitness effects on cognition was also moderated by several programmatic and methodological factors, including the length of the fitness-training intervention, the type of the intervention, the duration of training sessions, and the gender of the study participants. The results are discussed in terms of recent neuroscientific and psychological data that indicate cognitive and neural plasticity is maintained throughout the life span. Regarding research on the effects of age on physiological and psychological functioning among Chronic Obstructive Pulmonary Disease (COPD) patients in an exercise program. Older adults with chronic illness may be at greater risk of psychological distress than healthy older adults. This study examined the effect of age on the physiological and psychological functioning of older adults with COPD. Results were analyzed by repeated measures multivariate analysis of variance, with age as a between-subject factor. Although the exercise program appeared to have a greater effect on the physiological functioning concentration and short-term memory of younger-old subjects, both groups of subjects achieved gains in physiological functioning, and psychological well-being [4]. The research has been done based on good psychological function found in adults with congenital facial disfigurement. People born with severe facial disfigurement have generally good psychological adjustment in adulthood, according to a study in the January issue of Plastic and Reconstructive Surgery, the official medical journal of the American Society of Plastic Surgeons (ASPS). The results show "relatively normal" psychological functioning in adults with congenital facial disfigurement. They tend to have a higher rate of internalizing problems such as anxiety and depression compared to people with no facial disfigurement [12]. The research has been done based on a longitudinal study of psychological functioning among juvenile offenders. Results indicate that the psychological problems of these youths remain relatively stable throughout time. Furthermore, consistent with findings from existing literature, psychological problems are related to the youths' family problems and maltreatment experiences, affecting the psychological functioning of female and male youths differently. The findings suggest that focusing on intervention and prevention early in a juvenile's life is the most promising approach for preventing prolonged sociopsychological problems. Regarding research on childhood trauma and current psychological functioning in adults with social anxiety disorder. Etiological models of social anxiety disorder (SAD) suggest that early childhood trauma contributes to the development of this disorder. However, surprisingly little is known about the link between different forms of childhood trauma and adult clinical symptoms in SAD. Findings from this study indicate that, compared to HCs, individuals with SAD report more frequent childhood trauma, specifically, emotional abuse and emotional neglect. Furthermore, childhood emotional abuse and neglect were associated with current social anxiety, trait anxiety, depression (neglect only), and self-esteem in individuals with SAD. Overall studies have proved that high level of psychological functioning people can easily overcome difficult situations. Earlier studies also proved that the exercise program appeared to have a greater effect on physiological and psychological functioning among the population in clinical settings.

# METHODOLOGY

#### Aim

The study aimed to develop the scale on psychological functioning among catholic candidates for consecrated life.

#### Objectives

- 1. To develop a scale on psychological functioning among catholic candidates to consecrated life.
- 2. To determine the level of psychological functioning among catholic candidates to consecrated Life.

#### **Rationale of Study**

The study aimed to develop the scale on psychological functioning among catholic candidates for consecrated life. The researcher constructed Psychological Functioning as the main factor and came up with the three domains, such as Emotional Functioning, Behavioral Skills, and Social Skills. The research was conducted in 3 phases Expert Validation, Pilot Study, and Main Investigation. In expert validation, the researcher met two experts in psychological functioning research filled and cross-checked the scale, and finally got approval from the persons for the further procedure of scale development. In phase 2, the researcher conducted a pilot study among 100 samples aged between 18 to 30 years through a random sampling method from Bangalore City, Karnataka. The collected data was analyzed using appropriate statistical analyses such as reliability analysis, descriptive statistics and factor analysis.

# **Research Design**

The collected data was analyzed using appropriate statistical analyses such as reliability analysis, descriptive statistics and factor analysis. Also, the researcher has checked the reliability, item discrimination and item difficulty score for the scale. The data was carried out for factor analysis and to test the reliability coefficient of the scale. The factor structure was adequate as per Exploratory Factor Analysis (EFA) measures. Also, the researcher has checked the reliability, item discrimination and item difficulty score for the scale. Results indicated that the scale has a high reliability score and few items are deleted in item discrimination and item difficulty after the item total statistics. In phase 3 the researcher administered the psychological functioning scale with 25 items among 300 samples aged between 19 to 30 years from different Religious Communities in Bangalore City. A random sampling method was used for the present study. The data was carried out for factor analysis and to test the reliability coefficient of the scale. Results indicated that after the factor analysis, the scale has good reliability and throughout the rotation matrix component analysis, 3 dimensions of the psychological functioning scale are formed namely social skills, behavioral skills, and emotional functioning. Overall results of the level of psychological functioning among Catholic Candidates to Consecrated Life showed that the majority of the participants have experienced a moderate level of psychological functioning.

#### Procedure

The development of the scale has been carried out by the researcher under three phases Phase 1, Phase 2 and Phase 3 on psychological functioning among catholic candidates to consecrated life. In phase 1 the researcher made 46 items of psychological functioning scale and the same was carried forward for face validation/expert validation. After the phase validity or expert validation, the researcher proceeds the

Phase 2 (pilot study). In Phase 2 the researcher administered a scale on psychological functioning with 44 items to 100 catholic candidates for consecrated life. In this phase of investigation, the researcher has checked the reliability coefficient of the scale and the item analysis of the scale. After the item analysis, the researcher carried out phase 3 (main study) with a psychological functioning scale of 25 items. In phase 3, the researcher collected 300 data through a simple random sampling method aged between 19 to 30 years from different Religious communities in Bangalore city, Karnataka. The first step of phase 3 was to find out the reliability score for the scale and the second step was to find out the commonalities score, total variance score and rotated component matrix score of the scale throughout the factor analysis. Before proceeding with factor analysis, the researcher underwent the Kaiser-Meyer-Olkin (KMO) Test & and Bartlett's Test of Sphericity to check whether data are suitable for conducting factor analysis. KMO & Bartlett's Test plays an important role in accepting the sample adequacy. Then the researcher carried out the Communalities score, total variance, and rotated component matrix analysis. Throughout the rotation component matrix, the researcher came to know how many dimensions are included in the psychological functioning scale. After factor analysis, the researcher carried out descriptive analysis. With the help of quartile deviation, the researcher established the norms for scoring and interpretation of the scale.

#### Sample

The researcher chose one institution randomly and 100 catholic candidates age level between 19 to 30 years old were selected for the pilot study. The researcher approached the authorities of the 25 institutions. Permission was given by 19 institutions to conduct the study. A sample of 300 Catholic Candidates for Consecrated Life in the age group 19-30 years were taken for the study. 135 males and 165 females were administered a psychological functioning scale with 25 items [13-16].

