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SCHOOL CLIMATE AND JOB INVOLVEMENT – A STUDY ON SCHOOL TEACHERS OF CBSE AND ICSE BOARD

*Swaha Bhattacharya **Monimala Mukherjee

ABSTRACT

School climate refers the environment that affects the behaviour of teachers, students, staff and parents. It is the physical and psychological aspects of the school that are more susceptible to change and that provide the preconditions necessary for teaching and learning. On the other hand, job involvement is an individual's psychological identification or commitment to his / her job. The aim of the present investigation is to study the school climate and job involvement as perceived by the school teachers of CBSE and ICSE board across Kolkata. Accordingly, a group of 80 school teachers (40 from CBSE and 40 from ICSE board) were selected as sample in this investigation. General Information Schedule, Perceived School Climate Questionnaire and Perceived Job Involvement Questionnaire were administered to them by giving proper instruction. The findings revealed that school climate as perceived by the teachers of ICSE Board is comparatively better than that of the CBSE Board. The same is true for job involvement also. Besides this, the more the duration of service the better is the perceived school climate as well as job involvement. The highlights of the findings may help to create better school climate and to increase more job involvement of school teachers in comparison to the existing condition.

INTRODUCTION

School is a place where interests, attitudes and habits of the students develop besides education. Many activities in the classroom have an influence on the students. These are instrumental for personality development. The classroom climate is therefore an important input into the building of an effective learning environment. A stimulating educational environment is important to develop positive motivational consequences. On the contrary, negative motivational consequences are not facilitative at all (Burger, 1997; Das, 1996; Eccles, et al. 1993; Chen, 2005; Brock et. al. 2008). Regarding the roles of teachers and administrators, Taylor and Tashakkori (1995) found that a positive school climate is associated with increased job satisfaction for school personnel.
Job involvement has a direct correlation with job satisfaction and also influences the work performance, sense of achievement and unexplained absenteeism (Robinowittz and Hall, 1977). Brown and Leigh (1996) argue that one reason for the weak and inconsistent relationship between job involvement and performance may be that job involvement is more likely to affect performance indirectly through other variables. Bhatt (1997) studied on job stress, job involvement and job satisfaction of male and female primary school teachers. The results indicated that the public school teacher's job stress was high and was negatively associated with job involvement. Job involvement and job satisfaction have negative correlation between private and public school teachers. Job involvement for teachers based on motivational aspects like transparent employment mechanism, performance and merit based promotions and unbiased administration (Khan, 2004).

Job involvement is the employee's abrupt responses to the work and these responses generated by norms, structures and policies of the organizations. It also enhances the satisfaction, loyalty and motivation towards organization (Salami, 2008). Hafer and Martin (2006) have pointed out that job involvement had been associated with work related attitudes as well as subsequent predictor of work related outcomes such as intentions to leave an organization, professional commitment and ethical behavior, psychological ownership and performance, lower role conflict and role ambiguity and an employee's readiness to change. Job involvement is the way a person looks at his job as a relationship with the working environment and the job itself. Job involvement is morale; motivation and job satisfaction which enhance the job interest, job commitment and performance (Evans, 2000). The relationship between career choice and job involvement is very important for a teacher. Lack of this relationship is the cause of low job interest, satisfaction and low loyalty level towards the organization. The outcomes of job satisfaction are very dramatic, i.e., strong and positive behavior of the teacher towards quality work, job involvement, administrative contributions and performance. Considering the above the present investigation has been designed to study school climate and job involvement as perceived by the school teachers of CBSE and ICSE Board.

OBJECTIVES
1. To study the school climate as perceived by the school teachers of CBSE and ICSE Board.
2. To study the job involvement as perceived by the school teachers of CBSE and ICSE Board.
Hypotheses

Hypothesis – I: School teachers of CBSE and ICSE Board differ among themselves in terms of perceived school climate.

Hypothesis – II: School teachers of CBSE and ICSE Board differ among themselves in terms of perceived job involvement.

Hypothesis – III: School climate as perceived by the school teachers of CBSE Board is differentially associated with duration of service.

Hypothesis – IV: School climate as perceived by the school teachers of ICSE Board is differentially associated with duration of service.

Hypothesis – V: Job involvement as perceived by the school teachers of CBSE Board is differentially associated with duration of service.

Hypothesis – VI: Job involvement as perceived by the school teachers of ICSE Board is differentially associated with duration of service.

Hypothesis – VII: School climate as perceived by the school teachers of CBSE and ICSE Board is differentially associated with gender.

Hypothesis – VIII: Job involvement as perceived by the school teachers of CBSE and ICSE Board is differentially associated with gender.

METHOD

Sample

A group of 80 teachers (40 from CBSE and 40 from ICSE Board) from four schools were selected as subjects following the purposing sampling method.

Table – 1(a): General characteristic features of the school teachers of CBSE Board.

<table>
<thead>
<tr>
<th>General Characteristic features</th>
<th>School teachers of CBSE Board</th>
<th>Male = 20</th>
<th>Female = 20</th>
<th>Comb. = 40</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age in years (Mode Value)</td>
<td>48 Years</td>
<td>46 Years</td>
<td>47 Years</td>
<td></td>
</tr>
<tr>
<td>2. Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Graduate</td>
<td>10</td>
<td>10</td>
<td>20</td>
<td>50</td>
</tr>
<tr>
<td>(b) Post-graduate</td>
<td>10</td>
<td>10</td>
<td>20</td>
<td>50</td>
</tr>
<tr>
<td>3. Designation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Assistant teacher</td>
<td>8</td>
<td>11</td>
<td>19</td>
<td>47.5</td>
</tr>
<tr>
<td>(b) Senior teacher</td>
<td>12</td>
<td>9</td>
<td>21</td>
<td>52.5</td>
</tr>
<tr>
<td>4. Duration of Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Below fifteen years</td>
<td>9</td>
<td>7</td>
<td>16</td>
<td>40</td>
</tr>
<tr>
<td>(b) Above fifteen years</td>
<td>11</td>
<td>13</td>
<td>24</td>
<td>60</td>
</tr>
<tr>
<td>5. Marital Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Married</td>
<td>13</td>
<td>14</td>
<td>27</td>
<td>67.5</td>
</tr>
<tr>
<td>(b) Unmarried</td>
<td>7</td>
<td>6</td>
<td>27</td>
<td>67.5</td>
</tr>
</tbody>
</table>
## Table – 1(b): General characteristic features of the school teachers of ICSE Board

<table>
<thead>
<tr>
<th>General Characteristic features</th>
<th>School teachers of ICSE Board</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male = 20</td>
</tr>
<tr>
<td></td>
<td>f</td>
</tr>
<tr>
<td>1. Age in years (Mode Value)</td>
<td>49 Years</td>
</tr>
<tr>
<td>2. Education</td>
<td></td>
</tr>
<tr>
<td>(a) Graduate</td>
<td>10</td>
</tr>
<tr>
<td>(b) Post-graduate</td>
<td>10</td>
</tr>
<tr>
<td>3. Designation</td>
<td></td>
</tr>
<tr>
<td>(a) Assistant teacher</td>
<td>7</td>
</tr>
<tr>
<td>(b) Senior teacher</td>
<td>13</td>
</tr>
<tr>
<td>4. Duration of Service</td>
<td></td>
</tr>
<tr>
<td>(a) Below fifteen years</td>
<td>8</td>
</tr>
<tr>
<td>(b) Above fifteen years</td>
<td>12</td>
</tr>
<tr>
<td>5. Marital Status</td>
<td></td>
</tr>
<tr>
<td>(a) Married</td>
<td>11</td>
</tr>
<tr>
<td>(b) Unmarried</td>
<td>9</td>
</tr>
</tbody>
</table>

### Tools Used

(a) **General Information Schedule**

It consists of items like name, age, address, gender, education, marital status, designation of teachers, duration of service etc.

(b) **Perceived School Climate Questionnaire**

It consists of 34 statements answerable in a 5-point scale from strongly agree to strongly disagree where high score indicates good and favourable school climate as perceived by the teachers and vice versa. Odd-even split-half reliability is 0.76.

(c) **Perceived Job Involvement Questionnaire**

It consists of 34 statements answerable in a 5-point scale from strongly agree to strongly disagree where high score indicates good and favourable job involvement as perceived by the teachers and vice versa. Odd-even split-half reliability is 0.78.

**ADMINISTRATION, SCORING AND STATISTICAL TREATMENT**

After consultation with the authorities of selected schools of CBSE and ICSE Board, three questionnaires, viz, General Information Schedule, Perceived School Climate Questionnaire and Perceived Job Involvement Questionnaire were administered on a group of 80 school teachers of CBSE and ICSE Board across Kolkata. Tabulation was done for both groups separately. Frequencies and percentages were calculated.
for General Information Schedule. Mean and SD were calculated for other two questionnaires for each groups separately. Comparisons were made by applying t-test.

RESULTS AND DISCUSSION

General characteristic data inserted in Table – 1(a) and Table – 1(b) reveal the characteristic features of the subjects, under study.

Data inserted in Table – 2 reveals that the school climate as perceived by the school teachers of ICSE Board is better than that of the CBSE Board. Comparative picture reveals significant difference between the two groups. More calm and quiet school environment, good teacher – student relationship, good relationship with colleagues and administration are the main reasons behind the difference of opinion between the two groups. Thus the Hypothesis – I which postulates, “School teachers of CBSE and ICSE Board differ among themselves in terms of perceived school climate”- is accepted in this investigation.

Table – 2: Comparison between the School teachers of CBSE and ICSE Board in terms of perceived school climate.

<table>
<thead>
<tr>
<th>Category</th>
<th>Perceived School Climate Scores</th>
<th>t – value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CBSE Board</td>
<td>ICSE Board</td>
</tr>
<tr>
<td></td>
<td>N  Mean  SD</td>
<td>N Mean  SD</td>
</tr>
<tr>
<td>Male</td>
<td>20  127.57  7.19</td>
<td>20  135.42  8.21</td>
</tr>
<tr>
<td>Female</td>
<td>20  130.24  7.84</td>
<td>20  138.71  8.72</td>
</tr>
<tr>
<td>Combined</td>
<td>40  128.90  7.65</td>
<td>40  137.06  8.56</td>
</tr>
</tbody>
</table>

* P<0.01 ; Score Range: 34 - 170
High score indicates good and favourable school climate and vice versa.

When comparison was made between the teachers of CBSE and ICSE Board in terms of perceived job involvement (data inserted in Table – 3), significant difference was observed. Analysis of data reveals that job involvement of the teachers of ICSE Board is better than that of the CBSE Board although satisfactory job involvement was observed between the two groups of teachers. The reasons behind the difference is mainly due to : (1) nature of job keeps mentally active, (2) job enhances social dignity, (3) it helps to contact with different types of people and lastly (4) the job is...
labeled as a noble profession. Thus the Hypothesis – II which states, “School teachers of CBSE and ICSE Board differ among themselves in terms of perceived job involvement” - is accepted in this investigation.

**Table – 3:** Comparison between the school teachers of CBSE and ICSE Board in terms of perceived job involvement.

<table>
<thead>
<tr>
<th>Category</th>
<th>Perceived Job Involvement Scores</th>
<th>t – value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CBSE Board</td>
<td>ICSE Board</td>
</tr>
<tr>
<td>Male</td>
<td>N</td>
<td>Mean</td>
</tr>
<tr>
<td>20</td>
<td>118.25</td>
<td>7.16</td>
</tr>
<tr>
<td>Female</td>
<td>20</td>
<td>120.32</td>
</tr>
<tr>
<td>Combined</td>
<td>40</td>
<td>119.28</td>
</tr>
</tbody>
</table>

* P<0.01 ; Score Range: 34 - 170
High score indicates satisfactory job involvement and vice-versa.

Data inserted in Table – 4 reveals the comparative picture between the school teachers of CBSE Board whose duration of service is below and above fifteen years in terms of perceived school climate. Better perception was observed among the teachers whose duration of service is above fifteen years than those whose duration of service is below fifteen years. The reasons behind this are mainly (a) work culture promotes joint contribution for school development, (b) administrative body of the school holds regular meetings to facilitate a two–way communication system, and (c) colleagues generally support as per necessity etc. Besides this, junior group of school teachers of CBSE Board whose duration of service is below fifteen years have expressed negative opinion regarding perceived school climate, such as improper physical environment, negative impact of politicization, unhealthy student-teacher relationship etc. Thus the Hypothesis – III which states, “School climate as perceived by the school teachers of CBSE Board is differentially associated with duration of service” - is accepted in this investigation.

**Table – 4:** Comparison between the School teachers of CBSE Board whose duration of service is below and above fifteen years in terms of perceived school climate.

<table>
<thead>
<tr>
<th>Category</th>
<th>Perceived School Climate Scores</th>
<th>t – value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Below fifteen years</td>
<td>Above fifteen years</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>Mean</td>
</tr>
<tr>
<td>Male</td>
<td>9</td>
<td>111.25</td>
</tr>
<tr>
<td>Female</td>
<td>7</td>
<td>117.12</td>
</tr>
<tr>
<td>Combined</td>
<td>16</td>
<td>114.18</td>
</tr>
</tbody>
</table>

* P<0.01 ; Score Range: 34 - 170
High score indicates good and favourable school climate and vice versa.
Comparison was also made between the two groups of teachers of ICSE Board whose duration of service is below and above 15 years (data inserted in Table – 5) in terms of perceived school climate, significant difference was observed. It is mainly due to – (i) good and healthy teacher-student relationship, (ii) availability of modern educational devices, (iii) democratic administrative style and (iv) proper and effective controlling in problem situation. But unsatisfactory relationship with colleagues was observed among those whose duration of service is below fifteen years. Thus the Hypothesis – IV which states, “School climate as perceived by the school teachers of ICSE Board is differentially associated with duration of service” - is accepted in this investigation.

**Table – 5:** Comparison between the School teachers of ICSE Board whose duration of service is below and above fifteen years in terms of perceived school climate.

<table>
<thead>
<tr>
<th>Category</th>
<th>Perceived School Climate Scores</th>
<th>t – value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Below fifteen years</td>
<td>Above fifteen years</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>Mean</td>
</tr>
<tr>
<td>Male</td>
<td>8</td>
<td>120.23</td>
</tr>
<tr>
<td>Female</td>
<td>11</td>
<td>123.74</td>
</tr>
<tr>
<td>Combined</td>
<td>19</td>
<td>121.98</td>
</tr>
</tbody>
</table>

*P<0.01 ; Score Range: 34 - 170
High score indicates good and favourable school climate and vice versa.

When comparison was made between the school teacher of CBSE Board whose duration of service is below and above fifteen years in terms of perceived job involvement, significant difference was observed ( data inserted in Table – 6). Here also, the more the duration of service, the better is the perception. Feeling exhausted at the end of the day, excessive work pressure and sometimes difficult to keep patience are the main reasons behind the difference of opinion between the two groups, and, this opinion is mainly expressed by the junior group. Thus the Hypothesis – V which postulates, “Job involvement as perceived by the school teachers of CBSE Board is differentially associated with duration of service” - is accepted in this investigation.
Table – 6: Comparison between the School teachers of CBSE Board whose duration of service is below and above fifteen years in terms of their perceived job involvement.

<table>
<thead>
<tr>
<th>Category</th>
<th>Perceived Job Involvement Scores</th>
<th>t – value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Below fifteen years</td>
<td>Above fifteen years</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>Mean</td>
</tr>
<tr>
<td>Male</td>
<td>9</td>
<td>107.36</td>
</tr>
<tr>
<td>Female</td>
<td>7</td>
<td>111.40</td>
</tr>
<tr>
<td>Combined</td>
<td>16</td>
<td>109.38</td>
</tr>
</tbody>
</table>

* P<0.01 ; Score Range: 34 - 170
High score indicates satisfactory job involvement and vice versa.

Job involvement as expressed by the school teachers of ICSE Board whose duration of service is below and above fifteen years was inserted in Table – 7. Analysis of data reveals that the more the duration of service, the better is the job involvement. The negative attitudes behind job involvement are mainly work over-load, maladjustment with colleagues and administration and multiple responsibilities in work setting. Thus, the Hypothesis – VI which states, “Job involvement as perceived by the school teachers of ICSE Board is differentially associated with duration of service” - is also accepted in this investigation.

Table – 7: Comparison between the School teachers of ICSE Board whose duration of service is below and above fifteen years in terms of perceived job involvement.

<table>
<thead>
<tr>
<th>Category</th>
<th>Perceived Job Involvement Scores</th>
<th>t – value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Below fifteen years</td>
<td>Above fifteen years</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>Mean</td>
</tr>
<tr>
<td>Male</td>
<td>8</td>
<td>113.53</td>
</tr>
<tr>
<td>Female</td>
<td>11</td>
<td>116.26</td>
</tr>
<tr>
<td>Combined</td>
<td>13</td>
<td>114.89</td>
</tr>
</tbody>
</table>

* P<0.01 ; Score Range: 34 - 170
High score indicates satisfactory job involvement and vice versa.
Comparison was also made between the male and female group of school teachers of CBSE and ICSE Board (data inserted in Table – 8) in terms of perceived school climate. No significant difference was observed. Thus, the Hypothesis – VII which postulates, “School climate as perceived by the school teachers of CBSE and ICSE Board is differentially associated with gender difference” - is rejected in this investigation.

Table – 8: Comparison between male and female group of school teachers of CBSE and ICSE Board in terms of perceived school climate.

<table>
<thead>
<tr>
<th>Category</th>
<th>Perceived school climate scores</th>
<th>t – value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>Mean</td>
</tr>
<tr>
<td>CBSE Board</td>
<td>20</td>
<td>127.57</td>
</tr>
<tr>
<td>ICSE Board</td>
<td>120</td>
<td>135.42</td>
</tr>
</tbody>
</table>

* Difference is insignificant; Score Range: 34 - 170
High score indicates good and favourable school climate and vice versa.

When comparison was also made between the male and female group of teachers of CBSE and ICSE Board in terms of perceived job involvement, no significant difference was observed (data inserted in Table – 9). Thus, the Hypothesis – VIII which state, “Job involvement as perceived by the school teachers of CBSE and ICSE Board is differentially associated with gender difference” - is rejected in this investigation.

Table – 9: Comparison between male and female group of school teachers of CBSE and ICSE Board in terms of perceived job involvement.

<table>
<thead>
<tr>
<th>Category</th>
<th>Perceived job involvement scores</th>
<th>t – value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>Mean</td>
</tr>
<tr>
<td>CBSE Board</td>
<td>20</td>
<td>118.25</td>
</tr>
<tr>
<td>ICSE Board</td>
<td>120</td>
<td>127.11</td>
</tr>
</tbody>
</table>

* Difference is insignificant; Score Range: 34 - 170
High score indicates satisfactory job involvement and vice versa.
Major findings of the study are as follows:

1. School climate as perceived by the teachers of ICSE Board is better than that of the CBSE Board. Calm and quiet school environment, good teacher – student relationship, good relationship with colleagues and administration are the main reasons behind the difference of opinion between the two groups.

2. Job involvement of the teachers of ICSE Board is better than that of the CBSE Board. The reasons behind the difference is mainly due to: (1) nature of job keeps mentally active, (2) the job enhances social dignity, (3) it helps to contact with different types of people and (4) the job is labeled as a noble profession.

3. The more the duration of service, the better is the perceived school climate. This is true for both ICSE and CBSE Board.

4. The more the duration of service, the better is the job involvement. This is also true for both ICSE and CBSE Board.

5. Gender-wise comparisons reveal no significant difference in terms of perceived school climate and job involvement. This is true for both CBSE and ICSE Board.

Concluding Remarks

In conclusion it can be said that the present investigation has revealed certain interesting facts in connection with the school climate and job involvement as perceived by the school teachers of CBSE and ICSE Board. Measures may be taken to create more congenial school climate considering the findings of the study.

In order to make the teachers more involved in their jobs care should be taken regarding work overload, multiple responsibility, personal life of the teacher and overall condition of the work environment.

In order to improve school climate, it is crucial to develop a strong leadership team where teachers, parents, community members and members of administrative body would work together to build a good, healthy and congenial school climate and also to increase more involvement in job in comparison to the existing condition.

REFERENCES


INTRODUCTION

Teaching is a noble profession. The teachers are the heart and core of whole educational process. The strength of education system largely depends upon the quality of teachers. Hence a teacher is a vital component of school administration that stands at the most important point in the educational process. It is teacher who is most influential as far as the quality of education is concerned. A teacher affects eternity, she can never tell when her influence stops. The teacher plays an important role in shaping, molding the habits, tastes, manners and above all the character of the students. So it is essential for a teacher is subjected to excessive strain and as a result, she cannot maintain her mental balance. If not dealt seriously, teacher's self-esteem and role-conflict are of the major factors influencing her life satisfaction.

Self-esteem is the subjective measure of a person's values—the worth that one believes one has as an individual. Psychologists William James has attempted to define this self-appraisal in such a way as to measure it objectively, but with only mixed results. Low self-esteem has been implicated in bullying, although research suggests that people are more likely to use violence when they possess an unrealistically high self-esteem. The expectation that self-esteem was important in success, both academically in school and in life, led to efforts to increase self-esteem in students. However, such increases, without concomitant improvements in skills or increases in knowledge are as false as those of bullies, with equally unfortunate results. True self-esteem reflects the real value of a person, which does not depend on any specific ability compared to others, but rather resides in their integrity as a person who fulfills their potential with regard to their unique talents and abilities, who relates harmoniously with others, and who is responsible in relationship to their environment. In psychology, self-esteem or self-worth refers to a person's subjective appraisal of himself or herself as intrinsically positive or negative Role is closely related to concept of norms; it is defined as position that has expectation evolving from established norms. People living in contemporary society assume succession roles throughout life. A typical sequence of social roles would be that of child, son or daughter teenager. Each of these roles has recognized expectations that are acted out like a role in a play. Role conflict arise when roles which person has to play is
Teaching is a noble profession. The teachers are the heart and core of whole educational process. The strength of education system largely depends upon the quality of teachers. Hence a teacher is a vital component of school administration that stands at the most important point in the educational process. It is teacher who is most influential as far as the quality of education is concerned. A teacher affects eternity, she can never tell when her influence stops. The teacher plays an important role in shaping, molding the habits, tastes, manners and above all the character of the students. So it is essential for a teacher is subjected to excessive strain and as a result, she cannot maintain her mental balance. If not dealt seriously, teacher's self-esteem and role-conflict are of the major factors influencing her life satisfaction.

Self-esteem is the subjective measure of a person's values—the worth that one believes one has as an individual. Psychologists William James has attempted to define this self-appraisal in such a way as to measure it objectively, but with only mixed results. Low self-esteem has been implicated in bullying, although research suggests that people are more likely to use violence when they possess an unrealistically high self-esteem. The expectation that self-esteem was important in success, both academically in school and in life, led to efforts to increase self-esteem in students. However, such increases, without concomitant improvements in skills or increases in knowledge are as false as those of bullies, with equally unfortunate results. True self-esteem reflects the real value of a person, which does not depend on any specific ability compared to others, but rather resides in their integrity as a person who fulfills their potential with regard to their unique talents and abilities, who relates harmoniously with others, and who is responsible in relationship to their environment. In psychology, self-esteem or self-worth refers to a person's subjective appraisal of himself or herself as intrinsically positive or negative. Role is closely related to concept of norms; it is defined as position that has expectation evolving from established norms. People living in contemporary society assume succession roles throughout life. A typical sequence of social roles would be that of child, son or daughter teenager. Each of these roles has recognized expectations that are acted out like a role in a play. Role conflict arise when roles to a person has not clear. There are three major type of role conflict. The first type is the conflict between person and his role. In other word, there may be conflict between person's personality and expectation of the role. There may be conflicting expectations about how a given role should be played. The second type is inter role conflict results differing requirement of two or more roles that must be played at the same time.
Most educators have at least four roles. These include administrator or teacher, spouse, parent and friend. Each of these roles has expectation and responsibilities. Most are better at some role than others are. The one role, however, that most people are very good at is being a friend. This role allows them to be themselves. Their best friends overlook imperfection and enjoy their best qualities—their uniqueness.

