Introduction:

Health is an asset, most valuable resource of one’s life. It is usually conceptualized as a state or disposition of a person’s freedom either from illness or capacity to resist illness in a discrete manner. It affects every aspect of life i.e. ability to work, to play, to enjoy etc. all depend upon health. Health is not merely the absence of disease rather it is more than that. It has been clearly outlined in WHO’s definition of health (World Health Organization, 1946) which says “Health is a state of complete physical, mental and social well being and not merely, the absence of disease or infirmity.”

Health is commonly measured by health status, health care and health maintenance (Bond and Bond, 1994). Campbell et al. (1976) found respondents to judge, “good health” as the most important of various life domains. Watten et al. (1997) suggested that perception of health is more important than objective health in their effects on subjective...
wellbeing. Multiple studies, conducted in a variety of cultures and settings, have consistently shown that persons reporting poorer self-rated health suffer a higher subsequent risk of mortality. Such studies have spanned a wide range of populations, from persons with illnesses such as cancer (Shadbolt, Barresi and Craft, 2002) and cardiovascular disease (Bardage, Isacson and Pedersen, 2001), to the elderly (Ishizaki, Kai and Imanaka, 2006; Idler, Kasl and Lemke, 1990; Mossey and Shapiro, 1982) and to general populations (Franks, Gold and Fiscella, 2003; Larsson, Hemmingsson, Allebeck and Lundberg, 2002). Poor self-rated health has also been shown to be independently predictive of subsequent morbidity and higher healthcare utilization (Salvo, Fan, McDonell and Fihn, 2005).

Health is not a matter of luck, there are many factors which independently and interactively influence health. Psychosocial factors affecting health include belief, personality, stress, coping strategies, locus of control, attitude, general self-efficacy, social support, self-esteem, negative affectivity etc. Dahlgren and Whitehead (1991) gave a framework for the determinants of health. His framework was multilayered onion like structure which placed the individual at the centre, endowed with fixed factors of age, sex and genetic factors, but firmly surrounded by four layers of influence consisting of individual lifestyle, social and community influences, living and working conditions and general socioeconomic, cultural and environmental conditions. Han, Lee, Lee and Park (2003) revealed that the combination of health promoting behaviour, activity related affect, self-esteem, health perception and commitment to planned action, social support and perceived barriers to action accounted for 57% of the variance in quality of life. Kaplan, Sallies and Patterson (1993) on the basis of their study reported that about 40% of variance in health is accounted for by behavioural factors.

A person who believes in being able to cause an event can conduct a more active and self-determined life course. This “can do” cognition mirror a sense of control over one’s environment. The feeling of “can do” refers to self-efficacy. In 1977, the famous psychologist Albert Bandura at Stanford University introduced the concept of perceived self-efficacy in the context of cognitive behaviour modification. This concept has been applied to such diverse areas as school achievement, emotional disorders, mental and physical health, career choice and sociopolitical change. It has become a key variable in clinical, educational, social, developmental, health and personality psychology (Bandura, 1977, 1992). A strong sense of personal efficacy has been reported to be related to better health (Schwarzer and Fuchs, 1995). In one study Fallon, Wilcox and Ainsworth (2005) examined the correlates of self-efficacy for physical activity in African-American women and reported that self-efficacy was positively correlated with perceived health status, physical activity and negatively with social role constraint. Similarly, Riazi, Thompson and Hobart (2004) found both baseline and changes in self-efficacies were strong and independent predictors of changes in health status.

Health locus of control is defined as one’s belief that the state of one’s health is determined by internal or external factors as well as, the level of personal control over
desired outcomes (Bane, Hughes and McElnay, 2006; Takaki and Yano, 2006). Locus of control refers to an individual’s generalized expectations concerning where control over subsequent events resides (Rotter, 1954). It has been suggested that those who strongly believe that internal factors control their health tend to seek more health-related information, remember the information better and respond more readily to messages encouraging medical examination than do those who believe in external control. Many researchers for example Poortinga, Dunstan and Fone (2008) found and reported that the HLC was significantly associated with individual and neighborhood socio-economic status, as well as with self-rated health. Simoni and Ng (2002) examined abuse, health locus of control and perceived health among 230 predominantly poor Hispanic and African American women aged 25 to 61 years living with HIV/AIDS in New York City. Multivariate analysis revealed that controlling for relevant covariates, the powerful others and internal control subscales of the Multidimensional Health Locus of Control Scale acted as independent predictors of perceived health rather than (as hypothesized) mediators of the association between trauma and perceived health. Swinney (2002) reported that subjects tended to view God as the powerful other capable of influencing their health and well-being. Self-esteem and an internal health locus of control were found to account for 23% of the perceived variance in health status and a significant positive relationship was discovered between self-esteem and powerful others health locus of control. Though, there is an abundant literature suggesting association between health and internality yet there are some studies suggesting lack of agreement and ambiguities and that the relationship is far from established (Norman and Bennett, 1995).

Life style refers to the general pattern of living and behaving e.g. diet, exercise, sleep, etc. There are some people who have faulty habits; they may either not exercise at all or indulge in very heavy exercise. In health psychology two types of life style/behaviours have been mentioned. These are health promoting and health endangering life style/behaviours. Health promoting life style may include, taking a balanced/nutritious diet, doing exercise regularly, adequate and sound sleep, abstinence from smoking and heavy drinking etc. Smoking, heavy drinking, taking unbalanced diet, lack of exercise, irregular sleeping schedules, etc. on the contrary are health-endangering behaviours. The behaviour pattern followed by a person, predicts his health e.g. in a study of Japanese-Americans, it was found that smoking accounted for 29% of all cancers and 85 percent of lung cancers (Chyou, Nomura and Stemmermann, 1992). De Groot, Verheijden, Henauw, Schroll and Van Staveren, et al. (2004) reported that a healthy lifestyle was related to stable self-perceived health, a delay in functional dependence and mortality. Faulty lifestyle i.e. alcohol use, lack of exercise and being a current smoker were associated with poor self-rated health (Rutten, Abel, Kannas et al., 2001; Okosun, Seale, Daniel and Eriksen, 2005).

There is abundant research literature whereby the relationship between such factors as the general self-efficacy, health belief or health locus of control with health has been
examined. Though majority of studies have reported a positive relationship, yet there are studies which either failed to find such relationship or have contrary findings. Moreover, in such studies general health or psychological health has been taken up. In recent years in health psychology, the health behaviour or lifestyle choice of the person have also been examined and linked with health. The healthy lifestyle or health promoting behaviour is reported to be associated with good health and health endangering behavior has been found to be associated with poor health. Therefore, the present study was planned to examine the relationship among general self-efficacy, health locus of control, lifestyle and self-rated health. It was also intended to identify the role of general self-efficacy, health locus of control and lifestyle in predicting self-rated health.

Sample

The sample of the study comprised of 300 (150 male & 150 female) persons in the age range of 20-50 years (Mean age = 34.95, S.D=10.07 years). The sample was selected on incidental sampling basis from urban and rural areas of Rohtak district (Haryana, India).

Tools

Self Rated Health

Self-rated health is frequently used in large population surveys and is a useful "opener" in interview situations that allow interviewers to seek more nuanced and complex responses about people’s perceptions of their health (Lim, Ma, Heng, Bhalla and Chew, 2007). It was measured by single item i.e. “in general, what would you say about your present health?” It was rated on 5 point scale ranging from 'excellent' (5) to 'poor' (1). A score of 5 was given to 'excellent', 4 to 'very good', 3 to 'good', 2 to 'fair', 1 to 'poor'. The score ranged from 1 to 5 and high score indicate good self rated health. Such single item measures and checklists of happiness health and wellbeing/ life satisfaction have been used extensively (Easterlin, 2001; Veenhoven, 1993).

Self-efficacy Scale

Self-efficacy was measured by self-efficacy scale (Sud, Schwarzer and Jerusalem, 1998). The scale was originally developed in German by Jerusalem and Schwarzer in 1981. It is a 10-item scale designed to assess optimistic self-beliefs used to cope with a variety of demands in life. Items were rated on 4 point scale from “not at all” (1) to “exactly true” (4). Thus, the score may range from a minimum of 10 and maximum of 40. Higher scores indicate stronger belief in self-efficacy. Studies have shown that the general self efficacy scale has high reliability and construct validity (Leganger, Kraft and Roysamb, 2000; Schwarzer, Mueller and Greenglass, 1999).

Health Locus of Control Scale (HLOC)

HLOC belief was assessed by using form A of the multidimensional health locus of control scale, developed by Wallston, Wallston and DeVellis (1978). It measures one internal and two external dimensions (chance and powerful others) of health locus of control. It consists of 18 items. There are 6 items for each of the subscales i.e. internal, chance and powerful others. Subjects were required to mark their responses using a 6 point response scale from “strongly disagree” to “strongly agree”. A scoring weight of 1 was given for strongly disagree and a weight of 6 was given for
strongly agree, thus the possible score of each dimension (internal, chance and powerful others) of health locus of control ranged from 6-36. Reliability indices for internal, chance and powerful others were 0.60, 0.58, 0.74 respectively (Moshki, Ghofranipour, Hajizadeh and Azadfallah, 2007). The Cronbach alpha coefficient was 0.68 for internal, 0.72 for powerful others and 0.66 for chance health locus of control. The concurrent validity was 0.57 for internal, 0.49 for powerful others and 0.53 for chance (Moshki, Ghofranipour, Hajizadeh and Azadfallah, 2007).

**Lifestyle Check Assessment**

For measuring lifestyle choices lifestyle check assessment developed by Hall and Ches (2001) was used. It is based on the U.S. Department of health and Human Services of healthy people on 2010 health objectives. It consist of 29 items related to five areas of life style i.e. practices, eating practices, mental and social health, safety and health examination. There are 7 items for practices, 9 for eating practices, 7 for mental and social health and 4 for safety and 1 item for health examination. High score indicate healthier or health promoting lifestyle.

**Results and Discussion**

To examine the relationship among the variables (i.e. self-reported health, health locus of control, lifestyle and self-efficacy) coefficients of correlations were calculated and the intercorrelation matrix is given in Table 1. For identifying the role of health locus of control, lifestyle and self-efficacy stepwise- multiple regression was done and results are given in Table 2.

**Table 1: Intercorrelation matrix (Mean and SD’S are given in the last two rows)**

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<tr>
<th></th>
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<th>IN</th>
<th>C</th>
<th>PO</th>
<th>LS (TS)</th>
<th>P</th>
<th>EP</th>
<th>M&amp;SH</th>
<th>S</th>
<th>HE</th>
<th>SRH</th>
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<td>0.17**</td>
<td>0.16**</td>
<td>0.55**</td>
<td>0.39**</td>
<td>0.45**</td>
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<td>22.99</td>
<td>33.57</td>
<td>11.41</td>
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<td>9.86</td>
<td>1.50</td>
<td>1.28</td>
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<td>6.53</td>
<td>6.89</td>
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<td>1.56</td>
<td>2.01</td>
<td>0.73</td>
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**Significant at the 0.01 level   * Significant at the 0.05 level.**
In-Internal health locus of control

It was found that except health examination (r=0.06) all other factors i.e. health locus of control (internal, chance and powerful others), lifestyle (total score, practices, eating practices, mental and social health, safety) and general self-efficacy were found to be significantly and positively associated with self-reported health (Table-1). The size of the coefficients varied from r=0.55 (for lifestyle total score), r=0.45(eating practices, r=0.39 (for practices) to as low as r=0.16 for powerful others. Stepwise multiple regression revealed (Table-2) that lifestyle (total score) was the strongest predictor of self-reported health. It accounted 31 percent(R=0.55, R² = 0.31) of the

Table-2 Stepwise Multiple Regression of Self rated health on other variables

<table>
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<tr>
<th>Model No.</th>
<th>Variables</th>
<th>Mean</th>
<th>Regression Coefficient (b)</th>
<th>SE</th>
<th>R</th>
<th>R²</th>
<th>F-value</th>
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<tr>
<td>1</td>
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<td>0.36</td>
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</table>

SRH - Self rated health
LS-Lifestyle
EP-Eating behaviour
SE-Self-efficacy

In-Internal health locus of control

It was found that except health examination (r=0.06) all other factors i.e. health locus of control (internal, chance and powerful others), lifestyle (total score, practices, eating practices, mental and social health, safety) and general self-efficacy were found to be significantly and positively associated with self-reported health (Table-1). The size of the coefficients varied from r=0.55 (for lifestyle total score), r=0.45(eating practices, r=0.39 (for practices) to as low as r=0.16 for powerful others. Stepwise multiple regression revealed (Table-2) that lifestyle (total score) was the strongest predictor of self-reported health. It accounted 31 percent(R=0.55, R² = 0.31) of the
variance in self-reported health. When the next significant predictor was taken up, internal health locus of control along with lifestyle (total score) accounted for 34 percent of the variance in self-reported health. Eating practices (a component of lifestyle) and self-efficacy were the third and fourth significant predictors of self-reported health. But both of these accounted only one percent additional variance (each). Thus, all the four significant predictors [Lifestyle (total score), internal health locus of control, eating practices and general self-efficacy] together accounted 36 percent of the variance in self-reported health (Table 2).

Results of the study (Table-1) revealed that general self-efficacy was significantly and positively correlated with self-rated health. It implies that those who believed that they are efficacious enough and believe in themselves had reported their health as good. Finding of the present study are in agreement with earlier study of Fallon, Wilcox and Ainswoth, (2005) reporting that self-efficacy was positively correlated with perceived health status. Schwarzer and Fuchs, (1995) also found that a strong sense of personal efficacy is related to better health. In patients with clinical manifestations of atherosclerotic vascular diseases appeared to have high levels of self-efficacy regarding medication use, exercise and controlling weight (Sol, van der Graff, van der Bijl, Goessens and Visseren, 2006).

Dimensions of health locus of control i.e. internal, chance, powerful others health locus of control found to be positively and significantly related with self-rated health. Finding attest the result of Poortinga, Dunstan and Fone (2008) reporting that health locus of control (internal, chance and powerful) were significantly associated with self rated health it seems to forms a part of the pathway between individual, neighborhood socioeconomic status and health. Johansson, Grant, Plomin et al. (2001) found modest associations between health control beliefs and self rated health. Internal health locus of control found to be the significant and positive predictor of self-rated health. This finding implies that people, who believe that they are responsible for their health, rated their health as good. Internal factors control their health tend 'to seek more health related information, remember the information better and respond more readily to messages encouraging medical examination than do those who believe in external control (Quadrel and Lau, 1989).Results of the present study do not support findings of Simoni and Ng, (2002) who reported that multidimensional health locus of control acted as independent predictor of perceived health, where as Norman, Bennett, Smith and Murphy (1998) revealed that overall health locus of control found to be weak predictor of health/ health behaviour.

Lifestyle total score was found to be significantly and positively correlated with self-rated health. Taking the components of lifestyle checklist, it was found that practices, eating practices, mental and social health and safety were significantly correlated with self-rated health and the direction was positive. Lifestyle total score emerged as strongest predictors (Table 2) of self rated health. Results are in consonance with popular belief that 'one's health is the product of one's actions' i.e. what one is doing is related with his/her health. The importance of lifestyle as a determinant of health status is also reported by Rohrer, Arif, Pierce and Blackburn, (2004). Several studies conducted in this area (e.g. Wei-yen, Stefan,
Derrick, Vineta and Kai, 2007) have also reported results similar to the present study. Results of the present study are in line with those of earlier studies of De Groot, Verheijden, de Henauw, van Staveren and Seneca (2004) reporting that a healthy lifestyle was related to stable self-perceived health. Many researchers (Rutten, Abel, Kannas et al., 2001; Okosun, Seale, Daniel and Eriksen, 2005) have reported that faulty lifestyle i.e. alcohol use, lack of exercise and being a current smoker were associated with poor self-rated health. The component of lifestyle i.e. eating practices also emerged as the significant and positive predictor of health. This implies that good eating practices like eating balanced diet leads a person to report their health as positive.

Findings of the present study have implications for the health professionals as well as for the lay man as it suggest the casual link between lifestyle, general self-efficacy, health locus of control and self rated health. The increasing incidence of diabetes, cardiovascular and other diseases is a challenge for the health professionals and the government of these countries. The intervention programs need to be focused on increasing the level of awareness as well as for the prevention and management of these illnesses and promotion of health.

References:


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A Study of Relationship of Spiritual Intelligence and Adjustment of Adolescents

*Meena Jain **Santosh Meena

Abstract

Spiritual values and methods have a potential role in helping to increase emotional stability and improve adjustment. Values energize everything concerned with. For an individual, committing to and applying values release fresh energies, which always attract success, achievement and well-being. Adjustment refers to utilization of skills and experiences that facilitate personal integration into the society to which one belongs. Adjustment is what everybody needs to cope with life. There is no perfect individual, but adjustment makes the difference for excellence among individuals. Only an adjusted person can be happy, hopeful and productive in whatever environment he finds himself.

The key objective of the present study is to enlighten how spiritual intelligence related with various facets of adjustment (home, educational, health, social and emotional) of adolescent college girls. Purposive Sampling was planned for the study. The sample of 100 female adolescents was taken from Banasthali University of Rajasthan. The subjects were administered (i) Spiritual intelligence test (Khali A. Khaveri, 2000) (ii) Adjustment inventory for college students (A.K.P Sinha and R.P Singh, 2002). Data analysis was done with the help of product moment correlation. The results disclosed the significant positive relationship with spiritual intelligence and adjustment among adolescents.

Introduction:

Spiritual Intelligence can be defined as a deep self awareness in which one becomes more and more aware of the dimensions of self, not simply as a body, but as the mind, body and spirit. (Sisk and Torrance, 2001).

Spiritual Intelligence holds the key for attaining our highest human potential. It frees us from the limitations of the obvious, the material, and the immediate (Khaveri, 2000). According to Gomes (2005), it is an act of freedom, a state of inner tranquility. However, Spiritual intelligence, According to Zohar, and Marshall (2000) refers to the development of our longing and capacity for meaning, vision and value which facilitates a dialogue between reason and emotion, between mind and body, and which enables us to integrate the interpersonal and intrapersonal, to transcend the gap between self and others. Wigglesworth(2002) further conceptualized Spiritual Intelligence to be the ability to behave with Compassion and Wisdom while maintaining inner and outer peace (equanimity) regardless of the circumstance. Spiritual Intelligence is therefore a necessary Personal Empowerment which enables one to maintain both inner and outer peace and display love regardless of the circumstances.
whether stress or acute conflict. It could therefore help in conflict management and peaceful co-existence in the Society.

College Students Encounter obstacles which interfere with their Involvement, integration and thus, prevent them from taking full Advantage of the college Experiences. First year Students face a number of problems in Adjusting to University life. These include developing an appropriate identity and becoming Socially integrated into the college as well as attaining and learning generic Skills and Qualities such as Critical thinking and Intellectual rigour. (Astin, 1984 and Tinto, 1987) Adolescence is a period of Social Expansion and development. The Adolescents spend a great deal of their life around the activities, interest and attitudes of their peers. As the result, the peers attain great importance during this period. According to Slas (1993) the Belongingness to the group becomes progressively important for the Adolescents

Adjustment refers to utilization of skills and experiences that facilitate personal integration into the society to which one belongs. Adjustment is what everybody needs to cope on with life. There is no perfect individual, but Adjustment makes the difference for excellence among individuals. Only an Adjusted person can be happy, hopeful and be productive in whatever Environment he finds Himself (Animasahun 2010).

However, there are certain Psychological factors that enhance individuals' Adjustment. Some of these are identified to be intelligence quotient Emotional Intelligence and spiritual intelligence (Goleman 1998; Gottfredson 1998; Zohar and Marshall 2000; Zohar and Berman 2001; Akinboye et. al. 2002; and Adeyemo 2007, 2008.).

Objective

To study the relationship between spiritual intelligence and adjustment (home, health, social, emotional and educational).

Hypothesis

There would be a positive correlation between spiritual intelligence and adjustment (home, health, social, emotional and educational).

Method

Sample

A sample of 100 female adolescents in the age range of 18-20 years was taken through purposive sampling, residing in Banasthali University.

Tools


Procedure

In this study, the sample was selected from the students of graduation of Banasthali University. After deciding the tools to be used for the study purpose, the investigation was carried out. The participants were made aware of the purpose of the study and were confidentiality of responses and mutual rapport was established. Thereafter a set of questionnaire comprising a test of spiritual intelligence, emotional intelligence and adjustment was handed to each subject. The subject was thanked for voluntary participation and cooperating in administration of the test. 100 questionnaires were thus completed for the study.
Result

The present study is aimed to studying the relationship between Spiritual Intelligence and Adjustment (Home Health Social Emotional Educational) among Adolescent girls of Banasthali University. Coefficient of Correlation was applied according to the aims of the study.

Correlational Table

<table>
<thead>
<tr>
<th>S.No.</th>
<th>VARIABLES</th>
<th>CORRELATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Spiritual intelligence &amp; Total adjustment</td>
<td>0.75*</td>
</tr>
<tr>
<td>2</td>
<td>Spiritual intelligence &amp; Home adjustment</td>
<td>0.18</td>
</tr>
<tr>
<td>3</td>
<td>Spiritual intelligence &amp; Health adjustment</td>
<td>0.56*</td>
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<tr>
<td>4</td>
<td>Spiritual intelligence &amp; Social adjustment</td>
<td>0.72*</td>
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<tr>
<td>5</td>
<td>Spiritual intelligence &amp; Emotional adjustment</td>
<td>0.63*</td>
</tr>
<tr>
<td>6</td>
<td>Spiritual intelligence &amp; Educational adjustment</td>
<td>0.51*</td>
</tr>
</tbody>
</table>

*Value significant at p<.01

Discussion

Spiritual intelligence and adjustment has a positive correlation \( r = 0.75 \), significant at 0.01 level. The finding is consistent with the studies by Rotimi and Animasahun (2001), results revealed significant positive correlations between the intelligent quotient, spiritual intelligence and prison adjustment with emotional intelligence.

Tate and Forchheimer(2002) conducted an extensive study on spirituality and found it to be associated with quality of life, life satisfaction and adjustment.

Insignificant positive correlation between spiritual intelligence and home adjustment \( r = 0.18 \), insignificant at 0.01 level) was seen.

Table shows significant positive correlation between Spiritual intelligence and Health Adjustment \( r = 0.56 \), significant at 0.01 level). The results are in accordance with Zarina and Mohamad (2010), who concluded that spiritual intelligence positively associated with general health. Those who had spiritual intelligence tended to have better health. The ability to conduct daily life with sanctification based on one’s spiritual belief was the most dominant factor of good Health. The study suggested that spirituality is related to Health and has a positive effect on participants' overall Health.

Health can be influence by spiritual intelligence and emotional intelligence. (Shabani, Hassan, Ahmad& Baba, 2010). Gurklis and Menke (1988), after an extensive study concluded that spirituality plays a very important role in coping with chronic illness.

Similar results obtained from a study by Rowe and Allen (2004), suggests an inverse relationship between ill health and spiritual well-being.

In order to test the hypothesis constructed in the present study, an attempt was made to study the relationship between spiritual intelligence and social adjustment in table. The results obtained indicate a positive and significant relationship \( r = 0.72 \), significant
at 0.01 level). Similar results were found in the study of Landis (1996), who concludes that there is positive relationship between spiritual well-being and psychosocial adjustment.

The correlation scores between spiritual intelligence and emotional adjustment shows positive and significant correlation (r = 0.63, significant at 0.01 level).

Spiritual intelligence and values and methods have a potential role in helping to increase emotional stability and improve adjustment. Values energized everything concerned with. For an individual, committing to and applying values releases fresh energies, which always attract success, achievement and well-being.

It can be observed from the results in table that spiritual intelligence and educational adjustment have the positive and significant correlation (r = 0.51, significant at 0.01 level). Hosseini, Elias, and Aishah (2010) concluded that Conceiving spirituality as a sort of intelligence extended the psychologist’s conception of spirituality and allowed its association with the rational cognitive processes like goal achievement and problem solving.