#### **Tool Used**

# Psychological functioning scale

The scale development process has undergone mainly 3 phases Expert Validation, Pilot Study and Main Investigation.

#### **Phase 1: Expert Validation Report**

Before the pilot study, an Expert Validation was done to confirm the items are related to psychological functioning among catholic candidates for consecrated life. Expert validation or Phase Validity is the extent to which a scale is subjectively viewed as covering the concept it purports to measure. The Expert Validation procedure implanted the confidence level of the researcher for administering the tool to the present sample.

#### **Objective of the Expert Validation (Phase 1)**

- 1. To check the tool prepared by the researcher and also check all the items are related to the concept prepared by the researcher.
- 2. To check the linguistic aspects of the items framed in the scale.

# **Procedure and Results of the Expert Validation (Phase 1)**

The researcher developed a questionnaire on psychological functioning among catholic candidates for consecrated life. The investigator has developed 46 items to measure psychological functioning. After developing the questionnaire, the researcher gave the tool to two experts in their research area of psychological functioning. Based on the expert validation, the investigator has modified/removed a few items because of some grammatical errors and replication of the item. The final tool has been prepared with 44 items based on the above-mentioned reasons or guidelines and the same has carried forward to Phase 2 investigation.

# Phase 2: Pilot Study

Before the main investigation, a pilot study was done by the investigator to obtain hands-on experience on the administration of scale among catholic candidates to consecrated life. Its instilled self-confidence in the researcher to administer the scale [16-20].

# Objectives

The objectives of the pilot study were:

- 1. To ascertain the reliability of the scale chosen for the study.
- 2. To estimate the time needed to administer the scale selected for this study to the participants as well as the time taken by the participants to give responses to the tests.
- 3. To determine the item difficulty and item discrimination score for the psychological functioning scale.

#### Sample for the Pilot Study

A random sampling method was used for the pilot study. The subjects of the present study consisted of 100 catholic male candidates in the age group 19-30 years. All the subjects in the study were selected from Bangalore district, Karnataka.

#### Scale used for the pilot study

- 1. Personal data sheet: The scale purports to obtain demographic details (gender, socio-economic status, place of living, type of family) of the sample.
- 2. Psychological functioning Scale with 44 items.

# Procedure

The researcher was chosen from one institution at random and 100 catholic candidates aged between 19 to 30 years were selected for the pilot study. Before the administration of the questionnaire, the researcher obtained informed consent from candidates. After getting the informed consent scale administration procedure started. Then the scale was administered as per the instructions given in the respective manuals. No specific problems or questions from the candidates arose during the pilot study. They expressed enthusiasm to participate in the study and the researcher gained the confidence and skill in establishing rapport with the candidates. They also opined that the questionnaires administered were clear and easy to understand. The procedure of administration followed in the pilot study was thus found to be effective for this investigation and hence was retained in the main investigation.

# Results of the pilot study

The pilot study resulted in assessing the reliability of the scale used in this study. Using the data collected in the pilot study, the internal consistency of the instruments was checked. After the reliability analysis researcher found the item discrimination and item difficulty score through item analysis.

# Phase 3 (Main Investigation/ Factor Analysis)

The main investigation dealt with the sample selection and sampling method based on inclusion and exclusion criteria, ethical consideration, administering scale to the selected sample group, and statistical analysis used to the objectives of the study [20-23].

# Sample and sampling procedure

After collecting the list of congregational institutions situated in the Bangalore district, Karnataka, the researcher randomly selected 25 institutions of different religious congregations from the Directory of the Religious in Bangalore City. The researcher approached the authorities of the 25 institutions. Permission was given by 19 institutions to conduct the study. A sample of 300 Catholic Candidates for Consecrated Life in the age group 19-30 years were taken for the study. 135 males and 165 females were administered a psychological functioning scale with 25 items. The sampling design used for this study was simple random sampling. Simple random sampling is the basic technique where we select a group of subjects (a sample) for study from a larger group (a population). Each individual is chosen entirely by chance and each member of the population has an equal chance of being included in the sample. The sample recruited for the study was from across Bangalore City, Karnataka.

# **Inclusion Criteria**

- 1. Individuals who were catholic candidates for Consecrated Life
- 2. Both males and females belonging to the age group of 19-28 years are included
- 3. Individuals having the formation in different stages are included

# **Exclusion Criteria**

- 1. Individuals who are already perpetually professed
- 2. Individuals who are not belong to the formation level
- 3. Individual who are above 30 and below 19 years

# **Ethical Consideration**

An informed consent form was obtained from the participants before the administration of the scale. The researcher ensured that confidentiality was maintained. All participants were notified that they were permitted to withdraw from the study at any time. No physical or psychological harm was inflicted upon the samples.

# Reliability

Establishing the reliability of the questionnaire is of prime importance. It deals with the quality method. Before EFA was conducted on the 25-item scale, the reliability of the scale was assessed using the internal consistency and interitem reliability method. It deals with the quality of measurement and how consistent the results are for different items within the measure. In this project, the researcher used an internal consistency test for Cronbach's alpha values and an inter-rater reliability test which is the reliability of the scale.

# **Exploratory Factor Analysis (EFA)**

EFA is a statistical method used to uncover the underlying factor structure of a relatively large set of variables. EFA was used to reduce the number of items and identify potential dimensions on a scale. Item reduction is done based on the factor analysis such that it would lead to an increase in the scale's reliability to its acceptable statistical measures. For EFA, psychometric criteria and rules of thumb are most often applied. The eigenvalue-greater-than-1 rue (Kaiser-German criterion or Latent Root criterion) is often used as a psychometric criterion. Each component (factor) has an eigenvalue less than 1 indicates that represents the amount of variance accounted for by the component. An eigenvalue is less than any single item. Thus, those components with eigenvalue less than 1 are deleted from the scale as it is not considered meaningful. It should be noted that the Kaiser-Guttmann criterion can underestimate the number of components in some circumstances and may not be reliable. To interpret the

# **Establishing Relationship**

Norm can be defined as performance on a particular test based on a standard sample. Norms mean standardized scores. Scores are interpreted concerning norms that represent the test performance standardized on a chosen sample. The purpose of establishing norms is to indicate the individuals to whom the test is administered have a relative standing in the normative sample.