In this role, there is very little stress or acting. Often the happiest and most successful spouses and parents spend very little time playing a role with their significant other or children. They spend most of their time being themselves. Although each has responsibilities, judging a person on how good a husband, wife, or parent they are often causes much stress and conflict. The point is that roles force us to act in certain ways and we all have differing skills at various roles. However, we are all exceptionally gifted at being ourselves. Therefore, to be the best principal or teacher, one need to define one self and just leading or teaching as opposed to acting the role of a principal or a teacher. This role has little stress, forces little acting and one for which one are exceptionally gifted at being ourselves.

Life satisfaction or personal adjustment is considered as an important variable in younger mature as well as aged people. Several investigations have studied the correlation of life satisfaction. Positive relationships have consistently been obtained between life satisfaction, socio economic status, perceived adequacy of income & health status. It is typically defined as the degree to which individual judge the quality of their lives favorably and it can be equated with happiness.

Life satisfaction is the ultimate goal that all human being are striving to achieve. Life satisfaction is usually referred to as happiness coming from the fulfillment of a need or wish and as such is the cause or means of enjoyment.

Alston and Dudley (1973) have explained, life satisfaction is ability to enjoy ones experience accompanied by a degree of excitement. According to this definition of happiness, it is a state of wellbeing and contentment- a pleasurable satisfaction that comes when the individual needs and wishes are fulfilled. It is not same as euphoria which implies not only a state of satisfaction but also buoyancy that is not present in life satisfaction or happiness as. It is not only popularly defined but also used by many psychologists because happiness is synonym for life satisfaction and because it is more widely used than life satisfaction both the term imply satisfaction resulting from the fulfillment of need and wishes.

**Problem:** To examine the relationship among self- esteem, role conflict and life satisfaction among married female teachers.
Hypotheses:
The following hypotheses were formulated:
- Life satisfaction would be positively related with self-esteem.
- Life satisfaction would be negatively related with role-conflict.
- Self-esteem would be negatively related with role-conflict.
- Contribution of self-esteem would be greater as compared to that of role conflict towards life satisfaction.

METHOD

SAMPLE: The investigator adopted the following selection criteria for the sample of the present investigation. All the U.P. Government aided Intermediate colleges teachers of the selected city (for example Agra, Shikohabad, Aligarh & Mathura) were taken as sample. The subjects were belonging to age group of 24 to 45 years. The size of the sample was restricted to 200 teachers. The sample was consist of only TGT female married teachers from various governments aided intermediate colleges' teachers living with their spouses. Salary range was from 20,000 to 30,000 per month.

TOOLS: To measure self-esteem Rosenberg Self-esteem Scale (1965) was used. It consists of 10 items and for measure role-conflict Teacher Role Inventory was used. It was developed by Prasad and Bhusan (1991). It consists of 24 items and for measuring life satisfaction scale was used. It was developed by Alam and Srivastava (2002).

RESULTS: The coefficients of correlations were computed among self-esteem, role-conflict and life satisfaction by using Pearson's product moment method.

Table 1: Correlation Matrix

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean</th>
<th>SD</th>
<th>Self-Esteem</th>
<th>Role-Conflict</th>
<th>Life Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Esteem</td>
<td>22.95</td>
<td>2.27</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role-Conflict</td>
<td>14.43</td>
<td>6.58</td>
<td>-0.0419</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Life Satisfaction</td>
<td>46.5</td>
<td>4.56</td>
<td>0.165</td>
<td>-0.2992</td>
<td>1</td>
</tr>
</tbody>
</table>
Table-1 shows that self-esteem is positively correlated with life satisfaction, but negatively correlated with role-conflict. Life satisfaction is positively correlated with self-esteem, but negatively correlated role-conflict. Moreover, the multiple regression analysis was further thought to be significant to examine the extent to which predictors variables independently predict a dependent or criterion variable (i.e., life satisfaction). For carrying out multiple regression analysis, a correlation matrix was formed (Table: 1). It includes inter-correlation among all predictors and criterion variable.

For interpreting the results obtained from multiple regression analysis, the variance caused by the combined effect of total predictor variables is seen by obtained R square, which is further adjusted into adjusted R square. Individual contribution of each predictor variable can be noted with the help of Beta weights. Level of significance indicated in the table against each predictor variables shows the variable which are significant enough, and to which extent, to predict the variance caused by each variable individually, beta weights of each predictor variable are multiplied by their respective correlation coefficients. The sum total of this individual proportion value is found equal to the value of R square.

<table>
<thead>
<tr>
<th>Table 2 Multiple Regression Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>MULTIPLE R</td>
</tr>
<tr>
<td>R SQUARE</td>
</tr>
<tr>
<td>ADJUSTED R SQUARE</td>
</tr>
<tr>
<td>STANDARD ERROR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 3 Analysis Of Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANOVA</td>
</tr>
<tr>
<td>df</td>
</tr>
<tr>
<td>Regression</td>
</tr>
<tr>
<td>Residual</td>
</tr>
</tbody>
</table>

**P<.01

Page 16
The table-2 shows the result of multiple regression analysis when life satisfaction was taken as dependent variable. To see the strength of relationship between dependent variable and several independent variables coefficients of multiple correlations was computed. The value of multiple R of .33 (F 2, 197) =12.554, P <.01 was found. The multiple R square of .11 indicated that 11% variance in life satisfaction is to be accounted for by these variables. In the table of Adjusted R square was .10404 which indicates 10% variance in life satisfaction is to be explained by combined predictor variables. Moreover, 3% variance out of 10% variance in life satisfaction is to be explained due to variance in life satisfaction is to be explained due to self-esteem. 8% of variance due to role-conflict score.

The effect of role-conflict was highest than self-esteem on life satisfaction i.e. 8% variance in life satisfaction was due to role-conflict. Role-conflict is negatively related indicated that increase in role-conflict decrease life satisfaction of an individual.

**DISCUSSION**

Positive relation between self-esteem and life satisfaction has been found. The survey suggested that if person respect themselves, then all person respect the individual when all person respect them. They would get satisfied with their life. Present studies finding in line with previous studies (Herold 2007; and Akindotun 2005) studies support that person who possess high self-esteem generally does not face stress its result that they satisfied with their life. Self-esteem is negatively related with role-conflict. Present studies finding in line with previous studies. Doyal and Frosty 2003; Kent 2005; and Kevin 2008) studies support that person who possess low self-esteem generally does not face the situation of role-conflict and its lead to happy life. Negative relation between life satisfaction and role-conflict has been found. Present studies finding in line with previous studies. Koustelious 2004 studies support that when there is ambiguity in role, then person became confused what he/she has to do then the result is that he confronts the situation of stress and its leads toward unhappy life (i.e. dissatisfied from life).
CONCLUSION

In this it can be concluded that there is positive relation between life satisfaction and self-esteem, negative relation between role-conflict and life satisfaction. The findings of the present study led to conclude that role conflict is highly predictor variable of life satisfaction.

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FAMILY ENVIRONMENT AND PERSONALITY AS PREDICTORS OF AGGRESSION

Rohtash Singh

ABSTRACT

Personal and social factors as well as their cumulative effect may contribute to aggression. The present study examined the relationship of personality and family environment with aggression. Sample for the study consisted of 250 youth between age 17 to 22 years (M = 18.5) drawn from various districts of Haryana. The objectives of the study were (a) to explore the relationship of aggression with personality and family environment in aggression (b) to determine the role of personality and family environment in aggression. The participants were assessed with Buss-Perry Aggression Questionnaire, NEO Five –Factor Inventory (NEO-FFI) and Family Environment Scale. Results showed that aggression was found to be positively associated with neuroticism, and conflict dimension of family environment and negatively associated with agreeableness and conscientiousness dimensions of personality. Stepwise multiple regression analysis reveals agreeableness, conflict, active-recreational orientation and neuroticism are the potent predictors of aggression among youth.

Keywords: agreeableness, conscientiousness, neuroticism, conflict, active-recreational orientation

INTRODUCTION

Human aggression is explained in many ways by psychologists, with any given explanation depending on the particular orientation of the individual. Even within the subspecialty of social psychology, variation in viewpoints can be found, with some stressing cognitive factors, others pinpointing emotional and affective determinants, and still others dealing with aggression as a part of broader social interaction system. Aggression carries a negative connotation even in modern society. Aggression is a negative emotion shown by the individual in the stressful situations. On one matter, however, virtually all social psychologists agree: Aggression is a response to specific conditions in the environment. Baron and Richardson (1994) suggests “Aggression is any form of behaviour directed toward the goal of harming or injuring another living being who is motivated to avoid such treatment”. World Health Organization (2002) defines, “Aggression, such as kicking, fighting and biting is a major concern for modern societies as the physical, emotional, cognitive and societal consequences of violent acts are serious, far reaching and long term.”
Various forms of aggression have been identified in the literature, including direct, physical, verbal, material, relational, indirect, and social aggression. Debates are ongoing regarding the labeling and conceptual distinctions among the various forms. The literature suggests that at most of these dimensions overlap considerably but at least two higher-order forms can be meaningfully distinguished, which can be chosen as overt and relational aggression. Overt aggression is generally defined as verbal and physical behaviours that are directed at individuals with the intent to harm them (e.g., pushing, kicking, hitting, threatening, insulting, etc.) - a more direct and “in your face” form of aggression (Buss & Perry, 1992). Relational aggression, on the other hand, is generally defined as acts that are intended to significantly damage another child's friendships or feeling of inclusion in the peer group (e.g., purposefully withdrawing friendship or group acceptance form a child, ostracism, spreading, rumors, gossiping etc.) - a more indirect and relationship–based form of aggression (Cairns, Cairns, Neckerman, Fergusen & Gariepy, 1989).

Although humans are similar to non-human animals in some aspects of aggression, they differ from most of these animals in the complexity of their aggression because of factors such as culture, morals and social situations. A wide variety of studies have been done on these situations. Empirical cross-cultural research has found differences in the level of aggression between cultures. Male-male, male-female and female-female encounters should all be clearly distinguished from one another. Same sex encounters are more frequent than inter-sex encounters and this could affect the level of aggression present (Bjorkqvist, 1994). Patterns of aggression can be switched, with males using female patterns of aggression or female using male patterns, by manipulating either the fruitless or transformer genes in the brain. It is expressed in both sexes, is correlated with levels of aggression among male mice and increases dramatically in females after parturition and during lactation, corresponding to the onset of maternal aggression (Potegal, Ferris, Herbert, Meyerhoff, and Skaredoff, 1996). Studies by Iqbal, Ahmad, Shukla, & Akhtar (1993) suggest Indian women to score higher than men on intra-aggression (i.e., repressed aggression, and self-blame). These studies bring to mind Western studies of covert female aggressive tendencies, which will not necessarily show at the overt, behavioural level. Sex differences on aggression appear to be greater in India than in the West which reflects differences in cultural norms and status between the sexes (Kanekar, Dhir, Fransco, Sindhakar, Vaz & Nazareth 1993). Perhaps women in India are oppressed to such an extent that they have to suppress their aggression more than Western women, or perhaps they develop even subtler forms of aggression than indirect aggression as we know in the West.
Research on aggressive behaviour has examined the influences of a variety of specific personality variables (e.g., trait aggressiveness, trait anger, Type A personality) without reference to these major dimensions. However, a few researchers (Gleason, Jensen-Campbell, & Richardson, 2004; Graziano, Jensen-Campbell, Hair, 1996; Suls, Martin, & David, 1998) have sought to understand the relation between aggression and dimensions of personality using the five-factor model. The Neuroticism and Agreeableness dimensions appear to be particularly associated with aggression (Costa, McCrae, & Dembroski, 1989; Gleason et al. 2004; Graziano et al. 1996; Miller, Lynam, & Leukefeld, 2003; Suls et al. 1998). In a recent study Type A behaviour pattern found to be associated with aggression (Singh, 2010).

There is strong emerging evidence for the capacity of functional and well-adjusted families to successfully moderate various developmental threats and reduce the chances of maladjustment in children at risk (Masten & Shaffer, 2006). Andreas and Watson (2009) reported that aggressive beliefs were associated with greater aggression at youngest age as well as with increased aggression over time and family environment moderated this association. Aggression can be reduced in children with high aggressive beliefs if they experienced better than average family environment, which included less family conflict and more family cohesion. Parental influences may not be felt in a specific situation, but the attitudes and ideas expressed day after day inevitably leave their mark. Nizamuddin and Banu (1995); Salmivalli and Helteenvuori (2007); Valles and Knutsen (2008); Yu and Gamble (2008) reported various personal and environmental factors which are associated with aggression. Anderson and Bushman's (2002) model includes person factors as predictors of aggression. They suggested that the development of aggression related knowledge structures can shape an individual's personality and thus, influence the likelihood that the individual will engage in aggressive behaviour. Keeping in view this, the present study is planned in the direction with the objectives (a) to explore the relationship of aggression with personality and family environment (b) to determine the role of personality and family environment in aggression.

**METHOD**

**Sample**

The present study was conducted on a sample of 250 (145 male & 105 female) youths selected randomly from various districts of Haryana. The age of selected subjects was between 17 and 22 years (mean = 18.5). The sample consists
of participants from all walks of society from low to middle socioeconomic status. Only those participants were included in sample who had given consent to participate.

**Psychological Measures:**

a) Buss – Perry Aggression Questionnaire: Buss – Perry Aggression Questionnaire (BPAQ) was developed by Buss and Perry (1992). It contains 29 items and a response format 5 point Likert Scale, which ranges from “disagree” to “strongly agree”. It consists of four subscales: physical aggression, verbal aggression, hostility and anger. Though the scale measures four components of aggression but it also provides a single score for whole scale. There is no time limit for the test to complete yet it generally takes about 12 minutes. The test-retest reliability coefficient of .80 was obtained for total scale by authors. BPAQ is brief, simple, easy to complete, and its application in research settings as a screening tool for aggression is well documented (Andrew & Colin, 2010; Festus; Tajudeen & Owoidoho, 2011). In the present study composite aggression score is taken for analysis.

b) Family Environment Scale: Family environment scale (FES) is developed by Moos and Moos (1986). It contains 90 items with 'Yes' or 'No' response format. The scale assesses three underlying sets of dimensions: relationship dimensions, personal growth (or goal orientation) dimensions, and system maintenance dimensions. The relationship and system maintenance dimensions primarily reflect internal family functioning, whereas the personal growth dimensions primarily reflect the linkages between the family and the larger social context. The test-retest reliability (2-months interval) for all subscales in an acceptable range, vary from a low of .68 for independence to a high of .86 for cohesion. As for as validity concerned the authors established construct and discriminate validity for FES indices.

c) NEO - Five Factor Inventory: The NEO - Five Factor Inventory (NEO-FFI) was developed as a short form of NEO-PI (McCrae and Costa, 1989). It consists 60 items which measures five major dimensions of Personality. The NEO-FFI is well analyzed scale for the Neuroticism (N), Extraversion (E), and Openness (O), Agreeableness (A) and Conscientiousness (C). The coefficient alphas (data from spouse ratings) for the five factors were .90, .78, .76, .86 and .90 for the N, E, O, A and C scales respectively. The correlations between Form R NEO-FFI scales and self reports on the full domain scale ranged from .24 to .67, suggesting cross observer validity for these observer rating scales.
The subjects were contacted personally in their respective institutions for data collection. After receiving their voluntary willingness, the subjects were tested in small group of ten to fifteen subjects on the tests. They received detailed instructions about how to perform on these tests. The tests were administered following the instructions specified in the respective test manual. The general testing conditions were satisfactory and the procedure was uniform all through. The tests were scored as per the procedure described in respective test manual.

RESULTS AND DISCUSSION

Since, the difference between male and female groups is not found significant on aggression. Hence data is pooled together to find out the relationship among study variables. A careful inspection of Table – 1 reveals that aggression correlates positively with neuroticism ($r = .24, p < .001$). The significant and positive correlation between these measures suggests that subjects scoring high on neuroticism tend to show high aggressive behaviour. Neurotic individuals are ineffective in their attempts to cope with stress and prone to engage in aggressive behaviour. The obtained relationship between these measures is similar as found in some earlier research (Costa, McCrae, & Dembroski, 1989; Gleason et al., 2004; Miller et al., 2003).

Table- 1 Correlation Coefficient of Aggression with Personality and Family Environment Measures

<table>
<thead>
<tr>
<th>Personality Measures</th>
<th>Aggression</th>
<th>Family Environment Measures</th>
<th>Aggression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuroticism</td>
<td>.24**</td>
<td>Cohesion</td>
<td>-.13*</td>
</tr>
<tr>
<td>Extraversion</td>
<td>-.01</td>
<td>Expressiveness</td>
<td>-.05</td>
</tr>
<tr>
<td>Openness</td>
<td>-.03</td>
<td>Conflict</td>
<td>.21**</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>-.26**</td>
<td>Independence</td>
<td>.01</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>-.16*</td>
<td>Achievement Orientation</td>
<td>-.01</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Intellectual-Cultural Orientation</td>
<td>-.07</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Active-Recreational Orientation</td>
<td>.11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moral – Religious Emphasis</td>
<td>-.11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Organization</td>
<td>-.08</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Control</td>
<td>-.01</td>
</tr>
</tbody>
</table>

*p < .05, **p < .01
Agreeableness and conscientiousness dimensions of personality correlate negatively with aggression. Agreeableness has yielded a negative correlation coefficient of -.26 with aggression; it is significant at .01 probability level. It suggests that subjects high on trust, straightforwardness, altruism, compliance, modesty, and tender-mindedness tend to show low level of aggression. But the opposite pole of agreeableness is antagonism. According to Costa et al. (1989), antagonistic people tend to be hostile and irritable (Gleason et al., 2004). In the present data, conscientiousness correlate negatively with aggression to the degree of -.16 (p< .05), indicating thereby the subjects scoring high on conscientiousness tend to be low on aggression too. It shows that subjects having control on their impulses and are self disciplined express less aggression. The negative relationship between conscientiousness and aggression is also reported by Pursell, Laursen, Rubin, Booth-LaForce and Rose-Krasnor (2008).

Aggression further correlates positively with conflict (r =.21, p < .01), a measure of family environment. It suggests that higher the conflict in family higher the risk to engage in aggressive behaviour. The finding points to the fact that people high on conflict tend to have higher tendency for aggression. Aggression found to be correlated negatively with cohesion (r = -.13, p < .05). It may be interpreted as subjects high on cohesion have tendency to be less aggressive. Lack of cooperation among family members may lead to aggressive behaviour whereas better family relations decrease the level of aggression. This observation is in the direction of some earlier researches (Esfandyari, Baharudin & Nowzari, 2009; Hennig, Reuter, Nettter, Burk, & Landt, 2005).

In order to ascertain the extent to which weighted combination of personality and family environment account individual differences in aggression, stepwise multiple regression was also worked out. The stepwise analysis was preferred over standard one to find a subset of those independent variables which are useful in predicting the dependent variable, by eliminating those which do not contribute additional to that already predicted by the variables in the equation. The stepwise regression was conducted with parameter, p of F-to-enter is .05 and p of F-to-remove is .10.

Table - 2 Summary of Stepwise Regression Analysis, Dependent Variable:

<table>
<thead>
<tr>
<th>Variables</th>
<th>R</th>
<th>R2</th>
<th>df</th>
<th>f</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreeableness</td>
<td>.259</td>
<td>.067</td>
<td>1/248</td>
<td>17.88**</td>
</tr>
<tr>
<td>Conflict</td>
<td>.303</td>
<td>.092</td>
<td>2/247</td>
<td>12.52**</td>
</tr>
<tr>
<td>Active-Recreational Orientation</td>
<td>.334</td>
<td>.112</td>
<td>3/246</td>
<td>10.30**</td>
</tr>
<tr>
<td>Neuroticism</td>
<td>.358</td>
<td>.128</td>
<td>4/245</td>
<td>9.03**</td>
</tr>
</tbody>
</table>

**p < .01
Table-2 shows the results of stepwise regression analysis while aggression was taken as dependent variable. Results indicated that four significant predictors of aggression emerged with an overall multiple R of .358 which is significant at .001 probability level. Agreeableness being most potent predictor of aggression, it entered the equation at step one. The multiple R for this variable equals to .259, $R^2$ being .067, agreeableness accounts for approximately 7% of the variance. The F being 17.88, (df = 1/248) is highly significant ($p<.001$). It indicates that agreeableness is a strong predictor of aggression in the selected sample. Family environment dimension conflict appears to be another potent predictor which took entry at step two. Multiple R increased to .303 with the entry of conflict in the equation after agreeableness. The F being 12.52 (df = 2/247) is significant at .001 probability level. $R^2$ being .092, agreeableness and conflict jointly account for approximately 9% of the variance in aggression. Further, active-recreational orientation, measure of family environment took entry at step third; the multiple R increased to .334 and $R^2$ to .112, indicating that these three variables accounted 11% variance in aggression. The F being 10.30 (df = 3/246) is significant at .001 probability level. The last variable that took entry into the regression equation is neuroticism. With the entry of this variable the multiple R increased to .358, $R^2$ being .128, indicating that these four variables accounted 13% variance in aggression. The F ratio at this step equals to 9.03, the degrees of freedom being 4/245, it is significant at .001 probability level. The personality predictors of the present study are consistent with earlier work of Sharp and Desai (2004).

The results of stepwise regression analysis revealed that the linear combination of agreeableness, conflict, active-recreational orientation and neuroticism account significant proportion of variance (i.e. 12.8%) in aggression among youth. The selected personality and family environmental dimensions are useful marker variables of aggressive behaviour; more research needs to be conducted to establish the role of these variables along with other variables such as gender, age and ethno culture groups on aggression.

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Family Environment and Personality


★★★★
THE RELATIONSHIP OF PARENTAL BONDING AND INTERNET ADDICTION

*Geeta Bhagat **Meena Sehgal

ABSTRACT

The present study was conducted to study internet addiction in relation to parental bonding. For this purpose, a sample of 200 students was taken and they were administered the Internet Addiction Test (Young, 1998) and Parental Bonding Instrument (Parker et. al, 1979) for measuring internet addiction and the four dimensions of parental bonding viz. maternal care, maternal overprotection, paternal care and paternal overprotection. The study revealed significant correlation of internet addiction with all four the dimensions of parental bonding.

INTRODUCTION AND BACKGROUND

The Internet is a modern communication tool, which basically can change and makes easier the ways of communication between people, it eliminates geographical barriers and shortens real distances. It serves as an inexhaustible source of information and knowledge about everything that people can look for. It represents an extremely rich source of information of various kinds, forms, content, veracity, prices and quality. It can be considered as the biggest market of goods, information and services. (Žáčok, and Žáčková, 2008). However, the potential for misuse and inappropriate and excessive use of certain computer applications has led to the expressions of concerns related to the psychological and behavioral impact of the Internet on individuals.

With the number of Internet users increasing, more and more studies had been conducted with regards to the excessive use of the Internet. A small percentage of the online population have reported problems such as neglect of academic responsibility, work, domestic responsibilities, disruption of relationships, social isolation, and financial problems due to their Internet use (e.g., Young 1996a; Griffiths 2000; Neimz et al. 2005).

Currently, there is no standardized definition of Internet abuse. In fact, a discussion has arisen regarding whether Internet "addiction” exists and, if it does, how it should be viewed in relation to other disorders (Shaffer, 2002). Various nomenclatures include: Internet addiction (Young, 1999), Internet addiction disorder (Goldberg, 1996), Internet dependency (Wang, 2001), problematic Internet use (Caplan, 2002), pathological Internet use (Davis, 2001), and Internet abuse (Fortson et al., 2007). In the recent years, Young (2011) has defined Internet addiction as any online-related, compulsive behavior which interferes with normal living and causes
severe stress on family, friends, loved ones, and one's work environment.

Terminology remains a problem, however. Some refer to particular Internet-related behaviors as Internet addiction (e.g., Chou and Hsiao, 2000; Young, 1996b), whereas others prefer Internet Addiction Disorder (Goldberg, 1996), Internet pathological use (e.g., Davis, 2001; Morahan- Martin and Schumacker, 2000), or Internet dependency (e.g., Scherer, 1997).