References


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**Positive Psychology and Organizational Effectiveness**

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**Abstract**

With the advent of positive psychology movement in almost every sphere of human life including organizations advocating for the investment of employees’ focused efforts and positive energies towards organizational goals, there has been a tremendous encouragement to human creative capabilities and optimism. Keeping this in view, the present study focuses its attention on investigating the function of employee engagement, a positive individual-level behavioral construct in occupational psychology towards increased organizational effectiveness. Data was collected from 152 managers in Indian IT organizations and the results of regression analysis depicted a positive association between the elite study variables as expected. The study posits employee engagement as a substantial element to the sustenance of organizational performance and growth, and further, establishes the need to develop conditions via positive organizational–climate for higher engagement level of employees.

Keywords: Positive Psychology, Employee Engagement, Organizational Effectiveness, Organizational-Climate.

**Introduction:**

THE PROCREATIVE INTEGRATION OF POSITIVE PSYCHOLOGY to the organizational settings (Luthans, 2002) has certainly led to a paradigm shift from the traditional notions of job satisfaction, involvement, and organizational commitment to a more comprehensive and dynamic approach of ‘employee engagement’. Employee engagement refers to “an individual employee's cognitive, emotional, and behavioral state directed toward desired organizational outcomes” (Shuck & Wollard, 2010). Therefore, in pursuit of adopting positive practices at workplace while focusing on human strengths and optimal functioning, employee engagement has increasingly been looking at as a potential psychological capacity (Luthans et al., 2008), the benefits of which are directly oriented towards both individuals as well as organizations. For instance, engaged employees have consistently been shown to be more productive, profitable, safer, healthier, and less likely to turnover (Fleming & Asplund, 2007; Wagner & Harter, 2006; Wollard, 2011).

In addition, increased complexities in surmounting global competition and uncertain conditions of state economies have intensified expectations of organizations for their employees. Organizations expect their employees to be proactive and show initiative, collaborate smoothly with others, take responsibility for their own professional development, and to be committed to high quality performance standards (Bakker & Schaufeli, 2008). In specific, the notion of employee engagement has become salient and gained considerable attention in present times. In fact, engaged employees being highly involved, committed, and enthusiastic about the success of employer have been recognized as constitutional in sustaining organizational success and performance.

Though the vast popularity of the notion of employee engagement has often been attributed to the practitioners' community, yet substantial academic research
has also been flourishing determining construct validity, establishing its potential antecedents, and consequences lately. Consequences of engagement are particularly important, as organizations are increasingly looking for the cost effective ways to improve organizational performance (Halbesleben, 2011). Previous researches have established engagement as a substantial antecedent to many bottom line organizational outcomes such as productivity, profits, business growth, quality, customer satisfaction, employee retention, and low absenteeism (Buckingham & Coffman, 1999; Coffman & Gonzalez-Molina, 2002; Buchanan, 2004; Gallup Organization, 2004; Hewitt Associates LLC, 2005; Fleming and Asplund, 2007; Lockwood, 2007; Sundaray, 2011). Therefore, consequences of employee engagement are thought to be valuable to achieve organizational effectiveness (Saks, 2008; Sundaray, 2011; Welch, 2011; Cameron et al., 2011). But, no explicit empirical research investigating the association between employee engagement and organizational effectiveness has been coming from any side of the world and the relationship is yet to be confirmed.

Keeping in view, organizational effectiveness as the continuing theme of management research and practice for more than over 50 years and also as a unifying idea of achieving organizational success and continuous performance through collaborative efforts of skilled employees, present study focuses its attention on examining the role of employees' level of engagement to achieve and sustain organizational effectiveness.

State of the art
Employee engagement

Recent research studies in psychology, management and organizational sciences have manifested employee engagement as a positive organizational construct which reflects not only physical and cognitive involvement of employees' but also emotional attachment to their work and organization. Employees' psychological connection with their work has gained critical importance in management discourse of the twenty first century (Bakker, Albrecht, & Leiter 2011). According to Saks, (2006) employee engagement is “a distinct and unique construct that consists of cognitive, emotional, and behavioral components that are associated with individual role performance”. In spite of the recent emergence, the term 'employee engagement' has captivated substantial interest from industry and management in a short span of time. The vast popularity has been attributed to the beguiling organizational outcomes of engagement in terms of high involvement, passion and zeal in employees' efforts to perform up to their potential, while creating the high performing organizations. Engaged employees have a clear and defining connection to the organization's mission and purpose, and employee engagement is reflected in behaviors that meet or exceed expectations of service at the work place (Litten et al., 2011).

Kahn (1990) has been credited for pioneering the employee engagement research in academic literature. While using the framework of personal engagement and disengagement Kahn (1990) posited engagement as “a state in which employees “bring in” their personal selves during work role performances, investing personal energy and experiencing an emotional connection with their work”. In specific, the term “Employee Engagement” was first used distinctively in 1990's by Gallup organization (Buckingham, & Coffman, 1999). The Gallup Research Group coined the term Employee
Engagement as a result of 25 years of interviewing and surveying employees and managers (Little & Little, 2006). With the popular release of the book “First Break All the Rules” (Buckingham & Coffman, 1999), touted positive consequences of employee engagement became overnight sensation in the business consulting world. There has been a sharp increase in the number of academic researches on engagement thereafter. Leiter & Maslach (1998); Maslach, Schaufeli, & Leiter (2001); Schaufeli, Salanova, Gonzalez-Roma, & Bakker (2002) posited employee engagement as positive antithesis to burnout and it was the first major work on engagement. Robinson (2004); May (2004); Hallberg, & Schaufeli (2006); Saks (2006); Schaufeli (2002) explored the uniqueness of the concept and stated employee engagement is positively related to but distinct from other similar constructs such as, organizational citizenship behavior, job satisfaction, job involvement organizational commitment etc. Schaufeli et al.'s (2002) conceptualization of engagement has been very popular in engagement literature which states engagement as “a positive fulfilling, work related state of mind characterized by vigor, dedication, and absorption”.

Vigor – is characterized by the high levels of energy and mental resilience while working, the willingness to invest effort in one's work and persistence even in the face of difficulties.

Dedication – explicates being strongly involved in one's work, and experiencing a sense of significance, enthusiasm, inspiration, pride, and challenge.

Absorption – refers being fully concentrated and happily engrossed in one's work whereby time passes quickly and one has difficulties with detaching oneself from work.

In sum, engagement is posited as the high levels of personal investment in the work tasks performed on job (e.g., Kahn, 1990; Macey & Schneider, 2008; May et al., 2004; Rich et al., 2010; Schaufeli et al, 2002). Previous researches concerning employee engagement have well established its possible importance for the organizations for example; engagement leads to better job performance (Bakker & Bal, 2010; Demerouti & Cropanzano, 2010; Xanthopoulou, Bakker, Demerouti, & Schaufeli, 2009) and focused more on individual level analysis. In fact, there is a paucity of empirical research concerning employee engagement and its organizational outcomes (Cameron, et al., 2011). Furthermore, more researches establishing the validity, differential antecedents and differential outcomes associated with engagement is warranted (Gruman, & Saks, 2011). Hence, the concept of employee engagement is an important arena of research that deserves further attention (Christian, et al., 2011).

Organizational effectiveness
In order to develop and gain sustainable competitive advantage in contemporary business world organizations need to be effective. Organizational effectiveness serves as a unique source of strategic advantage to organizations for their continuous growth and development. Therefore, the underlying goal of most research on organizations is to improve their effectiveness (Noruzi, 2010). There have been many foci on defining organizational effectiveness (Mzozoyana, 2002).

- Organizational effectiveness is defined in terms of the extent to which an organization achieves its goals (Steers, 1977).
Hannan & Freeman (1977) defined organizational effectiveness as “the degree of congruence between organizational goals and observable outcomes”.

Organizational effectiveness is “a company's long term ability to achieve consistently its strategic and operational goals” (Fallon & Brinkerhoff, 1996).

Mott (1972) defined organizational effectiveness as “the ability of an organization to mobilize it centres of power, for action, production and adaptation”. In fact, effective organizations are those that tend to produce more and adapt more easily to environmental and internal problems than do other similar organizations.

In sum, organizational effectiveness has been widely accepted as “the degree to which an organization realizes its goals” (Daft, 1995). Notwithstanding, organizations are typically viewed as rational entities in the pursuit of goals (Perrow, 1970; Etzioni, 1964) and organizational effectiveness is a broader term encompassing multiple constituents of organizational performance in terms of increased output, quality, quantity, adaptability, and efficiency. In fact, it has been hard to describe what exactly constitutes organizational effectiveness (Cameron & Whetton, 1981; Rahimi, & Noruzi, 2011) and due to its multidimensional and paradoxical character (Cameron, 1986), it has been observed that an organization can be simultaneously judged effective by one criterion and ineffective by another (Mi Cho, 2008). In addition, a variety of approaches and frameworks have been developed to understand the dynamic perspective of organizational effectiveness such as goal-attainment, system resource, internal process, strategic constituency, and competing values approach. Different approaches involve different criteria for evaluating organizational effectiveness. For instance, goal attainment approach evaluates the extent to which an organization is able to achieve its short and long term goals, while system resource approach refers to the ability of an organization in either absolute or relative terms, to exploit its environment in the acquisition of scarce and valued resources to sustain its functioning, and strategic constituencies approach focuses its attention on the minimal satisfaction of all the strategic constituencies of the organization for instance, consumers of the products, supporters, facilitators, dependents and the resource providers (Cameron, 1981; Ashraf & Kadir, 2012). This paper includes the stakeholder approach towards organizational effectiveness while considering employees' perception of effectiveness in their organizations. Perceived organizational effectiveness refers to the subjective employee attitudes about how well their organization is performing (Caillier, 2011), and it has been recommended as a reasonable measure of organizational effectiveness (Brewer & Selden, 2000; Caillier, 2011). Mott's (1972) measurement of perceived organizational effectiveness has been found to be the most frequently used criteria in various models pertaining to effectiveness (Steers, 1975; Sharma & Samantara, 1995; Luthans et al., 1988).
Positive psychology, employee engagement, and organizational effectiveness

Employees' active commitment and involvement is of greater significance when it comes to innovation, organizational performance, and competitive advantage (Bakker & Schaufeli, 2008). Therefore, the positive psychology movement has certainly persuaded organizations to adopt positive practices at work place in order to create and develop a positive psychological context to help employees thrive at workplace. Positive practices such as respectful treatment of employees at work place, career planning and development etc. are significantly associated with organizational effectiveness. The association between positive practices and organizational effectiveness takes into account that positive practices at work place (for instance, organizational justice, managerial support, fair rewards, recognition, performance management, fulfillment of psychological contract, trust, integrity, workplace spirituality, and work-life balance etc.) produce positive affect (such as satisfaction, psychological well-being) in employees resulting into the positive individual behaviours for instance, retention and engagement which is further suggested as an antecedent to the organizational effectiveness (Cameron, et al., 2011). In this connection, the construct of employee engagement has been observed in organizational context, connoting it as "a desirable condition, has an organizational purpose, and connotes involvement, commitment, passion, enthusiasm, focused effort, and positive energy", (Erickson, 2005; Macey & Schneider, 2008). This posits, engaged employees being enthusiastic, dedicated, and psychologically involved are more able to invest their active physical strength and emotional energy towards the fulfilment of organizational goals. Furthermore, it has also been suggested that engaged employees not only contribute more but are also more loyal and therefore less likely to voluntarily leave the organization (Macey & Schneider, 2008).

Thus, based on the previous findings, assumptions, and axioms in existing literature concerning organizational context of employee engagement, it is argued that employee engagement in general and as a whole will be related to organizational effectiveness.

Study Hypothesis

H1. Employee engagement will positively and significantly influence organizational effectiveness.

H1a. Vigor will positively and significantly influence organizational effectiveness.

H1b. Dedication will positively and significantly influence organizational effectiveness.

H1c. Absorption will positively and significantly influence organizational effectiveness.

Method

Participants

The respondents were 152 middle level managers from different IT organizations. Of the 152 participants', a large proportion (71%) were males and the rest of the others were females. The average age of the participants was 31 years. The work experience profile of the participants varies from the minimum 3 year of experience from maximum of 7 years and the average work experience was 4.5 years. 32% were unmarried of all the participants and the
Organizational effectiveness
An 8-item scale developed by Mott (1972) is used as a measure of organizational effectiveness, summative overall effectiveness scale. The scale consists of 8 items e.g., “Thinking now of the various things produced by the people you know in your division, how much are they producing? Their production is measured on a five-point scale ranging from 1 to 5. Each item needed a different adjective as its response, so the scaling of the items was different. The Cronbach’s alpha (α) was .88.

Data analysis technique
The Statistical Package for Social Science version 17.0 (SPSS 17.0) was used to analyze the data. Correlation and regression analysis was conducted to investigate the relationship between employee engagement and organizational effectiveness in the IT industry.

Results
Relationship between employee engagement and organizational effectiveness
Table 1 presents the means, standard deviations, correlations of the key study. It is worth noting here that a significant relationship has been found between employee engagement and organizational effectiveness on an over-all basis with the calculated r = .47 (significant at .01 level). This clearly outlines that higher engagement level of employees in organization is associated with increased organizational effectiveness.
A perusal of correlations shown in Table 1 illustrates that all three dimensions of employee engagement as: vigor, dedication, and absorption correlate positively with organizational effectiveness. A significant relation between vigor and organizational effectiveness has been found with the calculated correlation value as .41, (significant at .01 level). Another dimension dedication has also been found to be correlated with the organizational effectiveness as shown in Table 1, and has been found that dedication is significantly correlated with organizational effectiveness with the correlation value as .40** (significant at .01 level). The correlation between the third dimension of employee engagement that is absorption and organizational effectiveness has been found to be most favourable with the calculated r value = .43**, (significant at .01 level).

Impact of employee engagement on organizational effectiveness

Further, in order to know how much variance will be explained in organizational effectiveness by employee engagement, regression analysis was conducted. In which organizational effectiveness was regressed on the all three dimensions of employee engagement. As depicted in Table 2, the criterion variable employee engagement on an over-all basis accounted for 22% of the variance in the prediction of organizational effectiveness with F value = 42.35, p<.01, β = .47, and η² = .18. All the three dimensions of employee engagement exhibited significant variance in organizational effectiveness as the first dimension vigor accounted for remarkable variance as 17% with the calculated R=.41 (F= 29.98, p<.01, β = .41, Δ = .17). The second dimension that is dedication also explained a significant variance in organizational effectiveness as the first dimension vigor accounted for remarkable variance as 17% with the calculated R=.41 (F= 29.98, p<.01, β = .41, Δ = .17). The second dimension dedication has also been found to be correlated with organizational effectiveness as shown in Table 1, and has been found that dedication is significantly correlated with organizational effectiveness with the correlation value as .40** (significant at .01 level). The correlation between the second dimension of employee engagement that is absorption and organizational effectiveness has been found to be most favourable with the calculated r value = .43**, (significant at .01 level). The third dimension absorption accounted for remarkable variance as 18% of all the dimensions with the calculated R=.43 (F= 33.45, p<.01, β = .43, Δ = .18), depicting that absorption was the strongest predictor of organizational effectiveness among all the dimensions of employee engagement.

Table 1 Descriptive statistics and correlations of the key variables (N=152)

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Standard deviations</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>1. Vigor</td>
<td>5.17</td>
<td>1.03</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. Dedication</td>
<td>5.83</td>
<td>.75</td>
<td>.53**</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3. Absorption</td>
<td>5.39</td>
<td>.92</td>
<td>.47**</td>
<td>.45**</td>
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<td></td>
<td></td>
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<td>4. Employee Engagement</td>
<td>16.20</td>
<td>2.23</td>
<td>.68**</td>
<td>.64**</td>
<td>.62**</td>
<td>1</td>
<td></td>
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<td>5. Organizational Effectiveness</td>
<td>11.15</td>
<td>1.44</td>
<td>.41**</td>
<td>.40**</td>
<td>.43**</td>
<td>.47**</td>
<td>1</td>
</tr>
</tbody>
</table>

Notes: *p = .05; **p = .01
and perform better in their jobs. They are better able to meet the increasing job demands at contemporary workplace. Second, organizational performance is the collaborative efforts of engaged employees, as engagement of one person may transfer to others and indirectly improve composite performance of teams (Bakker, 2011). A positive gain spiral of engagement at workplace would constructively lead to increased organizational performance as engaged employees does not only contribute more but are also more loyal and therefore less likely to voluntarily leave the organization (Macey & Schneider, 2008).

Third, it has been suggested that engaged employees are also willing to invest extra efforts and go beyond the call of the duty (Schaufeli et al., 2006b; Christian et al., 2011). Engaged employees often experience positive emotions, they are happier at work and more helpful to others than non-engaged employees (Bakker & Demerouti, 2008). In this direction, Rurkkhum & Barlett, (2012) have recently reported a positive and significant relationship between employee engagement and OCB's. Engaged employees have a clear and defining connection to the organization's mission and purpose, and employee engagement is

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Independent Variable</th>
<th>R</th>
<th>R2</th>
<th>Adjusted R2</th>
<th>F-Value</th>
<th>Standardized β Value</th>
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<tr>
<td>Organizational effectiveness</td>
<td>Employee engagement</td>
<td>.47</td>
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<td>.22</td>
<td>42.33**</td>
<td>.47**</td>
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<td>Vigor</td>
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<td>.17</td>
<td>.16</td>
<td>29.98**</td>
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<td>Dedication</td>
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<td>Absorption</td>
<td>.43</td>
<td>.18</td>
<td>.18</td>
<td>33.45**</td>
<td>.43**</td>
</tr>
</tbody>
</table>

Notes: significant at .01 level

Discussion and conclusions

The investigation of variables provided support for the hypotheses that employee engagement in general and as a whole is significantly related to the organizational effectiveness. On the whole, research findings suggest that absorption is the most significant dimension leading to organizational effectiveness although with no remarkable difference with the other two dimensions of employee engagement as vigor and dedication. Results of the study are consistent with conceptual suppositions in existing literature as it has been clearly observed that engaged employees are a vital element in achieving organizational success, performance, and competitive advantage. In fact, leaders and managers across the globe recognize employee engagement as a vital element affecting organizational effectiveness (Welch, 2011).

Engaged employees augment organizational performance and effectiveness in four ways. First, as discussed earlier, engagement is a positive and high arousal affective state characterized by energy and involvement (Bakker et al., 2011), engaged employees being highly enthusiastic, efficacious and involved tend to work harder...
reflected in behaviors that meet or exceed expectations of service at the workplace (Litten et al., 2011). Given the primacy of OCB's in achieving and sustaining organizational effectiveness (Organ, 1988, 1997) which has been well documented in previous literature, it is inferred that engaged employees through task proficiency and discretionary efforts lead to firms' success and growth.

Fourth, engaged employees are more open to new information, more productive, and more willing to go the extra mile (Bakker, 2011). Bakker & Demerouti (2009b) found a positive relationship between engagement and active learning behavior. An organization develops and sustains its performance when its employees are better able to meet the growing demands of competitive business environment through personal mastery. In addition, they invest their positive behavioral and attitudinal energies at work and create their own positive feedback in terms of appreciation, recognition, and success (Bakker & Demerouti, 2008).

Every organization strives to achieve effectiveness in its operations, as organizational effectiveness is a necessary pre-condition for organizational development. Organizations direct their systematic efforts towards effective human capital management, talent management, and knowledge management as a means to maximize employees' contribution at work. In specific, they want engaged employees.

Though engagement is a long lasting positive work experience that transforms employees' focused energy, dedication, and involvement into better job performance, there is a need to create organizational-climate to sustain and develop conditions for high engagement level of employees. Employers should create an organizational context where employees feel enthusiastic and motivated about their jobs (Bakker et al., 2011). For instance, increased job demands require greater efforts on the part of organizations to provide employees necessary job resources (supervisor support, recognition, job autonomy, feedback, person-job fit, skill variety) that are conducive to intrinsic motivation, personal learning, growth, and development (Bakker, 2011). When an organization anytime is ineffective to meet the expectations and requirements of the employees, they also tend to drawback their energies from job engagement (Frank, 2004; Rashid et al., 2011). Thus, there is a need to acknowledge the factors that would lead to high commitment and psychological attachment of employees towards the organization and to develop a positive psychological and social context in which employees can perform up to their full potential. Specifically, human resource managers play a significant role to facilitate engagement among their employees (Bakker, 2011; Fairlie, 2011; Shuck et al., 2011; Wollard, 2011). Integrating engagement enhancing strategies into human resource practices at workplace would be a substantial step in creating effective organizations.

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Percieved Self among the Managers of Telecom Sector: A Gender Study

*Shukla Archana **Fatima Amreen

**Abstract**

The objective of the present study is to find out the perceived self among the managers of telecom sector and to study the gender difference among them. 50 managers were selected (25 males and 25 females) through purposive sampling. The age range of the sample is 30 to 40 years. WHO AMI? Technique by Bugental and Zelen(1950) is used in the present study for the better understanding of perceived self among the managers of telecom sector. Gender differences were found in the perception of self. Male managers’ personality bears more positive shades as compared to female managers. Males’ perception is more self-focused as compared to females whose perception of self is other-focused.

**Keywords**: Percieved Self, Ideal Self, Real Self, Personality

**Introduction**:

Self is the center of our being; it is a core of our personality. Self is above all, totally unaffected by the flow of bodily conditions. In words of Sullivan (1950) “the self is said to be made up of reflected appraisals.” Self includes the totality of man; the four functions of thinking, feeling, sensation and intuition, man’s relationships with life and with the inanimate universe. Self on the one hand, provides awareness of one’s unique nature and on the other hand, a feeling of oneness with the cosmos. According to Jung (1940) “Self is not only the center but also the circumference that encloses consciousness and unconsciousness; it is the center of this totality as the ego is the center of consciousness.”

Most theorists have assigned a major role to the environment and experience in the development of self. The social experiences play a very significant role in the formation of self-perception. An Individual perception of his physical and psychological attributes is known as the perceive self. Perceived self can be positive or negative depending upon the favorable and unfavorable appraisals assigned to self. According to Rogers (1961) perceived self is composed of three sides of the triangle; the perceived self (how person see self & and others see him/her), the Real Self (how person really is), and the Ideal Self (how person would like to be). In views of Rogers the ideal self is the base for the other two elements of self - the perceived and the real self.

Interestingly the importance of self has been recognized by the modern organizations. Many researches Shamir (1991), Vathanophas and Thaingam (2007) and Wright (2007) has accepted the role of manager’s self-concept as a source behind the organizational success. But surprisingly there is a dearth of literature on perceived self especially with reference to the managers of telecom sector in Indian perspective. Very limited and scanty work has been done studying perceived self and gender differences in the managers of telecom sector, as the managers have to be vigilant in their work, meet the targets, work at the odd hours of the day etc. This encouraged the researcher to take up the present study. While reviewing the literature some questions came in the mind of the researcher; how does the managers of
telecom sector perceived themselves? Is there any gender difference in the perceived self among the managers of telecom sector? Do males managers have better perceived self as compared to female managers? Since it's impossible to answer all the questions in a single study, hence an attempt has been made to answer some of them in the present study.

**Objective of The Study:**
To study the perceived self among the managers of telecom sector and to find out the gender difference among them.

**Sample:**
The study was conducted on 50 managers of telecom sector. Age range of the subjects was 30-40 years and the mean age was 31.3. Subjects were selected through purposive sampling.

**Nature of the Study:**
An ex post facto research with exploratory orientation in nature.

**Variable:**
- Perceived self
- Gender

**Tool Used:**
Who am I? Technique was given by Bugental and Zelen (1950). There are many variant of Who am I? Technique In the present study one of the variant of Who am I? – (What is good and not so good about me – the positives and negatives of the self) introduced by Arkoff (1985) was used. Who am I? Is a tool, which explores one’s perceived self on the one hand, and on the other hand serves as the base for identifying how the individual view does him/her?

**Administration of “Who Am I? Technique:**
Who am I? Technique was administered with the generation of self-descriptive statements. Following instructions were given to the subjects:

“You must have seen yourself in a mirror, in a pot of water, or in a pool. What did you see? Right you saw your face, how you look physically, or how others see you. Today we are going to show you a different kind of a mirror, which will tell you how you are from within. Look in it and see “who are you?”