# Statistical analysis

The collected data was analyzed using appropriate statistical analyses such as reliability analysis, descriptive statistics and factor analysis. The results of the statistical analyses done to achieve the objectives are presented in the next chapter.

# **RESULTS AND DISCUSSION**

This chapter provides an overview of the results and discussion based on the reliability and factor analysis scores of the developed questionnaire. The data was analyzed using SPSS version 16. The development of the tool was carried out in three phases namely Phase 1 (expert validation/face validity), Phase 2 (Pilot study), and Phase 3 (Main investigation/factor analysis). In this project, internal consistency and factor analysis were used for the questionnaire development process. The detailed results and discussion on the above-cited phases of investigation follow:

# Phase 1-Phase Validity or Expert Validation

# Procedure

The researcher developed a questionnaire on psychological functioning among catholic candidates for consecrated life. The investigator has developed 46 items to measure psychological functioning. After developing the questionnaire, the researcher gave the tool to two experts in the research area of psychological functioning. The following tool has been given for expert validation (**Table 1**).

Based on the expert validation, the investigator has modified/removed a few items such as items 9 and 25. 16 items are reconstructed because of some grammatical mistakes. The final tool has been prepared with 44 items based on the above-mentioned reasons or guidelines and the same has carried forward to Phase 2 investigation (**Table 2**).

Table 1. Before Expert Validation.
------------------------------------

S No	Statements	5	4	3	2	1
1	I feel glad when I receive corrections from others.					
2	I can manage my facial expressions in a positive way when I am angry.					
3	I can control my emotions though I am emotionally weak.					
4	I try my best to behave well at all times.					
5	I feel sympathy for the poor.					
6	I am happy to share my things with the people who need them.					
7	I console others when they are sad.					
8	I express my affection to my batch mates and other brothers of my congregation.					
9	I feel free with both sexes.					
10	I am free to open my problems to my family.					
11	I am happy with my family where I was born and grew up.					
12	I remember the loving and encouraging advice of my parents especially when I am					
	emotionally weak.					
13	I feel happy in the presence of my best friends.					
14	I feel so free with my family.					
15	I feel discouraged when my initiatives are not accepted by others.					
16	I feel calm when I confront the difficult situations.					
17	I can organize my daily activities quietly.					
18	I respect others and accept them as they are.					
19	I am sincere enough to do my daily activities.					
20	I like to avoid my bad habits to be a good model to others.					
21	I don't find it difficult to talk it out about myself.					
22	I like to mortify for the good of others.					
23	I am frustrated when I face certain problems.					
24	I find easy to cope with my expectations.					
25	I try my best to fulfil my studies successfully.					
26	I feel the enthusiasm to do things faster and perfectly.					
27	I prefer punctuality in my daily activities.					
28	I like to forsake the worldly happiness for the good of others.					
<b>29</b>	I always obey the respected authorities of my congregation.					
30	I used to ask the opinions of my parents or elders when I did important matters.					
31	I like to smile at others when I meet someone.					
32	I like to listen to others while they are talking with me.					
33	I like to give a slight touch to my friends when it is necessary to increase my rapport with					
24	them.					
34	I always maintained eye contact while others were talking with me.					
35	I feel the enthusiasm to have recreation with my friends.					
36	I used to tell things frankly without hurting others.					
37	I always respect and follow the rules and regulations of the community.					
38	I used to give much importance to the moral values.					
<b>39</b>	I am very happy to build up my relationship with my society.					
<b>40</b> <b>41</b>	I always appreciate others in their good performance.					
41	I like to be goal-oriented.					
42	I always prefer to take the initiative in my daily activities. I don't like to treat others with favoritism.					
43 44						
44 45	I don't like to share my negative experiences with the lay people.					
	I am good at a speech in front of the audience.					
46	Honesty is the best virtue that I follow in my daily activities.					

S No	Statements	5	4	2	2	1
5 NO 1	Statements I feel glad when I receive corrections from others.	5	4	3	2	1
2	I will be able to change my expressions in a positive way when I am angry.					
2 3	I can control my emotions though I am emotionally weak.					
3 4	I try to present myself well especially when it is needed.					
5	I empathized with the poor.					
5 6						
0 7	I am happy to share my things with the people who need them. I console others when they are sad.					
8						
0 9	I express my affection to my peer group and other close relations. I am free to open my problems to my family and friends					
9 10	I am proud of my family.					
	I remember the loving and encouraging advice of my parents especially when I am					
11	emotionally weak.					
12	I feel happy in the presence of my friends.					
12	I feel free with my family.					
14	I feel enthusiastic when my initiatives are accepted by others.					
15	I feel calm when I confront difficult situations.					
16	I can organize my daily activities quietly.					
17	I respect others and accept them as they are.					
18	I am sincere in doing my daily activities.					
19	I like to avoid my bad habits to be a good model to others.					
20	I don't find it difficult to talk about myself.					
21	I like to mortify for the good of others.					
22	I am frustrated when I face certain problems.					
23	I find it easy to cope with my expectations.					
24	I feel enthusiastic about doing things faster and perfectly.					
25	I prefer punctuality in my daily activities.					
26	I like to forsake the worldly happiness for the good of others.					
27	I always obey and respect the authorities of my congregation.					
28	I seek the opinions of my parents or elders when I do important matters.					
29	Honesty is the best virtue that I follow in my daily activities.					
30	I like to smile at others when I meet someone.					
31	I like to listen to others while they talk.					
32	I like to give a slight touch to my friends when it is necessary to increase my rapport					
34	with them.					
33	I always maintain eye contact while others are talking with me.					
34	I feel enthusiastic to spend time in recreation with my friends.					
35	I am used to telling things frankly without hurting others.					
36	I always respect and follow the rules and regulations of the community.					
37	I give much importance to the moral values.					
38	I am very happy to build up my relationship with my society.					
49	I always appreciate others, when they perform well					
40	I like to be goal-oriented.					
41	I always prefer to take the initiative in my daily activities.					
42	I don't like to treat others with favoritism.					
43	I don't like to share my negative experiences with the lay people.					
44	I am good at performing in front of the audience.					

Table 2. After the Expert Validation/ Face validity.

# Phase 2- Pilot Study

The phase 2 pilot study purports to measure the item analysis and reliability scores of the questionnaire developed to measure psychological functioning. Using the data collected in the pilot study, the internal consistency of the questionnaire was checked. Cronbach's alpha was calculated to evaluate the reliability of the questionnaire. The result of the reliability analysis is presented in **Table 3**.