Whatever the terminology, the fact remains that Internet Addiction is related to neglect of other life areas, and is known to result in decreased work productivity and family time, strained relationships, decreased communication within the family, decreased sleeping time, reduced quality of meals, a narrowing range of interests, and the development or exacerbation of mental health problems (Nalwa & Anand, 2003; Young, 1998; Beard, 2005; Kraut et al., 1998). When students' grades drop because of an excessive amount of time spent surfing the web or when students avoid early morning classes because they have not gotten enough sleep, Internet Addiction can lead to failure in academic areas (Chou et al., 2005).

Related physical impairments are mostly mild to moderate, including dry eyes, blurred vision, sleep deprivation, fatigue, and musculoskeletal discomfort or pain (Chou, 2001). A “marathon” online-gaming session was implicated in the death of a 28-year-old man (BBC News, 2005).

Parental bonding is the emotional and physical attachment occurring between a parent or parent figure and offspring that usually begins at birth and is the basis for further emotional affiliation. According to Lezin et al. (2004), parental bonding is characterized by a positive, stable, emotional bond. It is measured by acceptance, spending time together, the parent's availability to the child and enjoyment of being with the child.

Relationships with parents are known to be related to Internet use among adolescents. Parental attitude and parental involvement can be a psychological distress factor associated with adolescents' demographic backgrounds. Orleans and Laney (2000) found that minimal parental involvement would result in the most socially positive effect on children's computer use. Parental rules such as time limits or checking up also affects children's use of the Internet negatively (Lenhart et al., 2001). Some researchers found that the increase in family conflicts is associated with more frequent time and use in adolescents' Internet use (Mesch, 2006).
HYPOTHESES

In the present study, the following hypotheses were framed –
H1: It is expected that internet addiction would be negatively related to maternal care and paternal care.
H2: It is expected that internet addiction would be positively related to maternal overprotection and paternal overprotection.

METHOD

Sample
The present study comprised of 200 adolescents (100 males and 100 females) in the age range of 16 – 18 years, selected from the tricities of Chandigarh, Mohali and Panchkula. In order to control the influence of the working status of the mothers on parental bonding and internet usage, equal number of adolescents, having working mothers and non-working mothers, were included in the sample i.e. 50 males having working mothers, 50 males having non-working mothers, 50 females having working mothers, 50 females having non-working mothers.

Inclusion criteria
a) Only those adolescents who belonged to nuclear families were included in the sample.
b) They belonged to the middle income group.

Tests and Tools
Keeping in view the main objective of the study, the following tools were employed:
1. Internet Addiction Test (Young, 1999)
2. Parental Bonding Instrument (Parker et. al, 1979)

Statistical Analysis
On the basis of the formulated hypotheses, the data was analyzed by using the Pearson's formula for correlation. The correlation was calculated for internet addiction in relation to the various dimensions of the Parental Bonding Instrument viz. Maternal Care, Maternal Overprotection, Paternal Care and Paternal Overprotection.

RESULTS AND DISCUSSION
Means, SDs and Correlations were calculated to test the hypotheses. The results are shown in Table1 and 2.
Table 1: Means and Sds of the total sample

<table>
<thead>
<tr>
<th>S.NO.</th>
<th>VARIABLES</th>
<th>MEAN</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Internet Addiction</td>
<td>64.84</td>
<td>14.66</td>
</tr>
<tr>
<td>2</td>
<td>Maternal Care</td>
<td>19.63</td>
<td>4.90</td>
</tr>
<tr>
<td>3</td>
<td>Maternal Overprotection</td>
<td>21.00</td>
<td>6.44</td>
</tr>
<tr>
<td>4</td>
<td>Paternal Care</td>
<td>19.06</td>
<td>4.08</td>
</tr>
<tr>
<td>5</td>
<td>Paternal Overprotection</td>
<td>21.16</td>
<td>5.45</td>
</tr>
</tbody>
</table>

Table 2: Intercorrelation Matrix

<table>
<thead>
<tr>
<th>S.NO.</th>
<th>VARIABLES</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Internet Addiction</td>
<td>1.00</td>
<td>-0.22</td>
<td>0.30</td>
<td>-0.17</td>
<td>0.15</td>
</tr>
<tr>
<td>2</td>
<td>Maternal Care</td>
<td>1.00</td>
<td>-0.57</td>
<td>0.67</td>
<td>-0.40</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Maternal Overprotection</td>
<td>1.00</td>
<td>-0.38</td>
<td>0.75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Paternal Care</td>
<td>1.00</td>
<td>-0.36</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Paternal Overprotection</td>
<td></td>
<td></td>
<td></td>
<td>1.00</td>
<td></td>
</tr>
</tbody>
</table>

Correlation significant at .05 level =0.181
Correlation significant at .01 level =0.138

Table 1 shows the means and standard deviations for the total sample. The mean and standard deviation values for Internet Addiction, Maternal Care, Maternal Overprotection, Paternal Care and Paternal Overprotection were 64.84 and 14.66, 19.63 and 4.90, 21.00 and 6.44, 19.06 and 4.08, and, 21.16 and 5.45, respectively.

Table 2 shows the values of correlation of Internet Addiction with the various dimensions of Parental Bonding. The results indicate that Internet Addiction has a significant negative relationship with Maternal Care (r = -0.22, p<.01) and Paternal Care (r = -0.17, p<.05). Thus, the hypothesis (H1) which stated that there would be a significant negative relationship of Internet Addiction with Maternal Care and
Paternal Care has been supported by the results obtained. The results also show that Internet Addiction has a significant positive relationship with Maternal Overprotection ($r = 0.30, p<.01$) and Paternal Overprotection ($r = 0.15, p<.05$). Thus, the second hypothesis (H2) has also been substantiated by the results obtained.

The results obtained, are in line with various previous researches conducted in this area. Leung and Lee (2005) reported that among the social interaction motives, parental emotional support is found to be consistently related to internet usage. The more emotional support from the parents an adolescent feels, the less likely they are to use the Internet. Knowing this, this makes sense that those who are more stable secure and sure with parents and/or family, will spend more time doing different activities, instead of Internet use. Again this reveals that the relationship with parents and/or is an important issue for adolescents because interactive activities with parents promote cognitive, physical, and social development. Lacking support from parents, those adolescent seek social support from the experiences of interacting on the Internet (Rixhon and Shapiro, 2003; Yen and Yen, 2007).

Psychological security and social interactive support may be the motives for adolescents with low parental support to use the Internet more than those who have high parental support. As has been pointed out by Lam et. al (2009) that students who were very dissatisfied with their family were nearly 2.5 times more likely than those who were satisfied with their family, to be addicted to the Internet. It has also been reported by various researches that adolescents with Internet Addiction consistently rated parental rearing practices as being over intrusive, punitive, and lacking in responsiveness. These findings suggest that the influences of parenting style and family function are important factors in the development of Internet Dependency (Huang et. al, 2010).

These findings indicate that parental bonding plays an important role in an individual's life as it is the first bond that a child forms and this also sets the stage for the future relationships the child has. Bowlby's theory (1969, 1973, 1980) emphasizes the importance of early experience with early attachment relationships, as laying the foundation for later functioning throughout childhood, adolescence, adulthood. He stressed the importance of the quality of parental care to the development of secure attachments. These findings are important as internet addiction has been reported to be rising among the adolescents. This vulnerability of the students to Internet addiction is attributed mainly to their unlimited free access to the internet, large amounts unstructured of time on campus, newly found freedom from parental control, unrestricted access to do or say what they wish online and academia's encouragement to use the internet as a means of research (Young, 2004).
Those who work at home are also vulnerable to Internet addictions due to their unrestricted access to the Internet with relatively large amounts of private time at home. Interestingly, those whose jobs involve computers exclusively are much less likely to engage in excessive amounts of inappropriate Internet usage (Cooper et al., 2002).

**IMPLICATIONS OF THE STUDY**

All the facts discussed so far provide evidence of the significant relationship between parental bonding and internet addiction. These findings suggest that the healthy home environment and secure attachments with parents play a key role in the development of internet addiction. Further, the findings are important for parents and as well as mental health professionals since they reflect the vital role of parent-child relationship in the development of this new disorder, which if not controlled well in time might become a major problem to encounter with.

**REFERENCES**


Parental Bonding and Internet Addiction


★★★★★
PERSONALITY AND STRESS OF NIDDM PATIENTS – A COMPARATIVE STUDY

Jyotsana

ABSTRACT

In the modern age certain lifestyle related diseases are on the rise. Sedentary life style combined with stress make people with certain personality traits more vulnerable to develop problems like hypertension, inadequate blood pressure, cardiac problems, diabetes and the like. The study was conducted on the subjects suffering from non-insulin dependent diabetes mellitus (NIDDM) and on normal subjects. The study was conducted on total 260 subjects (N=130 in each group i.e experimental group-NIDDM patients and control group- non-diabetic subjects). Personality and stress levels of the subjects of the two groups were measured. Results show the significant differences in the personality and stress levels of the subjects of the two groups.

INTRODUCTION

Diabetes mellitus has long being regarded as a disease, the expression of which depends upon an interaction between hereditary susceptibility and environmental determinants. The relative strength of these two components and precise nature of their interaction in the individual case has not yet been fully documented; but both genetic susceptibility and environmental determinants are assumed to be multifactorial and to contribute in varying proportion to the 'diabetogenic mix'. Thus, at one extreme there would be almost entirely genetically determined diabetic, i.e. IDDM- insulin dependent diabetes mellitus (Type-1), presumably with an acute onset early in life i.e., the juvenile onset. At the other end would be environmental diabetic, i.e. NIDDM-non-insulin dependent diabetes mellitus (Type-2), exhibiting in increasing abundance as the years passed by, the accumulation of life's diabetogenic insults.

According to the World Health Organization, approximately 220 million people world-wide have type 2 diabetes mellitus. Patients with type 2 diabetes not only have a chronic disease to cope with, they are also at increased risk for coronary heart disease, peripheral vascular disease, retinopathy, nephropathy and neuropathy. The exact causes of type 2 diabetes are still not clear. Since the 17th century, it has been suggested that emotional stress plays a role in the etiology of type 2 diabetes mellitus.
Type 2 diabetes mellitus is a serious and common metabolic disorder. The World Health Organization has estimated the number of persons with diabetes worldwide at more than 220 million (WHO, 2009). These figures are expected to rise to 366 million by 2030 (Wild et al., 2004). Besides diabetes mellitus is associated with a two-to four-fold increased risk for microvascular diseases. Patients with type 2 diabetes also have a doubled risk level for co-morbid depression compared to healthy controls, hampering the quality of life of patients (Pouwer et al., 2003; Schram et al., 2009).

Thomas Willis, an English physician (1621-1675) noted that diabetes often appeared among persons who had experienced significant life stresses, sadness, or long sorrow (Willis, 1675). One of the first systematic studies testing Willis's hypothesis was described in 1935, by the American psychiatrist Dr W. Menninger, who postulated the existence of psychogenic diabetes and described a “diabetic personality” (Menninger, 1935).

The two major types of diabetes, insulin dependent (or Type-1) diabetes and non-insulin dependent (or Type-2) diabetes differ in origin, pathology, role of genetics in their development, age of onset, and treatment. Type-1 diabetes is characterized by the abrupt onset of symptoms, which result from lack of insulin production by the beta cells of the pancreas. The disorder may result from viral infection or autoimmune reactions, and probably has a genetic contribution as well. Type-1 diabetes is a serious, life threatening illness accounting for about 10% of all diabetes. Type-2 diabetes is milder than the insulin dependent type and is typically a disorder of middle and old age, striking those primarily over the age of 40. This type of diabetes is increasing at astronomical rates.

Both Type-1 and Type-2 diabetics are sensitive to the effects of stress (Gonder-Frederick et al., 1990; Halford et al., 1990). Stress may precipitate Type-1 diabetes in individuals with the affected gene (Lehman, Rodin, McEwen, & Brinton, 1991). People at high risk for diabetes show abnormal glycemic responsiveness to stress, which, when coupled with the experience of intermittent or long term stress, may be implicated in the development of the disease (Esposito-Del Puente et al., 1994). Stress also aggravates both Type-1 and Type-2 diabetes after the disease is diagnosed (Surwit & Schneider, 1993; Surwit & Williams, 1996).
Whatever the etiology, in all cases of diabetes hyperglycemia results from the deficiency of insulin. This is absolute in the IDDM and relative in NIDDM. Increased gluconeogenesis and lipolysis follow as compensatory reactions under the influence of such hormones – as growth hormones, glucogen and adrenocortical hormones – in what is basically a situation of glucose lack. Thus the hyperglycemia characteristic of diabetes arises from two main sources namely a reduced rate of removal of glucose from the body by the peripheral tissues and increased rate of release of glucose from the liver into the circulation.

The clinical syndrome called Diabetes is complex. However, many studies have shown that a subject with diabetes releases after glucose load too little insulin too late relative to a comparable but non-diabetic individual. Thus an abnormality in the pancreatic B-cell appears central to the disease and the simplest definition of diabetes is absolute or relative insulin deficiency.

**Stress**

Stress is the buzz word in the modern world and intensity, frequency and level of effect of stress depends on many other variables, most important being the personality. There are individual differences in terms of effects and response to stress which may be manifested physically or psychologically. The word stress has many connotations and definitions based on various perspective of human condition. In Eastern philosophies, stress is considered to be an absence of inner peace. In Western culture, stress can be described as a loss of control. Stress, as defined by Lazarus and Selye, is the inability to cope with a perceived or real (or imagined) threat to one’s mental, physical, and spiritual well being which results in a series of physiological responses and adaptations. The holistic definition of stress points out that it is a very complex phenomenon affecting the whole person, not just the physical body. Selye (1950) has defined stress as “the nonspecific response of the body to any demand”. However the meaning of word stress has changed during the past decades. Currently, stress usually refers to the consequence of the failure of an organism-human or animal-to respond appropriately to emotional or physical threats, whatever actual or imagined (Bao et al., 2008).

Stress is a state of threatened homeostasis in which a stimulus is interpreted as being noxious. A variety of factors can activate the stress response-psychologically, biologically and physically. The hypothalamus in the brain produces corticotrophin-releasing factor that stimulates the anterior pituitary to secrete corticotrophin or ACTH. ACTH in turn stimulates the adrenal cortex to
secrete stress hormones. Stress causes both and modulates a diversity of physiological effects that can enhance resistance to disease or cause damage and thereby promote disease. Stress related hormones such as cortisol and epinephrine have protective and adaptive functions as well as damaging effects. The idea was put up in contemporary bio-behavioural research (Mc Ewen, 1998). The primary and secondary effects of the stress response constitute the biological pathways along with a person's experiences, living and working conditions, interpersonal relations, lifestyle, diet and personality traits can affect the body. Individual behaviour is important because it increases or decreases the patho-physiological cost of stress.

The stress response is one aspect of an array of biological and behavioural processes that either protects or causes damage; e.g. secretion of stress related hormones such as cortisol and catecholamine (epinephrine and norepinephrine) typically vary in a daily rhythm of life. But chronic increase in cortisol through out the diurnal cycle is associated with negative consequences such as accelerated bone mineral loss and hyperglycemia. The autonomic nervous system responds rapidly to stress. The sympathetic and parasymathetic limbs of ANS regulate cardiovascular, respiratory, renal and endocrine systems. The brain ultimately orchestrates the global response by fine tuning the secretion of several neurotransmitters; CRH, AVP, opioid peptides, dopamine and norepinephrine along with prolactic, glucagons, neuropeptidey and others. There is interaction between nervous system, the immune system and behaviour (Ader & Cohen, 1975). Stressful conditions can affect immune system function such as lowering of B-cells, T-cells and natural killer cells (McKinnon & Weisse et al., 1989). Chronic stress has also been related to decreases in immune competence (Schleifer & Keller, 1983; Kiecolt-Glaser et al., 1987, 1996, 1997).

**Stress and personality:**

There are individual differences in response to stress. Specific types of personalities seem to be more susceptible to the effects of stress than others. Friedman and Roseman summarized two types of personalities—Type A and Type B. Type A men are 2 to 3 times more likely to suffer blood pressure or hyperglycemia like problems (Coon, 1995). How we perceive a given stress may make it more or less stressful. A lot depends on our personality make up. People plagued by inner doubt, low self esteem, and suspiciousness may misconstrue even the routine demands of everyday life as stressful. The people with Type A personality are more likely to develop stress related illnesses because of their personal traits.
Objectives:

1. To find out the significance of difference in the personality traits of NIDDM patients and non-diabetic subjects.

2. To find out the significance of difference in different dimensions of stress in NIDDM patients and non-diabetic subjects.

METHOD

Tools:

16P.F (Cattell, R.B., 1972): This test measures sixteen primary factors of Personality. It consists of 187 questions. Three alternative answers are provided for each of the questions. In the present study Factors A, C, E, G, L, N, Q, Q, Q, of personality were measured.

Bisht Battery of Stress Scale (Bisht, A.R., 1987): It measures thirteen types of stresses on five point scale. In the present study only twelve types of stresses have been measured as the scale of academic stress was not relevant for the selected sample. The twelve types of stresses measured are: Institutional stress, family stress, financial stress, social stress, superstition stress, vocational stress, physical stress, self concept stress, self actualization stress, role stress, existential stress, achievement stress.

Sample:

The sample comprised of total 260 subjects including managers and officers age ranging between 35 to 55 yrs. Out of which 130 were diagnosed patients of NIDDM. The sample belonged to upper –middle socio-economic background. The NIDDM patients' group has been termed as Experimental group and non-diabetic subjects' group has been defined as Control group in this study.

PROCEDURE

The patients diagnosed with type 2 diabetes were contacted to participate in the study with the help of the doctors and it was assured that these patients were not suffering from any other chronic disease. 16 PF questionnaire and Bisht battery of stress scale were administered on the selected NIDDM patients. The same tests were administered on normal subjects too (without NIDDM and any other chronic ailment). The analysis was done on the basis of obtained scores on certain selected factors of 16 PF questionnaire (i.e Factor A (Affectia-Sizia), C (Ego strength), E (Dominance-Submissiveness), G (Superego strength), L (Protension-Alaxia), N (Shrewdness-Artlessness), Q2 (Group dependent-Self sufficient), Q3 (Disciplined-controlled), Q4 (Tranquil-Tense) and different dimensions of stress scale.
RESULTS AND DISCUSSION

On the basis of the results given in Table-1 it is evident that on many of the personality factors there are significant differences in the subjects of the experimental group and control group. The diabetic patients tend to be more aloof, critical and stiff ($t=3.42$ on Factor A). The significant difference has been found on Factor C of personality which depicts that diabetic people are affected by feelings, changeable and are emotionally less stable. Subjects in experimental group have been found to be more aggressive, competitive and stubborn too (p<.01; Factor E). Golden et al. (2005) have conducted a longitudinal cohort study of 11,615 non-diabetic adults aged 48-67 years at baseline. Anger, particularly anger temperament, appeared to be associated with onset of type 2 diabetes. Diabetic people have also been found to be more conscientious and vulnerable to feelings of guilt. On personality factor Q2, Q3 and Q4 also significant differences (p<.01) have been obtained between the experimental and control group, which depict that diabetic subjects tend to be self sufficient, prefer own decisions, controlled and compulsive and tend to be socially precise. Subjects of the experimental group i.e. diabetic patients remain more tense, are driven overwrought in comparison to the subjects of the control group i.e. non-diabetic subjects. Researches reported that people with type A personality characteristics such as urgency, impatience, aggressiveness and excessively strong achievement orientation also seem to show up physical characteristics as facial tension, tongue clicking, teeth grinding, facial sweating.
Patients with coronary heart disease were likely to have negative effects such as hypertension, job stress, social isolation (Mudgil et al., 1992; Scott, 2007) and these behaviours were also found to be common among diabetics as well. People with diabetes were twice as likely to have depression compared to those without diabetes and also found to have more complexities in management of diabetes or to neuro hormonal abnormalities (Gonzalez et al., 2007; Sridhar, 2007). Studies have also reported that particular personality characteristics play a decisive, mediating role in the quality of life experienced (Testa, 1996; Wilson et al., 1995; Grey et al., 1998). Depressed subjects generally have a poorer quality of life, independent of the physical illnesses from which they might suffer (Barge & Nicolson et al., 1999; Evans et al., 1999; Rose et al., 2000; Wittchen et al., 1999). This also applies to patients with diabetes whose personality dispositions appear to be more significant for the quality of life than the presence of secondary illnesses (Grey et al., 1998; Hanninen et al., 1999; Rose et al., 1998). While on personality factor L (Protension-Alaxia) and N (Shrewdness-Arfulness) no significant differences have been observed between the experimental and control group.
On different types of stress dimensions, as shown in Table-I, the subjects of experimental group are significantly different from the subjects of control group except on self concept stress dimension (SSCS). The subjects of experimental group have been found to have higher level of existential stress (SES), achievement stress (SACH), self actualization stress (SSAS), physical stress (SPS), social stress (SSS), role stress (SRS), institutional stress (SIS), family stress (SFS), financial stress (FSS), vocational stress (SVS), and superstition stress (SSUS). Studies have reported that diabetic patients are found to experience more stress than the normal respondents and that diabetes is found to be significantly affecting the adjustment and stress levels of individuals (Chouhan & Shalini, 2006). The research review (Pouwer et al., 2010) investigated the associations between different forms of emotional stress and the development of type 2 diabetes mellitus. Results of longitudinal studies suggest that not only depression but also general emotional stress and anxiety, sleeping problems, anger and hostility are associated with an increased risk for the development of type 2 diabetes. Patients with type 2 diabetes also have a double risk level for co-morbid depression compared to healthy controls, hampering the quality of life of the patients (Pouwer et al., 2003; Schram et al., 2009). Moreover a considerable number of depressed patients suffer from high levels of diabetes-specific emotional stress (Pouwer et al., 2005; Kokoszka et al., 2009). Several prospective studies tested the hypothesis that general emotional stress is associated with an increased risk for the development of Type 2 diabetes. Rod et al. (2009) analyzed the data from the Copenhagen City Heart Study, involving 7,066 women and men, finding that particularly stressed men but not women were more than two times as likely to develop diabetes during follow up. In a Japanese community based cohort study, the associations between perceived mental stress and the onset of diabetes were investigated (Kato et al., 2009). In a study by Toshihiro et al. (2008) stress in daily life was found to be associated with an increased risk for the development of type 2 diabetes after a 3 year follow-up.

REFERENCES


Personality and Stress


★★★★
EFFECT OF SMOKING ON SELF-ESTEEM AND PERSONALITY TYPE: A STUDY ON ENGINEERING STUDENTS

*Gupta S. **Mehta S.

INTRODUCTION

The harmful effects of smoking have become more evident than ever in the last century with cigarette manufactures mandatorily required by governments almost all over the world to mention “smoking is injurious to health” on the packaging itself. However the trend of smoking specifically among college going adults has not changed much and college or university remains the phase in which majority of smokers adopt this addictive habit for the rest of their life.

The effects of factors like peer pressure, stress, health levels, coping strategies, normative beliefs, personal beliefs, family structure, geographical location, age groups, job involvement, film actors, gender, cultural beliefs and childhood experiences on smoking have been studied in many previous studies [1,2,3,4,5,6,7,8,9,11,20,25,32,34,38,42], however, there are not many researches in which the smoking has been studied as an independent variable in which its effect on psychological variables has been investigated.

Lot of literature has been found that indentifies factors that trigger an individual to begin smoking and cause an individual to cease smoking [40]. The different personality types and the relationships between personality and self-esteem have also been studied [16,17]. However the literature was silent on how the psychological variables of an individual change when one starts smoking. Understanding these variables can be of significant importance as this shall help to draft the smoking cessation programs in a better and effective manner. Counselling services can also benefit from study of such factors. To cater to this research gap in this study we have tried to investigate the differences in personality and self-esteem levels between smokers and non-smokers.