Initially the managers were motivated by the researcher and were informed that there is no right and wrong answer. Further they were also ensured that their responses will be kept confidential and their identity will not be disclosed to anyone.
Figure 1

Diagram -1 Males Positive and Negative Responses

Positive responses 58%
Negative responses 42%

Figure 2

Diagram -2 Females Positive and Negative Responses

Positive Responses 48%
Negative Responses 52%
When the responses of male and females were looked into (fig.1 and fig.2), it depicts a clear picture that there is a gender difference in terms of positive and negative statements. Majority 58% of male’s responses (fig.1) were positive while only 42% responses fall in to negative category. On the other hand, maximum responses (52%) of females (fig 2) were negative and only 48% of responses were positive.

First and foremost positive responses of males were analysed and divided into 6 sub-categories. Male positive responses were depicted in the diagram below:

**Figure .3**

First category with maximum number of responses indicates that 26% of males were self-focused. Some of the responses in this category were: “I am a Fighter” and “I have a happy nature”. A positive perceived self, adheres confidence and trust in ones capabilities. Therefore the above percentage suggests males possess the feelings of self-worth and they are aware of their strengths and are willing to use it in a positive manner (Shamir 1991).

Next category that emerged is job with 21% of males’ statements. The positive attitude towards job was marked by the verbatim like “I feel content with my job” and my job provides me the opportunity to explore more.” This category go hand in hand among the managers of Indian telecom sector, as they are more job oriented, they are spending most of their hours in their job, making an effort to perform better at the expense of their respective personal lives. This finding was also supported by Abbas, Hameed and Waheed (2011).

Further (17%) of male responses suggests “the dominance of others”. In words of Hurlock (1965) “Others focused self refers to how a person views herself/himself through the eyes of
This category goes hand in hand with the present scenario, where positive appraisal by others becomes necessary in order to keep up with the daily problems of life. Statements like “my colleagues think I am hard working, and “People trust me for my honesty” were given by the subjects.

Fourth category was approach towards life. 14% of male managers stated that they have adopted a positive approach towards life. Statements in this category were for example “I have a positive approach towards life.” They further reported that the positive approach helps them to strike a balance with their hectic schedule and stress.

Surprisingly 12% of the managers perceived themselves in terms of relationships. Some of the statements were; “I value relationships”. Relationships are said to be the core of our lives, which is the reason that the focus of responses in this category was on relationship development, maintenance of relationship with family members and friends.

Spirituality can be defined as the ultimate reality. It is a path which enables a person to discover the essence of his/her being. It provides deepest values and meanings to a person’s life. Spirituality is (10%) the last category among positive responses. Responses in this category were “I pray every day, because it helps me to stay claim even in the worst of situations” Managers also mentioned that they do meditation everyday which in return helps them to feel content with what they have in live.

Further when the data was reviewed in terms of females' positive responses, six categories emerged. These categories are mentioned below:

**Figure .4**
Fig. 4 shows that majority (23%) of females self is other focused. This in comparison to males’ positive responses (fig. 3) is in complete contrast; as the males were more self-focused where as females perception of self is entirely based on the judgements of others. Statements in this include; “People say I have an attractive face”, and “others think I am charming personality”. This finding was supported by findings of Crocker, Sabiston, Kowalski, McDonough and Kowalski (2006) indicated that specific physical self-perceptions by others were the important predictors of physical activity, dietary restraint and social physique anxiety in females.

Further 24% of females reported positive attitude towards their job. Statements in this were “I am good at managing work”. Positive attitude towards job suggests all the positive experiences which a person holds towards their job. With reference to this finding Grobeleny and Wasiak (2010) stated “The most satisfied with income were masculine women managers, the least feminine women non-managers.

Moving on to the next category of positive responses, (19%) of females perceived themselves with regards to their family. Some of the responses in this category were like; “I love my family” and “I like to spend time at home”. It is ironical yet true, that in our Indian culture no matter at what position a female is, how much she is earning, family remains the prime importance. The present finding similarly supports the Indian values of working women.

Another category was social with 16% of the females’ responses. Verbatim under this were, “I like to be with others”, “I am good at maintaining relationship” and “I like to socialize at times.” Major focus of responses in this category was on socializing, interacting with others, and developing interpersonal skills.

It is an interesting finding to know that only 13% of females’ perception is self-focused. Statements in this category were as “I respect myself” and “I am good at managing things”. This finding indicates the feminine stereotype. Feminine stereotype in our Indian culture suggests that females have a tendency of self-negligence. They think about themselves in the last; for them their family, children and others come first, despite the fact how educated they are and at what position they were working. This stereotype also goes hand in hand among the female managers of telecom sector.

Lastly 9% of females mentioned that they have positive life expectations. Some of the verbatim were: “things will improve in the future” and “I will be able to accomplish my goals very soon”. Positive expectations about life indicates the optimism among females about future, this also suggests that despite the present situations females try to maintain a positive outlook towards their lives.
Majority of males 42% have a negative perceived self. Statements in this category were like “I have a bad temper” and “I slightly egoistic”. A negative perceived self in words of Besser and Priel (2011) is marked by the “personality predisposition of dependency, higher levels of negative affect and interpersonal rejection.” With reference to the previous finding (fig.3) this was opposite of what managers reported about positive perception of self.

Fig.4 clearly depicts that (34%) of males hold the negative attitude towards their job. Verbatim in this category were like: Due to my job I have become aggressive in nature” and “I have a very demanding job.” Negative responses clearly suggest their dissatisfaction in job. Thus the feeling of negative affect can said to result due to the aggressive and hectic nature of their jobs in the telecom sector.

Moving to the last category, of males’ negative responses it was found that 24% of male managers self is other focused. Following were some of the example; “others think I am a bad person.” It was very shocking to find out that the manager holds such a negative view about themselves despite the fact that their job requires them to maintain a positive outlook as they have to largely deal with others. Present finding supports the concept of “dissonance”. It becomes ironical yet true that for the managers working in telecom sector have to represent themselves as a positive person in front of the others, despite the fact how negative and gloomy they feel within themselves.

After the reviewing the males’ negative responses, females’ negative responses were taken into the consideration. The five categories for negative responses were mentioned below:

Moving on to the next, the percentage of negative responses among males was divided into the three sub categories were as under:
Majority of females perceived themselves negatively (38%). Negative perceived self is witnessed in the verbatim like “I have a very short temper” and “I am easily frustrated.” A negative perception towards self suggests that one is not content with herself/himself and holds negative views about self.

(26%) of females negative responses states that their self is other focused. Statements in this category were like: “Others think I am in decisive”. For a person having a negative perceived self, what others think is more important than how he or she is in reality. In other words negative perceived self is characterized by the negative evaluations by others.

Next category of was job with 22% of females instances. Responses in this category were “My job is very demanding in nature and “Due to hectic schedule at work I am not able to spend time at home.” Females also mentioned that they had problems in their job and because of the nature of job they were unable to maintain a proper balance between job and personal life.

Gossip was the last category with 14% of female’s responses. Verbatim in this category were: “I like to include in office politics” and “Often I like to talk about others” Gossip refers to the talking bad about others, back biting and interest in others doing. It also refers to idle talk or rumour about the personal or private affairs of other. De Gouda, Vuuren and Crafford (2005) mentioned workplace gossip could have direct implications on trust in workplace relationships, might undermine principles espoused by corporate governance and could therefore lead to higher staff absenteeism and turnover.

The data analysis clearly points that majority of males perception is self-focused. Further suggesting that they are aware of their strengths and positives points. Job has predominance in their lives. They also acknowledge themselves through the eyes of others. Males try to maintain a positive approach towards life to strike a work life...
balance. They also seem to value relationships. Lastly spirituality helps them in maintaining this positive outlook of life. Whereas the data analysis of females positive responses suggests that largely females perception is other focused. Family is of great importance in the lives of females. They were more concerned about maintaining relationships. While trying to maintain this positive outlook in life females have positive expectations from their respective lives.

Interestingly the content analysis of negative responses portrays that the males in the sample had a negative perception of self. They hold a negative perception of their job, suggesting that they were not happy with their present job conditions, pressure at job and exhaustive working hours. On the other hand females perceived more themselves negatively as compared to males. They are more influenced by the how negatively others perceived them than what they actually are. Females have a negative job perception; they feel their job is very demanding and time consuming and to add more negativity at times they like to gossip about others.

**Summary and Conclusion:**

Findings of the study suggest that there is a gender difference in the perceived self among the managers of telecom sector. Reasons could be the nature of jobs in telecom sector is very demanding and requires dealing with lot of pressure, working at odd hours of the day. Which males can do easily than females due to the social norms? As a result of this it is a male dominated industry. With reference to males dominance in the managerial positions, the Office for National Statistics (2008) showed that 19% of men in the United Kingdom occupied managerial and positions of seniority compared to 12% of women. Further, as of 2009, the overall pay gap between men and women in the industry was 22% in favour of men (Government Equalities Office, 2009) Females on the other hand have more responsibilities; they have to manage their homes, children, and their respective lives. This imposes certain limitations and creates imbalance in personal and professional life. This further develops feelings of job demotivation, and results in negative perception of self. This finding was also supported by Iacobucci and Ostrom, (1993) In the emerging telecom sector of India the present study provides insights on the perceived self among the managers working in telecom sector. This study provides useful inputs to the future researches by exploring the ways in which perceived self, effects the work life of the managers. On the basis of the findings it can be suggested that personal counselling and useful training programs should be organized by the company for the managers to overcome feelings of negative self-perception and stress and to make the working environment more conducive. In the end to sum up in words of Assagioli (1966) can be said “the SELF is the universal and I am aware that I am SELF.”

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Introduction:

Hearing impairment in children does not only make it difficult for them to communicate with other people but it also slows down their learning. Hearing is what keeps us in touch with our world. It plays a significant role in expressing and receiving language. Hearing loss creates problems in how an individual expresses and receives language which in turn causing social, communication, and educational problems (Hall et al., 2001). Educators therefore need to consider the short and long term effects of how hearing loss impairs a person's ability to understand spoken language when developing their programs. Teachers need to make special considerations when teaching with the hearing impaired children.

Problems Faced by The Teachers Engaged in Special and Integrated Schools for Hearing Impaired Children

*Swaha Bhattacharya **Monimala Mukherjee

Abstract

Hearing impairment is a generic term including both deaf and hard of hearing which refers to persons with any type or degree of hearing loss that causes difficulty in many cases. Hearing impairment is a permanent hearing loss or decrease in hearing that is so significant which negatively affects a child's performance in school or ability to learn. The aim of the present investigation is to study the problems of hearing impaired children as perceived by the teachers of integrated and special school. Accordingly, a group of 40 (20 from Integrated and 20 from Special school) teachers were selected as sample in this investigation. General Information Schedule and Perceived Problem of Hearing Impaired Children Questionnaire were used as tools in this investigation. The findings reveal that communication, lack of accurate information, attendance are the main reasons behind the difference between the two groups of teachers engaged in integrated and special schools for hearing impaired children. Measures may be taken to reduce the problems as children, while integrating them into regular schools which will help them to achieve their maximum potential in a more favourable educational and social environment. Integration is an ongoing process of learning to live together, and it also involves increasing knowledge about self and others. For deaf children, the question of integration is more complex than it usually appears. An integrated educational programme with no special methods, prepares the child for a life in a hearing community (Webster and Ellwood, 1985). It is said that integration is the way to provide deaf children with what they cannot gain from their deaf environmental experiences. Social, business and professional contacts in life cannot be fully achieved without effective language and communication skills (Blumberg, 1973). According to Dalvi (1992) success or failure of an hearing impaired child initially depends not so much on whether the child is severely or profoundly deaf, as on his level of intelligence, ability to lip-read, his
language development, the help and training he gets from his parents and his special school, and the availability of a resource teacher to guide him in studies in the regular school curriculum. Integration thus involves the efforts of many people working as a team, such as teachers of regular schools and special schools, parents of the deaf child, other specialists like the resource teacher, social worker, audiologist and speech therapist. The identification, development and co-ordination of this team effort are both a challenge and a critical requirement in meeting the needs of deaf children (La Porta et al, 1978).

According to Musselman et al. (1996), although not all results are equally negative, the preponderance of the evidence supports the conclusion that special schools for the deaf foster socio-emotional growth better than mainstream schools. Deaf students in mainstream schools report feeling socially isolated and lonely and have lower self-esteem than those students in special schools.

Considering the above the present investigation has been designed to study the problems of hearing impaired children as perceived by the teachers of integrated and special school.

Objective
To study the problems faced by the teachers engaged in Special and Integrated School for taking care of hearing impaired children.

Hypothesis
Teachers engaged in Special and Integrated School differ significantly in terms of problems faced by them for taking care of hearing impaired children.

Study Area and Subjects
A group of 40 teachers (20 from Special School and 20 from Integrated School) engaged in different Special and Integrated Schools of Kolkata and Howrah Districts were selected as sample in this investigation. The pertinent characteristics of the subjects are:

a) Age range: 35 to 50 years
b) Educational qualification: At least graduate with B.Ed in special education.
c) Duration of service: At least three years.

TOOLS USED
(1) General Information Schedule. It consists of items like name, age, address, education, marital status, duration of service etc.
(2) Perceived problem of hearing impaired children questionnaire

It consists of 15 statements answerable in a three point scale viz; Yes (Y), Sometimes (S) and No (N) in connection with communication, infrastructural facilities, attendance, accurate information, curriculum, emotional instability etc.

Administration, Scoring and Statistical Treatment
General Information Schedule and Perceived problem of hearing impaired children questionnaire were administered to a group of 40 teachers engaged in Special and Integrated school by giving proper instruction. Data were collected and properly scrutinized. Frequency and percentages were calculated for General Information Schedule and also for Perceived Problem of Hearing Impaired Children Questionnaire. Comparisons were made by applying Chi-square test.

Results and Interpretation
The General Characteristic data inserted in Table – 1 reveals the characteristic features of the subjects under study.
Data inserted in Table – 2 reveals the problems faced by the teachers engaged in special school who are taking care of hearing impaired child. 85% teachers opined that they face problems due to lack of infrastructural facilities regarding proper hearing aids and sound proof rooms. 80% of them have expressed about the necessity of more advanced technologies and aids for hearing impaired children. Less emotional stability, bullied by the normal children are some of the remarkable problems faced by the teachers engaged in special school (70%). They gave emphasis on appointment of psychologists, audiologists and therapists for guiding both the hearing impaired children and their parents about the problems so that they can adjust with the school environment. Social structure for the hearing impaired children is also an important factor in this regard. Besides this, 60% teachers have expressed that due to lack of accurate information about the problems of hearing impaired children sometimes creates problem to cope with properly.

<table>
<thead>
<tr>
<th>General Characteristic Features</th>
<th>Teachers of Special school (N=20)</th>
<th>Teachers of Integrated school (N=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>%</td>
</tr>
<tr>
<td>1. Age in years (mode value)</td>
<td>39 years</td>
<td>42 years</td>
</tr>
<tr>
<td>3. Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) B.A/ B.SC &amp; B.ED in special education</td>
<td>08</td>
<td>40</td>
</tr>
<tr>
<td>(b) M.A/ M.SC &amp; B.ED in special education</td>
<td>12</td>
<td>60</td>
</tr>
<tr>
<td>4. Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Married</td>
<td>16</td>
<td>80</td>
</tr>
<tr>
<td>(b) Unmarried</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>5. Duration of Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Below 10 years</td>
<td>7</td>
<td>35</td>
</tr>
<tr>
<td>(b) Above 10 years</td>
<td>13</td>
<td>65</td>
</tr>
</tbody>
</table>
Data inserted in Table – 3 reveals the problems faced by the teachers engaged in integrated school. 85% of them gave emphasis mainly on poor infrastructural facilities viz., proper hearing aids, sound proof rooms etc. 70% teachers opined that they face problems due to bullied by normal children. Sometimes, it is very difficult to communicate properly. 60% of them have expressed about the necessity of more advanced technologies and aids of hearing impaired. Adjustment problem and poor attendance in class are also the significant factors which creates problem for proper handling the hearing impaired children.
When comparison was made between these two groups of teachers engaged in Special and Integrated school in terms of problems faced by them to handle the hearing impaired children, significance difference was observed for the item number 1 – (difficult to introduce new lessons in the class), 2 – (difficult to communicate with hearing impaired children), 6 – (hearing impaired children always creates disturbances), 7 – (inadequate information about hearing impaired children which creates problem) and 10 – (poor attendance in the class) respectively. On the contrary, teachers engaged in both special and integrated schools face some common problems, viz; poor infrastructural facilities, lack of advancement of modern technologies etc. Thus the Hypothesis,
which states, “Teachers engaged in Special and Integrated School differs significantly in terms of problems faced by them for taking care of hearing impaired children” - is accepted for item nos. 1, 2, 6, 7 and 10 and is rejected for other statements.

Table – 4: Comparison between perceived problems of teachers engaged in Special and Integrated School for taking care of hearing impaired children.

<table>
<thead>
<tr>
<th>Item Numbers</th>
<th>Chi – square value</th>
<th>Item Numbers</th>
<th>Chi – square value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>8.52**</td>
<td>9.</td>
<td>2.06*</td>
</tr>
<tr>
<td>2.</td>
<td>8.52**</td>
<td>10.</td>
<td>5.54**</td>
</tr>
<tr>
<td>3.</td>
<td>1.02*</td>
<td>11.</td>
<td>2.76*</td>
</tr>
<tr>
<td>4.</td>
<td>0.00*</td>
<td>12.</td>
<td>1.64*</td>
</tr>
<tr>
<td>5.</td>
<td>0.00*</td>
<td>13.</td>
<td>4.06*</td>
</tr>
<tr>
<td>6.</td>
<td>6.40**</td>
<td>14.</td>
<td>3.14*</td>
</tr>
<tr>
<td>7.</td>
<td>3.74**</td>
<td>15.</td>
<td>1.80*</td>
</tr>
<tr>
<td>8.</td>
<td>1.02*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Difference is insignificant
**p<0.05

Major Findings

1. Teachers of both Special and Integrated schools have faced some common problems to take care of hearing impaired children properly.
2. The problems are mainly due to poor infrastructural facilities viz., proper hearing aids, sound proof rooms, lack of advancement of modern technologies etc.
3. Teachers of Special school gave much emphasized on appointment of psychologists, audiologists and therapists for guiding both the hearing impaired children and also for their parents so that they are able to adjust with school environment properly.
4. According to the teachers of integrated school it is very difficult to communicate with the children in the class mainly because hearing impaired children are bullied by the normal children. They also face difficulty to maintain the curriculum properly.
5. Comparative picture reveals significant difference between these two groups for item no 1, 2, 6, 7 and 10 respectively.

Concluding Remarks

In conclusion it can be said that teachers engaged in special and integrated school have expressed some problems which they face to take care of hearing impaired children. Teachers of special schools gave emphasis on infrastructural facilities viz., proper hearing aids, sound proof rooms and necessity for more advanced technologies and aids. On the other hand teachers engaged in integrated school gave emphasis on communication problem. Attendance is also an important factor in this regard. To reduce the problem appointment of psychologists, audiologists and therapists are required for
guiding not only for the children but also for their parents so that they can understand the problem properly which will ultimately help to adjust with the school environment and teachers are able to do their duties properly.

References

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Body Mass Hurts Adolescent Girls More Than Thin-Ideal Images

*Javaid Marium **Ahmad Iftikhar

Abstract

This study was aimed to identify factors that affect negative mood and body image dissatisfaction in women. Positive and Negative Affect, Self Esteem, Body Image Satisfaction and Figure Rating Scale was administered to 97 female undergraduate students. This served as a base line data for correlation analysis in the first instance. One week later participants who volunteered to appear in the second phase of the study (N=47) were shown thin-ideal images as an intervention and soon after they completed Positive and Negative Affect Schedule and Body Image States Scale again as a post test. Results indicated body mass as a strong negative predictor of body image dis/satisfaction, self esteem was a moderate predictor and mood was not a significant predictor. The participants whose actual body shape was markedly discrepant with the ideally desired body shape had significantly low level of body image satisfaction (p < .001) than those with low discrepancy. Similar results were found for self esteem (p <.004). Both self esteem and body mass predicted body satisfaction about equally and significantly. However, on viewing thin-ideal images, the participants of different body weight showed no change in their body image satisfaction than before. Only the overweight participants were significantly affected on negative mood as a short term reaction after viewing the thin ideal images. Comparing the three groups based on their body mass, one-way ANOVA revealed significant difference in mean score of thin, average and overweight participants on negative mood as well as body image satisfaction. This reveals body mass as a potent and stable factor that consistently and strongly affected body satisfaction not the transient portrayal of thin ideal images. Further, there is some evidence on the moderating role of self esteem between body mass and body image satisfaction linkage. It therefore appears necessary to explore in future researches whether enhancing self esteem can trade off body mass negative effects on young girls.

Keywords: Body image satisfaction, thin-ideal images, media, mood affects, self esteem.

Introduction:

Most women perceive their actual figure as significantly larger than the ideal figure (Tiggemann & Pickering, 1996). According to Ozer and Brindis (1998) about 44% of adolescent girls believe they are overweight and 60% are actively trying to lose weight although majority of these girls are within normal weight range. Similarly in a study involving 15-19 years old 303 girls, Cash, Ancis and Strachan (1997) found that 78.5% females desired to be underweight, whereas based on
Body Mass Index (BMI) 79.2% were normal weight, 18.2% were underweight and 2.6% were overweight. Watching television shapes women mindset such that they become biased against their body self causes mood annoyances and even body disorders such as anorexia nervosa and bulimia nervosa, badly interfering in their everyday life. The media constructed reality of a slender and perfect ideal figure is though pervasive but largely unrealistic and almost unattainable by common man (Cash & Pruzinsky, 1990). Thus women suffer at large from 'body dissatisfaction'—a term generally used to refer to subjective unhappiness with one's appearance (Thompson et al. 1999). A meta-analysis of the studies of exposure to idealized images of female body concluded that viewing these images lead to a consistent but small effect on body dissatisfaction (Groesz, Levine & Murnen, 2002).

Several psychological theories have been referred to explain how one becomes desirous of thin-ideal body self. Higgins (1987) self-discrepancy theory holds that discrepancy between a women's actual body shape and what she ideally desires it to look like causes distress, body dissatisfaction and eating disorder. Leon Festinger (1954) held that individuals tend to rate and evaluate themselves in social comparison. Media, a common household item, invokes comparison of young viewers to the thin body that is heavily idealized in the cultural shows, drama serials and commercial ads. This causes negative affect, low self esteem and high level of body-image self-discrepancy in young female viewers. For example, Triggeman and Slater (2004) conducted a study exposing women to ordinary looking women and then to music video clips of highly attractive ones. They found subjects feeling mood changes as they involved themselves differently in the two conditions on mood while involving themselves in comparison with the idealized figures. Comparison with the ideally thin and attractive figures is in fact accentuated under culture and familial influences as well (Schwartz, 1986) that endorse notions of body perfect. For example one of the popular notions is that physical body is the true person and if the body is good (thin-ideal) then the person is good enough. The popular media, according to Pollack-Seid (1989) does not show heavy women leading normal and happy social lives. Girls are taught to be "good enough" in order to be happy in their marriages, their jobs, their families, and their lives. This social cultural thin body ideal has a great following among the young people. The psychological toll of such self focused narratives has a tremendously negative effect: unhappiness, shame, guilt, depression and low self-esteem (Stice & Shaw 1994; Unger & Crawford, 1996).

The ideal images are focused on a woman's physical appearance. Appearance stereotype affects self-esteem when television screen depicts thin women as successful. The envious mostly overweight persons, reactively battle their bodies to achieve the thin body by dieting and reconstructive surgeries. Culture usually promotes battling against negative body image. Needless to say discrimination against overweight persons is acceptable even today. The media, as a cultural tool, contributes to negative body image by depicting the thin ideal as means to live a happy life.

Cash, Ancis and Strachan (1997) are of the view that body image is psychological in nature and is more about a person's self perception than their actual physical appearance / attractiveness. Majority of the women desire to reduce weight although very few are actually overweight. They hold that a person's early socialization about physical
appearance and their experience of their body during childhood and adolescence influences how they will view their body as they grow up. These feelings, impressions and experiences partially shape their self or personality especially self esteem. Tiggemann (2005) reported that high school girls with perception of being overweight were particularly vulnerable to developing low self esteem. Self esteem is how much one values one's self as a valued person. Comparing groups based on BMI, ANOVA detected small but significant difference on self esteem scores. Secure attachment in childhood however has been found to withstand the socio-cultural stereotype of the thin-ideal and the media onslaught of the thin-ideal images. Enlightenment as a result of education and worldly exposure can also shield against the stereotypical propaganda in favor of the thin-ideal (Bostrom & Didrichson, 1997). In fact the antecedents and correlates of body image are complex and include the developmental influences; cultural, familial, interpersonal as well as actual physical characteristics (Cash & Pruzinsky, 2002; Thompson & Smolak, 2002). This study aims at finding problems of BMI as a stable factor as well as those of media-culture sponsored thin-ideal images as an ongoing influence affecting young girls' body-self image.