**Table 3.** Reliability Coefficient of the questionnaire used in the Study.

Variable	Ν	Cronbach's Alpha	No of Items
Psychological functioning	100	.916	44

**Table 3** shows the reliability coefficient of the psychological functioning questionnaire. The reliability score of the scale is .916, indicating that the scale was found to have adequate reliability. In the phase 2 investigation, the researcher established the item analysis scores based on item discrimination and item difficulty index of the questionnaire. The results of the item total statistics and item statistics are presented in **Tables 4 & 5**.

Table 4. The Item Total Statistics and Reliability of Items Deleted for Pilot Study.

		Item- Tota	l Statistics	Corrected	Squared	Cronbach's
S No	Statements	Scale Mean if item deleted	Scale variance if item deleted	Items Total Correlation	Multiple Correlation	Alpha if Item Deleted
1	I feel glad when I receive corrections from others.	168.17	371.90	.222	.543	.914
2	I will be able to change my expressions in a positive way when I am angry.	168.31	358.72	.482	.721	.912
3	I can control my emotions though I am emotionally weak.	168.19	360.37	.517	.562	.912
4	I try to present myself well especially when it is needed.	168.52	360.89	.483	.703	.912
5	I empathized with the poor.	168.39	361.71	.451	.632	.912
6	I am happy to share my things with the people who need them.	167.86	367.35	.336	.582	.913
7	I console others when they are sad.	168.12	360.06	.473	.582	.912
8	I express my affection to my peer group and other close relations.	168.52	370.55	.213	.429	.915
9	I am free to open my problems to my family and friends	167.99	360.39	.523	.622	.911
10	I am proud of my family.	167.84	363.46	.475	.565	.912
11	I remember the loving and encouraging advice of my parents especially when I am emotionally weak.	168.04	364.54	.487	.631	.912
12	I feel happy in the presence of my friends.	168.56	367.62	.240	.604	.915
13	I feel free with my family.	168.03	358.73	.564	.681	.911
14	I feel enthusiastic when my initiatives are accepted by others.	168.02	364.68	.386	.579	.913
15	I feel calm when I confront difficult situations.	168.39	359.61	.526	.675	.911

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16	I can organize my daily activities quietly.	168.01	359.42	.537	.604	.911
17	I respect others and accept them as they are.	167.94	361.20	.458	.541	.912
18	I am sincere in doing my daily activities.	168.39	366.52	.333	.555	.914
19	I like to avoid my bad habits to be a good model to others.	167.81	361.59	.485	.758	.912
20	I don't find it difficult to talk about myself.	168.42	357.51	.494	.600	.912
21	I like to mortify for the good of others.	168.06	363.63	.443	.598	.912
22	I am frustrated when I face certain problems.	168.38	358.58	.471	.648	.912
23	I find it easy to cope with my expectations.	167.93	369.05	.296	.445	.914
24	I feel enthusiastic about doing things faster and perfectly.	168.35	368.73	.251	.572	.915
25	I prefer punctuality in my daily activities.	168.06	366.27	.406	.613	.913
26	I like to forsake the worldly happiness for the good of others.	167.91	362.46	.461	.662	.912
27	I always obey and respect the authorities of my congregation.	168.04	361.85	.496	.681	.912
28	I seek the opinions of my parents or elders when I do important matters.	168.34	366.24	.340	.545	.913
29	Honesty is the best virtue that I follow in my daily activities.	168.35	360.99	.430	.577	.912
30	I like to smile at others when I meet someone.	167.91	364.28	.466	.645	.912
31	I like to listen to others while they talk.	168.31	358.78	.476	.692	.912
32	I like to give a slight touch to my friends when it is necessary to increase my rapport with them.	167.60	364.14	.445	.758	.912
33	I always maintain eye contact while others are talking with me.	168.12	361.86	.467	.626	.912
34	I feel enthusiastic about spending time in recreation with my friends.	167.91	367.25	.338	.444	.913
35	I am used to telling things frankly without hurting others.	167.90	364.43	.466	.643	.912
36	I always respect and follow the rules and regulations of the	167.96	357.13	.587	.685	.911

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	community.					
37	I give much importance to the moral values.	168.31	369.79	.213	.487	.915
38	I am very happy to build up my relationship with my society.	167.98	364.72	.376	.547	.913
49	I always appreciate others, when they perform well	168.40	365.57	.345	.624	.913
40	I like to be goal-oriented.	167.82	365.54	.394	.622	.913
41	I always prefer to take the initiative in my daily activities.	167.86	365.81	.412	.647	.913
42	I don't like to treat others with favoritism.	168.16	363.40	.475	.590	.912
43	I don't like to share my negative experiences with the lay people.	168.18	360.12	.451	.622	.912
44	I am good at performing in front of the audience.	168.36	357.40	.515	.724	.911

# **Table 5.** Item Statistics of the psychological functioning scale with 44 items.

S No	Item statistics	Mean	SD	Ν
5110	Statements	mean	50	11
1	I feel glad when I receive corrections from others.	3.87	.82	100
2	I will be able to change my expressions in a positive way when I am angry.		1.08	100
3	I can control my emotions though I am emotionally weak.	3.85	.93	100
4	I try to present myself well especially when it is needed.	3.52	.96	100
5	I empathized with the poor.	3.65	.98	100
6	I am happy to share my things with the people who need them.	4.18	.89	100
7	I console others when they are sad.	3.92	1.03	100
8	I express my affection to my peer group and other close relations.		.98	100
9	I am free to open my problems to my family and friends		.92	100
10	I am proud of my family.	4.20	.85	100
11	I remember the loving and encouraging advice of my parents especially when I am emotionally weak.	4.00	.77	100
12	I feel happy in the presence of my friends.	3.48	1.15	100
13	I feel free with my family.	4.01	.93	100
14	I feel enthusiastic when my initiatives are accepted by others.	4.02	.95	100
15	I feel calm when I confront difficult situations.	3.65	.95	100
16	I can organize my daily activities quietly.	4.03	.94	100
17	I respect others and accept them as they are.	4.10	1.00	100
18	I am sincere in doing my daily activities.	3.65	.95	100
19	I like to avoid my bad habits to be a good model to others.	4.23	.93	100
20	I don't find it difficult to talk about myself.	3.62	1.11	100