Self-esteem is a set of attitudes and beliefs that a person brings with him- or herself when facing the world. It includes beliefs as to whether he or she can expect success or failure, how much effort should be put forth, whether failure at a task will “hurt,” and whether he or she will become more capable as a result of different experiences. In psychological terms, self-esteem provides a mental set that prepares the person to respond according to expectations of success, acceptance, and personal strength." (Adapted from The Coopersmith Self-Esteem Inventory manual) [39]
Personality type refers to the psychological classification of different types of individuals. Personality types are sometimes distinguished from personality traits, with the latter embodying a smaller grouping of behavioural tendencies. Types are sometimes said to involve qualitative differences between people, whereas traits might be construed as quantitative differences. According to type theories, for example, introverts and extraverts are two fundamentally different categories of people. According to trait theories, introversion and extraversion are part of a continuous dimension, with many people in the middle. Originally published in the 1950s, the Type A and Type B personality theory by Friedman and Rosenman is a theory which describes two common, contrasting personality types—the high-strung Type A and the easy-going Type B—as patterns of behavior that could either raise or lower, respectively, one's chances of developing coronary heart disease.

METHOD

Survey method was chosen as the method of study. Convenience sampling, a non-probability sampling technique has been used. The sample size for the study is 100 with 50 smokers and 50 non-smokers. Among them 75 were boys and 25 were girls. All participants are students of Indian Institute of Technology Delhi and are hostel residents. The various variables of the study were gender, peer and family smoking habits, self-esteem, Personality type, alcohol consumption. Of the above self-esteem and personality have been hypothesised as dependent variables.

Two questionnaires were chosen to test the hypothesis. The first questionnaire was the self esteem inventory adapted from Coopersmith (1981) [39] used for measuring self esteem in adults. This questionnaire measures the level of self esteem on a scale of 0-25 points as per the response to 25 statements. For statements 2,3,6,7,10,11,12,13,15,16,17,18,21,22,23,24,25 a response of unlike me was rated as 1 and like me was rated as 0. For statements 1,4,5,8,9,14,19,20 a response of like me was rated as 1 and unlike me was rated as 0. Individual scores were added to get a total score out of 25. Higher the score higher is the self-esteem of the individual.

The second questionnaire was the Short Rating Scale as a Potential Measure of type A or type B personality adapted from R.W. Bortner (1969) [44]. It Consists of 7 statements, each can be answered on a scale of 1 to 8. To calculate the score total, one's score on the seven questions is to be multiplied by 3. A total of 120 or more indicates that one is a hard-core Type A.

Students' t-test has been used as the tool to analyse the data. The t-test assesses whether the means of two groups are statistically different from each other.
This analysis is appropriate whenever means of two groups are to be compared. For our case two-tailed t test has been performed with equal variance and equal sample size of the two independent groups i.e. smokers and non-smokers.

**Hypotheses**

1) Self-esteem is higher among smokers as compared to non-smokers.
2) Type A personality type is more common among smokers as compared to non-smokers.
3) Males smoke more than females.
4) Peer group smoking habits are more among smokers as compared to non-smokers.
5) Alcohol drinking habits are more among smokers as compared to non-smokers.

Null hypothesis corresponds to each of the non-dependence of one variable on the other for each of the hypothesis above. Apart from t-test, some general analysis has also been done for the data.

**RESULTS**

**Table 1** - Results for the Coopersmith's self esteem inventory

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>St. Dev</th>
<th>SE mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smokers</td>
<td>50</td>
<td>18.56</td>
<td>5.4517</td>
<td>0.771</td>
</tr>
<tr>
<td>Non Smokers</td>
<td>50</td>
<td>15.78</td>
<td>3.2669</td>
<td>0.531</td>
</tr>
</tbody>
</table>

StDev = standard deviation, SE Mean = Standard Error mean and N = sample size

Observed difference (smokers – non smokers): 2.78

Standard Deviation of Difference : 0.926

**t-test results** -

Pooled Standard Deviation = 4.6301
Pooleed degrees of freedom = 98

95% Confidence Interval for the Difference (0.9424, 4.6176)

**t-Value 3.0021**

The observed t value is greater than the t value at alpha=.05 from the t test significance tables, so we reject the null hypothesis and accept the alternative hypothesis, namely, that the difference in gain scores is likely the result of the experimental treatment and not the result of chance variation.
Table 2- Short Rating Scale as a Potential Measure of type A or Type B personality

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>St. Dev</th>
<th>SE mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smokers</td>
<td>50</td>
<td>101.4</td>
<td>31.1474</td>
<td>4.405</td>
</tr>
<tr>
<td>Non smokers</td>
<td>50</td>
<td>88.2</td>
<td>33.09</td>
<td>4.681</td>
</tr>
</tbody>
</table>

Observed difference (Smokers – Non-smokers): 13.2
Standard Deviation of Difference : 6.4274

**t- test results** -
Pooled Standard Deviation: 32.1371
Pooled DF: 98
95% Confidence Interval for the Difference (0.4448, 25.9552)

**t-Value 2.0537**
The observed t value is greater than the t value at alpha=.05 from the t test significance tables, so we reject the null hypothesis and accept the alternative hypothesis, namely, that the difference in gain scores is likely the result of the experimental treatment and not the result of chance variation.

Table 3- Results obtained from the short rating scale for smokers and non smokers

<table>
<thead>
<tr>
<th>Point Range</th>
<th>Personality Type</th>
<th>Number of Participants Smokers</th>
<th>No Smokers</th>
</tr>
</thead>
<tbody>
<tr>
<td>120 or More</td>
<td>A+</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>106-119</td>
<td>A</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>100-105</td>
<td>A-</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>90-99</td>
<td>B+</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Below 90</td>
<td>B</td>
<td>19</td>
<td>28</td>
</tr>
</tbody>
</table>
Graph 1 – Graph indicating the Self esteem mean of smokers and non smokers as obtained from the results of Coopersmith's Self Esteem Inventory (1981)

Graph 2 – Graph indicating the number of smokers and non smoker participants in each personality types as obtained from the results of Bortner's Short Rating Scale (1969)
Some miscellaneous results from the survey are given below:

1) 83% of the smokers had either their friends or family smoking as compared to 26% for non-smokers.
2) All the 25 girls surveyed did not smoke.
3) 56% of the smokers smoked between 10-14 cigarettes per week.
4) 76% of smokers also drank alcohol as compared to only 15% non-smokers who drank alcohol.

DISCUSSION

The self-esteem mean is higher for smokers as compared to non-smokers along with t value greater than tabled value at alpha=.05, hence we can assert that the hypothesis that smokers have higher self-esteem than non-smokers. West et. al.[43] had reported that the initiation of smoking by people with low self-esteem but did not investigate self-esteem levels of smokers as compared to non-smokers. The present study caters to this research gap. The possible explanation to this observed phenomena may be that since smoking by peer group strongly co-relates to smoking initiation which also makes the initiator more fashionable among his peer group and hence increases the self-esteem of the individual as indicated by Joung et. al. [33]

The personality test result support the hypothesis that smokers are more inclined towards a type A personality as compared to non-smokers with the t value confirming the same with 95% probability. It is also observed that among smokers majority were either hardcore type A or Type B with remaining equally distributed in between however in case of non-smokers the number of participants in between type A and type B were considerably less. Hence there is a possibility that smoking leads to gradual shift from hardcore B personality towards A type personality as greater number of people with type B are observed in non-smokers as compared to smokers with number of participants in hardcore type A remaining almost the same in both cases. Higher chances of cardiac diseases have already been reported among smokers which are a characteristic of type A [44] however this may also be due to adverse effects of smoking on health of the smoker.

Convergence of smoking and alcohol consumption habits was also observed as supported by various previous studies. This behaviour is generally attributed to the local culture in our case India in pubs and parties. Apart from above less smoking tendencies among girls was also observed. Majority of smokers had smoking habits among the peer group and friends which confirms findings of Pan et. al.[42]. Hypothesis 1 and 2 i.e. Self-esteem increases by adopting smoking habits and Type A personality traits increase by adopting smoking habits have been observed and
confirmed. Hypothesis 3, 4, and 5 i.e. Males smoke more than females; Peer group smoking habits are more among smokers as compared to non-smokers; Drinking habits are more among smokers as compared to non-smokers have also been observed but could not be confirmed due to limitation of convenience sampling.

Convenience sampling results in various limitations of the study. Firstly, all the participants were confined to a very small geographical area and belonged to the same college. Secondly, all participants were belonged to the age group of 19-21 only. Moreover, only 25 girls had participated as a result conclusions regarding gender bias can not be confirmed. Since all were students of prestigious Indian Institute of Technology their self-estees are expected to be higher than general people, this poses some doubt on the findings.

More effective conclusions regarding changes in self-esteem levels and personality type could have been made if the same sample could have been studied before and after they started smoking. However since it was not possible given the duration of study, difficulties in tracking people for years and uncertainty of an individual to start smoking were found to persist.

Further there are inherent limitations of the t test itself which in our case supports our findings with only 95% probability. Hence there is around a 5% chance that the results may not be due to differences in the samples chosen but due to rare chances. Lastly the sample size of 100 though considerably large may be considered by some researches as small to confirm our hypothesis.

We can conclude from the current study that smokers have a higher self-esteem and more type A personality traits as compared to non-smokers.

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ABSTRACT

The current study expands on the existing literature by incorporating stress, depression, locus of control and anger in the purview of a single study to explain the construct of loneliness. The 300 adolescents comprising of 150 males and 150 females in the age range of 15 to 17 years comprise the sample. Russell's Revised UCLA Loneliness Scale, Zung Self-Rating Depression Scale, Rotter's Internal-External Locus of Control, Cohen's Perceived Stress Scale and Spielberger's State-Trait Anger Scale were administered. For females depression was found to be the most salient predictor of loneliness. For males, depression, locus of control and perceived stress contributed to loneliness.

INTRODUCTION

Psychologists have long been interested in the topic of loneliness (Fromm-Reichmann, 1959; Sullivan, 1953). The lack of adequate measures and the considerable gap between theoretical conceptions of loneliness and its operational definitions have seriously hampered research in this area. Only recently, however, loneliness has become the subject of substantial research. The flurry of research on loneliness in the last few years has been impressive. One impetus for the new interest is the realization that loneliness is a serious and widespread problem and the study of loneliness has much potential for helping to understand traditional topics such as need for affiliation and interpersonal attraction. Another reason is that only recently efforts have been made to develop objective scales for rating loneliness. One reason for the neglect of loneliness has been the lack of adequate measures. Recent work on scale development has produced several measures of loneliness that are reliable, valid and avoid social desirability problem (Loucks, 1980; Rubenstein & Shaver, 1980; Russell, Peplau, & Cutrona, 1980; Russell, Peplau, & Ferguson, 1978). Peplau & Perlman (1982) suggest that loneliness is a meaningful psychological construct. Researches conducted in the recent past reveals that unidimensional as well as multidimensional explanations of loneliness has been advanced, though sufficient evidence is available in favor of unidimensional aspect of loneliness.
Most researches of response patterns to loneliness have focused primarily on adults. Relatively fewer researchers have examined how younger subjects, especially adolescents, respond to loneliness, although it is important to study this group for several reasons. Moreover, the researches in the context of adolescent loneliness suffer from various methodological flaws. One of the most significant flaws is that variables have been treated or examined in isolation to ascertain their relevance.

The researchers in the area of loneliness have failed to take cognizance of perceived stress, depression and anger as correlates of loneliness. Moreover, past research with adolescents, despite its merit has resulted with conflicting findings concerning the role of locus of control. The current study expands on the existing literature by incorporating stress, depression, locus of control and anger in the purview of a single study to explain the construct of loneliness.

**SAMPLE**

The subjects were drawn from Senior Secondary Government and Public Schools located in Chandigarh. Participants were 300 adolescents comprising of 150 males and 150 females. The age of participants ranged from 15 to 17 years.

**Measures**

A. **Revised UCLA Loneliness Scale (Russell, Peplau, & Cutrona, 1980)**

   The UCLA Loneliness Scale is the most widely used measure of loneliness. Investigations using the instrument in theory testing and research have assumed unidimensionality. It comprises of 20 items, the total score ranges from 20 to 80. The psychometric characteristics are well established.

B. **Zung Self-Rating Depression Scale (1965)**

   Zung Self-Rating Depression Scale was selected because it intended to quantify depressive symptoms. It is appropriate for use in studies of depressive symptomatology. For each item, respondent indicate the frequency with which they have experienced a specific feature during the preceding month by selecting one of the four alternatives (i.e. a little, some, good part, or most of the time), with numerical value ranging from 1 to 4 for positive statements. The maximum possible ZSRS score is 80, while a score of 20 indicates the complete absence of depressive symptoms. Higher the score the greater is the symptomatology. The scale seems to be well balanced with equal numbers of positive and negative statements as out of the 20 items used ten are worded symptomatologically positive and other ten are worded symptomatologically negative. The psychometric characteristics of the scale are well established.
C. Internal-External Locus of Control Scale (Rotter, 1966)

The Rotter's internality-externally scale is a two-option forced-choice scale. Rotter's Scale consists of 23 items and 6 additional buffer items format covering a broad variety of situations. A low score implies an internal locus of control and a high score, an external locus of control. The scale has even intensively used by researchers interested in measuring the IE construct.

D. Perceived Stress Scale (Cohen and Williamson, 1988)

The perceived stress scale is a measure of the degree to which situation is a measure of the degree to which situation in one's life is appraised as stressful (Cohen et al., 1983). Items were designed to tap how unpredictable, uncontrollable and overloaded respondent find their lives. The questions in the perceived stress scale ask about feelings and thoughts during the last month. In each case, respondents are asked how often they felt a certain way. Perceived stress scale scores are obtained by reversing responses (e.g. 0=4, 1=3, 2=2) to the seven 4, 5, 6, 7, 9, 10, and 13) and then summing across all scale items.

PROCEDURE

The following tests were administered in random order, requiring four different sessions. The tests were administered in small groups of 10 to 15 participants. The doubts of the participants were removed before permitting them to fill out different questionnaires. The instructions for different tests were read aloud to the groups and the instructions in typed form were also provided to the subjects.

The general testing conditions were satisfactory. Efforts were made to establish rapport with the participants in order to elicit reliable and authentic information. Participants were told that the information was being collected purely for research purpose. They were also told that the information would remain confidential and presented only in a form in which no person could be identified. The promise of privacy appears to have gone a long way in establishing psychological rapport because a large number of participants contacted the investigator later and enquired about their performance on different measures. Despite the task being tedious, participants showed keen interest in filling out different questionnaires. After the collection of data scores on different questionnaires were calculated and analyzed accordingly.

RESULTS

A. BIVARIATE CORRELATIONS

Bivariate correlations between tested variables were computed by making use of Pearson's product-moment method. This was done after ascertaining that the data fulfilled the main requirements underlying the use of Pearson's product-moment
method. Bivariate correlations between different variables included in the current study were obtained separately for males and females (Table 4.8 and 4.9).

Given the number of correlations being evaluated and large sample size, a significant level of 0.01 was used for the interpretation of correlation. When relationship between different indices of psychopathology and loneliness were examined separately for men and women, results indicated that the pattern of significant correlations was different for male and female adolescents. The correlation between loneliness and depression, however, was identical for males and females. Self-reported loneliness was strongly associated with depressive symptoms for both males and females when zero order correlation was evaluated. The indices of correlation between loneliness and depression were found to be 0.683 (p<0.001) and 0.461 (p<0.001) for female and male adolescents, respectively. Thus overall higher level of depression were associated with greater loneliness for both males and females, and the magnitude of the correlation found with these high school adolescents were similar to many researches, including (Young, 1982; Russell, Peplau and Cutrona, 1980; Weeks, Michela, Peplau, & Bragg, 1980; Russell, Peplau, & Feuguson, 1978), and those studies using high school students (eg., r=0.60 between the Zung Depression Scale and the Revised UCLA Loneliness Scale; Moore & Schultz, 1983).

Results of the study also revealed that loneliness correlated negatively with social support: quantitative (r = -0.262; p<0.01) and social support: qualitative (r = -0.237, p<0.01) only for females. These significant correlations have turned out to be negligible for male adolescents. Further, it can be noted that the correlations of loneliness with perceived stress, locus of control and anger turned out to be non-significant. Thus male and female adolescents appear to evidence different pattern of relationships between psychiatric distress and loneliness.

### Table 1
Intercorrelation Matrix (Females N=150)

<table>
<thead>
<tr>
<th>S.No</th>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Loneliness</td>
<td>1.00</td>
<td>-0.263</td>
<td>-0.237</td>
<td>0.683</td>
<td>0.151</td>
<td>0.135</td>
<td>0.152</td>
<td>0.216</td>
</tr>
<tr>
<td>2</td>
<td>Social Support (Quantitative)</td>
<td>1.00</td>
<td>0.125</td>
<td>-0.077</td>
<td>0.108</td>
<td>-0.053</td>
<td>-0.101</td>
<td>0.120</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Social Support (Qualitative)</td>
<td>1.00</td>
<td>0.234</td>
<td>-0.051</td>
<td>-0.085</td>
<td>-0.085</td>
<td>-0.104</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Depression</td>
<td>1.00</td>
<td>0.203</td>
<td>0.212</td>
<td>0.323</td>
<td>0.389</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Perceived Stress</td>
<td>1.00</td>
<td>0.006</td>
<td>0.207</td>
<td>0.162</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Locus of Control</td>
<td>1.00</td>
<td>0.137</td>
<td>0.149</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Anger (State)</td>
<td>1.00</td>
<td>0.289</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Anger (Trait)</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Value of r significant at 0.05 level = 0.159
Value of r significant at 0.01 level = 0.208
Table 2
Intercorrelation Matrix (Males: N=150)

<table>
<thead>
<tr>
<th>S.No</th>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Loneliness</td>
<td>1.00</td>
<td>-0.041</td>
<td>-0.104</td>
<td>0.461</td>
<td>-0.074</td>
<td>0.177</td>
<td>0.175</td>
<td>0.132</td>
</tr>
<tr>
<td>2</td>
<td>Social Support (Quantitative)</td>
<td>1.00</td>
<td>0.042</td>
<td>0.069</td>
<td>0.195</td>
<td>0.038</td>
<td>-0.010</td>
<td>-0.08</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Social Support (Qualitative)</td>
<td>1.00</td>
<td>-0.126</td>
<td>0.131</td>
<td>-0.069</td>
<td>-0.114</td>
<td>-0.018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Depression</td>
<td>1.00</td>
<td>0.070</td>
<td>0.134</td>
<td>0.196</td>
<td>0.161</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Perceived Stress</td>
<td>1.00</td>
<td>0.024</td>
<td>0.114</td>
<td>0.099</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Locus of Control</td>
<td></td>
<td>1.00</td>
<td>-0.036</td>
<td>-0.010</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Anger (State)</td>
<td></td>
<td></td>
<td>1.00</td>
<td>0.492</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Anger (Trait)</td>
<td></td>
<td></td>
<td></td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Value of r significant at 0.05 level = 0.159
Value of r significant at 0.01 level = 0.208

Step Wise Regression Among Tested Variables

Bivariate correlation suffers from some limitations in the sense that the role of overlapping variables is not taken into account. As such it is difficult to ascertain the true nature of the relationship between two variables. In order to explain a construct like loneliness, it is imperative to go beyond simple bivariate correlation existing between variables.

To further investigate the relationship of loneliness to depression, social support, perceived stress, locus of control, state anger and trait anger regression analysis was run for males and females separately. More precisely speaking, step wise multiple regression analysis was performed with loneliness as the criterion and the following variables as predictors: depression, social support (qualitative), social support (quantitative), perceived stress, locus of control, state and trait anger. Each variable was added subsequently into the regression equation and the regression analysis shows the change in $R^2$ at the entry for each variable.

For males, with loneliness as the criterion measures, the significant predictors were depression [$t=6.32$, $p<0.005$, $\beta=.461$], locus of control [$t=1.59$, $p<.01$, $\beta=.117$] and perceived stress [$t=1.50$, $p<.01$, $\beta=-.108$]. For females the picture was somewhat different: loneliness was predicted by depression [$t=11.38$, $p<.005$, $\beta=.683$] and social support (quantitative) [$t=3.64$, $p<.005$, $\beta=-.210$].
DISCUSSION

The present findings emphasize different interrelationships for male and female adolescents between various predictors, on the one hand, and loneliness, on the other hand. Confirming earlier studies, the data are consistent with the prediction in showing a positive relationship between depression and loneliness with beta weights being 0.68 and 0.46 (p<0.05) for both females and males respectively. The overall pattern of results reveal that depression is the most salient predictor of loneliness for both male and female adolescents. The presence of depressive tendencies force a person to withdraw from interpersonal reality, leading to the perception of relational deficit.

Depression appears to be a more potent predictor of loneliness for females than males (68% variance in loneliness for females and 46% variance in loneliness for males).
Another finding of interest relates to quantitative social support seems to be negatively related to loneliness for female adolescents with a β weight of -0.210, p<0.05, but for male adolescents, quantitative social support had no relationship with loneliness. This finding was confirmed by earlier studies of Cooper and Grotevant (1987) who found that female adolescents are more likely to rely on social relationships and experience better social support than male adolescents. The contribution of quantitative social support to loneliness partly supports the hypothesis which states that the loneliness would be negatively related to different indices of social support. As far as qualitative social support is concerned, the findings are contrary to the above mentioned hypothesis as no significant contribution of qualitative social support to loneliness was found in case of both male and female adolescents. The relation between quantitative social support and loneliness is in the expected direction in the context of the nature of constructs involved.

For female adolescents no other predictor except depression and quantitative social support contributed to loneliness. But, in case of male adolescents the findings were somewhat different. Other than depression, locus of control (+) and perceived stress (-) also contributed to loneliness. Several factors may attenuate the difference in these findings of males and females. In case of males locus of control does contribute to loneliness. The results showed a β weight of 0.117, p<0.01 in case of locus of control as a predictor of loneliness for male adolescents. The results point out that male adolescents, with external orientation tend to be more lonely than males with internal orientation.

Perceived stress showed a negatively relationship to loneliness with a β weight of -0.108, p<0.01. This negative connotation simply rejects the hypothesis that perceived stress is positively related to loneliness. It confirmed that higher the perceived stress in case of male adolescents, the lower the chance of feeling lonely for them. In case of females, the results were somewhat different, whereas perceived stress showed no relationship with loneliness.

From the above research findings it is confirmed that in case of male adolescents with loneliness as dependent measure only depression (+), locus of control (+), and perceived stress (-) contributed to loneliness as significant predictors. And, for female adolescents only depression (+) and quantitative social support (+) contributed as significant predictors of loneliness.
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A STUDY OF DEPRESSION AND SOCIAL SUPPORT AMONG ADOLESCENTS

*Ritu Sekhri **RosHan Lal

ABSTRACT

The aim of the present study is to investigate depression and social support among adolescents. The total sample comprised of 150 (85 male and 65 female) adolescents in the age range of 17-20 years was randomly selected from selected. The Social Support Questionnaire (SSQ: Sarason, Levine, Basham, & Sarason, (1983) and Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh (1961) were also administered one after another on the randomly selected sample. A t test was used to identify the significant levels. The findings clearly revealed that there is significant gender difference on depression and social support.

Keywords: depression, social support, adolescents

INTRODUCTION

Adolescence is one of the important stages in the life span of a human being. It is the phase when very rapid changes take place both physically as well as psychologically. The literal meaning of adolescence is to ‘grow up’. This means accomplishing a number of developmental tasks. An adolescent has to adjust to the changes taking place in his/her body and behaviour. He/She realizes that he/she is no longer a child but has not become an adult. What does the growing adolescents experience and feel? How do he/she cope with the bodily changes? Why does she/he behave the way she/he does? What are some of the psychological characteristics of adolescents? These are some of the questions this lesson will help you to understand.

The stage of adolescence is one of the significant stages of development in human beings which helps in the transition from childhood to adulthood. It starts from about twelve years of age and continues through eighteen years. This period is marked by rapid and significant physical and psychological transformation of the child like maturation of the sex organs and increase in the height and weight. Let us study about them.

It is accepted that depression during adolescence is a highly prevalent yet mostly an under recognized mental health problem. Studies carried out in diverse cultures report prevalence rates ranging from 1% to 50% for adolescent depression. Presence of depression during adolescence effects the development negatively and
creates a tendency towards high-risk behaviors as alcohol, tobacco use and substance abuse. Current research points out that although there is a biological tendency for the development of adolescent depression, psychological and social factors also play an important role. Therefore intervention programs, focusing on particularly psychosocial factors, gain attention for the prevention and control of adolescent depression. The findings from school based studies which aim to prevent adolescent depression through utilizing cognitive behavioral techniques are promising.