Rationale of the study
The purpose of the study is to see how well data from Pakistan support the western literature on the effect of thin-ideal images on the young women. There has been an influx of media in the last 10 years with over 100 channels emerging in the private sector in Pakistan. The life style of people has been changed resultantly, especially of the middle class. A second interest in this investigation concerns if self esteem can moderate the influence of media portrayal of thin ideal images and the body mass on body-image satisfaction in women. The findings along these lines are mixed. It could be that low self esteem enhances vulnerability to media images or low self esteem could be the effect of watching and overly internalizing thin ideal images (Clay et al., 2005).

The results of this study would likely suggest how much body mass as well personal-social construction of ‘thin ideal image’ affect the women folk in Pakistan and the role of self esteem as corrective factor towards healthy life and well being.

Hypotheses
Two set of hypotheses pertaining to correlational and experimental part of the study were tested:

Phase -1

1. Participants' body mass will be inversely related to mood affects and body image satisfaction.
2. Participants with small discrepancy between their ideal (desired) body-self and actual (perceived) body-self will have higher self-esteem and body image satisfaction than those with large discrepancy.
3. Self esteem mediates the effect of body mass on body image satisfaction.

Phase-2

4. Exposure to thin-ideal images will affect mood and body image satisfaction more in the overweight than in thin or average body size participants in pre-post comparisons.
Method

Participants
In all 97 undergraduate female students between the age of 16 and 21 years participated from a local private university. Their mean age was 20.5 years (SD = 1.7). They were enrolled in undergraduate programs in Psychology, Media Studies, Textile Designing and Business studies. All participants were single, belonging to good household background and had access to the television and internet. They were recruited purposively for this study; persons with different body shapes; thin, average and the overweight. Their weight to height ratio (kg / m²) or BMI was about normal (M = 22.30, SD = 4.61). The participants reported watching TV almost daily as one of their household chores for the purpose of information and entertainment.

Measures
Rosenberg Self-Esteem Scale (Rosenberg, 1965)
The 10 item Rosenberg Self Esteem Scale (RSES) was originally designed to measure adolescents' levels of global self-esteem: 'I feel useless at times', 'I am satisfied with myself, 'I am no good at all'. Participants respond to these statements on a four point scale; strongly agree =1 to strongly disagree=4. Scores range from 10 – 40, high score indicate greater level of self-esteem. RSES has become the most widely used instrument to measure self esteem in all age groups, and is seen as highly reliable and internally consistent instrument (Gray et al., 1997). A Cronbach alpha of .88 is reported in this study. It had sufficient test-retest reliability of .84 (Rosenberg, 1965). Convergent validity of RSES has been demonstrated with other measures of self esteem (Ellis & Tayler, 1983).

Positive and Negative Affect Schedule (Watson et al., 1988)
The Positive and Negative Affect Schedule (PANAS) is a widely used measure of current positive and negative moods. It consists of 20 words which describe emotions and feelings, half of which are positive (Proud, Inspired, Interested etc.) and the other half negative (Distressed, Upset, Guilty etc.). The participants rate how well these terms describe how they feel right now on 5 point scale; not at all =1, extremely =5 . High score on positive affect (PA) indicates individual's pleasant involvement with the environment while high score on negative affect (NA) indicates feelings of distress. In the present study PANAS had Cronbach alpha of .70 and .82 for positive and negative affect, respectively. The reliability coefficients are reported as .89 for PA and .85 for NA in the original research (Watson et al., 1988). The two affectivities are inversely related as opposite concepts.

The Body Image States Scale (Cash & Pruzinsky, 2002)
The Body Image States Scale (BISS) is designed to evaluate self body image dis/satisfaction. It is a short questionnaire of six items that investigate the subjects' perception of their physical appearance in a given moment, participants express level of satisfaction or otherwise with their body shape, size, overall appearance, weight, feelings of physical attractiveness or unattractiveness, current feelings about one's looks. The questions are answered on a nine point bipolar scale. High scores on BISS indicate satisfaction with body characteristics and low scores indicate dissatisfaction. The current study reports Cronbach alpha of .80. Cash and Pruzisky (2002) reported an alpha of .77 in a sample of undergraduate women and a test-retest coefficient of .69 over 2-3 weeks. Sandoval (2008) found that BISS is sensitive to
imaginational manipulation of body image state.

Figure Rating Scale. (Stunkard et al., 1983)

The Figure Rating Scale (FRS) depicts body shapes in nine categories; from very thin to obese: The images 1 and 2 are underweight, images 3 and 4 are appropriate weight, image 5 is slightly overweight, images 6 and 7 are moderately overweight and images 8 and 9 is very overweight. A participant rates how she perceived her actual body shape close to the corresponding image pictured on the FRS. In this study participants were asked to indicate along 1-9 images of different weight on FRS the one which is closer to their actual body figure --- 'pick the figure that best represents how you feel you look most of the time'. They also indicated the body shape that would best represent their body ideal. Finally, the Body Image Discrepancy (BID) score is worked out by subtracting ideal from the actual weight-size figure: The greater the discrepancy, the lower the level of satisfaction with ones body. A negative discrepancy score indicates that the subject perceives herself as fatter than her desired figure whereas a positive score indicates that a subject perceives her body thinner than the ideal body figure. A score of zero indicates that the participant perceives her actual body just close to the ideal body shape.

Body Mass Index

Body Mass Index (BMI) is calculated as \([(\text{weight (kg)} / \text{height (m)})^2]\). BMI is considered as a major factor predicting body image concerns among females. According to Thompson (2004) BMI of 18.5 is the lower end of biologically healthy body size. In another study, BMI up to 22 was considered thin, whereas persons between 25 and 30 were considered overweight (Zaninotto et al., 2006). Body Mass Index can be considered as an alternative for direct measures of body fat. All participants were weighed on machine and their height was scaled in feet to work out their BMI. The M BMI was 22.31 (SD = 4.61) in this study.

Finally, participants provided biographical information such as age, year of education and subject. They were asked one question as well: 'Do you watch TV daily at home as a household chore for entertainment purposes'? This question was asked to make certain that they were media watchers and could be potentially under media effect for the thin ideal images.

Material / Thin Ideal Images

A set of 60 full body shots of thin images of female models clad in revealing dress were gathered from Asian websites and fashion magazines, in the Pakistani / Indian culture context. The images emphasized appearance and were of unknown persons, not of celebrities, so that other aspects e.g. life history, work or public reputation etc. do not confound participants’ judgment or liking of the images. A group of five girls other than the participants, were asked to rate each picture overall as unattractive = 1, attractive = 2 or highly attractive = 3. A set of 30 attractive and highly attractive pictures were then selected that were unique and non-redundant within the set. This stimuli / material were used as intervention in this study. The images were purported to evoke upward comparison with the participants as they watched them in a power point presentation and reported their resultant / current feelings on a post exposure questionnaire.

Procedure

Phase-1

Data was collected in the spring semester 2012 at the university campus during free lesson hours. Subjects were briefed about
the research project and those who consented for participation took Rosenberg Self-Esteem Scale, Positive and Negative Affect Scale, Body Image States Scale, Figure Rating Scale and Biographic Information in order. The latter included an open-ended question: Do you watch TV daily as a household chore for entertainment purposes? All the participants answered the question in the affirmative therefore they were included in the study for the purpose of data analysis. The participants were assured anonymity and the right to withdraw from the study anytime.

All the protocols were scored. The data set thus generated served as a baseline to carry out descriptive and correlation analysis to test set-I hypotheses. It also served as a pre-test data to be compared with after-intervention (post-test) scores investigating set-II hypothesis.

Phase-II

Next, the participants were invited to participate in phase II of the study after a break of 7 days. They appeared in groups of 5-7 persons on the specified schedule. Only 47 participants turned up. Phase-II study comprised an intervention consisting of a set of 30 thin ideal images shown on power point displaying each picture for 30 seconds. As soon as they finished watching the slide show, they were handed over PANAS and BISS again with the instructions to complete them afresh expressing their current state of feelings / opinions through the questionnaires. Finally, the participants were scaled for their body weight (bare-footed) on digital weighing scale reading to the nearest 0.1 kg and the height was measured upright and relaxed, with the help of a tape-meter affixed on the wall. This served to categorize participants as thin (BMI < 19), average (BMI 19-25) and overweight (BMI > 25). The M BMI was 22.31 and SD = 4.61.

In the end, the participants were thanked and were debriefed. About half the participants were surprised over the true purpose of research. They were told to contact if they had any concern regarding their body image or any feeling resulting from participating in this study. They were encouraged to accept one's body well enough gift of nature and supplement it with other qualities of mind and character.

Results

First, overall properties of the data were examined in terms of descriptive statistics, relationship among study variables and reliability estimates of the measures (see Table 1). The participants had far higher positive mood than negative mood t = 8.32, p <.000. On BISS, a measure of body satisfaction where scores could range 6 to 54, a mean of 36 indicated participants as mostly satisfied. Mean score on self-esteem was also adequate. The mean discrepancy between the participants' idealized body figure and the perception of their actual body figure was small. The M MBI = 22.31 (SD = 4.61) indicated majority of the participants as average weight by WHO standards for Asia-Pacific region; < 18.5 as thin or underweight, > 25 as average, and >30 as obese (WHO, 2010).
Overall, this indicated that participants of the study were representative of normal people. These results, serving as base line, make one confident to proceed further with the analysis.

The BISS and NA scales showed good internal consistency of .82 and .80, whereas positive mood and self-esteem scales showed a moderate index of .70 and .65, respectively. The positive mood was inversely related with negative mood, as expected. Moreover, positive mood had moderate positive relation with body satisfaction as well as self-esteem scores. It was otherwise with negative mood, meaningfully enough. Discrepancy between the actual-self and the ideal-self score was negatively related with body image satisfaction and self-esteem indicating that individuals with little discrepancy had more body satisfaction and high self-esteem than others. BMI was strongly and inversely related with body satisfaction and moderately related with the ideal-actual body discrepancy score or DIAS. Interestingly, body based measures i.e. BMI, BISS and DIAS were more interrelated than the psychological measures i.e. mood affects and self esteem. This evidence lends validity to these constructs: Correlation coefficients among variables made psychological sense and was theoretically in line. It also indicated that the data generated in this study was discrete, non-random and credible enough to test the hypotheses as follow.

H1: Body mass is inversely related to mood affects and body satisfaction.

There was a strong and inverse correlation between body image satisfaction and body mass or the BMI ($r = -.71, p < .001$). The latter was not related to either positive ($r = -.01$) or negative moods ($r = -.04$). Thus the hypothesis is partially supported. It means one's BMI [(weight (kg) / [height (m)$^2$)] did not affect mood but it did influence body image satisfaction of the participants; lower the body mass resulted in higher body image satisfaction.

### Table 1: Mean, Standard Deviation and Correlation Matrix of the Study Variables (N=97)

<table>
<thead>
<tr>
<th>Variables</th>
<th>M (SD)</th>
<th>α</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 PM</td>
<td>31.3 (7.7)</td>
<td>.70</td>
<td>-.46**</td>
<td>.27**</td>
<td>.38**</td>
<td>-.05</td>
<td>.01</td>
</tr>
<tr>
<td>2 NM</td>
<td>20.5 (7.8)</td>
<td>.82</td>
<td>-.30**</td>
<td>-</td>
<td>.00</td>
<td>.04</td>
<td></td>
</tr>
<tr>
<td>3 BISS</td>
<td>36.3 (9.3)</td>
<td>.80</td>
<td>.46**</td>
<td>.37**</td>
<td>-.51**</td>
<td>-.71***</td>
<td></td>
</tr>
<tr>
<td>4 SE</td>
<td>19.3 (4.0)</td>
<td>.65</td>
<td>-</td>
<td>-.20*</td>
<td>-.19*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 DIAS</td>
<td>.75 (1.3)</td>
<td>_</td>
<td>-</td>
<td>-.41**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 BMI</td>
<td>22.30 (4.61)</td>
<td>_</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: PM = Positive Mood, NM = Negative Mood, BISS = Body Image States Scale, SE = Self-esteem, DIAS = Discrepancy Ideal-Actual Self, BMI = Body Mass Index.*

*p < 0.05, **p < 0.01, ***p < 0.001
mass, greater the body image satisfaction. The body image satisfaction therefore appears to be more credible and sensitive psychological correlate of BMI than mood affects.

H-2 Participants with small discrepancy between their ideal (desired) body-self and actual (perceived) body-self will have higher self-esteem and body image satisfaction than those with large discrepancy.

Self esteem and body image satisfaction scores were compared of the two groups; those with discrepancy of 2-5 points (between their actual-body self and the ideal-body self) and ones with minimal discrepancy i.e. ≤1 points, on a nine point FRS (subtracting actual from ideal body-shape rating). An independent sample t-test revealed significant difference (p<.004) between the two groups (Table 2) on self-esteem as well as on body image satisfaction (p < .000). It means that if participants perceive the actual-body self closer to their idealized body self, they would enjoy greater self esteem and body image satisfaction and vice versa. There is sufficient power of statistics (Cohen's d) supporting hypothesis 2, particularly for body image satisfaction.

Table 2 : Self-Esteem and Body Satisfaction Scores of Subjects With and Without Discrepancy between Ideal and Actual Body Self (DIAS)

<table>
<thead>
<tr>
<th>Variables</th>
<th>With (n=31) M(SD)</th>
<th>Without (n=66) M(SD)</th>
<th>t</th>
<th>p</th>
<th>95%CI</th>
<th>Cohen's d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Esteem</td>
<td>17.7(4.01)</td>
<td>20.1(3.80)</td>
<td>3.0</td>
<td>.004</td>
<td>[.80,4.1]</td>
<td>0.60</td>
</tr>
<tr>
<td>Body Satisfaction</td>
<td>30.5(9.7)</td>
<td>39.0(7.8)</td>
<td>4.2</td>
<td>.000</td>
<td>[4.8,12.1]</td>
<td>0.85</td>
</tr>
</tbody>
</table>

Note: DIAS = Discrepancy between ideal and Actual Self
Table 3: Hierarchical Regression Analysis for Self Esteem and Body Size as Predictors of Body Satisfaction

<table>
<thead>
<tr>
<th>Procedure</th>
<th>$R^2$</th>
<th>$R^2_{\text{Change}}$</th>
<th>B</th>
<th>SE</th>
<th>$\beta$</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constant</td>
<td>.143</td>
<td>.143</td>
<td>19.32</td>
<td>4.37</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Esteem</td>
<td></td>
<td></td>
<td>.88</td>
<td>.22</td>
<td>.38</td>
<td>3.98</td>
<td>.000</td>
</tr>
<tr>
<td>Step-2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constant</td>
<td>.257</td>
<td>.114</td>
<td>37.94</td>
<td>6.39</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>.72</td>
<td>.21</td>
<td>.31</td>
<td>.34</td>
<td></td>
<td>3.42</td>
<td>.001</td>
</tr>
<tr>
<td>BMI</td>
<td>-.70</td>
<td>.18</td>
<td>-.34</td>
<td>-.38</td>
<td></td>
<td>-3.80</td>
<td>.000</td>
</tr>
<tr>
<td>Step-3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constant</td>
<td>.305</td>
<td>.047</td>
<td>44.66</td>
<td>8.39</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>.41</td>
<td>.24</td>
<td>.18</td>
<td>.18</td>
<td></td>
<td>1.69</td>
<td>.094</td>
</tr>
<tr>
<td>BMI</td>
<td>-.77</td>
<td>.18</td>
<td>-.38</td>
<td>-.38</td>
<td></td>
<td>-4.19</td>
<td>.000</td>
</tr>
<tr>
<td>Negative affect</td>
<td>-.20</td>
<td>.13</td>
<td>-.17</td>
<td>-.17</td>
<td></td>
<td>-1.59</td>
<td>.115</td>
</tr>
<tr>
<td>Positive affect</td>
<td>.16</td>
<td>.12</td>
<td>.13</td>
<td>.13</td>
<td></td>
<td>1.26</td>
<td>.208</td>
</tr>
</tbody>
</table>

(H3: Self esteem mediates the effect of body mass (kg/m²) on mood affects and body satisfaction.

Body mass or BMI has emerged as a major variable thus far which is associated with creating a self judgment of dis/satisfaction about one's body image and producing concomitant mood affects. There is evidence for self esteem bearing on body image dis/satisfaction and negative mood effects as outcomes (see Table 1). Taking lead from these findings a hierarchical regression analysis was run to estimate the effect of body mass i.e. BMI on body image satisfaction controlling for self esteem (Table 3). Self esteem was entered at the first step in hierarchical regression analysis in view of its logical priority and it explained 14% of variance in body satisfaction scores. BMI, entered in the second step explained another 11% of the variance, however, mood affects, entered at the third step, could account for only 5% of the additional variance (p < .115 & p < .208). Step-3 could well be dropped for insignificance, confining regression analysis to the second step. The regression coefficients for the self esteem ($\beta = .31$) and body mass ($\beta = -.34$) were nearly comparable towards determining body image satisfaction, in opposite direction. It means body mass discounts towards body image satisfaction whereas self esteem adds or compensates it. The moderating potential of self esteem between BMI and body image)
satisfaction is discerned also since all the three variables are significantly inter correlated: Independent and mediating variables predict dependent variable in step-2 of and independent and mediating variables are significantly related (r = .19, p < .05).

The mediation analysis was further supplemented by Sobel (1982) test. The test statistic determines the indirect effect of the independent variable on the dependent variable through a mediator. Reported p values are acquired from the unit normal distribution under the assumption of a two-tailed test of hypothesis assuming the mediated effect is zero in the population using +/- 1.96 as the critical values (Preacher & Hayes, 2004). Results obtained after running the Sobel test equation (z = 1.92, p < .058) appear to be marginally significant at .05 level.

H4: Exposure to thin-ideal images will increase the feelings of body image dissatisfaction among overweight participants more than on thin and average weight participants

Body Image States Scale (BISS) measures participants' self judgment of their body called body image dis/satisfaction. The participants who were shown images of thin-ideal girls (intervention) were also re-administered BISS and PANAS soon after as a post test. Table 4 presents pre and post scores of thin, average and overweight participants. Difference in the pre and post mean scores on BISS were not found significant for any category of participants, contrary to the expectation. Similar results were found for positive mood affects. Negative mood affects were however found in overweight participants t = 2.12, p < .05 followed by average body mass participants who also showed somewhat similar scores. The overweight group marginally declined on positive mood affect as well. The hypothesis that feeling of body image satisfaction would change significantly after watching thin-ideal images more in the overweight than thin and average groups of participants could not be supported. However, there was a partial support for the negative mood effects. The Participants of different weight categories however strongly differed on negative mood F (3, 45) = 6.1, p < .01 and body image satisfaction F (3, 45) = 5.6, p

Table 4: Effect of Thin-Ideal Images on Participants' Mood and Body Satisfaction (N=49)

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Thin (n=15) M(SD)</th>
<th>Average (n=20) M(SD)</th>
<th>Overweight (n=14) M(SD)</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>Positive Affect 32.3(4.5)</td>
<td>32.0(8.7)</td>
<td>31.2(6.4)</td>
<td>F(3,45)=.21, p&lt;.89</td>
</tr>
<tr>
<td></td>
<td>Post 29.0(8.7)</td>
<td>31.1(7.2)</td>
<td>29.2(7.2)</td>
<td>t=1.56, p&lt;.13</td>
</tr>
<tr>
<td></td>
<td>t=1.56, p&lt;.13</td>
<td>t=2.05, p&lt;.83</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative Affect</td>
<td>18.0(9.0)</td>
<td>21.0(7.0)</td>
<td>19.1(5.7)</td>
<td>F(3,45)=6.1, p&lt;.01</td>
</tr>
<tr>
<td></td>
<td>Post 16.0(7.8)</td>
<td>19.0(8.4)</td>
<td>22.5(9.1)</td>
<td>t=0.63, p&lt;.53</td>
</tr>
<tr>
<td></td>
<td>t=1.92, p&lt;.06</td>
<td>t=2.12, p&lt;.05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body Satisfaction</td>
<td>40.0(7.8)</td>
<td>38.0(7.5)</td>
<td>31.0(9.2)</td>
<td>F(3,45)=5.6, p&lt;.02</td>
</tr>
<tr>
<td></td>
<td>Post 37.5(9.2)</td>
<td>36.0(8.1)</td>
<td>29.0(9.6)</td>
<td>t=1.40, p&lt;.18</td>
</tr>
<tr>
<td></td>
<td>t=1.93, p&lt;.07</td>
<td>t=1.62, p&lt;.13</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Thin = BMI > 19, Normal = BMI 20 - 25, Overweight = BMI < 25
These categories of participants had been set up on the basis of body mass or BMI. It evidenced that BMI or body mass not the portrayal of thin body images adversely influenced body image satisfaction consistently and strongly. Resultantly, body image dis/satisfaction seems to be a stable factor: the overweight were significantly less satisfied than the average and thin body participants at the outset (pre test) and their body image satisfaction did not change any more after the intervention (post test). Negative mood affect was however discerned among the overweight persons only, as a state / temporary sentiment.

**Discussion**

It was hypothesized that body mass would directly affect mood and body image satisfaction and that exposure to thin ideal images would adversely affect the overweight women still more. It was also hypothesizes that self esteem protects body image satisfaction and it mediates between BMI and body image satisfaction.

Preliminary analysis yielded psychologically meaningful indices of correlation among the variables of the study and most of the instruments displayed sufficient dispersion of scores indicating the sample following a general population. On another count, participants' BMI was comparable to a study conducted by the Agha Knan Medical University, Pakistan which regarded incidence of BMI > 26 as overweight and > 30 as obesity. BMI having a strong inverse relationship with body satisfaction emerged as the major variable of the study; larger the BMI, lower the body satisfaction as well as ideal actual body-self discrepancy. This is consistent with the findings of Cash, Jakatdar and Williams (2004) that increasing levels of BMI is related to a poorer body image / quality of life among females. Zain-Ul-Abideen, Farooq, Latif and Khan (2010), conducted a study on the females in Lahore and found that there was an inverse relationship between the participants' BMI and body image satisfaction.

One-Way ANOVA revealed that overweight participants had significantly lower body image satisfaction compared to the average and thin body participants (p <.02). However, exposure to thin-ideal images (intervention) did not affect the body image satisfaction further in any of the three groups contrary to the expectation except that negative mood increased and positive mood decreased in the overweight group only (Table 4). This is an interesting result given the view that meta-analysis of the media exposure studies conducted by Groesz et.al. (2002) found an effect of viewing ideal images on body dissatisfaction. Stice and Shaw (1994) report other studies that found no difference between the scores of those watching ideal images and the control (no model images) group.

To sum up BMI or body mass influenced body image satisfaction, not the ideal-body image display. One might question the efficacy of the intervention in not affecting the body image satisfaction. Besides, the study had certain limitations such as involving a small sample. These findings may thus be taken as tentative. A major explanation to the findings is that the concept of body dis/satisfaction is a stable cognition or a trait based on very cognizable MBI unlike mood states which are transitory and subject to state effects. Following Stice (2002) who postulated two distinct pathways to body image satisfaction; one involving social pressures to be thin and the other involving body size, our findings support the latter pathway; the intervention effects were comparatively weak.

Weight reduction by traditional methods is a popular way of managing the MBI
to counteract body dissatisfaction. However, the latter can be reduced by alternatively focusing on the positive aspects of the self unique to an individual; ability, effort, education, positivity and other characteristics that might outweigh the body shape virtue. Holding these in good esteem can be self boosting and satisfying in body self judgment.

**Conclusion**

BMI is the major biological and temporal-causal variable effecting body image dis/satisfaction. The two are strongly inversely correlated. More specifically, body size influenced body image satisfaction and negative mood in overweight persons more than the average and the thin ones. Moreover, self esteem as a psychological variable has been found to have a moderating effect between body size and body satisfaction and can potentially trade off the effect of body size in overweight persons. The enhanced self esteem could bring about a re-cognition of one's body self judgment compensating the body mass effect. This can be investigated in future research.