21	I like to mortify for the good of others.	3.98	.89	100
22	I am frustrated when I face certain problems.	3.66	1.11	100
23	I find easy to cope with my expectations.	4.11	.86	100
24	I feel enthusiastic about doing things faster and perfectly.	3.69	1.02	100
25	I prefer punctuality in my daily activities.	3.98	.816	100
26	I like to forsake the worldly happiness for the good of others.	4.13	.92	100
27	I always obey and respect the authorities of my congregation.	4.00	.89	100
28	I seek the opinions of my parents or elders when I do important matters.	3.70	.95	100
29	Honesty is the best virtue that I follow in my daily activities.	3.69	1.07	100
30	I like to smile at others when I meet someone.	4.13	.82	100
31	I like to listen to others while they talk.	3.73	1.09	100
32	I like to give a slight touch to my friends when it is necessary to increase my rapport with them.	4.44	.86	100
33	I always maintain eye contact while others are talking with me.	3.92	.95	100
34	I feel enthusiastic about spending time in recreation with my friends.	4.13	.89	100
35	I am used to telling things frankly without hurting others.	4.14	.81	100
36	I always respect and follow the rules and regulations of the community.	4.10	.97	100
37	I give much importance to the moral values.	3.73	1.06	100
38	I am very happy to build up my relationship with my society.	4.10	.97	100
39	I always appreciate others, when they perform well	3.64	.99	100
40	I like to be goal-oriented.	4.22	.88	100
41	I always prefer to take the initiative in my daily activities.	4.20	.83	100
42	I don't like to treat others with favoritism.	3.88	.85	100
43	I don't like to share my negative experiences with the lay people.	3.86	1.07	100
44	I am good at performing in front of the audience.	3.68	1.08	100

**Table 4** shows the item total statistics and reliability if the item was deleted for the pilot study. The main aim of doing this statistic was to find out the item discrimination score for the psychological functioning scale with 44 items. After the item total statistics analysis few items that scored below 2.5 (corrected item total correlation score) were deleted because it doesn't contribute towards the discrimination index. Items such as item 1 (.22), item 8 (.21), item 12 (.24), item 23 (.25), item 24 (.25), item 38 (.21) are deleted after the item total analysis to improve the discrimination score for the scale.

**Table 5** shows the item statistics score for the psychological functioning scale with 44 items. The main aim of doing this statistic was to find out the item difficulty score for the

psychological functioning scale. After the item statistics analysis, results found that few items are scored above 4 (mean score) and these items are considered to be higher in difficulty on the scale. Item 6 (4.2), item 9 (4.1), item 10 (4.2), item 17 (4.1), item 19(4.2), item 23 (4.1), item26 (4.13), item 30 (4.4), item 32 (4.13), item 34(4.14), item 35 (4.10), item 36 (4.1), item 38 (4.1), item 40 (4.22), and item 41 (4.20) has deleted after the item total analysis to improve the reliability of the scale.

In the phase 2 pilot study, the researcher removed 19 items based on the item difficulty and item discrimination index. After removing 19 items from the main scale, the researcher prepared the final tool with 25 items and the same was carried forward to the phase 3 investigation (**Table 6**).

S No	Statements			
1	I feel free with my family			
2	I seek the opinions of my parents or elders when I do important matters.			
3	I always appreciate others, when they perform well			
4	I remember the loving and encouraging advice of my parents especially when I am emotionally weak.			
5	I like to listen to others while they talk.			
6	Honesty is the best virtue that I follow in my daily activities.			
7	I always obey and respect authorities of my congregation.			
8	I try to present myself well especially when it is needed.			
9	I console others when they are sad.			
10	I feel enthusiastic when my initiatives are accepted by others.			
11	I always maintain eye contact while others are talking with me.			
12	I can organize my daily activities quietly.			
13	I am sincere in doing my daily activities.			
14	I prefer punctuality in my daily activities.			
15	I like to avoid my bad habits to be a good model to others.			
16	I feel calm when I confront difficult situations.			
17	I don't find it difficult to talk about myself.			
18	I am frustrated when I face certain problems.			
19	I like to mortify for the good of others			
20	I can control my emotions though I am emotionally weak.			
21	I don't like to share my negative experiences with the lay people.			
22	I am good at performing in front of the audience.			
23	I will be able to change my expressions in a positive way when I am angry.			
24	I don't like to treat others with favoritism.			
25	I empathized with the poor.			
a 2 East	analysis KMO & Doutlatt's Test of Subarisity is a ma			

**Table 6**. After the pilot study regarding the psychological functioning with 25 items.

# **Phase 3-Factor Analysis**

The final scale with 25 items to measure psychological functioning was administered to a sample of 300 Catholic candidates for consecrated life. The phase 3 investigation has focused on factor analysis and the reliability score for the scale. Factor Analysis is a commonly used data/ variable reduction technique, to reduce the number of items from large to small, to establish underlying dimensions of the variable and to provide construct validity evidence. Then the researcher carried out KMO & Bartlett's Test of Sphericity to check whether this data is suitable for conducting factor

analysis. KMO & Bartlett's Test of Sphericity is a measure of sampling adequacy that is recommended to check the case to the variable ratio for the analysis being conducted. A detailed description of factor analysis is presented below [23-25].

**Table 7** shows the reliability coefficient of the psychological functioning questionnaire with 25 items and 300 samples. The findings indicated that Cronbach's Alpha of reliability coefficient value (.893) and indicates that the scale has high reliability which is within the acceptable range of statistical measure.

Table 7. The Reliability Coefficient of the questionnaire used in the Main Study.

Name of the Questionnaire	Ν	Cronbach's Alpha	No of Items
Psychological functioning	300	.893	25

**Table 8** shows the KMO and Bartlett's test of sampling adequacy for the item in phase 3. It was found the KMO value was .889 indicating that for the obtained sample size

the factor analysis is appropriate and significant and within the acceptable range of statistical measure (p=.000). While KMO ranges from 0 to 1, the world-over accepted index is 0.6. For factor analysis to be recommended suitable, Bartlett's Test of Sphericity must be less than 0.05. **Table 8.** The KMO and Bartlett's test of sampling adequacy for the main study.

KMO and Bartlett's test		
Kaiser-Meyer-Olkin Measure of sampling adequacy.		.889
Bartlett's Test of Sphericity	Approx. Chi-Square	2155.00
	Df	300
	Sig.	.000

**Table 9** shows that the Communalities score for the psychological functioning scale with 25 items. The researcher framed a norm that the items scored below .3 in communality score will be deleted. The results indicated that

all the items scored above .3 and the researcher has retained all the 25 items for developing a final tool to measure psychological functioning.