DEPRESSION

The World Health Organization's study into the Global Burden of Disease (Murray & Lopez, 1998) demonstrates clearly that depression is the most prevalent disability and this disability plays a central role in determining the overall health status of a population. Depression covers an extremely wide spectrum of experience, from the almost universal experiences such as grief and bereavement to apparently inexplicable despondence and melancholy. Depression as a psychological disorder is replete with symptom characteristics that are internal to the individual. These features include symptoms of cognitive, emotional, behavioral, and physiological impairment or dysfunction.

Depression and depressive (mood) disorders in children and adolescents may be viewed as internalizing disorders. Until the 1970s, it was believed that depressive disorders resembling adult depression were uncommon among the young. Preadolescent children were thought incapable of experiencing depression. Depression in adolescent was often seen as a normal feature of development, so called adolescent turmoil. However, in the 1970s and early 1980s, several investigators began to diagnose depression in young people using adult criteria. Indeed, recent epidemiological studies have reported that as many as 1 in 10 adolescent girls suffer from depressive disorders (Olsson & Von Knorring, 1999; Angold et al., 1998). Previous notions of “adolescent turmoil” or the perspective of the adolescent who is “just going through a moody stage” are no longer viable conceptualizations (Offer & Schonert-Reichl, 1992). This is amply evident when one considers the large numbers of depressed and suicidal youth, a significant number of whom do not survive to adulthood or do so with significantly reduced psychosocial competence or functioning.

Individuals who are acutely depressive may reject help because they have pessimistic and negative expectations about the worth of such help. In short, they may view their situation as hopeless. Help-negation is implied if depression increases and intentions to seek help decreases. Mendonca and Holden (1996) found that factors other than hopelessness appear to be relevant for understanding...
depression. In particular, self reported unusual thinking was found to be the most important predictor in various facets of suicide intent.

SOCIAL SUPPORT

Since the 1970's, the possible influence of social support on health and well-being has attracted the interest of psychologists, sociologists, anthropologists, epidemiologists, and the other public health professionals; seldom has such a diverse group of social and health scientists agreed on the importance of a single factor in promoting health and a unified conceptualization of the meaning of social support, its role in health and mental health, or even how to measure it.

The potential content of the concept of social support has been influenced by many strands of thought, which include Durkheim's development of the idea of anomie, Cooley's concept of the primary group and Bowlby's idea of attachment. The concept of social support forms explanation of differing purpose, operating at very different levels. It can be seen in terms of its social function for individuals, that is, in meeting their needs. Henderson (1980) concluded that a deficiency in social bonds may, independent of other factors, be a cause of some forms of behavioral dysfunction. The literature on the nature and role of social support in relation to life events is literally burgeoning. There are now plethoras of findings based on a variety of measures that social support sometimes interacts with life events, and sometimes is directly related to a vast array of mental and physical health outcomes (Thoits, 1982; Gore, 1981; House, 1981; Cobb, 1976). Crammer (1991) investigated the relationship between psychological distress and social support along with various other health-relevant variables, in a nationally representative sample of some 2050 women and 1873 men. The correlation between family support and distress was reduced from -.13 to -.04 for women and from -.15 to -.10 for men when all other variables were partialled out.

The sole aim of the present study is to examine the risk factors associated with depression among adolescents of Chandigarh and further to check the available level of social support to co-op up the prevailing stress if they have any. Majority of the depressed adolescents commit suicide, if such depression remains unchecked. Available social support also plays an important role in controlling depression. Therefore on the basis of review of literature following hypotheses have been formulated:
HYPOTHESES

On the basis of the review of literature presented in the proceeding paragraphs, the current study starts with the following hypotheses:

1. It was predicted that women would report greater amounts of social support than men.

2. It is hypothesized that male will be high on depression as compared to female

METHOD

Participants

The total sample comprised of 150 (85 male and 65 female) randomly selected from various colleges of Chandigarh. The age range of the selected participants was from 17-20 years and their verbal consent has already been taken to cooperate in present study. All the participants were assured about the confidentiality of their results.

Tools

The following tests were used:

1. Social Support Questionnaire (Sarason, Levine, Basham, & Sarason, 1983).

2. Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961)

PROCEDURE

All the randomly selected participants were contacted personally in their educational institutions for administration of psychological tests to collect the data for the present study. They were tested on the selected tests in a small group of 10 to 15 participants

All the relevant instructions mentioned in the respective manuals pertaining to the tests used were adequately and clearly given well in time to all the participants. A uniform pattern of administration of psychological tools was adopted and the scoring of each test has been done according to the pattern mentioned in respective manuals. Finally, the obtained results were statistically analyzed and discussed accordingly.

RESULTS AND DISCUSSION

To achieve the purpose of study the obtained data was analyzed through mean, SD and t-ratio. Gender differences in social support have been discussed by various authors (Palmore, & Luikart, 1972; Paris, Nowlis, & Brown, 1989). Throughout the life-cycle, women generally have more close friends than men (Palmore, & Luikart, 1972) Commencing in childhood, girls tend to develop more
intimate interpersonal relationships than boys, (Rosen, 1970; Sanders & Kardinal 1977)

The results presented in aforesaid tables clearly indicated that obtained mean value of female on social support is greater than the male. The female subjects who showed higher social support in term of their relatives as well as family members are less prone to psycho-somatic disorders in their real life. Hence it can be said that first hypothesis i.e. that female participants will have more social support as compared to male counterpart, since this hypothesis has been proved. The benefit of social support for individuals confronted with life crises has been the subject of research for more than two decades. It has been shown, for instance, that greater social integration during periods of high life stress may not only provide sustenance for the psychological well-being of an individual, but might also have a positive impact on a variety of discrete health outcomes (Beautrait, 2002). The present study adds to the literature on social support as a moderator of the stress–illness relationship (Beautrait, 2002, Groleger, Tomory, & Kocmur, 2003). Under stressful circumstances, the incidence of illness and health complaints increases, but this is particularly true for those who suffer from a lack of support.

Apart from this, women provide more emotional support and they get more help in return (Uchino, Cacioppo, & Kiecolt-Glaser, 1996). Explanations for such discrepancies typically focus on gender differences in emotionality and emotional expressiveness. Women emphasize intimacy and self-disclosure in their friendships, and are generally more empathetic, expressive, and disclosing than men (Rotheram-Borus & Trautman, 1998; Verbrugge & Wingard 1987). In short, women seem to invest more of themselves in the lives of their family members and friends than do men.

Gender differences in social support have been discussed by various authors (Greenglass, 1982; Verbrugge, & Wingard, 1987). Throughout the life-cycle, women generally have more close friends than men (Bell, 1981). Commencing in childhood, girls tend to develop more intimate interpersonal relationships than boys, although boys tend to gang together in larger groups (Belle, 1989; Maccoby, 1977). Adult

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>t-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>20.8</td>
<td>1.11</td>
<td>11.62**</td>
</tr>
<tr>
<td>Female</td>
<td>24.8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
women still have a greater number of close relationships and also seemingly more extensive social networks than men (Laireiter, Baumann, 1992; McFarlane, et.al., 1981). Additionally, women provide more emotional support to both men and women, and they get more help in return (Kessler, et.al., 1985). Explanations for such discrepancies typically focus on gender differences in emotionality and emotional expressiveness. Women emphasize intimacy and self-disclosure in their friendships, and are generally more empathetic, expressive, and disclosing than men (Bell, 1981; Burke, & Weir, 1977). In short, women seem to invest more of themselves in the lives of their family members and friends than do men.

**Table-1: Mean SD and t-ratio of male and female on depression**

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>t-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>18.46</td>
<td>4.02</td>
<td>2.61**</td>
</tr>
<tr>
<td>Female</td>
<td>22.48</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table-2 corroborate that the mean value of female on depression is greater than the male. The female subjects who showed higher depression, hence it can be said that first hypothesis i.e. that female participants are having more depression as compared to male counterpart, since the second hypothesis has also been proved. Understanding the gender difference in depression is important for at least two reasons. First, women's high rates of depression exact tremendous costs in quality of life and productivity, for women themselves and their families. Second, understanding the gender difference in depression will help us to understand the causes of depression in general. In this way, gender provides a valuable lens through which to examine basic human processes in psychopathology.

Women are twice as likely as men to experience depression. Many different explanations for this gender difference in depression have been offered. Across many nations, cultures, and ethnicities, women are about twice as likely as men to develop depression (Nolen-Hoeksema, 1990; Weissman et al., 1996).

The female are repressed because they are because they are biologically weaker than male. Furthermore, if women are more depressed, because they cannot aspire to achieve what men can, it is biological, because their biological roles and human existence has not allowed them to do so. Women have less freedom than men do, and cannot always do as they please, causes to depression.

Moreover, age at first onset of depression and bipolar disorder is similar in males and females (Piccinelli M, Homen FG., 1997). Yet, adolescent girls have been found to be significantly more likely to experience low and moderate levels of depression and anxiety than adolescent boys (Ohannessian et.al., 1996). Among
adults, women presented slightly more often with milder types of depression than with severe depression in outpatient settings. No gender difference was found in the use of anti-depressive medication (34) nor in the response to it. (Scheibe et.al.,2003) Because gender interacts with other social determinants, women's strain due to stressful life events is a consequence of their differential sensitivity to events. It is a result of role differences, rather than women experiencing more events. Women only have a higher risk following crises involving children, housing and reproduction, rather than those involving finances, work and their marital relationship (Nazroo 2001).

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Depression and Social Support


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5-6 October, 2012
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(09417882789)
EXPOSURE TO CLOUDBURST IN LEH: POST
TRAUMATIC STRESS DISORDER AND
ASSOCIATED FACTORS

*Ruby Charak **Lundup Spalzes

ABSTRACT

Disasters of any nature whether man made or due to nature's fury are well
known to cause a variety of psychological sequelae. One such natural disaster took
place in August 2010 in Leh, when cloudburst triggering torrential rains, flash floods
and mud slides struck Leh town of Ladakh causing massive destruction to flora and
fauna. The present study aims to gauge the effect of number of trauma events
previously faced by an individual, positive affect, negative affect and social support
on Post Trauma Stress Disorder (PTSD) among 98 (48 female & 50 male) residents
of Leh who were exposed to the fury of the cloudburst in one way or the other.
Participants were in the age range of 19-76 years with mean age being 33.6 years.
Nearly 9% of the participants reported to be in the diagnosable range of PTSD.
Multiple regression analysis further revealed that number of previous trauma events
faced by an individual, positive affect, negative affect, and social support together
predicted 12.5% variance in PTSD. Relief and rehabilitation programmes to be
effective should consider the factors that affect the trauma scores for the well being
of individuals.

Keywords: Cloudburst, Post Traumatic Stress Disorder, Previous Trauma, Positive
Affect, Negative Affect, Social Support.

INTRODUCTION

Cloudburst & PTSD

A natural disaster is the effect of a natural hazard that can lead to financial,
environmental or/and human loss. The resulting loss depends on the vulnerability of
the affected population to resist the repercussions of the hazard. One such natural
disaster in the form of cloudburst took place on August 5 2010 over Leh region
situated in the western Himalayas. It resulted in flash floods and mudslides which
claimed over 180 human lives and left over 400 people injured.

It is a documented fact that natural disasters have negative consequence on
the mental health of those affected by the calamity. Studies reveal that many victims
meet the criteria for Post Traumatic Stress Disorder (PTSD) and other disorders like
depression, panic disorder, generalized anxiety disorder Amstadter et, al., 2009; Kar,
Post Traumatic Stress Disorder

Mohapatra, Nayak, Pattanaik, Swain & Kar, 2007). Studies conducted within one year of disasters report prevalence figures for PTSD such as 4.5% three months after the 1999 earthquake in Anio Liosia, Greece (Roussos et., al 2005), and 3% in males and 9% in females 6 months after Hurricane Andrew (Garrison, Bryant, Addy, Spurrer, Freedy, & Kilpatrick, 1995). While disasters lead to loss and disturbance, however many protective factors play a vital role in combating the negative psychological impact of the disaster. However, not many non western studies have focussed on these factors.

PTSD & Previous Trauma Factors.

The evidence supporting the influence of prior trauma on the PTSD effects of a subsequent trauma comes primarily from cross-sectional studies in which retrospective data on earlier events are obtained from trauma-exposed persons with and without PTSD. Studies report elevated rates of prior traumatic events in adults with posttraumatic stress disorder (King, King, Foy & Gudanowski, 1996; Breslau, Chilcoat, Kessler & Davis, 1999). In a study on children, it was reported that two third of the children faced at least one traumatic event before age 16 years, and single event did not often result in experiencing of Post Traumatic Stress symptoms, however multiple trauma events did predict PTSD (Copeland, Keeler, Angold & Costello, 2007).

PTSD & Positive and Negative Affect

Positive and negative affect represent independent domains of emotions in the general population. Positive affect is strongly linked to social interaction and subjective well being. Individuals who are high in the trait of positive affectivity tend to have an overall sense of well-being, view people and events in a positive light, and tend to experience positive emotional state. In contrast, those high in the trait of negative affectivity tend to hold negative views about themselves and others, interpret ambiguous situations in a negative manner, and frequently experience negatively emotional state (Greenberg & Baron, 2005).

The concept of negative affect and neuroticism are overlapping and the latter is defined as the propensity to experience a wide variety of somatic and emotional dysphoric states including depression, anxiety, anger, and somatic symptoms (Kirmayer, Robbins & Paris, 1994). People high on negative affect are more sensitive to stressful life events than people low on neuroticism (Kendler, Kuhn & Prescott, 2004), and neuroticism and negative affect play a vital role in the development of PTSD (Norris, Friedman, Watson, Byrne, Diaz & Kaniasty, 2002; Fauerbach, Lawrence, Schmidt, Munster & Costa, 2000).
PTSD & Social Support

Social support is an important factor in predicting the physical health and well-being of an individual and facilitates an individual in coping with stressful situations. Knowing that one has social support and is valued by others helps in overcoming the memories associated with the negative events, and facilitates in leading healthier lives. Research studies indicate that social support in particular is a protective factor for post disaster mental health problems (Wyatt & Mickey, 1987; Charuvastra & Cloitre, 2008). However, some studies reveal that benefits of positive social support also depend upon factors like who is providing the support (Pilisuk & Parks 1986), and whether the support given matches with the needs of the traumatized individual (Kaniasty & Norris 1992; Punamaki, Kompre, Qouta, El-Masri & de Jong, 2005).

For the present study our objective was to assess the predictive value of number of trauma events previously faced by an individual, positive affect, negative affect, and social support on PTSD in victims affected by Cloudburst in Leh Region.

Objectives

- To assess the percentage of participants falling in the diagnosable range of PTSD who were affected by Cloudburst in Leh Region.
- To assess the predictive value of number of trauma events previously faced by an individual, positive affect, negative affect, and social support on PTSD in victims affected by Cloudburst in Leh Region.

METHOD

Sample

A sample of 98 participants (48 female, 50 male) was collected from Leh region. The age range was 19-76 years and the mean age was 33.6 years. All participants practiced Buddhism as a religion. Nearly 46% (45) of the participants were married. Participants at the time of cloudburst were in the area of Saboo, Choglamsar, Nimoo, Shey, Manaytseling, Skalzan, Spituk, Tukcha, Housing Colony-Leh, Skara, Stok, Yangthag, Saspol, or Leh City.

Tools

- Brief Demographic Sheet: A brief demographic sheet was created which consisted of details like age, sex, religion and place of stay when the cloudburst took place.
- Previous Trauma Sheet: After review of literature and considering the cultural context, 17 trauma causing events were identified. The participants were asked to identify if they had faced any other events in the past and were
Post Traumatic Stress Disorder

to answer either as 'Yes' or 'No'. A score of 1 was given to 'Yes' and 0 to 'No'. This sheet was created in consultation with a Clinical Psychologist (author 1) and a Doctorate in Psychology who is also a faculty at the University of Jammu.

- PTSD Checklist- Civilian Version (PCL-C): PTSD Checklist Civilian Version (PCL-C): It was developed by Weather, Litz, Herman, Huska & Keane, 1993. It is a 17 item measure of the 17 DSM-IV symptoms of PTSD. Respondents rate each item using a 5 point scale (1= not at all to 5= extremely). For the purpose of scoring, in the present study we chose to use the overall cut off score method. Different cut off scores have been recommended, and a cut off of 50 was chosen for the present study as recommended by the later studies (Blanchard, Jones-Alexander, Buckley & Forneris, 1996).

- Positive and Negative Affect Schedule (PANAS): The Positive and Negative Affect Schedule originally developed by Watson, Clark & Tellegen (1988) and it comprises of two mood scales. The shorter form used for the present study is a 10 item self report Positive and Negative Affect Schedule. It was developed by Kercher (1992). One measures positive affect and the other measures negative affect. Each item is rated on a 5-point scale ranging from 1 = very slightly or not at all to 5 = extremely to indicate the extent to which the respondent has felt this way in the indicated time frame.

- Social Support Questionnaire (Hindi): The social support questionnaire was originally developed by Pollack and Harris (1983) and was adapted and translated in Hindi by Nehra and Kulhara (1987). It is a self report questionnaire with 18 items and the total score varies from 18-72. Higher score indicates more perceived social support. The test-retest reliability was found to be 0.91. The concurrent validity has also found to be significant.

**Design**

A cross sectional design was used to collect data and was collected individually from each participant during their free time.

**Procedure**

Data was collected through purposive sampling and individually from participants during their free time. Data was collected after 6 months of cloudburst in the month of February and March 2011. Verbal consent was taken from each participant and assured of confidentiality. Only those participants were included who had either (a) lost a loved one to the fury of cloudburst (b) had property damaged during the disaster (c) witnessed the cloudburst, or a combination of these factors.
Barring few, most participants could complete the questionnaires on their own. Debriefing was done with each participant and where the individual scored in the diagnosable range of PTSD, they were asked to visit the nearest Primary Health Centre.

**RESULTS**

Pearson Correlation was calculated to establish the direction of relationship between PTSD and independent variables. Multivariate analysis was done with the help of Statistical package of SPSS 17, and multiple regression was calculated.

**Table 1:** Results depicting the mean and standard deviation (S.D.) of the variable of PTSD, Number of trauma events previously faced by an individual, Positive Affect, Negative Affect and Social Support

<table>
<thead>
<tr>
<th>Sr No</th>
<th>Variable</th>
<th>Mean</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PTSD</td>
<td>36.69</td>
<td>9.71</td>
</tr>
<tr>
<td>2</td>
<td>Number of trauma events previously faced by an individual</td>
<td>2.36</td>
<td>1.64</td>
</tr>
<tr>
<td>3</td>
<td>Positive Affect</td>
<td>15.5</td>
<td>3.77</td>
</tr>
<tr>
<td>4</td>
<td>Negative Affect</td>
<td>12.48</td>
<td>3.96</td>
</tr>
<tr>
<td>5</td>
<td>Social Support</td>
<td>48.73</td>
<td>4.48</td>
</tr>
</tbody>
</table>

**Table 2:** Results of Correlation between Number of trauma events previously faced by an individual (Factors), Positive affect (PA), Negative affect (NA), Social support (SS) and PTSD

<table>
<thead>
<tr>
<th>Factors</th>
<th>PA</th>
<th>NA</th>
<th>SS</th>
<th>PTSD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factors</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA</td>
<td>0.19*</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td>0.096</td>
<td>-0.051</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>SS</td>
<td>-0.26**</td>
<td>-0.012</td>
<td>-0.16*</td>
<td>1</td>
</tr>
<tr>
<td>PTSD</td>
<td>0.298**</td>
<td>0.0783</td>
<td>0.29**</td>
<td>-0.17*</td>
</tr>
</tbody>
</table>

*p<.05 **p<.01
### Post Traumatic Stress Disorder

**Table 3 (a):** Results of model summary of multiple regression.

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std Error of the estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.402a</td>
<td>.161</td>
<td>.125</td>
<td>9.08602</td>
</tr>
</tbody>
</table>

a. Predictors: (Constant), Number of trauma events previously faced by an individual (Independent Variable 1), Positive Affect (Independent Variable 2), Negative Affect (Independent Variable 3), Social Support (Independent Variable 4)

**Table 3 (b):** Results depicting F Ratio

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Regression</td>
<td>4</td>
<td>369.282</td>
<td>4.473</td>
<td>.002a</td>
</tr>
<tr>
<td></td>
<td>Residual</td>
<td>93</td>
<td>82.556</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>97</td>
<td>9154.816</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Predictors: (Constant), Number of trauma events previously faced by an individual (Independent Variable 1), Negative Affect (Independent Variable 3), Social Support (Independent Variable 4)

b. Dependent Variable: PTSD

**Table 3 (c):** Results depicting Standardized Coefficients and t ratio

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>(Constant)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social Support</td>
<td>-.144</td>
<td>.216</td>
<td>- .667</td>
</tr>
<tr>
<td></td>
<td>Negative Affect</td>
<td>.620</td>
<td>.237</td>
<td>.253</td>
</tr>
<tr>
<td></td>
<td>Positive Affect</td>
<td>.110</td>
<td>.250</td>
<td>.043</td>
</tr>
<tr>
<td></td>
<td>Number of trauma events</td>
<td>1.476</td>
<td>.597</td>
<td>.249</td>
</tr>
<tr>
<td></td>
<td>previously faced by an</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>individual</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Dependent Variable: PTSD
DISCUSSION

The fury of nature has devastating effect on both flora and fauna, and human being is no exception to it. The cloudburst over Leh region in August 2010 was one such natural disaster that resulted in loss of life and left many traumatized.

The present study aimed to study the predictive value of number of trauma events previously faced by an individual, positive affect, negative affect and social support on PTSD in people who were affected by the cloudburst over Leh region.

The mean and standard deviation of the number of trauma events previously faced by an individual was 2.36 and 1.64 indicating that on an average the participants had faced approximately 2 traumatic events out of the constructed 17 events prior to the cloudburst.

Results further revealed that approximately 9% of the participants were in the diagnosable range of PTSD. It was further found that the four variables namely number of trauma events previously faced by an individual, positive affect, negative affect, and social support, significantly predicted 12.5% of the variance in PTSD (F ratio = 4.47, p < .05) in victims affected by cloudburst disaster in Leh.

Further, it was seen that the variance in PTSD is significantly predicted by negative affectivity (t = 2.62; p < .01), and the number of trauma events previously faced by a victim (t = 2.47; p < .02). This is in line with literature which emphasises the association between negative affectivity and PTSD (Norris, Friedman, Watson, Byrne, Diaz & Kaniasty, 2002; Fauerbach, Lawrence, Schmidt, Munster & Costa, 2000). Research studies also indicate that prior trauma events have a role to play in the experiencing of Post trauma stress symptoms, with multiple trauma events increasing the likelihood of occurrence of PTSD (Copeland, Keeler, Angold & Costello, 2007).

On the other hand, protective factors like positive affect and social support failed to significantly predict variance in PTSD. Studies indicate that the effect of social support depends on who is providing the support and are they need specific (Pilisuk & Parks 1986; Punamaki, Kompre, Qouta, El- Masri & de Jong, 2005). Borja, Callahan & Long (2006) reported that positively provided support contributed to post trauma growth, however it was not correlated with PTSD symptoms.

Limitations

The result of this study should be interpreted with the following limitations in mind. Data was although collected from Leh region but was not randomly selected and not all regions affected by cloudburst could be equally represented in the study. The number of trauma events considered were not standardised however care was taken to have them reviewed by experts.
CONCLUSION

In the present study our objective was to gauge the predictive value of four variables namely number of trauma events previously faced by an individual, positive affect, negative affect and social support on PTSD in people who were affected by the cloudburst over Leh region. It was found that the variables significantly predicted the variance in PTSD. However, two variables vizly, number of trauma events previously faced by an individual, and negative affectively significantly predicted variance in PTSD individually. Our study emphasise the importance of certain factors in prediction of PTSD. Psychological measures undertaken for relief and rehabilitation should keep in view the influence of certain risk factors over other protective factors.