Limitations and suggestions for future research. The present study involved small sample and was limited to just one university in order to control for variation in age and education across different body weight categories. Future studies may extend the study to diverse samples in age as well as those with different level of education and income to comprehensively investigate the subject. Levels of education and income could also affect our perspective on self judgment of the body. There must be multiple predictors of this very complex construct called 'body image '. Second, this study alluded to self esteem as a moderator between body weight and body satisfaction. In this regard, one might test the effect of boosting self esteem to counteract hurting effect of large BMI on body satisfaction. For example, self compassion or a caring self outlook may trade off body mass effect on body dissatisfaction. Intervention on these lines could be carried out aiming at 'thinking body positive' to feel good in our bodies.

**References**


Sandoval, E.L. Secure attachment, self esteem and optimism as predictors of positive body image in women (PhD dissertation, Taxes & AM University, 2008).


World Health Organization, the Asia Pacific Perspective. Redefining obesity and its treatment


*Javaid Marium **Ahmad Iftikhar

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* & ** University of Management and Technology, Lahore, Pakistan

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060
Introduction:
The WHO estimated that, in the situations of armed conflicts throughout the world, "10% of the people who experience traumatic events will have serious mental health problems and another 10% will develop behaviour that will hinder their ability to function effectively. The most common conditions are depression, anxiety and psychosomatic problems such as insomnia, or back and stomach aches". People witnessing armed conflict and repeated political violence often experience a continued threat to life and to their sense of safety as well as disruption of daily functioning. The state of Jammu and Kashmir has been witnessing a conflict situation for more than 20 years, with thousands of people dead, injured and handicapped, many missing or confined, thousands of children orphaned, and women widowed, an enormous damage to the property, and a damage to the cultural ethos including en-mass migration of a minority community.

Abstract
Armed conflict, political uncertainty and unavoidable circumstances prevalent in the state of Jammu and Kashmir since last two decades has a lasting and profound implication on the emotional, psychological, behavioural and other aspect of personality on the people of these regions. It needs a specific mention that the adolescents experiencing 'storm and stress 'seemingly to be the most consistently affected and are at extreme risk of psychological trauma during armed conflict. Keeping these ideas in mind the present study was designed to examine the level of stress, somatic dysfunction and anxiety among the adolescents of Jammu and Kashmir. Data was collected from 200 adolescents studying in different higher secondary schools of two regions; Kashmir valley (considered to be high conflict region) and Jammu (considered to be relatively low conflict region). General Health questionnaire -28(GHQ-28) developed by Goldberg (1978) and Stress measuring scale developed by Chashu & Khan (2009) was used to gather the response from adolescents. GHQ-28 questionnaire has four subscales: Somatic complaints(1-7), Anxiety – Insomnia(8-14), Social dysfunction(15-21), Major depression(22-28). For the purpose of this study only 2 dimensions, Somatic complaints(1-7), Anxiety – Insomnia(8-14) were taken into consideration. Data was analysed by applying t-test as it fulfils the purpose of the study. The trend of the result showed that adolescents belonging to Kashmir region have higher level of stress and somatic symptoms, and lower level of anxiety as compared to adolescents belonging to Jammu region. Further comparing male and female adolescents of Kashmir region it was found that female adolescents scored high on all the above mentioned three variables than the males. While in case of adolescents belonging to Jammu region it was found that both male and female have almost same scores on somatic complaint and anxiety but females outscore males on the scores of stress. Showing that female adolescents of Jammu region are more stressful than male counterparts.

Keywords: Armed conflict, Stress, Somatic Complaints, Anxiety, Adolescents.
Stress caused by feeling of insecurity and dependency can deplete physical and psychological buoyancy leading to many mental problems, this has happened in most cases of Jammu and Kashmir. According to Chang’s Dictionary of Psychology Terms, stress is “a state of physical or mental tension that causes emotional distress or even feeling of pains to an individual” (Lai et al., 1996). Bronfenbrenner’s in his stress model (1977) explains adolescents stress at each level of environment to create a more complete picture of factors affecting the adolescents. The first level is the micro system and involves stressors immediately affecting the adolescents. Adolescents experience of stress may affect their emotions. The effect of stress from immediate environment on the self are well accepted (Lovallo, 2005). The second level is the meso system and involves the interaction of various components at the level of micro system. Multiple social risks like poverty, terrorism, larger house holds create greater stress and lead to impaired child outcome (Burchinal, Roberts, Zeisel, & Rowely, 2008). Experiencing social stressors seems to affect adolescents health outcomes in a variety of adolescents area including caregiver relationships, child academic achievements and child personality factors. The third level is the exosystem and involve stressors resulting from settings not having a direct influence on the adolescents. Socioeconomic and environmental demands place adolescents in apposition more vulnerable to stress. The fourth level is the macrosystem and involves stressors resulting from broader factors like cultural norms and laws. The final level is the chronosystem and is a recognition that the adolescent and their environment are consistently interacting. Exposure to stress, particularly multiple exposures, makes adolescents vulnerable to experience negative health outcomes such as psychopathology or maladaptive behaviour.

Childhood exposure to trauma has been associated with increased rates of somatic symptoms (SS), which may contribute to diminished daily functioning. The term “somatization” describes a tendency to experience and communicate psychological distress in the form of physical symptoms. Somatic symptoms often occur in reaction to stressful situations and are not considered abnormal if they occur periodically. Some individuals, however, experience continuing somatic symptoms, attribute them to physical illness in spite of the absence of medical findings, and seek medical care for them. Somatization thus is characterized by the presence of physical symptoms that are not better explained by a medical condition (Janssens et al.; 2010, Garralda, 1999 & Huasain et al. 2007). Somatization is quite common in childhood and adolescence and is responsible for a significant number of visits to pediatric care centers (Sandberg, 2008; Masie et al. 2000). According to the health officials in Kashmir, somatization (headaches, palpitations) is widely used to express 'tension' (Kaz De Jong 2000).

In many studies, somatization has been associated with psychopathology, particularly anxiety and depression (Beck, 2008; Campo 2004). Anxiety is an unpleasant emotional state characterised by fearfulness and unwanted and distressing physical symptoms. It is a normal and appropriate response to stress but becomes pathological when it is disproportionate to the severity of the stress, continues after the stressor has gone, or occurs in the absence of any external stressor. Anxiety is best understood when
compared with the emotion of fear. Children and youth experience different levels of anxiety, and cope with anxiety in more, or less effective ways. Anxiety becomes a problem when it prevents individuals from enjoying normal life experiences for a long period of time. Anxiety disorders are the most prevalent class of mental disorders, with lifetime prevalence rates found to be 28.8%, (Kessler and Wang 2008). Among youth, anxiety disorders are also the most common psychological disorders (Cartwright-Hatton 2006; Costello et al. 2005). Hawker and Boulton (2000) found that peer victimization is associated with social anxiety.

Previous studies have revealed that children and adolescents are especially vulnerable to traumatic events such as terrorist attacks and are prone to developing posttraumatic stress disorder (PTSD): re-experiencing intrusive thoughts, avoidance, and arousal (Barenbaum, Ruchkin & Schwab Stone, 2004; Garbarino, 2001) and developing somatic complaints such as headaches, stomach-aches, fatigue, attention difficulties, or behavior problems (Vogel & Vernberg, 1993). Lavi (2002) reported a very high incidence of PTSD symptoms among Israeli children in these times of recurrent terror and armed conflict. These studies found that the levels of distress or PTSD symptoms were related to the amount of exposure to violent political acts. Solomon and Lavi (2005) in their study found that the variance in PTSD rates has been related to level of exposure, type of exposure, measures of posttraumatic stress, and socio-cultural contexts. Mental health disorders, behavior problems, somatic complaints, and impaired cognitive functioning were reported for children living in countries with continuous violent conflicts (Macksoud & Aber, 1996; Straker et al., 1996). Youth growing up in urban environments with high levels of poverty, overcrowding, and violence show a wide range of maladaptive outcomes, including internalizing symptoms such as anxiety, posttraumatic stress symptoms, depression, academic failure, and school disengagement (Gibbs 1984; Lorion et al. 1999; Myers et al. 1992; Osofsky et al. 1993; Singer et al. 1995). In a previous study, 10 we investigated the effect of longstanding armed conflict (Intifada, between 1987 and the Oslo peace treaty in 1993) on Palestinian children. Many (41%) reported moderate to severe post-traumatic stress reactions and high rates of anxiety and behavioural problems (27%). Baker11 also established a high frequency of problems such as fears leaving home (28%), fears of soldiers (47%), and nightmares (7%), during the same period of political and military violence. Although studies suggest that physical proximity to traumatic events is related to a greater likelihood of experiencing traumatic symptoms (e.g., Schelenger et al., 2002; Schuster et al., 2001), people who do not experience the event directly also may report stress reactions (e.g., Pfeferbaum et al., 2001).

**Objectives**

1. To examine the level of Stress, somatic symptoms and anxiety among the adolescents of Jammu and Kashmir Regions.

2. To examine whether the adolescents of Kashmir region differ from that of Jammu region on the scores of stress, somatic symptoms and anxiety.

3. To examine the gender difference amongst the adolescents of Jammu and Kashmir Region.
Method

Setting

The sample was collected from various higher secondary schools of district Anantnag and Srinagar from Kashmir region (considered to be a high conflict region) and from district Ramban and main Jammu city of Jammu region (considered to be relatively low conflict region).

Participants

The sample of the study consisted of 200 hundred adolescents out of which 100 (50 male, 50 female) were taken from Kashmir region and 100 (50 male, 50 female) from Jammu region. The sample was collected through systematic random technique. The age range of participants was 16-20 years.

Procedure

Researcher first sought the permission from the principals of the schools from where the data was to be collected. Informed consent for participation was taken from the students. Then Questionnaires were administered in the class room school during free hours epically allotted for conducting the study. Before the questionnaires were distributed to the voluntary participants a good rapport was build. Detailed instruction on how to fill the questionnaire were also provided. Further participants were assured of the confidentiality of their responses.

Instruments: All the participants completed the set of questionnaires in paper pencil format. The set of questionnaires included a demographic sheet, Stress measuring device, and General health Questionnaire -28 (GHQ-28).

General Health Questionnaire 28 (GHQ 28): To assess the level of somatic symptoms and anxiety among adolescents researcher used a general health questionnaire with 28 items developed by Goldberg in 1978 (Goldberg 1978). A general health questionnaire 28 (GHQ 28) is a multiple choice paper pen questionnaire. It is designed to detect current non psychotic psychiatric disorders in the general population. The questionnaire has four subscales: Somatic complaints (1-7), Anxiety – Insomnia (8-14), Social dysfunction (15-21), Major depression (22-28). For the present study only two sub-scales, Somatic complaints (1-7), Anxiety – Insomnia (8-14), were taken into consideration.

Stress measuring scale: To assess the level of stress, Stress measuring scale developed by Chashu & Khan (2009) was used. This scale was specially designed to assess the stress level of adolescent living in conflict areas. The scale has 20 items.

Result:

<table>
<thead>
<tr>
<th>Regions</th>
<th>N</th>
<th>Mean</th>
<th>S.D</th>
<th>Std. Error Mean</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kashmir</td>
<td>100</td>
<td>64.8</td>
<td>12.05</td>
<td>1.20</td>
<td>1.55</td>
</tr>
<tr>
<td>Jammu</td>
<td>100</td>
<td>62.47</td>
<td>9.06</td>
<td>.960</td>
<td></td>
</tr>
</tbody>
</table>

Table 1; Mean, S.D and t-value of the adolescents of Jammu and Kashmir for Stress.
The table 1 reveals the comparison of adolescents living in Jammu region with the adolescents living in Kashmir region in terms of stress. From the table it is clear that the two groups do not differ significantly, but the trend of result shows that adolescents from Kashmir have high stress score than those belonging to Jammu region.

**Table 2:** Mean, S.D and t-value of the adolescents of Jammu and Kashmir for somatic symptoms.

<table>
<thead>
<tr>
<th>Regions</th>
<th>N</th>
<th>Mean</th>
<th>S.D</th>
<th>Std. Error Mean</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kashmir</td>
<td>100</td>
<td>31.48</td>
<td>11.40</td>
<td>1.14</td>
<td>2.41**</td>
</tr>
<tr>
<td>Jammu</td>
<td>100</td>
<td>27.80</td>
<td>10.14</td>
<td>1.01</td>
<td></td>
</tr>
</tbody>
</table>

**significant at 0.05**

The table 2 shows the comparisons of adolescents living in Jammu region with the adolescents living in Kashmir region in terms of somatic symptoms. The above table clearly shows that the two groups differ significantly, with adolescents living in Kashmir region showing more somatic symptoms than those living in Jammu region.

**Table 3:** Mean, S.D and t-value of the adolescents of Jammu and Kashmir for Anxiety.

<table>
<thead>
<tr>
<th>Regions</th>
<th>N</th>
<th>Mean</th>
<th>S.D</th>
<th>Std. Error Mean</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kashmir</td>
<td>100</td>
<td>18.46</td>
<td>6.87</td>
<td>.68</td>
<td>2.19**</td>
</tr>
<tr>
<td>Jammu</td>
<td>100</td>
<td>20.48</td>
<td>6.15</td>
<td>.61</td>
<td></td>
</tr>
</tbody>
</table>

**significant at 0.05**

The table 3 reveals the comparison between adolescents from Jammu with that of belonging to Kashmir region in terms of their score on Anxiety. Results from the table shows that the groups differ significantly, with adolescents living in Jammu region showing more anxiety level than those living in Kashmir region. It indicates that adolescents from Jammu have more anxiety than Kashmiri adolescents.
Table 4 shows mean comparison of male and female adolescents from Jammu and Kashmir regions for Stress.

<table>
<thead>
<tr>
<th>Cc</th>
<th>Gender</th>
<th>N</th>
<th>Mean</th>
<th>S.D</th>
<th>Std. Error Mean</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Kashmir</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>50</td>
<td>60.74</td>
<td>9.47</td>
<td>1.34</td>
<td>1.76</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>50</td>
<td>64.86</td>
<td>13.96</td>
<td>1.97</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jammu</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>50</td>
<td>60.32</td>
<td>9.56</td>
<td>1.35</td>
<td>3.45*</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>50</td>
<td>66.62</td>
<td>8.64</td>
<td>1.22</td>
<td></td>
</tr>
</tbody>
</table>

** significant at 0.01

Table 4 shows mean comparison of male and female adolescents from Jammu and Kashmir region on stress. The mean score of males of Kashmir region is 60.74 and for females M=64. Showing that female adolescents are more stressful in Kashmir than males. The mean score of males of Jammu region is 60.32 and that for females M= 66.62 and the t-value is 3.45, which shows that groups differ significantly from each other. In both the cases females were more stressful than males.

Table 5 : Mean ,S.D and t-value of the male and female adolescents of Jammu and Kashmir for Somatic complaints.

<table>
<thead>
<tr>
<th>Regions</th>
<th>Gender</th>
<th>N</th>
<th>Mean</th>
<th>S.D</th>
<th>Std. Error Mean</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Kashmir</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>50</td>
<td>29.58</td>
<td>12.06</td>
<td>1.70</td>
<td>1.681</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>50</td>
<td>33.38</td>
<td>10.48</td>
<td>1.48</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jammu</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>50</td>
<td>27.82</td>
<td>9.74</td>
<td>1.37</td>
<td>.020</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>50</td>
<td>27.78</td>
<td>10.62</td>
<td>1.50</td>
<td></td>
</tr>
</tbody>
</table>

*Nila Majied **Mahmood S. Khan*
Table 5 shows comparison between male and female adolescents of Kashmir region and of Jammu region on Somatic symptoms. The mean score of males of Kashmir region is 29.58 and for female adolescents M=33.38 and t = 1.68. From the scores it is evident that although the groups don’t differ significantly female adolescents tend to show more somatic symptoms than their counterpart in Kashmir region. The mean score of males of Jammu region is 27.82 and for females it is 27.78 and t=.020 which show that there is almost no difference between male and female adolescents of Jammu region on the parameter of somatic symptom.

Table 6: Mean ,S.D and t-value of the male and female adolescents of Jammu and Kashmir for Anxiety.

<table>
<thead>
<tr>
<th>Regions</th>
<th>Gender</th>
<th>N</th>
<th>Mean</th>
<th>S.D</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kashmir</td>
<td>Male</td>
<td>50</td>
<td>17.68</td>
<td>5.67</td>
<td>1.136</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>50</td>
<td>19.24</td>
<td>7.87</td>
<td></td>
</tr>
<tr>
<td>Jammu</td>
<td>Male</td>
<td>50</td>
<td>20.84</td>
<td>6.74</td>
<td>.583</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>50</td>
<td>20.12</td>
<td>5.54</td>
<td></td>
</tr>
</tbody>
</table>

Table 6 shows comparison between male and female adolescents of Kashmir region and of Jammu region on Anxiety. If we look at the mean value we will find that the mean score of males living in Kashmir region is 17.68 and that of female adolescents M=19.24 and t=1.13 which is not significant. But the trend of the result shows that Female adolescents living in Kashmir have high level of anxiety than males. The mean score of male adolescents from Jammu region is 20.84 and for females M=20.12, showing that male and female adolescents of Jammu region are almost same in terms of level of anxiety.
Table 7; Mean, S.D and t-value of the male adolescents of Jammu and Kashmir for Stress, Somatic Symptoms and Anxiety.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Region</th>
<th>Mean</th>
<th>S.D</th>
<th>Std. Error Mean</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress</td>
<td>Kashmir</td>
<td>60.74</td>
<td>9.47</td>
<td>1.34</td>
<td>.22</td>
</tr>
<tr>
<td></td>
<td>Jammu</td>
<td>60.32</td>
<td>9.56</td>
<td>1.35</td>
<td></td>
</tr>
<tr>
<td>Somatic symptoms</td>
<td>Kashmir</td>
<td>29.58</td>
<td>12.06</td>
<td>1.70</td>
<td>.80</td>
</tr>
<tr>
<td></td>
<td>Jammu</td>
<td>27.82</td>
<td>9.74</td>
<td>1.37</td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>Kashmir</td>
<td>17.68</td>
<td>5.67</td>
<td>.80</td>
<td>.77</td>
</tr>
<tr>
<td></td>
<td>Jammu</td>
<td>20.84</td>
<td>6.74</td>
<td>.95</td>
<td></td>
</tr>
</tbody>
</table>

Table 7 shows the comparison of male adolescents of Jammu region with that of male adolescents of Kashmir region on the scores of stress, somatic symptoms and anxiety. The above score reveals that male adolescents belonging to Jammu do not differ much from those belonging to Kashmir region in terms of stress score. But they differ in terms of somatic symptoms and anxiety, although the difference is not significant, the trend of the result shows that adolescents belonging to Kashmir show more somatic symptoms than adolescents from Jammu region. And adolescents from Jammu region score more on anxiety than adolescents from Kashmir region.
Table 8 reveals the comparison of female adolescents of Jammu region with that of female adolescents of Kashmir region on the scores of stress, somatic symptoms and anxiety. If we look at the mean scores we will find that females adolescents belonging to Jammu region differ from that belonging to Kashmir region in terms stress, although the difference is not significant, the trend shows that female adolescents belonging to Kashmir region have more stress than that belonging to Jammu region. They also differ significantly (with $t=2.66$) in terms of somatic symptoms, showing that female adolescents from Kashmir show more somatic symptoms than female adolescents belonging to Jammu. Female adolescents belonging to Kashmir region do not differ significantly with that of belonging to Jammu region on the scores of anxiety, but the trend shows that female adolescents belonging to Jammu region are more anxious than that belonging to Kashmir region.

**Discussion**

The results obtained clearly indicate that adolescents belonging to Kashmir region (considered to be high conflict region) show higher level of stress and somatic symptoms than adolescents belonging to Jammu region.

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**Table 8; Mean, S.D and t-value of the female adolescents of Jammu and Kashmir for Stress, Somatic Symptoms and Anxiety.**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Region</th>
<th>Mean</th>
<th>S.D</th>
<th>Std. Error Mean</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress</td>
<td>Kashmir</td>
<td>66.62</td>
<td>8.64</td>
<td>1.22</td>
<td>.76</td>
</tr>
<tr>
<td></td>
<td>Jammu</td>
<td>64.86</td>
<td>13.96</td>
<td>1.97</td>
<td></td>
</tr>
<tr>
<td>Somatic Symptom</td>
<td>Kashmir</td>
<td>33.38</td>
<td>10.48</td>
<td>1.48</td>
<td>2.66*</td>
</tr>
<tr>
<td></td>
<td>Jammu</td>
<td>27.78</td>
<td>10.62</td>
<td>1.50</td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>Kashmir</td>
<td>19.24</td>
<td>7.87</td>
<td>1.11</td>
<td>.65</td>
</tr>
<tr>
<td></td>
<td>Jammu</td>
<td>20.12</td>
<td>5.54</td>
<td>.78</td>
<td></td>
</tr>
</tbody>
</table>

* * significant at 0.01
(considered to be low conflict region). Fitzpatrick and Boldizar 1993; Freeman et al. 1993; Jenkins 1993; Martinez and Richters 1993 in their study also found that youth with higher levels of exposure to community violence (via incidence and/or severity) report significantly more distress than those with lower exposure. Mental health disorders, behaviour problems, somatic complaints, and impaired cognitive functioning were reported for children living in countries with continuous violent conflicts (Barenbaum et al., 2004; Macksoud & Aber, 1996; Straker et al., 1996). From the tables it is also evident that adolescents from Kashmir exhibit lower level of anxiety than their counterpart. This can be explained in terms of the habituation or extinction model of fear according to which prolonged contact with fear-producing stimuli results in increased physiological reactivity and subjective distress. With repeated exposure, the physiological reactivity and anxious distress are followed by decreases in arousal and fear (i.e., the response habituates or is extinguished; Mowrer 1960). Repeated exposure to traumatic events has enable the adolescents to get adapted to such kind of situations, that is why Kashmiri adolescents show low level of anxiety. It is also revealed from the result that female adolescents either living in Jammu region or Kashmir region tend to show high level of stress, somatic symptoms and anxiety as compared to male adolescents. Khani (1998)& Zakrison et al. (2004) also in their study on Palestinian population living in the occupied territories and subjected to continuous violence, such as shooting, bombardment, and physical injuries found that, especially women and children, have developed severe psychological distress. Garber et al (1991) in their study also found that girls endorse high rates of somatic symptoms.

**Reference**


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** Professor, Department of Psychology, AMU, Aligarh.
Introduction:
Growing interest in the field of Positive Psychology has led to a realization that human life experiences are laden with a wide variety of emotions which are an inseparable part of our lives and which govern how and why we behave the way we do. Emotions are real time, on-line indicators of how well we cope with our environmental stresses. In this context, the concept of Emotional Intelligence has gained importance in every area of life be it in schools, organizations, relationships to name a few.

The concept of Emotional Intelligence was introduced to the general public in 1995 with the publication of Goleman's bestseller "Emotional Intelligence" and it led to a systematic study of emotions and their importance in human life. Emotional Intelligence relates to the area of affect and not percept and cognition. Salovey and Mayer (1990) defined EI as the "ability to monitor one's own and other's feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions". Daniel Goleman (1995) claimed that "Emotional Intelligence is a master aptitude, a capacity that profoundly affects all other abilities, either facilitating or interfering with them". According to Harrod and Scheer (2005), emotional intelligence “is the collection of a person's success oriented traits”.

Whether we are at home or at work, Emotional Intelligence is important in every area of life and it can be developed. It thus becomes pertinent to develop it from childhood. What are the factors which help in its development? Studies have shown that demographic correlates influence many personality characteristics. Thus, in this study demographic variables have been taken so that factors which play an important role in the development of Emotional Intelligence can be identified. Various research studies have been conducted to examine whether emotional intelligence can be affected by demographic factors. These studies revealed significant relationship of emotional intelligence with some demographic factors.

Review of Literature
Review of literature suggests that basically two demographic variables have been studied extensively with Emotional Intelligence- Gender and Age.
Gender

Perusal of literature suggest no consistent findings regarding the relationship between gender and Emotional Intelligence. Few studies reveal no gender differences in Emotional Intelligence. Roberts (2002) carried out a research at an American based multinational company. The study reported no significant gender differences in Emotional Intelligence. Singaravelu (2007) found no significant difference in male and female student teachers.