S No	Statements	Initial	Extraction
1	I will be able to change my expressions in a positive way when I am angry.	1.00	.30
2	I can control my emotions though I am emotionally weak.	1.00	.47
3	I try to present myself well especially when it is needed.	1.00	.38
4	I empathized with the poor.	1.00	.40
5	I console others when they are sad.	1.00	.38
6	I remember the loving and encouraging advice of my parents especially when I am emotionally weak.	1.00	.42
7	I feel free with my family.	1.00	.44
8	I feel enthusiastic when my initiatives are accepted by others.	1.00	.30
9	I feel calm when I confront difficult situations.	1.00	.35
10	I can organize my daily activities quietly.	1.00	.53
11	I am sincere in doing my daily activities.	1.00	.45
12	I like to avoid my bad habits to be a good model to others.	1.00	.51
13	I don't find it difficult to talk about myself.	1.00	.37
14	I like to mortify for the good of others.	1.00	.30
15	I am frustrated when I face certain problems.	1.00	.37
16	I prefer punctuality in my daily activities.	1.00	.45
17	I always obey and respect the authorities of my congregation.	1.00	.45
18	I seek the opinions of my parents or elders when I do important matters.	1.00	.44
19	Honesty is the best virtue that I follow in my daily activities.	1.00	.46
20	I like to listen to others while they talk.	1.00	.41
21	I always maintain eye contact while others are talking with me.	1.00	.27
22	I always appreciate others, when they perform well	1.00	.42
23	I don't like to treat others with favoritism.	1.00	.39
24	I don't like to share my negative experiences with the lay people.	1.00	.34
25	I am good at performing in front of the audience.	1.00	.33

Table 9. The Communalities score for psychological functioning scale with 25 items.

Extraction Method: Principal Component Analysis.

Table 10 shows the total variance explained and the Eigenvalues associated with each linear factor before extraction, after extraction, and after rotation. After the

extraction process, 3 factors opted for using the Varimax rotation method and 40.19% of the variance is explained. This reflects that the 3 components accumulated through

EFA have achieved acceptable levels of the goodness of fit for the scale developed. After the rotation, the factor structure is optimized and equalized the percentage of variance for 3 factors is consequently.

	Initial Eigenvalues		Extraction sums of squared			<b>Rotation sums of Squired</b>			
Component			loading			loading			
Component	% of	Cumulative	Total	% of	Cumulative	Total	% of	Cumulative	Total
	variance	%	10141	variance	%	Totai	variance	%	10141
1	28.554	28.554	7.139	28.554	28.554	4.534	18.137	18.137	7.139
2	5.837	34.391	1.459	5.837	34.391	3.061	12.244	30.381	1.459
3	5.803	40.194	1.451	5.803	40.194	2.453	9.813	40.194	1.451
4	5.147	45.341							1.287
5	4.482	49.823							1.121
6	4.140	53.963							1.035
7	3.936	57.899							.984
8	3.639	61.538							.910
9	3.477	65.015							.869
10	3.231	68.246							.808
11	3.142	71.388							.785
12	2.894	74.282							.723
13	2.755	77.037							.689
14	2.616	79.653							.654
15	2.495	82.147							.624
16	2.324	84.471							.581
17	2.198	86.669							.549
18	2.119	88.787							.530
19	1.939	90.726							.485
20	1.814	92.540							.454
21	1.665	94.206							.416
22	1.593	95.799							.398
23	1.550	97.349							.388
24	1.432	98.781							.358
25	1.219	100.000							.305

Table 10. The Total Variance Explained for the scale with 300 sample.

Extraction Method: Principal Component Analysis.

**Table 11** shows the rotated component matrix of the 25-item questionnaire. The findings revealed that factor loadings for each item onto each 3 factors. Results indicated that after the rotation component matrix researcher found that under the

psychological functioning scale, there are 3 dimensions namely social skills (11 items), behavior skills (8 items) and emotional functioning (6 items).

	Statements	1	2	3
Pf7	I feel free with my family	.650	.142	
PF18	I seek the opinions of my parents or elders when I do important matters.	.637	.140	.131
PF22	I always appreciate others, when they perform well	.634		.145
PF6	I remember the loving and encouraging advice of my parents especially when I am emotionally weak.	.606	.194	.135
PF20	I like to listen to others while they talk.	.606	.146	.165
PF19	Honesty is the best virtue that I follow in my daily activities.	.590	.334	
PF17	I always obey and respect the authorities of my congregation.	.575	.379	
PF3	I try to present myself well especially when it is needed.	.539	.152	.258
PF5	I console others when they are sad.	.509	.222	.272
PF8	I feel enthusiastic when my initiatives are accepted by others.	.458	.270	.162
PF21	I always maintain eye contact while others are talking with me.	.423	.131	.275
PF10	I can organize my daily activities quietly.	.168	.702	.108
PF11	I am sincere in doing my daily activities.	.293	.606	
PF16	I prefer punctuality in my daily activities.	.290	.605	
PF12	I like to avoid my bad habits to be a good model to others.	.393	.599	
PF9	I feel calm when I confront difficult situations.		.528	.275
PF13	I don't find it difficult to talk about myself.	.258	.461	.306
PF15	I am frustrated when I face certain problems.		.445	.417
PF14	I like to mortify for the good of others	.262	.399	.273
PF2	I can control my emotions though I am emotionally weak.	.203	.156	.637
PF24	I don't like to share my negative experiences with the lay people.	.103		.578
PF25	I am good at performing in front of the audience.		.258	.513
PF1	I will be able to change my expressions in a positive way when I am angry.	.205	.112	.502
PF23	I don't like to treat others with favoritism.	.417		.472
PF4	I empathized with the poor.	.442		.460

 Table 11. The Rotated Component Matrix for psychological functioning scale.

**Table 12** shows the descriptive statistics of the psychological functioning scale with 300 samples. The result indicated that the mean score of the scale is 99.53, the Standard deviation is 12.93, the Kurtosis is 4.73, and the Skewness is -1.376. In addition, the results also found that the quartile deviation of the 25<sup>th</sup>, 50<sup>th</sup>, and 75<sup>th</sup> percentile, the

score are 93, 100 and 108 respectively. With the help of quartile deviation, the researcher developed the norms to group the individual to the high, moderate and low levels of psychological functioning. A detailed explanation of the norms for the psychological functioning scale is presented in **Table 12**.