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ENHANCING PHYSICAL HEALTH, PSYCHOLOGICAL HEALTH AND EMOTIONAL INTELLIGENCE THROUGH SAHAJ MARG RAJ YOGA MEDITATION PRACTICE

*Samriddhi Singh **Manika Mohan ***Rajesh Kumar

ABSTRACT

The present research work was aimed to study the impact of Sahaj Marg Raja Yoga meditation system on the physical health, psychological health and emotional intelligence of the practitioners of the Sahaj Marg. A group of 20 participants were chosen for the study, who were regular practitioners of this meditation system for last one year and were able to cope up with challenging situation, untoward stressful life events, the shattering experiences, painful happenings, chronic diseases, stress and anxiety. It included males and females participants, who were either graduates or above and belonged to upper middle socio-economic status. The age range was between 35 to 45 years. They were administered the questionnaires to measure physical health, psychological health and emotional intelligence and a brief interview schedule to reveal out the most peculiar life events, experiences and challenges faced by these disciples. The t-test was employed to differentiate between the pre and post testing data of the physical health, mental health and emotional intelligence of the participants. The results indicated that the practice of Sahaj Marg Raj Yoga meditation enhanced the physical health, psychological health and emotional intelligence of the participants.

The present research work was aimed to study the impact of Sahaj Marg Raja Yoga meditation system on the physical health, psychological health and emotional intelligence of the participants over a period of one year. Sahaj Marg is the ancient system of raja yoga - the yoga of mind. It is the king among yogas as it seeks to lead to self-realization through regulation, refinement and eventual divinisation of the mind. The ancient system of raja yoga of Saint Patanjali (195-142 B.C) narrated eight steps. They were: yama, niyama, asana, pranayama, pratyahara, dharana, dhyana and samadhi (a moral and ethical life, right posture, breath control, withdrawal of senses from their outgoing tendencies, and focussing the mind within oneself). Sahaj Marg follows the modified and simplified form of the ancient Raja yoga system of meditation of Saint Patanjali to suit the lifestyles of modern human beings.
The system goes by the name of Sahaj Marg (the natural or the simple way) because it integrates one's physical, mental and spiritual aspects without employing any pressure or force. It does not call for austerities, self-denial, penance, external renunciation, celibacy, etc. People must live full and natural lives without any extremes. It is a process which progressively dilutes and dissolves one's ego and pride. Sahaj Marg does not teach to run away from the worldly life, but teaches a person to cope up with the material existence by possessing a sense of detachment because if one neglects the material and worldly existence, the spiritual existence gets negatively affected. A sound balance is to be achieved between both the existences to lead a meaningful life in both the spheres.

Neki (1975) describes the 'sahaja' state as a psychological health ideal suggesting a positive, robust and fully functional state of health. The process of change starts within a practitioner with regular practice which results in lightness of mind, state of inner composure, absence of mental tensions, anxieties and insecurities making the mind purified. The obstructions put up by ego in the form of negative attitudes, attachments, aversions, pride and prejudice, anger, etc., get dissolved by regular practice of meditation system. With regular practice, the heart is cleaned of various impurities which are accumulated as a result of past ego-based thoughts and actions and positive human qualities start developing. Wulliemier (1996) integrated and applied the principles of a spiritual psychology to daily life by adopting Sahaj Marg Maxims which teaches to lead a balanced life and brings positive changes for the welfare of the society and its citizens.

A study by Manocha, Gordon, Black, Malhi, & Seidler, (2009) indicated the potential of raj yoga meditation as an effective mental health promotion and prevention strategy. They also found that meditation reduces sympathetic activation and increases parasympathetic activation of the ANS, i.e., it reduces physiological arousal, respiratory rate (RR), heart rate (HR), blood pressure (BP), electro-dermal activity (EDA) and increases skin temperature (ST). The breathing and pulse rate, as well as the blood pressure, come down perceptibly. This state of complete physical relaxation during meditation conserves physical energy and continues even after the several hours of the meditation, if a practitioner is regular in practice. In this system, the mind is purified and regulated progressively, many practitioners who suffer from physical ailments as a result of mental stress show considerable improvement. They meditate to remove the grossness prevailing in oneself which strengthens the heart and other biological systems. During meditation, a practitioner finds the consciousness shifted from the body and senses to the Divine within and this ease out the pressure of the physical system. Rai (1988) studied the effects of Sahaja yoga.
meditation on chronic illnesses such as epilepsy and asthma. He found that regular practice of this technique reduced the frequency, severity and duration of his patients' epileptic seizures. Moreover, when he taught another group a mimicking exercise, which resembled but was actually not the real technique, the same improvement did not occur. The results were very encouraging for both minor diseases and chronic diseases.

Many problems that used to arise as a result of egotism and samskaras stop coming up through cleaning. The result of this cleaning is felt in the condition of the mind. Practice, therefore, strengthens to face life's problems commendably as one starts accepting them as blessings rather than running away or fearing from it. Itliong-Maximo (2006), found a positive relationship between Spiritual Intelligence and Stress Management. Frew (1974) studied that employees who learned the Transcendental Meditation program showed improved job performance in comparison to control participants. This provides with the need and effectiveness of meditation in today's competitive world for reducing work related stress. It can be a tool for self-appraisal and self-enhancement as suggested by Kotwal (2007) who found that meditation is an effective measure for self-development and self-management.

The objective of the study was to explore the impact of Sahaj Marg Raja Yoga meditation system on the physical health, psychological health and emotional intelligence of the practitioners over a time span of one year. It was hypothesized that the practice of Sahaj Marg Raj Yoga Meditation system would enhance the physical health, psychological health and the emotional intelligence of the participants.

METHOD

Participants
The participants were selected by employing purposive sampling technique. The sample consisted of 20 those cases which were undergoing chronic physical ailments and crisis life situation during the span of last 5 years. The age range of the participants was 35-45 years. The minimum educational level of the participants was graduation and they belonged to upper middle socio-economic status. They were assessed twice- once before starting the practice of Sahaj Marg Raj Yoga Meditation system and secondly, after a period of 1 year of practice.

Measures
The following measures were administered individually by contacting the participants personally.
I. Cornell Medical Index Health Questionnaire (CMIHQ) was developed by Wig, Pershad and Verma (1983) which measures physical health and psychological health. There were 18 sections out of which 12 were for physical distress and 6 were for psychological distress. The physical distress sections had 144 items and psychological health section had 51 items making a total of 195 items.

II. Emotional Intelligence Scale (EIS) was developed by Hyde, Pethe and Dhar (2002) for measuring emotional intelligence. There were 10 factors: self awareness, empathy, self-motivation, emotional stability, managing relation, integrity, self development, value orientation, commitment and altruistic behavior. The total numbers of items are 34.

III. A brief interview was also administered to reveal the inner most emotions, feeling, episodes, traumatic experiences & stressful events in the life of the participants which happened in the duration of last 5 years in the pre-test condition and the changes in their experiences, perception and thought processes while practicing Sahaj Marg Raj Yoga meditation system in the post test condition. There were 10 questions which interrogated their previous experiences of distress and changes in their physical health, psychological health and emotional intelligence and their perception and cognition after one year practice of Sahaj Marg Raj Yoga meditation

**PROCEDURE**

The participants were contacted personally and were made comfortable. Pre and post testing was employed to evaluate the effects of Sahaj Marg Raj Yoga meditation system. Firstly, the participants, who were suffering from chronic physical problems, stressful life events or other critical crisis situations since five years were contacted. Their physical health, psychological health and emotional intelligence were assessed. They practiced Sahaj Marg Raj Yoga Meditation system for a year after the primary assessment. Their physical health, psychological health and emotional intelligence were again assessed after one year of practice. The mean values were drawn and t-test was employed to find significant difference between their physical health, psychological health and emotional intelligence before and after the practice of Sahaj Marg Raj Yoga system.
RESULTS

Table-1: Showing the mean values and t-score of the participants on physical & psychological distress assessed by CMIHQ.

<table>
<thead>
<tr>
<th></th>
<th>Mean Values</th>
<th>t-scores</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre Test</td>
<td>Post Test</td>
</tr>
<tr>
<td>Physical Distress</td>
<td>27.4</td>
<td>17.85</td>
</tr>
<tr>
<td>Psychological Distress</td>
<td>8.55</td>
<td>4.6</td>
</tr>
</tbody>
</table>

*significant at 0.05 level
**significant at 0.01 level
# insignificant

Table-2: showing the mean values and t-scores on 10 factors of Emotional Intelligence Scale of the participants.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Factors of emotional intelligence</th>
<th>Pre-Test Mean Values</th>
<th>Post-Test Mean Values</th>
<th>t-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Self awareness</td>
<td>15.55</td>
<td>18.1</td>
<td>3.98**</td>
</tr>
<tr>
<td>2.</td>
<td>Empathy</td>
<td>17.95</td>
<td>21.05</td>
<td>6.1**</td>
</tr>
<tr>
<td>3.</td>
<td>Self-motivation</td>
<td>22.55</td>
<td>24.75</td>
<td>1.19*</td>
</tr>
<tr>
<td>4.</td>
<td>Emotional stability</td>
<td>15.3</td>
<td>17.35</td>
<td>10.5**</td>
</tr>
<tr>
<td>5.</td>
<td>Managing relation</td>
<td>15.75</td>
<td>18.25</td>
<td>3.97**</td>
</tr>
<tr>
<td>6.</td>
<td>Integrity</td>
<td>11.5</td>
<td>13.9</td>
<td>8.9**</td>
</tr>
<tr>
<td>7.</td>
<td>Self development</td>
<td>7.65</td>
<td>9.35</td>
<td>5.5**</td>
</tr>
<tr>
<td>8.</td>
<td>Value orientation</td>
<td>7.55</td>
<td>9.6</td>
<td>6.4**</td>
</tr>
<tr>
<td>9.</td>
<td>Commitment</td>
<td>7.75</td>
<td>8.95</td>
<td>7.1**</td>
</tr>
<tr>
<td>10.</td>
<td>Altruistic behaviour</td>
<td>7.05</td>
<td>8.7</td>
<td>4.5**</td>
</tr>
<tr>
<td></td>
<td>Aggregate</td>
<td>128.6</td>
<td>150</td>
<td>6.26**</td>
</tr>
</tbody>
</table>

*significant at 0.05 level
**significant at 0.01 level
# insignificant
DISCUSSION

The present study was an attempt to find out the effects of Sahaj Marg Raja Yoga Meditation System on the physical health, psychological health and emotional intelligence of its practitioners over a period of one year. The physical health, psychological health and emotional intelligence of the participants were assessed once before they had started the practice of Sahaj marg Raj Yoga Meditation and secondly, after they had practiced the mediation system for one year. The objective was to find whether the practice of Sahaj Marg Raj Yoga meditation system would effect the physical health, psychological health and emotional intelligence of the participants.

It is evident through the results that the SMRYMS had considerable impact on the physical health, psychological health and emotional intelligence of the practitioners. As shown in table-1, the pre test mean value of all the participants for physical distress was 27.4 and post test mean value was 17.85. The t-test score of 6.2 represents that the difference was significant at 0.01 level. Their physical distress reduced after one year practice of Sahaj Marg Raj Yoga meditation, which means that the participants showed improvement in their physical health. It also gets support from the study carried by Lyubimov (1999), who found that during the Transcendental Meditation program, sensory components of the brain responded to somato-sensory stimuli which are distributed across the cortex, showing greater participation of the whole brain.

The pre test mean value for psychological distress was 8.5 and post test mean value was 4.6 which means that the psychological health of the participants was enhanced, representing the effectiveness of the regular practice of Sahaj Marg Raj Yoga meditation, which enabled them to alter their apperception, problem-solving approach and finally their cognitive world. This has also been reported by Aftanas and Golocheikine (2001) that the practice of Sahaj Yoga Meditation not only regulates the brain electrophysiology and mood but also regulates the anatomical and biochemical functions for the physical wellbeing though is delayed because of the vast number of several environmental confounders obscuring it. The t-test score was calculated as 7.4, which is significant at 0.01 level. The data represents that the psychological health of the participants was enhanced with the practice of Sahaj Marg Raj Yoga meditation. This result is in line with the findings of Manocha and others (2009), who observed positive relationship between Sahaja Yoga meditation (SYM) practices and psychological health.
As represented by table-2, the post test mean value for all the participants was higher than the pre test mean values on all the factors of emotional intelligence and this difference was found significant, which means that the practice of Sahaj Marg Raj Yoga Meditation enhanced their emotional intelligence. This notion is again supported by the aggregate significant t-test score of 6.26 which was significant at 0.01 level. As supported by the study carried over by Itliong-Maximo (2006), who found a positive relationship between Spiritual Intelligence and Stress Management, between religious commitment and spiritual intelligence, between emotion-focused coping and SQ and between problem-focused coping and SQ. This stresses the significant and positive relationship between Emotional Intelligence and Spiritual Intelligence.

In addition to it, a brief interview revealed that though most of these participants suffering from the challenging situation as untoward stressful life events, the shattering experiences, or chronic physical health problems like arthritis, cardiac problems, severe sinusitis, disability, vasectomy, fatigability, etc when they started the practice of Sahaj Marg Raj Yoga Meditation, it had an immediate and positive effect on their psychological health. Otherwise, it was not easy for them to deal with these problems as these were painful, distressing, depressive and stressful. The physical distress was higher in the pretest assessment (as shown by mean values in table 1) than the post test assessment of the participants. In the interview schedule, almost all of them reported the slow improvement in their physical health after starting the practice of Sahaj Marg Raj Yoga meditation. Case no-2 was diagnosed with third stage of uterus cancer. With regular practice of Sahaj Marg Raj Yoga meditation for one year, there were an extraordinary improvement in her health and after one year there was no sign of the carcinogenic cells.

All the participants exhibited higher emotional intelligence after the practice of Sahaj Marg Raj Yoga meditation. They reported in the interview that after being a regular practitioner of Sahaj Marg Raj Yoga meditation for a year, they felt relaxed, serene, composed, emotionally & mentally stable, pure, liberated, had clarity of thoughts and showed positive cognitive restructured vision. All mental tensions, anxieties, negative traits, attitudes, attachments, aversions, pride and prejudice, anger, etc., got dissolved in the inner world through regular practice as Murthy (1988) found difference in the form of better functioning of neuro-physiological aspects of the participants following Sahaj Marg in comparison to the participants not following Sahaj marg. The higher emotional intelligence mean in the post test for
all the factors showed that the participants were self-aware, empathetic, self-motivated, emotionally stable, committed, able to manage relationships, had integrity, scope for self-development, value orientation and altruistic behavior.

The state of constant relaxation is achieved when an individual practices Sahaj Marg Raj Yoga meditation regularly. It is supported by the finding that students quickly master the process of transcending during practice of the Transcendental Meditation (TM) technique after few months, and frontal coherence systematically becomes a part of daily activity after meditation. The state of restful alertness increases and becomes the ground for all experience throughout the day. (Gaylord, Orme-Johnson & Travis ; 1989).

There are some special cases which need to be discussed due to their peculiarities- Cases no- 3, 11 & 12 suffered from sudden economic set back & are still struggling to cope up from it. Their psychological and physical health is good with high level of emotional intelligence. Cases-4, 5, 10, 15 & 18 are females who were harassed in marital life. Their psychological health and physical health got affected but the emotional balance is extraordinarily high. Case-15 lost her husband very early and is taking care of her children by herself. Her physical health is very poor but has good psychological health and high emotional intelligence. Case-8 and 13 were drug-addicts. With the practice of Sahaj Marg Raj Yoga meditation, their addictions are now completely removed and are leading normal life without any psychological or medical help. Case-17 is suffering from polio of legs since childhood, still showed good psychological health & higher emotional balance. Case-16 has severe arthritis since a long time which has affected the physical and psychological health but could not affect the emotional intelligence and balance of the person. This participant has high emotionally stability.

With the practice of Sahaj Marg Raj Yoga meditation, these practitioners felt tremendous change in their perception towards their problems and were happier even when living with such odds. There was an enhancement in their coping skills. In many cases, the conditions were so severe that the participants could lose their sense of reality, mental balance or could have been admitted in hospital for physical or psychological health problems. This has been substantiated by the study conducted by Kabat-Zinn (1982), who found that the practitioners showed a pronounced shift in activity to the left frontal lobe due to meditation, i.e. they were calmer and happier than before. Also supported by the latest research by Lyubomirsky, Schkade and Sheldon (2005) in which it was found that people who practice a religion or have spiritual beliefs, are healthier and happier than those who do not. Studies demonstrated that participants who meditated for a short time showed increased
alpha waves (the relaxed brain waves), decreased anxiety and depression. This study also showed that people who regularly engage in meditation and physical exercise are healthier and happier than those who do not.

These practitioners faced or are still facing many odds in their life but they are happier with good mental health and higher emotional stability than before. Their physical health, psychological health and emotional intelligence were enhanced with regular practice of Sahaj Marg Raj Yoga meditation.

The practice of Sahaj Marg Raj Yoga meditation could be helpful for the welfare of the ones suffering from physical distress, psychological distress and emotional problems.

REFERENCES


★★★★

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PSYCHOLOGICAL CONSEQUENCES AMONG HIV/AIDS AND HEPATITIS-C PATIENTS

Pooja Bagri

ABSTRACT

As the Chronic conditions have no cure, the diagnosis of these illness always leaves some negative impact for psychological and social adjustment of the sufferer. In the present study totally 30 women patients suffering from HIV/AIDS were compared with a matched Hepatitis C as well as a matched patient control (suffering from liver failure, liver disease) with respect to different variables like depression, self efficacy, and coping strategies. Beck Depression Inventory (Beck, 1972), Self efficacy (sud, 2002) and Coping Response Inventory (moos, 1996) were administered. The results demonstrated in significant differences on the dimensions of depression, self efficacy, behavioral and avoidance coping of coping strategies.

INTRODUCTION

It is known that stressful events increased by three to five times the risk of developing depression, and that the common triggers of depressive episodes include the following: divorce or separation from a love relationship; serious financial problems; physical disease; problems at home; being laid off; marital problems of problems is an affective relationship; conflicts or difficulties at work; and negative events involving a close person, often find themselves in such situations. HIV positive and Hepatitis C individuals face affective and sexual relationship difficulties; as well as marital conflicts and divorces. The reactions of social exclusion and the physical development of the disease itself result is conflicts at work and even dismissals that can lead to more serious financial problems. All of these stress including factors result in quite frequent depressive episodes, low self efficacy and difficult to Cope up with these diseases (Mello and Malbergier 2006).

AIDS is first and foremost a sexually transmitted disease. Any vaginal, and or oral sex can spread AIDS. AIDS is the end stage of HIV infection. A number of opportunist infections commonly occur at this stage.

AIDS the acquired immune deficiency syndrome is a fatal illness caused by a retrovirus virus known as the human immune deficiency virus (HIV) which breaks
down the body's immune system, learning the victim vulnerable to a host of life threatening opportunistic infections, neurological disorders or unusual malignancies. Among the special features of HIV infection are that once infected, it is portable that a person will be infected for life. Strictly speaking the term AIDS refer only the last stage of the HIV infection (WHO, 2002).

HIV infections continue to increase rapidly among women, who made up 22 percent of cases in the U.S. in 1997 and now make up 42% percent of cases worldwide. (www.HIV+standard of women 2005).

HIV positive women face more gynaecological problems as their immune system weaken. These include menstrual irregularities, genital ulcers, STDs like herpes simplex, pelvic inflammatory disease and premature menopause. In addition to the usual opportunistic infections, women are more likely to develop bacterial pneumonia, oesophageal condition (often the first AIDS defining illness), endocarditic, pulmonary TB, kidney failure, bacterial infections and chronic vaginitis. Ongoing studies at Columbia university report that persistent infections of human peplum virus (HPV) greatly increase the risk of cervical cancer among HIV-positive women (HIV+: standard of care women 2005). The first signs and symptoms of HIV disease progression often lead to a resurgence of more extreme anxiety and depressive symptoms that can often persist indefinitely as patients cope with the uncertainties associated with potential progression to AIDS. Finally, the actual diagnosis of AIDS is often experienced as being very traumatic, because it can signify the “beginning of the end” for patients facing likely death. Severe distress associated with an ADIS diagnosis is often short-lived (Rabkin et al. 1997) suggesting that many people with AIDS show an extraordinary capacity to adopt the advancing disease. Regardless of disease stage, other stressors community experienced by persons living with HIV include the challenge of accessing and paying for medical care, experiences of stigmatization, and bereavement associated with the loss of other loved ones to AIDS (Kalichman & Catz, 2000).

Likewise AIDS hepatitis is also a virus disease. Hepatitis is an inflammation, or swelling of the liver. Alcohol, drugs (including prescription medications), poisons and some viruses can all cause hepatitis. Hepatitis C is a liver disease caused by the hepatitis C virus (HCV). (www./http page Hepatitis C. htm 2005).
Hepatitis C virus (HCV) is also known to be responsible for a substantial number of cases of acute hepatitis. It usually produces a mild attack of symptoms or even none at all, but around half of these infected go on to develop chronic hepatitis. In some of these (20%), the illness is the serious form of chronic acute hepatitis and HCV is also implicated in cirrhosis and hepatocellular carcinoma (liver cancer). A number of people become carriers of HCV without showing any symptoms of illness. It is believed that a proportion of these may eventually develop some form of liver disease. (Gedders & Grosset 2000).

HCV is transmitted through infected blood in the following ways: sharing infection needles or works, sharing needles that are used to apply tattoos, receiving a transfusion of blood, blood products, or organs, mother to baby transmission (in pregnancy), unprotected sex (uncommon) (www.http://page hepatitis-2005).

Hepatitis C (HCV) affects women differently than men, women, especially if they were young at the time of acquiring the virus, are less likely than men to progress from acute to chronic HCV. Women, especially premenopausal women, appear to progress to cirrhosis less often than men (Palmer, M.D. 2004).

Many people who are infected with HIV don't even know it because they have no symptoms. Early signs of HCV can seem like the flu and often go unnoticed.

Signs of HCV include: Jaundice yellowing of the skin, eyes, and mucous membrane, dark colour urine; stool that appears pale and clay like, fatigue; loss of appetite, nausea; diarrhoea; fever and chills; vomiting; pain in the liver area (www.http://page hepatitis C 2005).

Women experience side effects more frequently than men, women more frequently suffer from fatigue, headache, depression, anxiety, irritability and insomnia, cosmetic concerns, sexual problems, menstrual irregularities, and bone loss problems that women with HCV may encounter while on antiviral therapy.

Co-infection can complicate treatment, people with liver damage due to chronic hepatitis are more likely to experience hepatotoxicity (liver toxicity) related to anti HIV drug. In addition, drugs used to treat HIV and hepatitis can interact and side effects may be exacerbated. Confection refers to infections with two or more different disease causing organisms. Hepatitis C is a common coinfection in people with HIV. An estimated 200,000-3,000,000 people in the U.S. have both HIV and HCV. Experts believe that about 25% of Americans with HIV also have HCV.
Experts believe that about 25% of Americans with HIV also have HCV. HIV/AIDS/HCV confection is increasingly recognised as a growing public health problem. (www.body:SFAFBETA-HIV and Hepatitis co infection 2005).

The patients of HIV/AIDS and hepatitis C often face the depression, low self efficacy and poor coping strategy. Depression ranks as one of the major health problems of today. Million of people suffering from some form of this disorder crowd the psychiatric and general hospitals, the outpatient clinics, and the offices of private practitioners. Depression may appear as a primary disorder or it may accompany a wide variety of other psychiatric or medical disorders. Not only is depression a prominent suicide, is a leading cause of human death in certain age groups. Depression is treated as a clinical entity that has characteristics occurring in time; in terms of onset recovery and recurrence.

Clinical depression as distinct from normal dejection is a serious psychological disturbance with no redeeming characteristics. The psychological pain experienced in severe and long lasting and may intensity with passage of time. It is no debilitating that clinically depressed person may reach a point where they are unable to carry out the simplest of life's activities. (Comer, 1992).