On the contrary there are researches pointing out gender differences in Emotional Intelligence wherein females show higher Emotional Intelligence than males. Harrod and Scheer (2005) noted a significant relationship between Emotional Intelligence and gender in adolescents wherein females outscoring males.

TalentSmart researchers (2004) (in EQ and Gender: Women Feel Smarter by Su and Bradberry) in a worldwide study used Emotional Intelligence Appraisal and showed that women scored higher than men in three of the four Emotional Intelligence skills including Self-Management, Social Awareness and Relationship Management. Women also scored higher than men in overall Emotional Intelligence. Both sexes scored equal on Self-Awareness skill. The scores were highly consistent in different regions of the world.

Petrides and Furnham (2000) had two hundred and sixty participants complete a measure of trait Emotional Intelligence and estimated their score on 15 Emotional Intelligence facets through self-estimated EI. Results showed that females scored higher than males on the "social skills" factor of measured trait EI. The results also showed that males believed they had higher Emotional Intelligence than females. There was no significant gender difference found in total measured trait EI. The study also showed that people had some insight into their Emotional Intelligence.

Few researches have also shown that males and females may be emotionally intelligent in different ways. Simmons (2001) reported that contrary to popular belief, women are not more emotionally intelligent than men. Women, on average, were more aware of their emotions, show more empathy, and are more adept interpersonally. Men are more self-confident, optimistic and adaptable and they handle stress better.

Similarly, research by Multi Health Systems Inc. (MHS) (1997) on 4,500 males and 3,200 females throughout United States and Canada showed that there were notable differences between men and women. Women had significantly stronger interpersonal skills than their male counterparts, men had a stronger sense of self and deal better with stress.

Concludingly it may be mentioned that findings of various researches do not posit a definite relationship between gender and Emotional Intelligence.

Age

Again researches relating age to Emotional Intelligence bring out mixed findings. Some researches report an increase in Emotional Intelligence with age. A study by Gowdhaman and Murugan (2009) found a significant effect of age amongst B.Ed teacher trainees (N=300) on Emotional Intelligence. Goleman (1998) demonstrated a positive correlation between Emotional Intelligence and age in his research.

The results of study of Multi-Health Systems Inc. (1997) showed that as the people get older, they become more Emotionally Intelligent. Stein in this study reports, "There
was a consistent and significant age effect. The total EQ score increased significantly with age, peaking in the late forties or early fifties...

Salovey and Mayer (1990) found that adults had higher EQ. More than 3000 men and women of ages varying from teens to the fifties were evaluated and the results showed small but steady and significant increases in their Emotional Intelligence with advancing age. A peak was observed in the forties age group.

An increase in Emotional Intelligence was also reported. Cherniss, Goleman, Emmerling, Cowan and Adler (1998) report that a growing body of research on Emotional Learning and behaviour change suggests that it is possible to help people of any age to become more emotionally intelligent at work.

Other researches show a mix finding. A study by Fariselli, Ghini and Freedman (2008) found that some parts of Emotional Intelligence do increase with age, though the effect is slight; in addition there are elements of Emotional Intelligence which do not increase with age indicating some competencies must develop through training.

Harrod and Scheer (2005) studied the relationship between age and adolescent Emotional Intelligence. They used the Bar-On Emotionl Quotient Inventory Youth Short Version (Bar-On EQ-i YV(S), 2000). The results showed no significant relationship between Emotional Intelligence and age.

Still other researchers have found no effect of age on Emotional Intelligence. A study by Adeyemo (2008) on two hundred and fifteen workers randomly drawn from various organizations in Oyo State found no significant relationship between age and Emotional Intelligence.

**Other Demographic Characteristics**

Few psychologists have also studied the relationship of Emotional Intelligence with other demographic variables like income, location of residence, number of years in service, management level and parental level of education. Such researches are very few.

Studies relating income and Emotional Intelligence found a positive relationship. Harrod and Scheer (2005) studied the relationship between household income and adolescent Emotional Intelligence. The results showed significant relationship between the two. As the income increased, so did adolescent Emotional Intelligence. Derksen and Bogers in Holland also carried out the study looking at the relationship between income and EQ. They tested a large, carefully selected sample of the Dutch population. They found a significant relationship and concluded people with higher EQ earned more money.

A positive relationship was found between education and Emotional Intelligence. Harrod and Scheer (2005) also studied the relationship between parents' level of education and Emotional Intelligence. The results showed a significant positive relationship between Emotional Intelligence and mother's and father's education.

With reference to location of residence, Shanwal (2005) found higher emotional intelligence in primary students belonging to rural areas than those belonging to urban areas. However Harrod and Scheer (2005) found no significant relationship between Emotional Intelligence and location of residence.

For Civil status, Garcia (2002) in his study on Emotional Intelligence and leadership competence reported that civil status had no significant relationship with Emotional Intelligence.

With Nature of Appointment, Garcia (2002) in his study on Emotional Intelligence and leadership competence also reported that
it was not a significant factor of difference on Emotional Intelligence.

Garcia (2002) also studied the relationship of Emotional Intelligence and the number of years in service and the relationship was not found to be significant.

Few studies have been reported for Organizational Positions which showed mixed results. Bradberry and Greaves (2003) who reviewed a study analyzing the Emotional Intelligence scores of individuals. EQ scores dropped sharply for individuals holding titles of Director and above. Mansi (2002) showed in her results that there was not much difference on Emotional Intelligence for assistant managers and managers. Roberts (2002) carried out a research at an American based multi-national company. The study indicated the two levels of managers - level 1 and level 2 did not have varied EQ. The mean values, however, indicated that level 1 managers are higher on EQ scores than lower level managers (level 2)

What are the factors that influence Emotional Intelligence in Indian context in the area of work? Does management level effect Emotional Intelligence or is it more influenced by number of years in service? Is there a difference in Emotional Intelligence in people who are recruited directly and those promoted to the present post? Is type of organization important? These are the questions which prompted this study. The demographic correlates, thus, studied in the present research are management level, mode of recruitment, number of years in service, type of organization and age.

With changes in the level of management, the responsibilities of the manager changes. As the manager approaches higher level of management, he is required to admit his mistakes. With self growth, he should assimilate all others working with him otherwise he will not have his impact on the employees. When Emotional Intelligence is exercised at higher level of management, it can solve a number of problems.

With age, experience is accumulated. How a person utilizes his knowledge of experience brings a difference in his dealings with others. Experienced people are supposed to take benefit of their knowledge and thus age and number of years in service may have its influence on Emotional Intelligence.

Different types of organization - service and manufacturing - have different expectations and demands from their employees. Service sector is more oriented towards meeting people and more interpersonal interactions are required than the manufacturing sectors. Such differences may have their impact on the perception of the individual regarding his job requirements. This may have its effect on Emotional Intelligence.

Mode of recruitment to the present level of management - whether through direct selection or through promotion - has its influence on the perception of the individual. Does this difference has its effect on the Emotional Intelligence in the manager is another inquiry of this study.

The study aims at relating Emotional Intelligence with four independent variables i.e. management level, type of organization, years in service, mode of recruitment and age.

**Research Design** - It is an Ex-post facto research

**Variables:**

**Independent Variable** -

1. Management level - Management functions at three levels. The top level is policy management. It includes directors or vice-president. The level-II is that of executive management,
composed of those managerial employees who are charged by policy management with the execution of the organization’s work within some broad scope or function. Level-III is the supervisory management. A manager’s level in the organization determines the relative importance of possessing technical, human and conceptual skills. All levels of management need human skills in order to interact and communicate with other people successfully.

In the present research, level-II and level-III managers have been included because there were very few managers at the top level.

2. **Type of organization** - The two type of organizations studied in the present research are manufacturing and service sector. The manufacturing sector organizations included in the sample are Parag Dairy, Eveready and Eldeco. For the service sector organization, Food Corporation of India, The Pradeshiya Industrial and Investment Corporation of U.P. (PICUP), HDFC Bank and HDFC Homeloans were included. All the organizations are from Lucknow, Uttar Pradesh, India.

3. **Years in service** - Years in service refers to the number of years the manager is employed in his present job. Four groups in terms of years of service are as follows:
   - 2 - 12 years
   - 12+ - 22 years
   - 22+ - 32 years
   - 32+ - 40 years

4. **Mode of recruitment** - The two criteria taken in the present research for the mode of recruitment to the present post are whether the manager is directly selected to the post he holds or whether he was promoted on the basis of seniority.

5. **Age** - Four age levels have been included as follows:
   - Age Level-I 25 - 34 years
   - Age Level-II 35 - 44 years
   - Age Level-III 45 - 54 years
   - Age Level-IV 55 years and above.

**Dependent Variable**

Emotional Intelligence - Emotional Intelligence is the ability to sense, understand and effectively apply the power and acumen of emotions as a source of human energy, information, connection and influence (Cooper and Sawaf, 1996).

Sample: The sample consists of 200 managers of level-II and level-III from manufacturing and service sectors. The details of the sample according to the independent variables are reported in table 3.1.
Tools:

1. EQ Map - EQ Map (1996) (version 4.5) employed in the present research is extensively researched, statistically reliable and norm-tested on an employed work-force in United States and Canada. Esther M. Orioli, Robert K. Cooper and Ayman Sawaf have given the concept of the tool. It is amongst the oldest of the commercially available instruments for assessing Emotional Intelligence. The tool consist of five areas- Current Environment, Emotional Awareness, EQ Competencies, EQ Values and Attitudes and Outcomes. These areas contain subscales. In total EQ Map has 20 subscales and the data was analysed for all 20 subscales as EQ Map does not provide one single score for Emotional Intelligence.

2. Questionnaire for Biographical Information- To obtain information for various demographic variables, a questionnaire was developed by the researcher. The questionnaire sought information regarding name, age, years of service in the present job, management level, type of organization and mode of recruitment.

Method of Data Collection:

Two hundred managers of level II and level III from service and manufacturing sector organization in Lucknow were administered the EQ Map and the questionnaire for biographical information. Permission was sought from the highest authority of the concerned organization in Lucknow before data collection. The researcher took prior appointment with the managers to get the questionnaires filled. On an average, the managers had to devote 45 minutes to fill the questionnaire.

Data Processing:

The obtained data for Emotional Intelligence and demographic correlates were statistically analyzed using Analysis of Variance.

Level II managers are charged with the execution of the organization's work within some broad scope and function. Level III is the supervisory management. Change in management level brings changes in responsibilities. Managers at higher management level are required to assimilate all those working with them and progress on the path of personal growth. The obtained results show that level II managers are higher on Life Satisfaction, Intentionality, Trust Radius, Personal Power and Optimal Performance.
Since the Emotional Intelligence scales are interdependent, high scores on one scale may strengthen the other related scales. Level II managers exercise more power, authority and influence than level III managers. They are also financially well off than level II managers which results in more concentration on the satisfaction of higher order needs in life (Maslow, 1964). The result is greater Life Satisfaction and the ability to take action on purpose which is Intentionality. Further, this helps develop a positive attitude towards life which results in higher degree and inclination to trust others. These characteristics further encourage level II managers to believe in their ability to meet challenges in life which is personal power and give their optimal performance at work.

Table 3 Mean, SD and F values according to Type of Organization.

<table>
<thead>
<tr>
<th>Type of Org.</th>
<th>Service Sector</th>
<th>Manufacturing Sector</th>
<th>Mean difference</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scales</td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>Life Pressures</td>
<td>36.15</td>
<td>16.68</td>
<td>30.82</td>
<td>16.62</td>
<td>-5.33</td>
</tr>
<tr>
<td>Life Satisfaction</td>
<td>39.87</td>
<td>10.66</td>
<td>40.57</td>
<td>10.09</td>
<td>0.70</td>
</tr>
<tr>
<td>Emotional Self Awareness</td>
<td>17.23</td>
<td>4.23</td>
<td>17.51</td>
<td>3.83</td>
<td>0.28</td>
</tr>
<tr>
<td>Emotional Expression</td>
<td>15.94</td>
<td>4.86</td>
<td>16.19</td>
<td>4.62</td>
<td>0.25</td>
</tr>
<tr>
<td>Emotional Awareness of Others</td>
<td>22.19</td>
<td>5.95</td>
<td>21.80</td>
<td>5.80</td>
<td>-0.39</td>
</tr>
<tr>
<td>Intentionality</td>
<td>26.59</td>
<td>6.51</td>
<td>27.32</td>
<td>5.20</td>
<td>0.73</td>
</tr>
<tr>
<td>Creativity</td>
<td>17.63</td>
<td>6.27</td>
<td>18.76</td>
<td>5.76</td>
<td>1.13</td>
</tr>
<tr>
<td>Resilience</td>
<td>27.39</td>
<td>7.80</td>
<td>29.61</td>
<td>6.69</td>
<td>2.22</td>
</tr>
<tr>
<td>Interpersonal Connections</td>
<td>20.27</td>
<td>4.45</td>
<td>20.21</td>
<td>4.22</td>
<td>-0.06</td>
</tr>
<tr>
<td>Constructive Discontent</td>
<td>16.49</td>
<td>3.50</td>
<td>17.35</td>
<td>4.77</td>
<td>0.86</td>
</tr>
<tr>
<td>Outlook</td>
<td>18.53</td>
<td>4.91</td>
<td>18.82</td>
<td>4.08</td>
<td>0.29</td>
</tr>
<tr>
<td>Compassion</td>
<td>23.50</td>
<td>5.05</td>
<td>23.44</td>
<td>4.59</td>
<td>-0.06</td>
</tr>
<tr>
<td>Intuition</td>
<td>20.02</td>
<td>5.94</td>
<td>20.37</td>
<td>5.20</td>
<td>0.35</td>
</tr>
<tr>
<td>Trust Radius</td>
<td>20.91</td>
<td>5.04</td>
<td>22.49</td>
<td>5.29</td>
<td>1.58</td>
</tr>
<tr>
<td>Personal Power</td>
<td>19.76</td>
<td>5.30</td>
<td>20.44</td>
<td>5.88</td>
<td>0.68</td>
</tr>
<tr>
<td>Integrated self</td>
<td>17.82</td>
<td>3.64</td>
<td>18.73</td>
<td>3.88</td>
<td>0.91</td>
</tr>
<tr>
<td>General Health Problems</td>
<td>23.09</td>
<td>16.73</td>
<td>22.06</td>
<td>16.81</td>
<td>-1.03</td>
</tr>
<tr>
<td>Quality of life</td>
<td>21.74</td>
<td>6.80</td>
<td>23.25</td>
<td>5.62</td>
<td>1.51</td>
</tr>
<tr>
<td>Relationship Quotient</td>
<td>15.43</td>
<td>4.92</td>
<td>15.83</td>
<td>3.65</td>
<td>0.40</td>
</tr>
<tr>
<td>Optimal Performance</td>
<td>15.05</td>
<td>4.07</td>
<td>15.51</td>
<td>3.63</td>
<td>0.46</td>
</tr>
</tbody>
</table>
Referring to table 3, type of organization has a significant effect on three scales of Emotional Intelligence namely Life Pressures, Resilience and Trust Radius.

Manufacturing sector concentrates mainly on production. Their interactions are limited to those within the organization. On the other hand, service sector managers have different priorities and functions. The line of communication between customer and service provider is shorter than that between manufacturer and customer.

The obtained results reveal more life stress in service sector (mean = 36.15) than in the manufacturing sector (mean = 30.82). The former need to provide services outside normal working hours or around the clock, affecting their personal life resulting into more life pressures.

Results further point out that manufacturing sector managers are high on resilience (mean = 29.61) than service sector managers (mean = 27.39). They interact more with each other. Their interpersonal relationships are more rewarding which results in high ability to bounce back and be flexible after a set back. They are higher on Trust Radius also (mean = 22.49). Since they require grouping together of certain activities, they interact and rely more among themselves.

### Table 4 Mean, SD and F values according to Years in Service.

<table>
<thead>
<tr>
<th>Scales</th>
<th>2-12 Years</th>
<th>12+ - 22 years</th>
<th>22+ - 32 years</th>
<th>32+ years</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Pressures</td>
<td>34.81</td>
<td>32.90</td>
<td>33.98</td>
<td>33.96</td>
<td>0.08</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Life Satisfaction</td>
<td>38.89</td>
<td>40.77</td>
<td>39.96</td>
<td>40.80</td>
<td>0.30</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Emotional Self Awareness</td>
<td>17.94</td>
<td>17.33</td>
<td>17.15</td>
<td>17.23</td>
<td>0.33</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Emotional Expression</td>
<td>16.36</td>
<td>17.05</td>
<td>15.79</td>
<td>15.43</td>
<td>1.03</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Emotional Awareness of Others</td>
<td>23.53</td>
<td>22.70</td>
<td>21.78</td>
<td>20.86</td>
<td>1.73</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Intentionality</td>
<td>27.39</td>
<td>26.90</td>
<td>26.47</td>
<td>27.09</td>
<td>0.21</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Creativity</td>
<td>20.08</td>
<td>18.78</td>
<td>18.13</td>
<td>16.32</td>
<td>3.14</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Resilience</td>
<td>30.00</td>
<td>28.85</td>
<td>27.28</td>
<td>28.12</td>
<td>1.15</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Inter-personal Connections</td>
<td>20.08</td>
<td>20.35</td>
<td>19.97</td>
<td>20.61</td>
<td>0.24</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Constructive Discontent</td>
<td>17.28</td>
<td>17.43</td>
<td>16.19</td>
<td>16.96</td>
<td>1.00</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Outlook</td>
<td>19.31</td>
<td>18.40</td>
<td>18.23</td>
<td>18.91</td>
<td>0.53</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Compassion</td>
<td>23.44</td>
<td>23.75</td>
<td>23.87</td>
<td>22.82</td>
<td>0.91</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Intuition</td>
<td>21.19</td>
<td>21.65</td>
<td>21.35</td>
<td>21.32</td>
<td>0.47</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Trust Radius</td>
<td>22.31</td>
<td>21.55</td>
<td>21.60</td>
<td>21.93</td>
<td>0.48</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Personal Power</td>
<td>21.75</td>
<td>5.29</td>
<td>19.60</td>
<td>19.23</td>
<td>1.75</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Integrated self</td>
<td>18.25</td>
<td>18.37</td>
<td>17.69</td>
<td>18.66</td>
<td>0.72</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>General Health Problems</td>
<td>24.31</td>
<td>15.65</td>
<td>23.78</td>
<td>22.62</td>
<td>1.64</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Quality of life</td>
<td>21.42</td>
<td>22.82</td>
<td>22.84</td>
<td>22.11</td>
<td>0.49</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Relationship Quotient</td>
<td>15.61</td>
<td>15.92</td>
<td>15.15</td>
<td>15.91</td>
<td>0.40</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Optimal Performance</td>
<td>15.14</td>
<td>15.72</td>
<td>15.01</td>
<td>15.25</td>
<td>0.29</td>
<td>&gt;.05</td>
</tr>
</tbody>
</table>
Table 4 denotes that year in service has a significant effect on only one out of twenty scales of Emotional Intelligence i.e. Creativity. The findings indicate that less experienced managers are more creative. Managers in the age group of 2+ - 12 years are most creative (mean = 20.08) and the least creative managers are in the age group of 32+ years (mean = 16.32). As experience accumulates, initiation and innovations tend to lose significance in their life. Managers at the beginning of their careers have to prove themselves, and therefore they require to adopt creative and innovative method. Further their enthusiasm adds to their creativity.

Table 5 Mean, SD and F values according to Mode of Recruitment.

<table>
<thead>
<tr>
<th>Scales</th>
<th>Mode of recruitment</th>
<th>Directly Selected</th>
<th>Promoted</th>
<th>Mean difference</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Pressures</td>
<td>35.53</td>
<td>17.08</td>
<td>33.15</td>
<td>16.70</td>
<td>-2.38</td>
<td>0.87</td>
</tr>
<tr>
<td>Life Satisfaction</td>
<td>38.62</td>
<td>10.42</td>
<td>40.89</td>
<td>10.36</td>
<td>2.27</td>
<td>2.07</td>
</tr>
<tr>
<td>Emotional Self Awareness</td>
<td>16.84</td>
<td>3.98</td>
<td>17.59</td>
<td>4.08</td>
<td>0.75</td>
<td>1.47</td>
</tr>
<tr>
<td>Emotional Expression</td>
<td>15.61</td>
<td>4.65</td>
<td>16.25</td>
<td>4.80</td>
<td>0.64</td>
<td>0.79</td>
</tr>
<tr>
<td>Emotional Awareness of Others</td>
<td>21.41</td>
<td>5.92</td>
<td>22.32</td>
<td>5.85</td>
<td>0.91</td>
<td>1.04</td>
</tr>
<tr>
<td>Intentionality</td>
<td>26.94</td>
<td>5.67</td>
<td>26.87</td>
<td>6.16</td>
<td>-0.07</td>
<td>0.004</td>
</tr>
<tr>
<td>Creativity</td>
<td>18.22</td>
<td>6.16</td>
<td>18.05</td>
<td>6.05</td>
<td>-0.17</td>
<td>0.03</td>
</tr>
<tr>
<td>Resilience</td>
<td>29.78</td>
<td>7.44</td>
<td>27.63</td>
<td>7.33</td>
<td>-2.15</td>
<td>3.70</td>
</tr>
<tr>
<td>Interpersonal Connections</td>
<td>19.70</td>
<td>4.69</td>
<td>20.50</td>
<td>4.16</td>
<td>0.80</td>
<td>1.47</td>
</tr>
<tr>
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<td>16.72</td>
<td>4.44</td>
<td>16.91</td>
<td>3.93</td>
<td>0.19</td>
<td>0.10</td>
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<tr>
<td>Outlook</td>
<td>18.62</td>
<td>4.65</td>
<td>18.66</td>
<td>4.55</td>
<td>0.04</td>
<td>0.003</td>
</tr>
<tr>
<td>Compass</td>
<td>23.42</td>
<td>5.13</td>
<td>23.50</td>
<td>4.73</td>
<td>0.08</td>
<td>0.01</td>
</tr>
<tr>
<td>Intuition</td>
<td>19.61</td>
<td>5.69</td>
<td>20.43</td>
<td>5.60</td>
<td>0.82</td>
<td>0.92</td>
</tr>
<tr>
<td>Trust Radius</td>
<td>21.70</td>
<td>5.36</td>
<td>21.51</td>
<td>5.13</td>
<td>-0.19</td>
<td>0.06</td>
</tr>
<tr>
<td>Personal Power</td>
<td>20.17</td>
<td>5.98</td>
<td>19.98</td>
<td>5.35</td>
<td>-0.19</td>
<td>0.05</td>
</tr>
<tr>
<td>Integrated self</td>
<td>17.78</td>
<td>3.95</td>
<td>18.40</td>
<td>3.67</td>
<td>0.62</td>
<td>1.17</td>
</tr>
<tr>
<td>General Health</td>
<td>23.83</td>
<td>18.45</td>
<td>22.11</td>
<td>15.90</td>
<td>-1.72</td>
<td>0.46</td>
</tr>
<tr>
<td>Quality of life</td>
<td>22.19</td>
<td>6.15</td>
<td>22.46</td>
<td>6.48</td>
<td>0.27</td>
<td>0.08</td>
</tr>
<tr>
<td>Relationship Quotient</td>
<td>15.37</td>
<td>4.39</td>
<td>15.71</td>
<td>4.46</td>
<td>0.34</td>
<td>0.24</td>
</tr>
<tr>
<td>Optimal Performance</td>
<td>14.80</td>
<td>4.01</td>
<td>15.46</td>
<td>3.83</td>
<td>0.66</td>
<td>1.25</td>
</tr>
</tbody>
</table>

Table 5 shows Mode of Recruitment does not have a significant effect on any of the scales of Emotional Intelligence.
Table 4 denotes that year in service has a significant effect on only one out of twenty scales of Emotional Intelligence i.e. Creativity. The findings indicate that less experienced managers are more creative. Managers in the age group of 2+ - 12 years are most creative (mean = 20.08) and the least creative managers are in the age group of 32+ years (mean = 16.32). As experience accumulates, initiation and innovations tend to lose significance in their life. Managers at the beginning of their careers have to prove themselves, and therefore they require to adopt creative and innovative method. Further their enthusiasm adds to their creativity.