N	Valid	300
Ν	Missing	0
Mean		99.53
Std. Error of Mean		.74671
Median		100.50
Std. Deviation		12.93
Skewness		-1.376
Std. Error of Skewness		.141
Kurtosis		4.73
Std. Error of Kurtosis		.281
Minimum		30.00
Maximum		125.00
	25	93
Percentiles	50	100
	75	108

Table 12. The Descriptive Statistics for Psychological functioning scale with 300 sample.

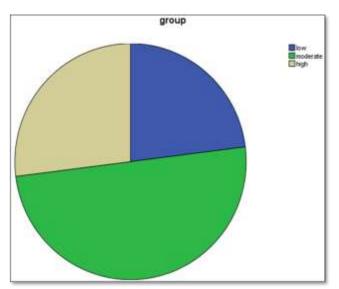
Table 13 shows the level interpretation score for thepsychological functioning scale. The scores range from 30 to92 indicating that the individuals have a low level ofpsychological functioning, the scores range from 93 to 107

indicating that the individuals have a moderate level of psychological functioning level and the scores above 108 stating that the individuals have a high level of psychological functioning.

 Table 13. Score Interpretation of psychological functioning scale.

Range	Interpretation
30-92	Low level
93-107	Moderate
108 above	High level

**Graph 1** represents the level of psychological functioning among the catholic candidates to Consecrated life and results revealed that out of 300 samples, 27.7% (seventy-four participants) have a low level of psychological functioning, 48.7% (one hundred and forty-six participants) have a moderate level of psychological functioning and 26.7% (eighty participants) have high level of psychological functioning. Overall results of the level of psychological functioning among Catholic Candidates to Consecrated Life showed that the majority of the people have experienced a moderate level of psychological functioning.



Graph 1. Graphical representation of the level of psychological functioning among the catholic candidates to Consecrated life.

#### **Description of the scale**

Psychological Functioning Scale is a self-report questionnaire consisting of 25 items with 3 dimensions namely social skill, Behavior skill and emotional functioning. Items are scored on a 5-point Likert scale ranging from 1 (Strongly disagree) to 5 (Strongly agree). Items 2, 3, 4, 7, 9, 10, 16, 22, 23, 24 and 25 belong to the

Social Skills dimension, Items 23, 5, 6, 8, 11, 15, 17, 19 and 21 belong to Behavioral Skill and the items 12, 13, 14, 18 and 20 belong to the Emotional Functioning dimensions. A higher score shows high psychological functioning. The reliability coefficient based on Cronbach's Alpha value of .89 shows adequate reliability of the scale among 300 catholic young adults. The final edited scale of psychological functioning is presented below (**Table 14**).

Tuble 14. There we have a start st								
S No	Statements	5	4	3	2	1		
1	I will be able to change my expressions in a positive way when I am angry.							
2	I try to present myself well especially when it is needed.							
3	I seek the opinions of my parents or elders when I do important matters.							
4	I remember the loving and encouraging advice of my parents especially when I am emotionally weak.							
5	I prefer punctuality in my daily activities.							
6	I like to mortify for the good of others							
7	I like to listen to others while they talk.							
8	I like to avoid my bad habits to be a good model to others.							
9	I feel free with my family							
10	I feel enthusiastic when my initiatives are accepted by others.							
11	I feel calm when I confront difficult situations.							
12	I empathized with the poor.							
13	I don't like to treat others with favoritism.							
14	I don't like to share my negative experiences with the lay people.							
15	I don't find it difficult to talk about myself.							
16	I console others when they are sad.							
17	I can organize my daily activities quietly.							
18	I can control my emotions though I am emotionally weak.							
19	I am sincere in doing my daily activities.							
20	I am good at performing in front of the audience.							
21	I am frustrated when I face certain problems.							
22	I always obey and respect the authorities of my congregation.							
23	I always maintain eye contact while others are talking with me.							

I always appreciate others, when they perform well

Honesty is the best virtue that I follow in my daily activities.

#### Table 14. After the factor analysis.

# DISCUSSION

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In present project has two important objectives. The main objective of the present project was to develop a scale on the Psychological Functioning of catholic candidates to Consecrated life in Bangalore City. For developing the scaling procedure, the researcher underwent 3 phases' namely expert validation or face validity, pilot study, and main investigation. In Phase 1, the researcher conducted expert validation of the present scale. Throughout this phase of scale development, the expert's comments were incorporated into the scale and finally carried out for administering the scale to the present sample. In phase 2, the researcher has conducted a pilot study. The main aim of conducting the pilot study was to find out the reliability score of the scale and also to check item discrimination and item difficulty index. Item difficulty index is one of the most useful, and most frequently reported, item analysis statistics. It is a measure of the proportion of examinees who answered the item correctly; for this reason, it is frequently called the p-vale. Item discrimination is the degree to which students with high overall exam scores also got a particular item correct. It is often referred to as item effect since it is an index of an item's effectiveness at discriminating those who know the content from those who do not. Pilot study results indicated that the reliability of the scale (Cronbach's Alpha value) showed higher reliability. Normally above 6 indicates that the scale has high reliability. In addition, throughout the item total and item statistics, 19 items are deleted from the main scale. After the deletion of these items, the tool with 25 items was carried out for the phase 3 investigation. After the pilot study, the researcher carried out Phase 3 main investigation or factor analysis. In phase 3, the researcher carried out, reliability analysis, KMO and Bartlett's test of sampling adequacy commonalities, total variance analysis and rotated component matrix analysis. Before doing factor, analysis researcher conducted the KMO and Bartlett's test of sampling adequacy for the data are suitable for conducting factor analysis. The results of KMO and Bartlett's test of sampling adequacy showed that for the obtained sample size the factor analysis is appropriate and significant and within the acceptable range of statistical measure. The Communalities score for the psychological functioning scale with 25 items stable proved that all the items have good reliability. The Total Variance Explained for the scale with 300 sample table results found that after the extraction process, three factors were opted for using the Varimax rotation method and adequate variance is explained. Results proved that components accumulated through factor analysis have achieved acceptable levels of the goodness of fit for the scale developed. The Rotated Component Matrix for the psychological functioning scale with 25 items results found that after the rotated component matrix analysis, factor loadings for each item onto 3 factors. Based on the item's researcher gave the title of the factors or components namely social skills, behavioral skills and emotional functioning. The second objective of the study was to find out the level of psychological functioning among catholic candidates for consecrated life. Throughout the descriptive statistics with the help of quartile deviation, the researcher categorized the score for interpreting the psychological functioning among the present sample into low, moderate and high levels of psychological functioning. The result of the pie diagram revealed that the majority of the participants experienced a moderate level of psychological functioning. Overall, the results of the project have revealed that the developed scale of psychological functioning among catholic candidates to Consecrated life has shown good reliability and factor analysis results which are within acceptable range of statistical measure. Thus, it may be concluded that the scale may be considered for applicable for its use to determine the level of psychological functioning among different populations.