Depression is also an under diagnosed disorders in the general population. Symptoms evident at the time of a cancer diagnosis may represent pre-existing condition and warrant separate evaluation and treatment. Clinical depression is a psychiatric disorder characterized by an inability to concentrate, insomnia, loss of appetite, absence of pleasure, feelings of extreme sadness, guilt, helplessness and hopelessness and thoughts of death (Julia & Rowland, 1999).

Self efficacy refers to beliefs about one's capabilities to learn or problem behaviour at designated levels. Efficacy beliefs influence how people feel, think, behave and motivate themselves. It is defined as individuals conviction about his/her abilities to mobilize cognitive, motivational and behavioural faculties needed to successfully execute a specific task within a given context (Stajkovic & Luthans, 1998). Self efficacy beliefs influence the choices people make and the course of action they pursue. Individuals tend to engage in tasks about which they feel competent and confident and avoid those in which they do not.

Perceived self-efficacy represents the belief that one can change risky health behaviours by personal actions, e.g. by employing one's skills to resists temptation, behaviour change in seem as dependent on ones perceived capability to cope with
stress and boredom and to mobilize one's resources and causes of action required to meet the situational demands. Perceived self efficacy has become a widely applied theoretical construct in models of addiction and relapse. (Donovan & Marlatt 1988; marlatt, Bear & Quigley, 1994; Marlatt & Gordon, 1985). This view suggests that success in coping with high risk situations depends partly on people's beliefs that they operate as active agents of their own actions and that they possess the necessary skills to reinstate control should a slip occur.

Lazarus (1996) defined “coping mechanisms” as strategies used by the individual to deal with threat. According to Lazarus and Folkman (1984) “coping is the process of managing demands (external or internal) that are appraised as taxing or exceeding the resource of the person”. He further describes that coping consists of efforts, both action oriented and intrapsychic, to manage (i.e. master, tolerate, reduce, minimize) environmental and interval demands.

Coping is seen as a cognitive activity that involves the appraisal of threatening conditions and the consequences of the coping behaviour (Lazarus & Folkman, 1984).

Coping refers to cognitive and behavioural responses to disruptive and otherwise stressful life events that tax the persons' capacity to adjust (Pearlin & Schooler, 1978; Folkman & Lazarus, 1980).

Coping is influenced not only by the internal resources an individual has but also by external resources like time, money, education living standard and social support. External resources may have little effect on a person's coping success at low levels of stress, but may become important a high level of stress. In examining the buffer hypothesis studies reveal that personal resources like health, self esteem, social support, education and living status do not reduce the likelihood of experiencing a stressful event. They only mute the impact of such events and protect the individual against depression. (Khokhar, 2003).

The present research was aimed at studying the effect of depression, self efficacy and coping strategies among AIDS and hepatitis C women patients.
Hypotheses

On the basis of review of literature the following hypotheses were formulated.

1. There will be significant difference in the level of depression between the women patients of AIDS and hepatitis C.

2. There will be significant difference in the self efficacy between the women patients of AIDS and Hepatitis C.

3. There will be significant difference in the coping strategies of women patients of AIDS and Hepatitis C.

METHOD

Sample:

60 women patients were taken for the study, out of which 30 were patients of AIDS and 30 were of Hepatitis C, age between 31-50 years.

Tools:

1. Beck Depression Inventory (BDI) (1961) by Beck was used to measure depression. This inventory is a multiple choice self report measure of cognitive, affective, behavioral and somatic aspects of depression.

2. Self Efficacy Scale by Sud (2002) was used to measure the self efficacy of the women patients. This scale consisted of 10 items. Each item has a four choice responses pattern ranging from "Not at all true" which scores '1' to "exactly true" which scores '4'.

3. Coping Response inventory (CRI) by Moos (1996) was used to measure the coping response in various categories such as cognitive, behavioral, approach and avoidance coping.

PROCEDURE

The HIV/AIDS and Hepatitis C women patients were contacted at the OPD and gastroenterology ward of SMS Hospital Jaipur. The patients were given the scales and their responses were collected. If there were some probing was needed it was done.
RESULTS AND DISCUSSION

The data obtained on the basis of administration of tools were analysed with the help of different statistical techniques like mean, SD, 't' etc. and the results are presented in the tables to follow.

**Table 1**: Mean, SD and t value for the scores of depression of AIDS (N=30) and Hepatitis C women patients (N=30)

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
<th>SD</th>
<th>t-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>35.93</td>
<td>8.46</td>
<td>-7.064**</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>17.27</td>
<td>8.95</td>
<td></td>
</tr>
</tbody>
</table>

*** P<0.001

**Table 2**: Mean, SD and t value for the scores of self efficacy of AIDS & Hepatitis C Women Patients

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
<th>SD</th>
<th>t-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>20.60</td>
<td>7.17</td>
<td>2.920**</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>25.53</td>
<td>5.85</td>
<td></td>
</tr>
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</table>

** P<0.01
<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
<th>SD</th>
<th>Mean</th>
<th>t-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Coping</td>
<td>AIDS</td>
<td>31.73</td>
<td>6.66</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hepatitis C</td>
<td>33.20</td>
<td>5.22</td>
<td></td>
</tr>
<tr>
<td>Behavioral Coping</td>
<td>AIDS</td>
<td>28.80</td>
<td>6.06</td>
<td>3.244**</td>
</tr>
<tr>
<td></td>
<td>Hepatitis C</td>
<td>33.07</td>
<td>3.89</td>
<td></td>
</tr>
<tr>
<td>Approach Coping</td>
<td>AIDS</td>
<td>29.57</td>
<td>9.83</td>
<td>0.351</td>
</tr>
<tr>
<td></td>
<td>Hepatitis C</td>
<td>30.27</td>
<td>4.73</td>
<td></td>
</tr>
<tr>
<td>Avoidance Coping</td>
<td>AIDS</td>
<td>30.97</td>
<td>4.39</td>
<td>4.601***</td>
</tr>
<tr>
<td></td>
<td>Hepatitis C</td>
<td>36.00</td>
<td>4.08</td>
<td></td>
</tr>
</tbody>
</table>

** P<0.01  
*** P<0.001

The result (table 1) indicate that there were significant differences in the level of depression among the women patients of AIDS and Hepatitis C as mean scores on depression were found to be 35.93 and 17.27 for the patients of AIDS and Hepatitis C respectively. The level of depression was found much higher among the AIDS patients as evident from the results. The mean scores on depression for the said group was found 35.93 against the maximum possible scores of 24 considered severe depression whereas for the Hepatitis C patients it was 17.27 which was considered in the category of moderate depression. The difference between the scores of two groups, was also found to be significant (t= -7.064***). On the basis of the result, it can be said that HIV/AIDS patients have greater level of depression because
of mood disorders, pessimism, sense of failure, lack of satisfaction, guilt feeling, sense of punishment, self hate, fatigability, loss of appetite etc. Similar findings was also obtained by Low Beer et al (2000) found that as many as one half of HIV infected persons significant levels of depression making depression a particularly important factor in determining health and in HIV-infected women's evaluation of their health.

Voss et al (2007) fatigue and depression are among the most frequently rated symptoms of people with HIV/AIDS women experienced higher fatigue and depression severity scores than men.

Thus it can be inferred that AIDS patients suffer from severe depression unlike the Hepatitis C patients. Hence the hypothesis of significant difference between the two groups of patients with regard to their level of depression is found to be confirmed.

Table 2 indicates that there were significant differences between the scores of self efficacy of AIDS and Hepatitis C women patients as the mean scores for the two groups of patients were found to be 20.60 and 25.53 respectively. The findings clearly indicated that the self efficacy of hepatitis C patients were certainly better than the patients of AIDS. The 't' value between the scores of two groups was also found to be significant (t=2.920**) which indicates that patients of Hepatitis C learn to actively self manage their chronic hepatitis C virus (HCV) infection and ultimately, to improve health outcomes for veterans with HCV (Clinical Trails Court 2008).

Similar findings was also obtained by McKay (2001) hypothesized that continuing care participation would increase self efficacy, social support, treatment motivation and self help participation and would reduce the risk for relapse to substance use while suffering from liver disease such as hepatitis C.

Thus it can be said that hepatitis C patients receive more social support from family and friends to build up and raise the self efficacy than the AIDS patients. That is why patients of hepatitis C differ from patients of AIDS on self efficacy which supports the hypothesis 2.

Table 3 shows that there were significant differences between the scores of coping responses among the AIDS and Hepatitis C patients. Mean scores on Behavioral coping were found to be 28.80 and 33.07 for the patients of AIDS and Hepatitis C respectively. The results clearly indicated that the hepatitis C patients use more behavioral coping than the AIDS patients. The difference between the scores
of two groups was also found to be significant (t=3.244**). On the basis of results, it can be said that hepatitis C patients do more behavioral attempts to seek information, guidance or support and take action to deal directly with the problem.

There were also significant differences between the scores of avoidance coping of AIDS and Hepatitis C women patients as mean scores on avoidance coping were found to be 30.97 and 36.00 for the patients of AIDS and hepatitis C respectively. Result showed that the hepatitis C patients were certainly more used the avoidance coping rather than the AIDS patients. The 't' value between the scores of two groups was also found to be significant (t=4.601***) which indicates that patients of hepatitis C do more cognitive and behavioral attempts to avoid thinking about their stressor and its implications. Avoidance coping tends to be emotion focused. Patients of hepatitis C do more behavioral attempts to get involved in substitute activities and create new sources of satisfaction and to reduce tension by expressing negative feelings.

Similar findings was also obtained by Constant et al (2005) described the "monitoring and blunting" hypothesis. These hypothesis posit that people can adopt two different cognitive attitudes towards relevant information to cope with a stressful situation in chronic hepatitis C.

Coaghlan et al (2004) found most women post treatment felt more positive and informed about their illness, had more confidence and reported a greater ability to control and cope with their lives. Cognitive behavioral therapy (CBT) emphasized the important role of thinking. It helps to alleviate emotional distress and to address a myriad of psychosocial behavioral issues. The approach is effective in life threatening disease such as Cancer, AIDS & liver problem. Thus it can be said that effectiveness of (RSM psychology Centre 2006) coping strategies depends the nature and type of stress that is why patients of hepatitis of hepatitis C differ significantly from patients of AIDS on coping responses of behavioral coping and approach coping which supports of hypothesis 3.

CONCLUSION

Today a fundamental issue and concern for the society is how to help the women patients of AIDS to reduce their depression level built up their self efficacy and positive or fighting coping strategy, their self worth and identity their individuality their ability to self actualize so that they may have good mental health and do not suffer from depression, lower level of self efficacy and poor and negative coping strategies. In India people do not accept easily a woman who is suffering from HIV/AIDS. People even their family members and friends start to isolate from the
infected women. Thus the women often experience a mixture of shock, denial, guilt and fear as well as concerns about whether to disclose the illness to others. These women frequently experience a profound sense of disappointment often blaming themselves. It can be concluded that the AIDS patients need more family and social support to reduce their depression as well as to improve their self efficacy and coping strategies.

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www./http/PAGE- hepatitis c. (2005). What is hepatitis c?


ABSTRACT

The study was designed with as a need survey in the area of emotional intelligence. The study was carried out to examine the effects of an intervention program on the emotional intelligence of college adolescents. A pre post test design was used for the current study. The current study comprised of 60 college students male and female falling in the age group of 18 to 20 yrs. Generalized Self Efficacy Scale, Sevenfold Emotional Intelligence Scale and Cooper Smith Self Esteem Inventory were used for pre and post test. The students who were low on test norms were selected for the EQ development program for three months. The results were analyzed using paired sample t test to examine pre post test mean difference which revealed a significant increase in the scores of EQ.

INTRODUCTION

Adolescence, a vital stage of growth and development, marks the period of transition from childhood to adulthood. Decisions made during this stage have far-reaching consequences for the adolescent. The interpersonal skills that adolescents need to adjust in society are changing, especially the need to communicate across ethnic, gender and religious boundaries (Larson et al., 2002). As adolescents grow to be the leaders of the future it is of utmost importance to ensure their psychological well-being and life satisfaction, so that they may emerge as well balanced adults. Indeed, the future of any culture hinges on how effective this preparation is (Larson, Wilson, Brown, Fursternberg & Verma, 2002).

The youth of today face many more choices and demands than ever before. Whether it is managing ones emotions, developing a personal identity, resisting peer pressure, building relationships or acquiring information on education services, not only gives them greater independence, but also leads to greater conflict and frustration, thus affecting their psychological well-being. There is a need of identity development and emotional intelligence which would help these young adults not only in maintaining effective relationships but also in positive adjustment.
The present study examines the emotional intelligence and life skills like self esteem, well being and self efficacy. This study was a needs assessment survey of college going students in the area of emotional intelligence. Based upon the results, the study further utilizes a life skills based intervention approach in order to facilitate college students to develop effective skills to improve upon their adjustment.

Three main theoretical orientations have been used for the present research namely those by, Erikson (1959) and Zeman (2007) who spoke about development of identity formation and importance of emotional expressivity. This study is based on Social theory of Bandura (1977) who studied the impact of life skills training on the adolescent's emotional development. He was of the view that life skill training is based on the theoretical orientation providing by the social learning theory which highlights the concept of modeling, behavioral rehearsal, and social reinforcement. Thus, the present research is based upon the premise that during adolescence, there is a need of identity development and emotional intelligence.

Emotional Intelligence and its relevance for college students:

EQ is, the ability and freedom to grow from mistrust to trust, self doubt to self-empowerment, following to leading, incompetence to competence, isolation to synergy, and despair to hope (Singh, 2006). Different researches like the study by Adeyemo (2007) on EQ and academic achievement, by Bartlett (2005) and by Vela (2003) all indicated that emotional intelligence skills are significantly related to student's achievement and mental health. It possesses seven dimensions:

1. Self Esteem and Confidence
2. Empathy and acceptance of others
3. Social Skills
4. Interpersonal Relationships
5. Self Regulation and Responsibility
6. Self motivation
7. Self awareness and appraisal:

Life Skills: Life skills have been defined as “the abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life”(WHO). 'Adaptive' means that a person is flexible in approach and is able to adjust in different circumstances. 'Positive behavior' implies that a person is forward looking even in difficult situations, can find a ray of hope and
and opportunities to find solutions. The terms 'Livelihood skills' or refer to capabilities resources and opportunities to pursue individual and household economic goals and relate to income generation.

**The Ten core Life Skills are:**

1. Self-awareness
2. Empathy
3. Critical thinking
4. Creative thinking
5. Decision making
6. Problem solving
7. Interpersonal relationship
8. Effective communication
9. Coping with stress
10. Coping with emotions

Life skills training: Life skills training is a people centered approach and a planned programming, deliberate and arranged in order to alter the anticipated or projected course of development (Jones, 2004); (Cortina et al., 2007). The enhanced competence gained through the intervention leads to the development of positive self-image, independent decision making, healthy problem-solving, assertive communication, and constructive coping (Persha, 2007). A series of studies demonstrating the long-term effectiveness of intervention programs carried out in the United States, such as the Perry Preschool Project, the Seattle Social Development Project, and the Elmira Prenatal/Early Infancy Project have strengthened the argument for the continuation of prevention initiatives (Cortina et al., 2007). Intervention programs thus have prominent effects on pupil outcome, including adopting a health policy, and having a positive school climate. Thus, it provides a strong evidence for the potential for interventions (Cortina et al., 2007).

**The Present study**

There is limited empirical work available related to the emotional intelligence of adolescents. Most of the intervention research such as (Manning, Homel and Smith, 2006; Peggy, 2006; Sala, 2002), have a western perspective and thus are limited in their ability to be able to generalize the findings across context. Though some work is done in India on EQ (Broota, 2003 & Singh, 2006), there is a definite paucity of research in the areas of life skills based intervention. The present study is thus, both a need assessment survey and also an intervention program that caters to adolescents.
Based upon the preceding section and review of literature following are the objectives and hypothesis for the present study.

**Hypothesis:**
A life skill based intervention program will have a significant impact on the emotional intelligence of college adolescents.

**METHOD**

**Sample:** The sample of 60 adolescents, male and female, both in the age group of 18-20 years from Sri Aurobindo College of Commerce, Ludhiana were selected through random sampling. After the administration of the psychological tests, the respondents who scored average or below average in all the three tests as per the norms of the test were selected for an intervention program. The group was exposed to an intensive intervention program for three consecutive months i.e. Eight days per month for the development of emotional intelligence.

**Measures**

- **Self Esteem (SE):** Self esteem was assessed by using the Coopersmith Self Esteem Inventory (Coopersmith, 1981). The scale comprised of 58 items that measured evaluative attitudes towards the self in the area of social, academic, family and personal.

- **Emotional Intelligence (EI):** The Sevenfold Emotional Intelligence Scale (SFEIS) developed by Khera, Ahuja and Kaur (1999) was administered. The scale consists of 63 items with 7 items dealing with self awareness, 11 items with self regulation, 7 items with empathy and acceptance of others, 7 items with interpersonal relations and 15 items with social skills.

- **Self Efficacy :** Self efficacy was assessed by using the Hindi version of the Generalized Self Efficacy Scale (Sud, Schwarzer, & Jeruselem, 1998). It is a 10 item psychometric scale designed to assess optimistic self-beliefs to cope with a variety of difficult demands in life. It has typically yielded internal consistencies between alpha 0.75 and 0.90. The scale is parsimonious and reliable. It has also proven valid in terms of convergent and discriminant validity.

**PROCEDURE**

A pre-post testing design was used for the study. Three phases formed an essential part of this research namely development phase, intervention phase, and evaluation phase.
PHASE I: The Development Phase
Pre-testing/situation analysis: It was the foremost part of the development phase. The three psychological tests were administered upon students in the College so as to assess their emotional intelligence skills. The test which were used were Sevenfold Emotional Intelligence, Coopersmith Self Esteem Inventory, Generalized Self Efficacy Scale. 
Derivation of skills: It was the second part of the development phase. Problems identified in the situation analysis/pre testing were then expressed in terms of the possible skills that could help to solve them. These skills formed the learning objectives for children.

PHASE II: The Intervention Phase
Development of life skills training manual: The manual of life skills training programme was developed in order to improve the emotional intelligence of the respondents for effective functioning, to enhance self esteem and confidence; to prove a stimulating environment for better emotional development; to develop self respect and responsibility among respondents; and to develop the ability among respondents in assessing personal strengths and weaknesses. For effective facilitation, aids were also used, skills were taught through active involvement and direct experience and all the activities were integrated with one another.

PHASE III: The Evaluation Phase
Intervention program: The selected group of 40 students, on the basis of the score of the psychological tests, was exposed to an intervention program which comprised of exposing the selected group to an intensive training programme over duration of three months. Weekly interactions were conducted with the adolescents and the facilitator which lasted for one and half hours. These sessions were repeated two times a week. The activities selected for the programme were divided into two sessions i.e. 20 students per session each day.
Evaluation of efficacy of the life skill training manual: A pretest-posttest design was used for this study, which includes a pretest of the dependent variable which can be used as a basis of comparison with the posttest results. The study dealt with the first measurement of the dependent variable and after the period of three month of intervention second measurement of the dependent variable was done. The aim of this phase was to assess the efficacy of life skills training manual on the emotional intelligence skills of the respondents.
Post testing: After three months of intervention programme post testing with the respondents was done. Post testing of the emotional intelligence tasks was the same as were in pre testing. Post testing of the group on the emotional intelligence skills was done to study the impact of intervention programme. Same arrangements as for pre testing were made for administration of post testing. The post testing was conducted over two consecutive days i.e. 20 students per day.

Plan of analysis: Coding sheets were designed for the analysis of the data and the data was coded accordingly. For analyzing the data related to background characteristics and family structure of the respondents, analysis was done by taking out percentage values. Further, paired sample t-test was used to assess the significant improvement in the mean scores of the respondents in the pre-post tests.

RESULTS AND DISCUSSION

For the present study, following objectives were framed:
Objective 1: To examine the demographic characteristics, and family background of adolescents (N=60).

Age: To obtain the information related to demographic characteristics, and family structure of the respondents, the background information form was used. The background information form had close ended questions along with a few open ended questions.

<table>
<thead>
<tr>
<th>Table 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age range, mean age, and S.D.</td>
</tr>
<tr>
<td>Sr. No.</td>
</tr>
<tr>
<td>1.</td>
</tr>
</tbody>
</table>

Objective 2: To study the emotional intelligence of the adolescents.
During the pretesting phase, three psychological tests were administered: Coopersmith Self Esteem Inventory (Coopersmith, 1981), Generalized Self Efficacy Scale (Sud, Schwarzer & Jerusalem, 1998), Sevenfold Emotional Intelligence Scale (Khera, Ahuja & Kaur, 1992). Then based upon the scores of the respondents on these tests, the following results were obtained.
Table 2
Range of scores, Mean scores, and Standard Deviation values of respondents during pre-test (N=60).

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Test Used</th>
<th>Range of score</th>
<th>Mean Score</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Coopersmith Self Esteem Inventory</td>
<td>117-202</td>
<td>159.9</td>
<td>21.6</td>
</tr>
<tr>
<td>2</td>
<td>Generalized Self Efficacy Scale</td>
<td>23-37</td>
<td>30.6</td>
<td>4.26</td>
</tr>
<tr>
<td>3</td>
<td>Sevenfold Emotional Intelligence Scale</td>
<td>145-245</td>
<td>189.8</td>
<td>25.1</td>
</tr>
</tbody>
</table>

Objective 3: To formulate a life skill based intervention programme so as to facilitate effective emotional intelligence among the children.

The selected group of respondents (N=40) was exposed to an exhaustive intervention program for a period of three months.

Objective 4: To evaluate the impact of intervention programme on emotional intelligence on college adolescents.

This section is divided into three parts:
A: To evaluate the impact of intervention programme on the emotional intelligence task namely Coopersmith Self Esteem Inventory: Self esteem was assessed by using the Coopersmith Self Esteem Inventory (Coopersmith, 1981). The study dealt with the first measurement of the variable in the pre-test phase and after the period of three months of intervention, second measurement of the variable during the post-test phase was done. Statistical results of the given test were generated by comparative assessment of the scores obtained during the pre-testing and post testing phases of the current study. Significant differences were observed in the pre-test and post-test mean scores of the respondents which is shown below (See Table 5)
The results of the test indicate significant improvement in the emotional intelligence skills of the adolescents as they scored significantly higher scores during the post test as compared to the pre test. Further, the differences were found to be statistically significant. Table 5 shows the quantitative analysis of the data with mean values and standard deviation along with the t-value for resting and post testing phases of the sample. The results were also generated on the basis of gender differences of the selected group. No significant differences were obtained. Although there were no significant between group differences, within group differences were observed (See Table 6).

Table 4
Within group differences on pre and post mean scores of boys and girls on Coopersmith Self Esteem Inventory (N=60)

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Pre Test</th>
<th>Post Test</th>
<th>Pair T</th>
<th>Sig. P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Range</td>
<td>Mean</td>
<td>S.D.</td>
<td>Range</td>
</tr>
<tr>
<td>Boys</td>
<td>117-195</td>
<td>151.23</td>
<td>18.72</td>
<td>119-197</td>
</tr>
<tr>
<td>Girls</td>
<td>135-163</td>
<td>151.21</td>
<td>8.05</td>
<td>136-165</td>
</tr>
</tbody>
</table>

Note -***p<0.001
The above table presents the mean scores obtained by both boys and girls on Coopersmith Self Esteem Inventory during pre and post test.

To analyze the effect of intervention programme on an emotional intelligence task namely Sevenfold Emotional Intelligence Scale. The Sevenfold Emotional Intelligence Scale (SFEIS) developed by Khera, Ahuja and Kaur (1999) was administered. The study dealt with measurement of the variable first in the pre-test phase and after a period of three months of intervention, second measurement of the variable was done during the post-test phase. Significant differences were observed in the pre-test and post-test phase. Significant differences were observed in the pre-test and post-test mean scores of the respondents which are shown below (see Table 7).