Table 6 Mean, SD and F values according to Age.

<table>
<thead>
<tr>
<th>Scales</th>
<th>25-34 Years</th>
<th>35-44 Years</th>
<th>45-54 Years</th>
<th>55+ Years</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Mean  SD</td>
<td>Mean  SD</td>
<td>Mean  SD</td>
<td>Mean  SD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Pressures</td>
<td>33.94 19.02</td>
<td>34.42 15.71</td>
<td>34.75 15.95</td>
<td>32.66 17.43</td>
<td>0.19</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Life Satisfaction</td>
<td>38.31 10.58</td>
<td>41.12 11.65</td>
<td>39.86 9.05</td>
<td>41.11 11.46</td>
<td>0.60</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Emotional Self Awareness</td>
<td>17.87 3.90</td>
<td>17.58 4.29</td>
<td>17.27 3.63</td>
<td>17.09 4.58</td>
<td>0.30</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Emotional Expression</td>
<td>16.44 4.59</td>
<td>16.79 4.33</td>
<td>16.19 4.95</td>
<td>15.39 4.74</td>
<td>0.70</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Emotional Awareness of Others</td>
<td>22.97 4.90</td>
<td>23.67 6.17</td>
<td>22.25 5.96</td>
<td>20.66 5.94</td>
<td>2.13</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Intentionality</td>
<td>26.75 4.92</td>
<td>27.71 6.69</td>
<td>26.60 5.87</td>
<td>27.03 6.44</td>
<td>0.23</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Creativity</td>
<td>20.00 4.63</td>
<td>18.87 6.54</td>
<td>18.20 6.08</td>
<td>16.75 6.33</td>
<td>2.28</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Resilience</td>
<td>29.78 5.23</td>
<td>30.33 6.54</td>
<td>27.46 7.59</td>
<td>27.91 8.29</td>
<td>1.44</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Inter-personal Connections</td>
<td>19.81 4.54</td>
<td>20.96 3.52</td>
<td>19.85 4.33</td>
<td>20.69 4.55</td>
<td>0.76</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Constructive Discontent</td>
<td>17.19 4.30</td>
<td>18.46 3.69</td>
<td>16.31 4.17</td>
<td>16.75 3.95</td>
<td>1.80</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Outlook</td>
<td>19.09 4.21</td>
<td>19.04 3.76</td>
<td>18.50 4.78</td>
<td>18.47 4.81</td>
<td>0.22</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Compassion</td>
<td>23.34 5.28</td>
<td>23.83 5.00</td>
<td>23.42 4.59</td>
<td>23.47 4.99</td>
<td>0.05</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Intuition</td>
<td>21.09 4.56</td>
<td>19.58 6.19</td>
<td>20.14 5.55</td>
<td>19.95 6.05</td>
<td>0.40</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Trust Radius</td>
<td>22.31 5.40</td>
<td>21.62 4.80</td>
<td>21.66 4.95</td>
<td>21.08 5.58</td>
<td>0.41</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Personal Power</td>
<td>21.56 5.84</td>
<td>21.33 4.39</td>
<td>20.06 5.95</td>
<td>18.78 5.04</td>
<td>2.39</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Integrated self</td>
<td>18.50 2.87</td>
<td>17.96 4.14</td>
<td>17.86 3.90</td>
<td>18.56 3.86</td>
<td>0.51</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>General Health Problems</td>
<td>24.03 18.64</td>
<td>19.71 15.26</td>
<td>25.87 18.24</td>
<td>19.06 13.44</td>
<td>2.34</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Quality of life</td>
<td>20.61 6.93</td>
<td>23.21 5.76</td>
<td>22.57 5.81</td>
<td>22.55 6.94</td>
<td>0.74</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Relationship Quotient</td>
<td>15.72 3.92</td>
<td>16.21 3.75</td>
<td>15.77 4.17</td>
<td>15.09 5.20</td>
<td>0.47</td>
<td>&gt;.05</td>
</tr>
<tr>
<td>Optimal Performance</td>
<td>15.03 3.83</td>
<td>15.46 3.60</td>
<td>15.46 3.67</td>
<td>15.00 4.33</td>
<td>0.22</td>
<td>&gt;.05</td>
</tr>
</tbody>
</table>
Table 6 shows that age has not emerged significant for Emotional Intelligence.

The findings suggest that some organizational variables have a more profound role in influencing Emotional Intelligence as compared to other variables. The organizational variables which have yielded the most significant effect on Emotional Intelligence are management level followed by the type of organization and years in service. This goes well along with Maslow’s view on importance of work in individual’s life. He suggested that work is an area of life which provides optimum conditions for self growth. In his views, for self-actualizing persons, work is subjectively experienced as a defining characteristic of themselves. They live to work rather than work to live. Maslow portrayed the self-actualizing person’s commitment to and absorption in work as "meant for each other... the person and (the) job fit together and belong together perfectly like a key and a lock" (1971).

The findings hold importance as it points out that organizational variables are important for development of Emotional Intelligence and thus the responsibility of maintaining a conducive environment which is helpful to the overall development of the employee lies on the organization. More such researches in Indian context will bring to core other factors which need to be focussed while designing Emotional Intelligence Intervention Programmes in India.

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Influence of Peer Relationship on Adolescents' Well-Being

*Manika Mohan **Aditi Sharma

Abstract

The present study aimed to find out the influence of peer relationship on adolescents' well-being. The sample of 100 adolescents (25 boys and 25 girls from Government schools and 25 boys and 25 girls from public schools) was taken who were the students of 11th and 12th standard from various streams and administered on the Dimensions of Friendship Scale (DFS) by Sunanda Chandna (Delhi) and N.K. Chadha (Delhi), 1986. Data interpretation of the peer group relations showed that on the dimension of enjoyment, trust, mutual assistance, understanding and spontaneity the students of Government and public schools did not differ significantly but on the dimension of acceptance and confiding they showed significant difference.

Keywords- Well-being, peer group.

Introduction:

Subjective well-being (SWB)

Subjective well-being (SWB) refers to how people experience the quality of their lives and includes both emotional reactions and cognitive judgments. Psychologists have defined happiness as a combination of life satisfaction and the relative frequency of positive and negative affect. SWB therefore encompasses moods and emotions as well as evaluations of one's satisfaction with general and specific areas of one's life. Concepts encompassed by SWB include positive and negative affect, happiness, and life satisfaction. Positive psychology is particularly concerned with the study of SWB. SWB tends to be stable over time and is strongly related to personality traits. There is evidence that health and SWB may mutually influence each other, as good health tends to be associated with greater happiness, and a number of studies have found that positive emotions and optimism can have a beneficial influence on health.

Peer group

A peer group is a social group consisting of humans. A peer group is a primary group of people, typically informal, who share a similar or equal status and who are usually of roughly the same age, tended to travel around and interact within the social aggregate. Members of a particular peer group often have similar interests and backgrounds, bonded by the premise of sameness. However, some peer groups are very diverse, crossing social divides such as socioeconomic status, level of education, race, creed, culture, or religion. Unlike the family and the school, the peer group lets children escape the direct supervision of adults. Among peers, children learn to form relationships on their own. Peer groups also offer the chance to discuss interests that adults may not share with their children (such as clothing and popular music) or permit (such as drugs and sex).

Objectives

To study the adolescents’ psychological well-being in relation to peer groups.
Methodology

Research methodology involves systematic procedures which the researcher starts from initial identification of the problem to its final conclusion. The role of methodology consists of procedures and techniques for conducting study.

The purpose of the present study is to find out how relation with peers influences the overall personality and well being of adolescents.

Research Design

This study was designed to be descriptive, correlation. Variables under study were-

a) Dependent variables i.e. personality and wellbeing of adolescents
b) Independent Variables i.e. peer group.

Research Sample

The study was conducted on a sample of 100 adolescents (25 boys and 25 girls from Government schools and 25 boys and 25 girls from public schools) was taken who were the students of 11th and 12th standard from various streams belonging to various socio economic status.

Sampling Design

A convenience sample was used in this study. The inclusion criteria were: voluntarily participating in this study, being 16-18 years, from various socio economic statuses.

Measurements

The following standardized tool was used for the present study:

Dimensions of Friendship Scale- Sunanda Chandna (Delhi) and N.K. Chadha (Delhi)-1986.

Procedure of data collection

Visits were made to the Government and public schools by the researchers, so that initial rapport can be established with the respondents. After employing the tools the requisite data was collected and adolescents were assured that the information collected will be used only for research purpose.

Statistical Analysis

Statistical methods included mean, SD, SE, and t test.

Hypothesis

The healthy peer group relationship contributes significantly to the psychological well being of adolescents.

Results and Discussion:

Table No. 1.1

Showing comparison between students of Government and public schools on the dimension of enjoyment

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>SE₀</th>
<th>Df</th>
<th>T</th>
<th>Not significant</th>
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</thead>
<tbody>
<tr>
<td>Government</td>
<td>50</td>
<td>5.58</td>
<td>1.19</td>
<td>0.169</td>
<td>98</td>
<td>0.50</td>
<td>Not significant</td>
</tr>
<tr>
<td>Public</td>
<td>50</td>
<td>5.46</td>
<td>1.20</td>
<td>0.0170</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The mean of Government school students is more than the students of public school. The t-ratio is found to be 0.50 which is not significant at both the levels.
Table No. 1.2
Showing comparison between students of Government and public schools on the dimension of Acceptance

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>SE₀</th>
<th>Df</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>50</td>
<td>5.58</td>
<td>1.75</td>
<td>0.25</td>
<td>98</td>
<td>2.02</td>
</tr>
<tr>
<td>Public</td>
<td>50</td>
<td>6.60</td>
<td>1.81</td>
<td>0.26</td>
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<td></td>
</tr>
</tbody>
</table>

Results indicate that the mean scores of public school students are more than the Government school students. It means level of acceptance is more in public school students than the Government school students. The t-value is found to be 2.02 which is significant at 0.05 level.

Table No. 1.3
Showing comparison between students of Government and public schools on the dimension of Trust

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>SE₀</th>
<th>Df</th>
<th>T</th>
</tr>
</thead>
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<td>Government</td>
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<td>6.20</td>
<td>1.77</td>
<td>0.249</td>
<td>98</td>
<td>1.86</td>
</tr>
<tr>
<td>Public</td>
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<td>6.80</td>
<td>1.44</td>
<td>0.204</td>
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<td></td>
</tr>
</tbody>
</table>

Results from the table indicate that there is only minute difference in the mean of both the groups. Public school students are more trustworthy as compare to Government school students. The t is found to be 1.86 which is not significant at both the levels.

Table No. 1.4
Showing comparison between students of Government and public schools on the dimension of Respect

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>SE₀</th>
<th>Df</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
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<td>4.12</td>
<td>1.28</td>
<td>0.189</td>
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<td>6.95</td>
</tr>
<tr>
<td>Public</td>
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<td>5.80</td>
<td>1.16</td>
<td>0.159</td>
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<td></td>
</tr>
</tbody>
</table>

Results indicate that the mean scores of public school students are more than the Government school students. It means level of respect is more in public school students than the Government school students. The t-value is found to be 6.95 which is significant at both the levels.
Results indicate that public school students score more than the Government school students. The $t$-value is found to be significant at both the levels.

**Table No. 1.5**
**Showing comparison between students of Government and public schools on the dimension of Mutual Assistance**

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>$SE_o$</th>
<th>Df</th>
<th>$T$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>50</td>
<td>6.38</td>
<td>1.51</td>
<td>0.214</td>
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<td>0.77</td>
</tr>
<tr>
<td>Public</td>
<td>50</td>
<td>5.46</td>
<td>6.60</td>
<td>1.36</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By observing the table it can be concluded that Government school students score high on the mutual assistance dimension and $t$-value is found to be insignificant.

**Table No. 1.6**
**Showing comparison between students of Government and public schools on the dimension of Confiding**

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>$SE_o$</th>
<th>Df</th>
<th>$T$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>50</td>
<td>5.08</td>
<td>1.51</td>
<td>0.214</td>
<td>98</td>
<td>7.59</td>
</tr>
<tr>
<td>Public</td>
<td>50</td>
<td>7.28</td>
<td>1.39</td>
<td>0.196</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Results indicate that public school students show more confiding nature than the Government school students. The $t$ value is found to be significant at both the levels.

**Table No. 1.7**
**Showing comparison between students of Government and public schools on the dimension of Understanding**

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>$SE_o$</th>
<th>Df</th>
<th>$T$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>50</td>
<td>5.84</td>
<td>1.61</td>
<td>0.23</td>
<td>98</td>
<td>1.04</td>
</tr>
<tr>
<td>Public</td>
<td>50</td>
<td>6.16</td>
<td>1.46</td>
<td>0.21</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Mean of public school students found to more as compared to Government school students and the t-value is found to be insignificant.

### Table No. 1.8

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>S.D.</th>
<th>SE₀</th>
<th>Df</th>
<th>T</th>
<th>Not Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>50</td>
<td>5.88</td>
<td>1.59</td>
<td>0.224</td>
<td>98</td>
<td>0.051</td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td>50</td>
<td>5.74</td>
<td>1.10</td>
<td>1.56</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Results indicate that the mean of Government school students is more as compared to public school students. The t-value is 0.051 and found to be insignificant at both the levels.

### Discussion and Conclusion

Data interpretation of the peer group relations showed that on the dimension of enjoyment, trust, mutual assistance, understanding and spontaneity the students of Government and public schools did not differ significantly but on the dimension of acceptance and confiding they showed significant difference. It has been seen that public school students are more influenced by the peers as compared to Government school students. The reason can be that the public school students are getting more exposure and spend more time with the peers. Due to their healthy relationship with peers they have more positive personality and wellbeing in relation to Government school students.

### Suggestions

1. Sample size can be increased.
2. Sample can be taken from different ethnic group.

### References


Achievement Motivation, Study Habits and Inferiority among Children of high and low Educated Parents

*Mandeep Kaur **Puneet Kaur

Abstract

Parental education provides a robust indicator of parental functioning that predicts child well being across diverse communities. The family in which the child grows up markedly influences the child’s attitude and behaviour. The child imitates his parents as a model for adjustment in society. If the parents are well educated, this gives the child good modelling to adjust in school and society. Thus to study the effect of parental education on the achievement, study habits and inferiority of children, 100 children (50 children of high educated parents and 50 children of low educated parents) were taken. The data was subjected to t-test. Findings revealed that children of high educated parents were high in achievement motivation, good in study habits and low on inferiority complex as compared to children of low educated parents.

Keywords: Achievement motivation, Study Habits, Inferiority Complex.

Introduction:

Parents play pivotal role in shaping child’s achievement, aspirations, education, motivation, study habits and overall personality (Hossler and Stage, 1992; Eccles and Harold, 1993; Beyer, 1995; Paulson, 1996). Their educational level and unconditional love provide necessary educational environment to children which results in better performance. By providing them various skills like problem solving and decision making they enhance their academic achievement and this supportive behaviour helps the child to set goals in life and to achieve them. Habel (1986) believed that the psychological makeup of parents have a great influence on the behaviour, attentiveness and performance of a child. Lankard (1995) indicated that motivation, norms, beliefs, values, habits and attitudes of individuals with the environment and expectations, the parents have for their children influence educational performances of their children. Children are affected by who parents are (e.g., with respect to gender, age, race/ethnicity, intelligence, education levels, temperament), what parents know (e.g., about child development and normative child behaviour), what parents believe (e.g., attitudes toward childrearing), what parents value (e.g., education, achievement, obedience, interpersonal relationships), what parents expect of their children (e.g., age or developmentally appropriate expectations for behaviour, achievement expectations), and what parents ultimately do (i.e., their parenting practices and overall parenting styles). Thus the kind of mental challenges to which a child is exposed at various periods, is likely to determine the kind of mental abilities which he/she displays. Parents can take many positive steps to help their children, they can encourage them to pursue advanced course work, to invest significant amount of time in their homework and to devote more time to reading (Mullis, 2002). Bamidele (1987) asserts that parents’ aspiration for the child could affect his/her
achievement in school. Morish (1995), believes that well educated parents will wish their own children to benefit as they have done from their good education and will provide them necessary things to accomplish their goals. Lankard (1995) points out that where parental encouragement is low, relatively few children, regardless of their intelligence or socio-economic status levels, they plan to go to study. On the other hand, where parental encouragement is high even when socio-economic status and intelligence are relatively low; more students plan to go to study. They concluded that the way and manner in which the family is organised and the direction in which the family system is changing is important as this reflects on the child's performance in school.

Onocha (1985) concludes that a child from a well educated family with high socio-economic status is more likely to perform better than a child from an illiterate family. This is because the child from an educated family has a lot of support such as a decent and good environment for academic work, parental support and guidance, and good academic materials. They are likely to be sent to good schools where well qualified and trained teachers will handle them.

According to Grissmer (2003), parents' level of education is the most important factor affecting child's academic achievement. Taiwo (1993) suggests that parents' educational background influence the academic achievement of children because the parents will guide and counsel the child on the best way to perform well in education and provide the necessary materials needed by child. Musgrave (2000) supported that a child that comes from an educated home would like to follow the steps of his/her family and by this, work actively in his/her studies. The parents who have more than a minimum level of education are expected to have a favoured attitude to the child's education and to encourage and help him/her with school work. They provide library facilities to encourage the child for as reading of newspapers, magazines and journals. They are likely to have wider vocabulary by which the children can benefit and develop language fluency.

Achievement typically stresses the importance of accomplishments and attainments with effort involved (Mandel & Marcus, 1988). Achievement can also be described as energy that is used to overcome challenges and persevere to conquer a goal. Motivation relates to an individual's reason for engaging in an activity, the degree to which an individual pursues the activity, and the persistence of the individual (Graham & Weiner, 1996). Achievement motivation can be defined as making good business or the orientation to the actions which is important to compel with the perfect standards (H.Can, 1992). It helps a child to set realistic but challenging goals, they need feedback and respond well to constructive criticism. They do not fear failure which makes them persistent towards their goals. Achievement motivation has been associated with task difficulty preferences. Atkinson (1957) proposed that positively motivated subjects (i.e., subjects with motive to achieve success stronger than motive to avoid failure) would prefer tasks of moderate difficulty, whereas negatively motivated subjects (i.e., subjects with motive to achieve success weaker than
motive to avoid failure) would prefer either very easy or very difficult tasks. Dykman (1998) suggested that there are two main motivations behind achievement, which he calls growth-seeking vs. validation-seeking. Growth seekers enjoy challenges and their ability to learn and mature through challenges/mistakes. Validation seekers, feel under constant pressure to prove themselves as likable and acceptable to others. It’s a defensive coping strategy that develops in the context of critical and perfectionist parenting. Academic achievement motivation can be defined as child's need or drive towards the achievement of success in academic work (Amalaha, 1975; Moen and Doyle, 1978).

Atkinson and Feather (1966) observed that the achievement motivation of children whose fathers have attained high educational level and are in high income occupations tend to be high. The development of high level achievement motivation is attributed to early independence training and achievement training (Atkinson, Feather and Majoribanks, 1979). Atkinson and Feather argue that successful parents tend to provide early independence training which is necessary in the development of achievement motivation.

Gesinde (2000) suggests that achievement motivation is learnt through the socialization process. He argues that the urge to achieve varies from one individual to the other. For some, the need for achievement is very high while, for others it is very low. A high need for achievement would develop among those who have high achievers as their role models in their early life experience, while those who have low achievers as their role models will hardly develop the need for achievement. The family is a major socializing agent and therefore important in determining the child's motivation to achieve success in various areas.

Study habits are strongly linked and related with academic performance (Reed & Hagen, 1996; Elliot, McGregor & Gable, 1999; Meter, 2001; Kagu, 2003 and Ossai, 2004). Researchers have found that good study habits contribute to high academic performance while poor study habits lead to poor academic performance. According to Mace (2002), “study is a systematic acquisition of knowledge and an understanding of facts and principles that calls for retention and application”. Kelly (1998) stated that study is the application of one's mental capacity to the acquisition, understanding and organization of knowledge. It often involves some form of formal learning. Crow and Crow (2000) explained that study is a programme of subject matter mastery which involves hard work. However, study involves the individual's thinking, feeling, personality, social interaction, physical activities and health. Narramore (1974) defined habit as “a pattern of activity which, through repetition, has been learned to the point that it has become automatic and can be carried on with a minimum of conscious effect”. Study habit, therefore, refers to learning which leads to the achievement of a learner's goal, through a prescribed pattern of steady behaviour. Crede and Kuncel (2008) defines study habit as study routines, including, but not restricted to, frequency of studying sessions, review of material, self-testing, rehearsal of learned material, and studying in a conducive environment.

Study habits is a well planned and deliberate pattern of study which has attained a
form of consistency on the part of the student towards understanding academic subjects and passing at examination (Deese, 1959; Pauk, 1962; Akinboye, 1974). Students' study habits seem to show differences in how they learn and how serious they are about their learning (Young, 1998).

Nonis & Hudson (2010) found that study habits have a significant direct relationship with the academic performance of college students. Although not every learning strategy or study habit produces useful results in terms of academic achievement, it would be expected that students who possess good study habits in general are better performers than those students with poor study habits.

Study habits have been associated with academic achievement, independently of scholastic aptitudes. Given a similar scholastic aptitude, students with better strategies and better study habits tend to show higher academic achievement. Even students with low scholastic aptitudes, but with good study habits, may obtain better results than those with higher aptitudes (Weigel & Wiegel, 1967; Wikoff & Kafka, 1981; Matt, Pechersky, & Cervantes, 1991; On & Watkins, 1994). Both research and educational experience have demonstrated that students with good study habits usually show more socialized behaviours, higher responsibility and peer-group interaction, and less impulsiveness.

When a child is unable to achieve a goal, perform poor in exams, is low on academic achievement, weak in study skills and habits and is not supported by his/her parents to achieve something then the feelings of inferiority arises. Whatever is their source, when a child fear the consequences of being inferior or subordinate to others (e.g. when they fear that they will be rejected or vulnerable to criticism, rather than helped or accepted) they can become 'driven' to compete to avoid both self and others making evaluations of self 'as inferior' (Gilbert, 1992, 2003). Inferiority complex creates a sense of insecurity that can reach a great extent and can make the sufferer take a drastic step.

From Adler's perspective, an inferiority complex is “the presentation of the person to himself and others that he is not strong enough to solve a given problem in a socially useful way” (Ansbacher & Ansbacher, 1956). An inferiority complex is a pervasive feeling that one’s abilities and characteristics are inferior to those of other people. Early criticism from parents, peer and sensitivity to the competitive dynamics of social life through peer group competition or media exposure, could sensitise a child to fears of inferiority (Gilbert, 1992; Dykman, 199

Objectives
To study:
1. The effect of parental education in achievement motivation, study habits and inferiority complex in their children.
2. The academic achievement of children of high and low educated parents.
3. The study habits of children of high and low educated parents.
4. The inferiority complex among children of high and low educated parents.

Hypotheses
1. Children of high educated parents would be higher on achievement motivation as compared to children of low educated parents.
2. Study habits of children of low educated parents would be poor as compared to high educated parents.
3. Children of high educated parents would be low on inferiority complex as compared to children of low educated parents.

Method

Sample: To study achievement motivation, study habits and inferiority among children of high and low educated parents, a sample of 100 children (50 children of high educated parents and 50 children of low educated parents) from various areas of Patiala were taken. Their age ranges from 14 to 17 years. All the high educated parents were above graduation and low educated parents were senior secondary pass. On the basis of the education of parents, children were divided into two groups (50 children of high educated parents and 50 children of low educated parents) and were considered for the present study. Prior consent of parents and their wards were taken, only those participants were taken who were willing to participate in the study. The subjects were provided with Academic Achievement Motivation Test by T.R. Sharma (2011), Study Habit Inventory by Mukhopadhyay and Sansanwal (1983) and Social Comparison Scale by Allan and Gilbert (1995).

Measures used in the study.