#### CONCLUSION

The present project objectives are to develop a scale on Psychological Functioning and also to find out the level of psychological functioning among Catholic Candidates for Consecrated Life. The study was conducted in 3 phases such as expert validation, pilot study, and main investigation. In expert validation, the researcher met two experts in psychological functioning research filled and cross-checked the scale, and finally got approval from the persons for the further procedure of scale development. In phase 2 the researcher conducted a pilot study among 100 samples aged between 18 to 30 years through random sampling method from Bangalore district, Karnataka. After the data collection of the pilot study, the researcher checked the reliability, item discrimination and item difficulty score for the scale. Results indicated that the scale has a high reliability score and few items are deleted in item discrimination and item difficulty after the item total statistics. In phase 3 the researcher has administered the psychological functioning scale with 25 items among 300 samples aged between 19 to 30 years from different Religious Communities in Bangalore City, Karnataka. A random sampling method was used for the present study. The data was carried out for factor analysis and to test the reliability coefficient of the scale. Results indicated that after the factor analysis, the scale has good reliability and throughout the rotation matrix component analysis, 3 dimensions of the psychological functioning scale are formed namely social skills, behavioral skills, and emotional functioning. The scale has indicated a good fit which was within the expected psychometric properties. Overall results were found that the reliability of the developed scale was within the high range of statistical measures and the factor structure was adequate as per EFA measures. In addition, the project also found the level of psychological functioning scale among Catholic Candidates for Consecrated Life. Results indicated that out of 300 samples seventy-four participants have a low level of psychological functioning, one hundred and forty-six participants have a moderate level of psychological functioning and eighty participants have a high level of psychological functioning. Overall results of the level of psychological functioning among Catholic Candidates to Consecrated Life showed that the majority of the participants have experienced a moderate level of psychological functioning.

Limitation

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• Test-retest reliability was not assessed to check for the stability of the questionnaire.

#### DELIMITATION

Age, geographical location, and sample were some of the boundaries set by the researcher in this study. The age range was only limited to a certain age range, the scale cannot be administered to people who do not have a command of English.

# **RECOMMENDATION FOR FUTURE RESEARCH**

The present study already found that the scale has greater reliability among catholic young adults and future research can address psychological functioning using this scale and compare it with important psychological variables in a different population. It may also be recommended that the scale undergoes confirmatory factor analysis to validate the scale.

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# REFERENCES

- 1. Hill RD, Storandt M, Malley M (1993) The impact of long-term exercise training on psychological function in older adults. J Gerontol 48: 12-17.
- Rathus SA (2007) Psychology: Concepts & Connections (8<sup>th</sup> Ed.) Thomson Wadsworth, a part of The Thomson Corporation.
- 3. Fagiolo V, Hamer J (1990) Directives on Formation in Religious Institutes. Congregation for Institutes of Consecrated Life and Societies of Apostolic Life, Rome.
- 4. Emery CF, Gatz M (1990) Psychological and cognitive effects of an exercise program for community-residing older adults. Gerontologist 30: 184-188.
- 5. Montes G, Halterman JS (2007) Psychological functioning and coping among mothers of children with autism: A population-based study. Pediatrics 119(5): 1040-1046.
- Dwyer D, Scampion J (1995) A Level: Psychology (1<sup>st</sup> Ed.) Diana and Jane Scampion.
- 7. Floyd FJ, Widaman K (1995) Factor analysis in the development and refinement of clinical Assessment instruments. Psychol Assess 7(3): 286-299.
- Kalat JW (2013) Biological Psychology (11<sup>th</sup> Ed.) Wadsworth, a part of College Learning.

- Solso RL, Maclin OH, Maclyn MK (2013) Cognitive Psychology (8<sup>th</sup> Ed.). Pearson Education Limited.
- 10. Doyle A (2017) Behavioral skills list and examples. A journal entitled the balance.
- 11. Kutner L (2017) Emotional Skills Every Child Should Have. Meredith Corporation.
- 12. Kennedy-Moore E (2011) What Are Social Skills? Helping children become comfortable and competent in social situations.
- Benjamij LT (1994). Psychology (3<sup>rd</sup> Ed.) Macmillan College Publishing Company, Inc.
- 14. Bangert Drowns RL (1986) Review of developments in meta-analytic method. Psychol Bull 99: 388-399.
- 15. Barry AJ, Steinmetz JR, Page HE, Rodahl K (1966) The effects of physical conditioning on older individuals: II. Motor performance and cognitive function. J Gerontol 21: 192-199.
- Vattamattam M (2012) Challenges of formation for priestly and consecrated life today. Formadmin pp: 733.
- 17. Cormer RJ (2010) Abnormal Psychology (7<sup>th</sup> Ed.) Worth publishers.
- 18. Flanagan C (1994) Psychology (1<sup>st</sup> Ed.) WM prints Limited.
- 19. Atkinson, Hilgard (2014) Introduction to Psychology (16<sup>th</sup> Ed.) Cengage Learning India Private Limited.
- 20. McGlone GJ (2015) The Assessment of Family of Origin Issues for Candidates to Religious Life, Claretian Formation.
- 21. Gletman H, Fridlund AJ, Reiseberg D (2004) Psychology (6<sup>th</sup> Ed.) W. W. Norton & Company, Inc.
- 22. Parameswaran EG, Beena C (2002) An Introduction to Psychology (1<sup>st</sup> Ed.) Neelkamal Publications PVT. LTD.
- Hilgard ER, Atkinson CR, Atkinson LR (1954) Introduction to Psychology (6<sup>th</sup> Ed.) Harcourt Brace Jovanovich. Inc.
- 24. Passer M, Smith R, Holt N, Bermier A, Sutherland ED, et al. (2009) Psychology: The science of mind and Behaviour (1<sup>st</sup> Ed.) McGraw-Hill Education.
- 25. Hall CS, Lindzey G, Campbell JB (1957) Theories of Personality (4<sup>th</sup> Ed.). Jhoney Willey & sons, Inc.