**Table 5**

Comparison of pre and post assessment of group on Sevenfold Emotional Intelligence Scale (N=40)

<table>
<thead>
<tr>
<th>Total Score (Sevenfold Emotional Intelligence Scale)</th>
<th>Pre Test</th>
<th>Post Test</th>
<th>Pair T</th>
<th>Sig. P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Range</td>
<td>Mean</td>
<td>S.D.</td>
<td>Range</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>145-214</td>
<td>177.85</td>
<td>14.85</td>
<td>146-217</td>
</tr>
</tbody>
</table>

Note -***p<0.001

The comparative assessment of the scores obtained during the pre testing and post testing phases of the present study reflected marked improvement in the emotional intelligence skills of the adolescents as the participants scored relatively higher scores during the post test as compared to the pre test. Statistical significant differences were obtained.

Table 7 shows the quantitative analysis of the data with mean values and standard deviation along with the t-ratio for pre testing and post testing mean scores obtained during pre testing and post testing of the experimental group on Sevenfold Emotional Intelligence Scale.
The results were also computed on the basis of gender differences of the selected group. It was found that no significant differences were obtained. However, within group differences indicated improvement in the scores of boys and girls during the post test phase as compared to their scores during pre test phase of the study (see Table 8)

Table 6
Within group differences on pre and post assessment of boys and girls on Sevenfold Emotional Intelligence Scale (N=40).

<table>
<thead>
<tr>
<th>Total Score (Sevenfold Emotional Intelligence Scale)</th>
<th>Pre Test</th>
<th>Post Test</th>
<th>Pair T</th>
<th>Sig. P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Range</td>
<td>Mean</td>
<td>S.D.</td>
<td>Range</td>
</tr>
<tr>
<td>Boys</td>
<td>145-214</td>
<td>179.34</td>
<td>17.10</td>
<td>146-217</td>
</tr>
<tr>
<td>Girls</td>
<td>162-188</td>
<td>173.78</td>
<td>8.81</td>
<td>164-189</td>
</tr>
</tbody>
</table>

Note -***p<0.001

The results from the table depict the mean scores obtained by both girls and boys on Sevenfold Emotional Intelligence Scale during the pre test and post test of the study.

C: To study the impact of intervention programme on an emotional intelligence task namely Generalized Self Efficacy Scale. ‘Self efficacy was assessed by using the Hindi version of the Generalized Self – Efficacy Scale (Sud, Schwarzer, & Jeruselem, 1998). The study dealt with the measurement of the variable in the pre test phase and after a period of three months of intervention second measurement of the variable in the post-test phase was done. Significant differences were observed in the pre-test and post-test mean scores of the scale which is shown below (see Table 9 for details)
The comparative assessment of the scores obtained during the pre testing and post testing phases indicated improvement in the emotional intelligence skills of the adolescents as the participants scored relatively higher scores during the post test as compared to the pre test. The differences were found to be statistically significant.

Further, the results were also generated on the basis of gender differences of the selected group. No significant differences were obtained, however within group differences were reported such that both boys and girls showed marked improvement in their scores during the post test phase as compared to their scores during pre test phase. (see Table 10 for details).

### Table 7
Comparison of pre and post assessment of group on Generalized Self Efficacy Scale (N=40)

<table>
<thead>
<tr>
<th>Total Score (Sevenfold Emotional Intelligence Scale)</th>
<th>Pre Test</th>
<th>Post Test</th>
<th>Pair T</th>
<th>Sig. P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Range</td>
<td>Mean</td>
<td>S.D.</td>
<td>Range</td>
</tr>
<tr>
<td></td>
<td>21.37</td>
<td>30.40</td>
<td>4.62</td>
<td>24.37</td>
</tr>
</tbody>
</table>

Note -***p<0.001

The comparative assessment of the scores obtained during the pre testing and post testing phases indicated improvement in the emotional intelligence skills of the adolescents as the participants scored relatively higher scores during the post test as compared to the pre test. The differences were found to be statistically significant.

Further, the results were also generated on the basis of gender differences of the selected group. No significant differences were obtained, however within group differences were reported such that both boys and girls showed marked improvement in their scores during the post test phase as compared to their scores during pre test phase. (see Table 10 for details).

### Table 8
Within group differences on pre and post assessment of boys and girls on Generalized Self Efficacy Scale (N=40)

<table>
<thead>
<tr>
<th>Total Score (Generalized Self Efficacy Scale)</th>
<th>Pre Test</th>
<th>Post Test</th>
<th>Pair T</th>
<th>Sig. P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Range</td>
<td>Mean</td>
<td>S.D.</td>
<td>Range</td>
</tr>
<tr>
<td>Boys</td>
<td>21-37</td>
<td>30.30</td>
<td>4.79</td>
<td>24-37</td>
</tr>
<tr>
<td>Girls</td>
<td>22.37</td>
<td>30.57</td>
<td>4.43</td>
<td>27-37</td>
</tr>
</tbody>
</table>

Note -***p<0.05 ***p<0.001
The major findings of the study are summarized as follows:

- There is a significant increase in the EQ scores of the selected group on all the EQ tasks namely Coopersmith Self Esteem Inventory, and Sevenfold Emotional Intelligence Scale, thus showing the positive impact of the life skills based intervention programme on the emotional intelligence abilities of the group.
- The hypothesis namely, that life skills based intervention program will have a significant impact on the emotional intelligence of adolescents, thus, stands accepted.
- Range of scores of the respondents has increased from pre test to post-test. Earlier mean scores of the respondents indicate average emotional intelligence skills but after the duration of three months of intervention programme the mean scores of the respondents in post-test indicate above average emotional intelligence skills.

The results from the present study clearly demonstrate the positive impact of the intervention programme on the emotional intelligence skills of the group exposed to the intervention program. The results obtained can be further substantiated by various studies and intervention programs which have shown a positive impact on several aspects of knowledge, attitudes, and behavior (Stevens, Story, Ring, Murray, and Cornell, 2003). Also, Fernandez (2004) studies had proved the positive impact of intervention program on emotional intelligence of the students.

**Implications of the Study**

Therefore, the above discussion emphasizes that intervention program play a crucial role towards the positive and healthy development of adolescents. Interventions thus, have positive educational, social, psychological, cognitive and economic impacts. Intervention programs also have prominent effects on pupil outcome, including adopting a health policy, and having a positive school climate. Thus, it provides a strong evidence for the potential for interventions (Cortina et al., 2007).

Interventions on adolescent’s have confirmed not only positive outcomes as a result of successful planning and implementation, but the positive effects resulting from the systematic delivery of basic services or resources to young children (Manning, Homel & Smith, 2006)
REFERENCES


★★★★★
RELATIONSHIP OF SUICIDE IDEATION WITH DEPRESSION AND HOPELESSNESS

Ibadat khan

ABSTRACT

The current study was designed to examine the role of depression and hopelessness in suicide ideation. 100 males and 100 females in the age range of 15-17 years completed Beck's Suicide Ideation Scale, Beck's Depression Inventory and Beck's Hopelessness Scale. The measures of suicide ideation, depression and hopelessness were correlated. The study reveals that suicide ideation correlated with depression ($r = .48, p<.01$). The correlation between suicide ideation and depression remained significant for males even when the role of hopelessness was partialled-out. The correlation between suicide ideation and hopelessness ($r = .53, p<.01$) remained significant even after partialling-out the role of depression. Hopelessness as measured by Beck's Hopelessness Scale has emerged as a salient variable. The correlations, however, differed for males and females.

INTRODUCTION

Suicidal behaviour is complex. It is an irrational desire to die. Suicide effects are tragic and felt long after the individual has taken his own life. A person who dies by suicide leaves behind a tangled confusion of family members and friend who try to make sense of a senseless and a purposeless act. It is usually second or third cause of death among teenagers, and remains one of the top ten leading causes of death well into middle age. The rationale behind suicide, which is defined as intentional taking of one's own life, can be as simple or as complex as life itself. The primary motivation to suicide is depression which is characterized by mood disturbance, feelings of sadness, despair and discouragement, resulting from personal loss and tragedy.

The concept “suicidality” refers to thoughts and plans of suicide, suicide attempts and completed suicide, and thus comprises a wide range of phenomena. A concept synonymous to “suicidality” is “suicidal behaviour” (which thus not only refers to acts but also to thoughts). “Suicidal ideation” refers to suicidality without action, i.e. all types of suicidal thoughts and plans. Suicide Ideation refers to the thoughts about taking one's own life with some degree of intent (Johnson, 2006). A “suicide attempt” not only refers to an unsuccessful suicide but also comprises deliberate acts of lower lethality and intention. Several definitions have been proposed over the years to define a suicide attempt. Suicidal ideation is a common medical term for thoughts about suicide, which may be as detailed as a formulated
Suicide Ideation, Depression and Hopelessness

plan, without the suicidal act itself. Suicidal Ideation have incorporated different thoughts as attitudes to suicidal behavior, for example, considering the suicidal act as a potential coping option, and contemplated plans and preparations for self-harm.

Suicide is the third leading cause of death among 15-to-24 year olds (Anderson & Smith, 2005) and the second leading cause of death among college students (Schwartz, 2006). Worldwide, suicide is among the top five causes of mortality in the 15- to 19-year age group. In many countries it ranks first or second as a cause of death among both boys and girls in this age group. In the last three decades (1975 to 2005), the suicide rate increased by 43%.

Suicide can be understood from many different perspectives, from religious, philosophical, and sociological to psychological and biological. Historically, the meaning of suicide has reflected the religious tradition of given culture (Stevenson, 1988). Depression and suicidality are deeply entangled. Suicidality is a diagnostic symptom for major depression, and depression is the most common mental disorder leading to suicide, although substance abuse and schizophrenia are also major contributors (WHO, 2001). Major depression affects 3 to 5 percent of children and adolescents. Depression negatively impacts growth and development, school performance, and peer or family relationships and may lead to suicide. A successful theory of depression must explain suicidality, and the bargaining model, building on the work of, Watson and Andrews (2002), Brown (1986), Giddens (1964) does. Suicide permanently removes oneself as a source of valuable benefits for the group. Suicide threats are therefore threats to impose substantial costs on group members and can be viewed as a means to signal cheaply and efficiently to a large social group that it may suffer such costs if assistance or change is not forthcoming.

Hopelessness is one of the major components of Beck's negative cognitive trait i.e. negative cognitions about future. When confronted with a negative event, individuals with a negative thinking process are vulnerable to depression, because they will infer that negative consequences will follow from this negative event and that occurrence of that event means that the individuals themselves are worthless or flawed (McGinn, 2000). The expression of hopelessness in conjunction with a mental disorder such as depression represents a very dangerous warning sign and always needs to be taken very seriously. It is a feeling that conditions will never improve, that there is no solution to a problem, and, for many, a feeling that dying by suicide would be better than living. Most people who feel hopeless have depression, and untreated depression is the number one cause for suicide.

There is a high association with hopelessness in long-term suicide risk. Not specific to depression, hopelessness can accompany demoralization with a number of other syndromes: schizophrenia, anxiety disorder, and chronic conditions, including medical condition. According to Beck's formulation, hopelessness is a core
characteristic of depression and serves as the link between depression and suicide. Furthermore, hopelessness associated with other psychiatric disorders also predisposes the patient to suicidal behavior. The central role of hopelessness in the development of suicidal ideation has been supported by empirical research (Dyer and Kreitman, 1984; Nekanda-Trepka, Bishop, Blackburn, 1983; Bedrosian and Beck, 1979; Minkoff, Bergman, Beck et al., 1973). Wetzel et al. (1980) reviewed studies addressing the relationships among depression, hopelessness, and suicidal ideation and concluded that the preponderant evidence supported the linkage of hopelessness and suicide intent.

The current study expands the existing literature by incorporating various improvements and refinements in the methodology. The relationship suicide ideation with depression and hopelessness has been examined separately for male and female adolescents.

**Objectives**

1. To examine the relationship of suicide ideation with depression.
2. To examine the relationship of suicide ideation with hopelessness.
3. To examine the relationship of suicide ideation with depression after partialling out the influence of hopelessness.
4. To examine the association between suicide ideation with hopelessness after partialling out the influence of depression.

**Hypotheses**

1. Suicide ideation would be positively correlated with depression.
2. Suicide ideation would be positively correlated with hopelessness.
3. Suicide ideation would correlate positively with depression after partialling out the influence of hopelessness.
4. Suicide ideation would correlate positively with hopelessness after partialling out the influence of depression.

**METHOD**

**Sample**

The sample consists of 100 male and 100 female adolescents in the age range of 14-19 years pursuing schooling from Chandigarh government schools. The sample was selected by the technique of random sampling. There was no evidence of substance abuse among the adolescents.
Tools

**Scale for Suicide Ideation (Beck, Kovacs, & Weissman, 1979):** Beck's Scale for Suicide Ideation includes 21 items designed to evaluate the presence and severity of suicidal thoughts. The first 19 items measure the severity of suicidal wishes, attitudes, and plans. Patients rate each item on a scale of 0 to 2. The SSI has been found useful in quantifying the degree of suicidal ideation a person is experiencing and can serve as a key warning sign in identifying suicide risk. The SSI has demonstrated strong internal consistency with a coefficient alpha of .93 among psychiatric outpatients (Beck & Steer, 1988). Among psychiatric inpatients, the SSI has demonstrated coefficient alphas of .89 (Beck et al., 1979) and .96 (Beck et al., 1988). Studies on the psychometric properties of the SSI have shown evidence of inter-rater reliability (Beck et al., 1979), convergent validity (Holden & DeLisle, 2005), concurrent, and construct validity (Beck et al., 1988).

**Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961):**

The Beck Depression Inventory (BDI) is a self-administered scale comprising of 21 items assessing cognitive, emotional, and physical symptoms of depression (Beck, Rush, Shaw et al., 1979). In each item the respondent selects one of four statements that best describe how he/she has been feeling over the past few days. Each statement receives a score of 0 to 3, with 3 indicating the highest level of severity for each item. The scale score is computed as the sum of the 21 items. Scores range from 0 to 63, with zero indicating no depressive symptoms and 63 indicating the highest level of depressive symptoms possible. The BDI demonstrated high internal consistency (Cronbach's $\alpha=.882$) in a study by Arria et al. (2009).

**Hopelessness Scale (Beck, Weissman, Lester, & Trexler, 1974):**

The Beck Hopelessness Scale is a 20-item self-report measure assesses the feelings about the future, future expectations, loss of motivation and overall hopelessness in which participants are asked to read a statement and responds true or false based on how they currently feel. In scoring the measure, each item receives a 0 or 1. Nine items are keyed false and 11 items are keyed true, so that the total hopelessness score is a sum of the scores on the individual items. The BHS score indicates severity of pessimism about the future, ranging from 0 to 20. Among psychiatric patients, the BHS has yielded a reliability coefficient of .93 (Beck, Weissman, Lester, & Trexler, 1974), and more recent data has supported comparable findings (Dyce, 1996; Young, Halper, Clark, Scheftner, & Fawcett, 1992).
PROCEDURE

After clarifying the instructions of the concerned tests Beck's Suicide Ideation Scale, Beck Depression Inventory and Hopelessness scale were administered on selected sample in groups and tests were given one by one. The correlation values were calculated for suicide ideation with depression and hopelessness and with these correlation values, the partial correlations were calculated for males and female respectively.

Analysis

Keeping in view the various hypotheses, the association between different variables was examined by computing correlations, separately for males and females.

RESULTS AND DISCUSSION

The current study was primarily concerned with examining the relationship of suicide ideation with depression and hopelessness. This was done by computing Pearson's product-moment correlation separately for males and females. The correlations are shown in Table 1. Keeping in view, hypotheses 3 and 4, partial correlation between variables of interest were also computed. The partial correlations are shown in Table 2 and 3.

An examination of Table 1 reveals that for males, the correlations of suicide ideation with depression and hopelessness were .54 and .65 respectively. For females, the correlations of suicide ideation with depression and hopelessness were .48 and .57 respectively. All these correlations were found to be significant at .001 level of significance, suggesting thereby that suicide ideation is associated markedly with depression and hopelessness. The same trend operates even after partial correlations were computed which shows that males are higher on relevance of suicide ideation when we partialled out the role of depression it is signifies the tendency to be hopeless in future for male adolescents as comparison of females adolescents.

Table 1. Correlation of Suicide Ideation with Depression and Hopelessness for males and females

<table>
<thead>
<tr>
<th>Female</th>
<th>Male</th>
<th>Suicide Ideation</th>
<th>Depression</th>
<th>Hopelessness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide Ideation</td>
<td>-</td>
<td>.54</td>
<td>.65</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>.48</td>
<td>-</td>
<td>.48</td>
<td></td>
</tr>
<tr>
<td>Hopelessness</td>
<td>.57</td>
<td>.40</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

Note: Correlations above the diagonal values indicating correlations for males and correlations below the diagonal values indicating correlations for females.
Table 2. Partial Correlation for Suicide Ideation and Depression

<table>
<thead>
<tr>
<th>Partial Correlation</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>R_{12.3}</td>
<td>.34</td>
<td>.33</td>
</tr>
</tbody>
</table>

Table 3. Partial Correlation for Suicide Ideation and hopelessness

<table>
<thead>
<tr>
<th>Partial Correlation</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>R_{13.2}</td>
<td>.53</td>
<td>.30</td>
</tr>
</tbody>
</table>

The obtained results are in concordance with the earlier studies which have also found the role of depression and hopelessness in suicide ideation. Hopelessness is one of the major components of Beck’s negative cognitive triad i.e. negative cognitions about future. When confronted with a negative event, individuals with a negative thinking process are vulnerable to depression, because they will infer that negative consequences will follow from this negative event and that occurrence of that event means that the individuals themselves are worthless or flawed (McGinn, 2000). The expression of hopelessness in conjunction with a mental disorder such as depression represents a very dangerous warning sign and always needs to be taken very seriously.

Since hopelessness is positively related to adolescent suicidal ideation, it is important to cultivate the sense of hope in adolescents. Local studies had found that family functioning and perceived parental control were significantly related to hopelessness (Shek, D. L. 2007). Students who are depressed are more likely to have suicidal ideation, as are students in a state of hopelessness.

The results also support the differential activation model of suicidality (Lau et al., 2004; Williams et al., 2008). The model assumes that during a depressive episode an association is formed between sad mood and suicidal and hopelessness cognitions, so that in the future, a mild mood fluctuation acts as a prime to re-activate such cognitions, increasing the risk of relapse. The unique association of the past symptoms of guilt and suicidality with current Hopelessness and Suicidal reactivity was replicated (Williams et al., 2008). This trend indicates there is a strong relationship of suicide ideation with depression and hopelessness. The results of the present study suggest that targeting hopelessness may be as important in adolescents as in adults to reduce suicidal ideation and prevent suicidal attempts.
REFERENCES


**Suicide Ideation, Depression and Hopelessness**


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INTRODUCTION

Engineering as Career:
Engineering is one of the most sought out Career in India. Thanks to the advent of Globalization and Liberalization that found its way in to India during 19th Century. Engineering sector is the major contributor for the development of Science and Technology in our nation. In India usually it is parent's choice to choose engineering as Career for their wards as the students of this age in the transition phase from adolescent to adulthood according to developmental Psychology. The number of students appearing entrance exams every year which is rapidly increasing which verifies to the fact that Engineering is the most wanted Career choice of Parents as well as Students. The number of Careers offered to the students of Engineering stream ranges from the field of Mechanical, Chemical to Nano Technology, Tele Communication, Cloud Computing, Ultrasonics etc.,

Employability of Engineers:
Students Choose Engineering field as it gives great job satisfaction, reputation, good salary. Engineers who got employed will always have Challenging opportunities and intellectual development in their Career. They will have financial security in Professional environment. So employability is the important stage in their Career Development as it is prestige issue for every student and Parents to get placed with a job.

Statistics on Employability of Engineers:
Survey states that every year India produces around 7, 50,000 engineers. 40% scout for job in almost 1 year. 22% take two years almost before getting the job. In this competitive world one has to be very well prepared and skilled to attract the Employer. Campus placements conducted in every Engineering institution is a real boon for the Students. This paper focuses on the problems faced by the young Engineers in getting employability and how Person Centred Counselling may be helpful to enhance the employment opportunity.
**Definition for Employability:**

According to Vocational Psychology, Employability can be defined as “the combination of factors, processes, and skill sets which enable people to progress towards or get into employment and to move on in workplace. Employment denotes having a job whereas employability or being employable refers to the qualities needed to maintain the employment and progress in the workplace.

**Skills Required for Employability:**

Apart from generic skills like academic skills, subject knowledge and understanding some specific skills like Emotional Intelligence, Interpersonal skills, Team work, self efficacy, self confidence, self esteem, adaptability are also required. Inability to express these skills to the interviewer narrows down the opportunity of getting selected.

Usually all the students who attend the campus interviews will not be selected. We shall discuss the reasons. Some get filtered in written test and some in interviews. Some students will be immensely happy if they are selected while many may be feel hurt or depressed.

For students who are not selected in the first placement drive two things may happen. They will develop either situational anxiety that is getting anxious in all the interviews they attend or unable to handle the pressure piling up because the failed to satisfy their parents by getting placed. Both the reactions make things worse for the students in the forthcoming interviews. This is where Counselling can help in overcoming the problems they face.

**Counselling as a tool for enhancing Employability:**

Counselling means giving advice. Here the Counsellor helps the student to explore his thought processes about a situation and find a solution or answers for the problem.

The types of Counselling may vary from,
- Individual Counselling
- Group Counselling
- Tele/online Counselling
- Self help Groups.

Here in academic setup Individual Counselling/Person Centred Counselling is the very effective tool in enhancing Employability.
Person Centred Counselling:

This is the effective form of Counselling than group counselling as we all know every individual is unique. In a diverse and cross cultural setup there is a need to address each individual's problem effectively.

Person Centred Counselling may be useful for the students in their general issues like
- Study habit formation
- Mental health
- Effective participation in all activities
- Ability to accept failures etc.,

Person Centred Counselling is the most advantageous than other types of counselling.

The advantages are as follows,
- It is the relationship between two person where the one (Counsellor) assists another in organizing/adjust according to the given problematic situation.
- Develops trust due to face to face contact
- Non verbal cues of the students can be decoded
- Open discussion on need to develop Skills, Courage and Self esteem.
- As it is one to one, the problems faced by the student can be clearly understood. This fosters the problem solving mechanisms much efficiently.
- It helps the subject to change or modify the existing goals if not to set the achievable goals.

Qualities of a good Counsellor:

The Counsellor is a person who is willing to guide / help the other. He/She should be trained/ experienced to do so. Should foster the favorable environment for Counselling. Motivate the student to speak/let out. Able to handle the Catharsis effect. Should definitely has good emotional intelligence.

In broad we can compile the specialties of Person Centred Counselling for enhancing Employability under three Categories.

1. Unconditional Positive Regard:

This is the most important quality of Person Centred Counseling. Most of the Psychological Problems arise when there is a clash between Self Concept and the present Experience. Students will feel a type of trait anxiety i.e. which occurs during particular situations. They may feel like what happens if I were rejected? This brings in lots of Tension that will hamper the performance even the routine activities.
Empathic Understanding:

This is another vital quality of PCC. The Counsellor has empathy towards the student so that he can understand the student's perception the way he sees things. He relates the stimuli and response in student point of view. The Counsellor can motivate the students to perform better as he really understands the problems faced by the student.

3. Congruence:

This shows the counselor as really genuine to the student. The Counsellor doesn't act as a professional or some third person sitting with the student. He is transparent and builds rapport with the student. By this the student can easily share his past experiences and present hidden problems openly. Thus the Counsellor helps the student to analyze the Self related problems and overcome it to perform better.

Conclusion:

Through this Person Centred Counselling we can able to identify the problems of the students individually. In the diverse setup in Colleges each student will have his own problems in progressing in his/her Career. This PCC develops lot of trust and hope on the Counsellor than any other counselling methods as it promotes one to one meetings. The student will be assured of Secrecy of whatever he/she shares. Added to these advantages personal rapport will be enhanced. The subject will not feel shy as the Counsellor is ready and shows willingness to accept who he is. It helps the student by catalyzing the catharsis process as the student is very much free to observe his own thoughts. It helps in discovering the personal strengths and weaknesses, opportunities and threats (SWOT Analysis) so that he can rectify it or encounter with high self esteem and self confidence to get employed.
REFERENCES

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