Academic Achievement Motivation Test by T.R. Sharma (2011)

Academic Achievement Motivation Test comprises of 38 items with two alternatives. The test provides a direct numerical score indicating how much an individual is motivated in the field of academic achievement. The score range from 0 to 38, indicating high, average and low academic motivation. This test can be administered to a group of not more than 40 children at a time. One score is awarded for each correct answer. Reliability: the reliability of the test is based on three methods, split half N=100, reliability is 0.697, rational equivalence N=100, \( r_{11} = 0.75 \) and test retest reliability boys N=298, \( r = 0.795 \), girls N=301, \( r = 0.807 \). Validity: content, criterion and construct validity on the bases of pooled judgements of 40 judges. The analysis of variance and Scheffe method results differ significantly.

Study Habit Inventory by Mukhopadhyay and Sansanwal (1983)

Study Habit Inventory consists of 52 items and 5 point likert scale from always to never. This inventory has been constituted of nine different kinds of study habits or behaviours. These are comprehension, concentration, task orientation, sets, interaction, drilling, supports, recording and language. Some items are positive and some items in the inventory are negative. Positive items have reversed scoring (4 to 0) and negative items have straight scoring (0 to 4). Reliability: the reliability of the inventory was worked out by using split half method. The reliability coefficient is 0.90. Validity: internal consistency is evident, all the coefficients are significant at 0.01 level and they range between a minimum of 0.49 to a maximum of 0.8%.

Social Comparison Scale by Allan and Gilbert (1995)

Social Comparison Scale measures the self-perceptions of social rank and relative social standing. This scale uses a semantic differential methodology and consists of 11 bipolar constructs. Participants are required to make a global comparison of themselves in relation to other people and to rate themselves along a 10
point scale. The 11 items cover judgements concerned with rank, attractiveness and how well the person thinks they ‘fit in’ with others in society. Low scores indicate feelings of inferiority and general low rank self-perceptions. The scale has been found to have good reliability, with Cronbach alphas of 0.88 and 0.96 with clinical population and 0.91 and 0.90 with student population.

**Procedure:** Data collection was divided into 2 sessions. In the first session, Academic Achievement Motivation test and Social Comparison Scale were given. After the gap of 15 minutes, in the second session, Study Habit Inventory was given to the subjects. The subjects were also assured that their responses would be kept confidential so that they can reply honestly.

**Statistical Analysis:** t-test

**Results:**

Table no.1 - Showing the means, S.D’s and t-ratio of high and low educated parents for academic achievement motivation

<table>
<thead>
<tr>
<th>academic achievement motivation</th>
<th>means</th>
<th>s.d.’s</th>
<th>df</th>
<th>t-ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>high educated parents</td>
<td>32.06</td>
<td>3.11</td>
<td>98</td>
<td>8.34**</td>
</tr>
<tr>
<td>low educated parents</td>
<td>27.02</td>
<td>2.92</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Significant at 0.01 level of significance.

Table no.2 - Showing the means, S.D’s and t-ratio of high and low educated parents for study habit

<table>
<thead>
<tr>
<th>study habit</th>
<th>means</th>
<th>s.d.’s</th>
<th>df</th>
<th>t-ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>high educated parents</td>
<td>163.4</td>
<td>11.05</td>
<td>98</td>
<td>38.34**</td>
</tr>
<tr>
<td>low educated parents</td>
<td>91.98</td>
<td>7.17</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Significant at 0.01 level of significance.
Discussion: Based on the data analysis (t-test) it’s concluded that children from high educated parents were high on achievement motivation and study habits and low on inferiority as compared to children from low educated parents whose children were low on achievement motivation and study habits and high on inferiority. The analysis of Table no.1 revealed that children of high educated parents (M=32.06) were high on achievement motivation and children of low educated parents (M=27.02) were low on achievement motivation (t=8.34, p<.01). The reason can be linked to parental education, parents involve themselves with their children in studies and guide them achieve their goal. If the parents are educated, they can inculcate good values to their children. This will further lead towards establishing good study habits, more confidence and sense of achievement. Baker and Stevenson (1986) found well educated mothers have higher knowledge of their children’s schooling, more contact with the school, aware of their children’s achievement and lead them to pursue higher education. Reay (2004) suggested most middle class mothers have a good educational background and it is invested in their children’s educational success in the form of self-confidence and participation. Sewell and Hauser (1980) and Tudge, et al (2006) found that a high level of education also allows the children to have more opportunity to develop motivation and educational aspirations to involve in various educational activities. Similarly in line with this thought, Poston and Falbo’s (1990) findings supports the idea that educated parents tend to communicate and interact with their children to enhance the children to a positive learning and educational achievement. Achievement motivation has been shown to be higher in middle class than in the working class (Atkinson and Feather, 1966). The development of high level achievement motivation is attributed to early independence training and achievement training giving by parents (Atkinson, Feather and Majoribanks, 1979). According to Majoribanks (1979), in independence training parents insist on the child’s self-reliance and autonomy in decision making situations. While, in achievement training they insist on high achievement through imposing high standards of excellence

<table>
<thead>
<tr>
<th>inferiority</th>
<th>means</th>
<th>s.d.’s</th>
<th>df</th>
<th>t-ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>high educated parents</td>
<td>96.34</td>
<td>6.18</td>
<td>98</td>
<td>26.81**</td>
</tr>
<tr>
<td>low educated parents</td>
<td>63.74</td>
<td>5.99</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>96.34</td>
<td>63.74</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Significant at 0.01 level of significance.
in tasks, setting high goals for the child and expecting the child to show competence in doing tasks well. Thus, achievement motivation is among other factors dependent on child parent interactions.

In a study by Gottfried, Fleming, and Gottfried (1998), home environment was found to have a statistically positive and significant effect on academic intrinsic motivation. Children whose homes had greater emphasis on learning opportunities and activities were more academically intrinsically motivated. These findings imply that, a more favourable home environment motivates a child to excel in school. The high level of education which most often goes with high occupational status means that the parents will be able to provide the necessary learning facilities and to assist the child with schoolwork. This parental involvement which could be lacking in parents whose education and occupation are low may have a motivating effect on the child.

A parent with a small family will not only find it easy to provide for the physical needs of the child, but will also be in a position to give him attention, encouragement, stimulation and support with his schoolwork. This could have a motivating effect on a child from the small family in comparison with a child from a large family where the parents are always busy trying to find ways of meeting the basic needs of the family.

The analysis of Table no.2 reveals that children of high educated parents (M=163.4) were high on study habits and children of low educated parents (M=91.98) were low on study habits (t=38.34, p<.01). Students’ study habits seem to show differences in how they learn and how serious they are about their learning (Young, 1998). Onwuegbuzie et al (2001) conducted a series of studies to find out the relationship between academic success and study habit and reported positive relationship between the two variables. Given a similar scholastic aptitude, students with better strategies and better study habits tend to show higher academic achievement. Even students with low scholastic aptitudes, but with good study habits, may obtain better results than those with higher aptitudes (Weigel & Wieg, 1967; Wikoff & Kafka, 1981; Matt, Pechersky, & Cervantes, 1991; On & Watkins, 1994). Lockheed et al., (1989) studies that the more the standard of parent’s education, the higher is the education aspirations held by the parents towards the academic achievement of their children. Students with poor study habits do not perform well academically, have low self-concept, and consequently see little benefit to academically perform at their true ability (Trawick, 1992). According to Elliot and Wendling (1996), 75% of students who are academic underachievers have poor study habits and examination techniques. Haynes (1993) reports that improving study habits can enhance academic achievement of the students who have poor study habits. It has been argued that study skills should be taught at the high school level because many high school students are deficient in reading, thinking, and study skills (Tonjes and Zintz, 1981).

The analysis of Table no.3 reveals that children of high educated parents (M=96.34) were low on inferiority and children of low educated parents (M=63.74) were high on inferiority (t=26.81, p<.01). According to Adler (1926) feelings of inferiority are as much more than a sense of inadequacy. These feelings
provide the motivating force behind all growth and development. Early criticism by parents and peer group can lower the self belief of a child and can thus sensitize a child towards the fear of inferiority (Gilbert, 1992; Dykman, 1998). When children fear the consequences of being inferior or subordinate to others (e.g. when they fear that they will be rejected or vulnerable to criticism, rather than helped or accepted) they can become 'driven' to compete to avoid both self and others making evaluations of self 'as inferior' (Gilbert, 1992, 2003) thus they perform poorer in every field. Self–other relationship can be construed as competitive rather than care-focused or cooperative, and an individual can be highly oriented to social comparison and shame sensitivities. This striving can be a source of stress and individuals may find it hard to feel content, socially accepted and safe in their social networks (Gilbert, 1989). Most students have low self concept and they are so passive and negative, that affects their academic achievements and their study habits in schools. Academic success or failure can generate the feelings of competence or incompetence in students. These feelings can affect students' performances by their willingness to continue to learn or give up. It is believed that students who have high achievement expectations attribute success to internal and external causes (Haynes, 1993). The results revealed that students who have proper study habits and attitudes are academically successful (Agnew et al., 1993; Arslantas, 2001; Carter, 1999; Elliot et al., 1990; Gordon, 1997; Jones et al., 1993; Kleijn et al., 1994; Lammers et al., 2001; Lawler-Prince et al., 1993; Schultz, 1989; Slate et al., 1990; Sunbul et al., 1998; Ulug, 1981).

Thus well educated parents can support their child to achieve goals in the best way they can, they help in influencing their child's behaviour, attentiveness and performance. Thus the findings of the study proves the hypotheses, that a well educated parent can make a child cognitively strong and in this way a child can communicate, interact and can make their position in the society with the help of skills which are provided by their parents. A well educated parent with good parenting style can make their child a brilliant one.

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The Effect of 'Sahaj Marg Raja Yoga Meditation' Practice on Mental Health

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Abstract

The present research work was aimed to study the impact of Sahaj Marg Raja Yoga Meditation on mental health of the practitioners & the non-practitioners. A group of 100 practitioners were chosen for the study. 50 practitioners of Sahaj Marg and 50 non-practitioners were chosen for the study. It included males and females participants, who were studying in graduation and belonged to upper middle socio-economic status. The age ranged between 18 to 25 years. They were administered the questionnaire to measure mental health. The t-test was employed to differentiate between the practitioners & the non-practitioners. The obtained results were in support of the framed hypothesized that the practice of Sahaj Marg Raj Yoga Meditation would have positive effects on the mental health of the practitioners. The results indicated that with the practice of Sahaj Marg Raj Yoga meditation, the practitioners manifested better mental health than the non-practitioners and this difference was significant.

Introduction:

The aim of the present research work was to study the effect of Sahaj Marg Raja Yoga meditation system on the mental health of its practitioners in comparison to the group of individuals not practicing such meditation system. Raj Yoga Meditation is primarily concerned with the mind. The mind is traditionally conceived as the "king" of the psycho-physical structure. Present Raj Yoga Meditation is the evolved, modified and simplified form of the ancient Raj Yoga Meditation of Saint Patanjali (150 BC) to suit the lifestyles of modern human beings. He stated that Raj Yoga limits the oscillations of the mind in which mind can create false ideations. This process leads to a spontaneous state of quiet mind, in which there is no mental object of focus. This technique of meditation goes by the name because it integrates one’s physical, mental and spiritual aspects without employing any pressure or force. Hence, it is called the 'yoga of mind'. This is a process which progressively dilutes and dissolves all sorts of prejudices, ego and pride, so that people can live full and natural lives. Raj Yoga Meditation teaches a person to create a sound balance between the material and spiritual existences, to lead a meaningful life. The process states that if any of the two existence is given more value than the other, it will create a state of imbalance which will result in the psychological and physiological deteriorated condition of the individual. Hence, it is stressed that meditation brings a balance between these two sides of existence, resulting in a balanced and fully functioning psychophysical health. As evident from the study by Murthy (1988), who found better functioning of neuro-physiological aspects of the participants following Raj Yoga System in comparison to the participants not following and Orme (1988) found that meditation technique significantly decreased emotional numbness, alcohol consumption,
family problems, insomnia, unemployment related stress, and overall post-traumatic stress disorder. Smith (1978) found that the meditation dropouts were more disturbed and less self-critical than the person who continued meditating. When both these sides of existence are in balance, it prompts a psychological wellbeing, it bears its effects on the physiological health also, which starts improving and an ideal health is achieved. Aftanas and Golocheikine (2001) found that the practice of Raj Yoga Meditation not only regulates the brain electrophysiology and mood but also regulates the anatomical and biochemical functions for the physical wellbeing.

Another necessary element of Raj Yoga practice is cleaning. All the experiences, actions, reactions, thoughts and emotions leave impressions. These impressions accumulate over time, influencing an individual's view of reality and consequently his behavior. As habit patterns emerge and solidify, the past experiences influence the future action. Through meditation, whatever is focused on, tends to expand, whereas, cleaning is a process whereby an individual directs his thought, in combination with his will, to remove or clean away these impressions of experience. Once these impressions are removed, the root causes of faulty behavior patterns and emotional problems will gently and naturally fall away. The cleaning is done for thirty minutes each evening when the day's work is over. The cleaning is approached in a general way with confidence that all impediments to personal human growth are leaving. A feeling of lightness is felt as the weight of the day's impressions has been lifted off. Manocha, Gordon, Black, Malhi & Seidler (2009) indicated the potentiality of meditation as an effective mental health promotion and prevention strategy.

This 'ideal', cleaned, and positive physiological and psychological health readies the individual to meet the challenges, stress and pressures of the demanding modern life. Hence, resulting in improved job performance (Frew, 1974), better emotional intelligence (Dabrowski, Kawczak & Plechowski; 1970 & Cranson, Alexander & Gackenbach; 1991), increased self-development (Warner; 1987) and wholeness leading towards an actualized state. Alexander, Swanson, Rainforth, Carlisle, Todd & Oates (1993) also found that with regular practice of the mediation program, employees showed improved work, professional and personal satisfaction and personal relationships.

The main objective of the study was to explore the effects of Sahaj Marg Raj Yoga Meditation on the mental health of the practitioners. It was hypothesized that the practice of 'Sahaj Marg Raj Yoga Meditation' would influence the mental health of the practitioners in comparison with the non-practitioners.

**Methodology**

**Participants**

The present investigation was carried out on 100 participants, with age ranging between 20 to 30 years. The minimum educational qualification was senior secondary level. All the participants belonged to middle or upper socio-economic status. The sample was divided into two groups i.e., the group of practitioners of Sahaj Marg Raj Yoga Meditation and the group of non-practitioners. On the basis of the inclusion/exclusion criteria, only those participants were chosen for the practitioners’
group who were practicing Sahaj Marg Raj Yoga meditation, at least since one year.

**Research design**

The study involved a two group design- the practitioners of Sahaj Marg Raj Yoga meditation and the non practitioners.

**Measures**

The following measure was administered individually by contacting the participants personally: Mental Health Inventory (MHI) was developed by Jagdish and Srivastav (1984) for the purpose of measuring positive mental health of normal individuals. The inventory has six dimensions and 56 items. The dimensions were- Positive self-evaluation, self confidence, self identity, self acceptance, feeling of worth-whileness and realization of one's potential.

**Procedure**

All the participants were contacted individually and a good rapport with all the participants was established. 100 participants were assessed on their mental health. These participants were divided into two groups- practitioners and non practitioners. The data for the practitioners' group was collected from the organization, named, Sahaj Marg, wherein, these practitioners followed a routine of meditation and cleaning under the system of Raj Yoga Meditation. Practitioners who were regular in their daily practice of meditation, which included morning meditation and evening cleaning, were chosen for the study, and this was confirmed by their trainer/preceptors. The non practicing participants were randomly chosen from the ones who were not practicing Raja Yoga Meditation. Their mental health was assessed. The mean values were drawn and t-test was employed to find significant difference between the two groups on their mental health.

**Results**

Table No-1: Showing comparison between practitioners and non practitioners on the dimensions of mental health- positive self-evaluation.

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>MEAN</th>
<th>S.D.</th>
<th>SED</th>
<th>df</th>
<th>t</th>
<th>LEVEL OF SIGNIFICANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioners</td>
<td>50</td>
<td>24.04</td>
<td>4.39</td>
<td>0.65</td>
<td>48</td>
<td>0.98#</td>
<td>Insignificant</td>
</tr>
<tr>
<td>Non-Practitioners</td>
<td>50</td>
<td>23.4</td>
<td>3.64</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

105
Table 1 depicts that the two groups differ from each other insignificantly as shown by their t-test score of 0.98. This means that the groups do not differ significantly, although, the mean of the scores of the practitioners' group (24.04) was higher than that of the non practitioners' group (23.4). Self-evaluation included self confidence, self identity, self acceptance, feeling of worthwhileness, realization of one's potential.

Table No:2: Showing comparison between practitioners and non practitioners on the dimensions of mental health- perception of reality.

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>MEAN</th>
<th>S.D</th>
<th>SED</th>
<th>df</th>
<th>t</th>
<th>LEVEL OF SIGNIFICANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioners</td>
<td>50</td>
<td>19.68</td>
<td>0.27</td>
<td>0.6</td>
<td>48</td>
<td>2.7**</td>
<td>Significant at 0.01 level</td>
</tr>
<tr>
<td>Non-practitioners</td>
<td>50</td>
<td>18.08</td>
<td>0.52</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

t-test score shows that the practitioners and non practitioners differ significantly from each other. The mean of the practitioners' group (19.68) is higher than the mean of the non practitioners' group (18.08). The practitioners have better perception of reality than the non practitioners. Their perception is free from need distortion, absence of excessive fantasy and a broad outlook to the world.

Table No-3: Showing comparison between practitioners and non practitioners on 'integration of mental health'.

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>MEAN</th>
<th>S.D</th>
<th>SED</th>
<th>df</th>
<th>t</th>
<th>LEVEL OF SIGNIFICANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioners</td>
<td>50</td>
<td>28.49</td>
<td>3.12</td>
<td>0.71</td>
<td>48</td>
<td>2.11*</td>
<td>Significant at 0.05 level</td>
</tr>
<tr>
<td>Non-practitioners</td>
<td>50</td>
<td>27.01</td>
<td>4.04</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As suggested by the means, the practitioners (28.49) have more integrated mental health than the non practitioners (27.01). The t-test value (2.11) and the mean difference suggests that the two groups differ substantially from each other and that the practitioners have better balance of psychic forces, the ability to concentrate on work and interest in several activities, an ability to understand and share other people's emotions.

Table No:4: Showing comparison between practitioners and non practitioners on the dimensions of mental health-autonomy.

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>MEAN</th>
<th>S.D</th>
<th>SED</th>
<th>df</th>
<th>t</th>
<th>LEVEL OF SIGNIFICANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioners</td>
<td>50</td>
<td>15.16</td>
<td>2.14</td>
<td>0.47</td>
<td>48</td>
<td>2.1*</td>
<td>Significant at 0.05 level</td>
</tr>
<tr>
<td>Non-practitioners</td>
<td>50</td>
<td>14.18</td>
<td>2.62</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The table no-4 provides with the mean values of 15.16 and 14.18 for practitioners and non practitioners, respectively and the t-test score of 2.1 suggesting that the practitioners differ from non practitioners substantially on autonomy. The practitioners have stable set of internal standards for their actions and are self dependent.

Table No-5: Showing comparison between practitioners and non practitioners on the dimensions of mental health-group orientation.

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>MEAN</th>
<th>S.D.</th>
<th>SED</th>
<th>df</th>
<th>t</th>
<th>LEVEL OF SIGNIFICANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioners</td>
<td>50</td>
<td>24.19</td>
<td>4.2</td>
<td>0.71</td>
<td>48</td>
<td>2.3*</td>
<td>Significant at 0.05 level</td>
</tr>
<tr>
<td>Non practitioners</td>
<td>50</td>
<td>22.58</td>
<td>3.01</td>
<td></td>
<td></td>
<td></td>
<td>0.05 level</td>
</tr>
</tbody>
</table>

Table 5 exhibits t-test score of 2.3, which is significant at 0.05 level and mean values is 24.19 and 22.58 for practitioners and non practitioners, respectively. As suggested by the t-test score, both the groups differ significantly from each other. The practitioners have higher ability to get along with others, work with others and ability to find recreation than the non practitioners.

Table No-6: showing comparison between practitioners and non practitioners on 'environmental competency'.

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>MEAN</th>
<th>S.D.</th>
<th>SED</th>
<th>df</th>
<th>t</th>
<th>LEVEL OF SIGNIFICANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioners</td>
<td>50</td>
<td>23.78</td>
<td>3.68</td>
<td>0.7</td>
<td>48</td>
<td>1.06#</td>
<td>Insignificant</td>
</tr>
<tr>
<td>Non practitioners</td>
<td>50</td>
<td>24.84</td>
<td>4.37</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The mean score of practitioners i.e. 24.78 is higher than the mean score of non practitioners i.e. 23.84 but this difference is found insignificant (t-test score=1.06). This means that the two groups do not differ substantially on environmental competency. Both the groups are equally efficient according to the situational requirements, have the ability to work, to play, to take responsibilities and have the capacity for adjustment.
Histogram showing graphical representation of the mean difference between the practitioners and non practitioners on the dimensions on mental health.

Discussion

The study was an attempt to find out the effects of Sahaj Marg Raj Yoga Meditation on its regular practitioners in comparison with the participants of the non practicing group on their mental health. It is evident through the results that the Raja Yoga Meditation has considerable impact on the mental health of its practitioners. The result confirms the hypothesis that the practice of Sahaj Marg Raj Yoga Meditation would have positive effects on the mental health of the practitioners. Among the six dimensions of mental health as given in the MHI, on four dimensions, the two groups (practitioners and non practitioners) significantly differed from each other. Their mean values depicted that the practitioners have better perception of reality, greater integration of mental health, more autonomy and are more group orientation than the non practitioners.

The practice of Raja Yoga Meditation includes daily morning meditation of 45-60 minutes and daily evening cleaning for 30 minutes. The results show that due to the practice of Raja Yoga Meditation, the practitioners' perception of reality became independent from need distortion, absence of excessive fantasy and presented a broader outlook to the world than that of the non practitioners' perception. Benn (2003) found that this practice positively affected emotional development, affectivity, self-esteem, and emotional competence.

They have better balance of psychic forces, they are able to concentrate on work in a better and efficient way, they take interest in many other activities, they have an ability to understand and share other's emotions. They express empathy, care, respect, love and understanding in their relationships and towards self as also indicated by results of a study by Shapiro (1978), which confirms the proposition that meditation leads to an increase in responsibility and self-control.

The practitioners gained stable set of internal standards for their actions and are self dependent. The practitioners possess the ability to get along with others to work with others and the ability to recreate with others. Kotwal (2007) found positive significance of meditation and other techniques for effective self-development and self-management.

The two groups did not differ substantially on the dimensions of mental health- 'positive self-evaluation' and 'environmental competency'. Both the groups are equally efficient when the situation requires, procure the ability to work, to play, to take responsibilities and the capacity for adjustment, have self-confidence, sense of self-identity, self-acceptance, deeper feelings of worthiness and wholeness, and have higher realization of their potential. Although, the t-test did not show any significant difference among the two groups on positive self evaluation (table no-1) and environmental competency (table no-6) but if their mean values were to be compared then it can be said that the mean values of the practitioners were higher than the mean values of the non practitioners.
practitioners.

This is the most unique system as it has a major difference from other meditation techniques that is, it has an added procedure of evening cleaning through which a practicing individual can throw out all the negativity, reduces anxiety and the intensity of painful experiences by using their will power. This corrects the flow of psychic energy and brings balance in an individual. Modern life has many sources of anxiety, stress, negativity and pressures which creates an imbalance in the individual's psyche which later results in somatic problems and hence, creates a vicious cycle of misery and pain. Raja Yoga Meditation is equipped to counter such faulty styles of living and cognition and at the same time makes the practitioner more competent to face the world. Raj Yoga Cleaning is an active process in which the practitioner uses his will power to get rid of all the harmful and dangerous psychic elements. The morning meditation strengthens will power and motivates the practitioner to move towards a more 'self-actualized' state. It is already emphasized by many previous studies that meditation brings positive vitality, increases concentration and strengthens inner composition and when it is combined with the process of cleaning, can lead to a positive and improved mental health. Travis, Haaga, Hagelin, Tanner, Arenander, Nidich, Gaylord-King, Grosswald, Rainforth, & Schneider (2010) found that the TM program produced beneficial effects for health, brain functioning, and cognitive development.

Meditation alone also enhances many creative and positive attributes of an individual as supported by the results of a study conducted by Dabrowski (1973), who found that meditation is encouraging for certain positive developmental functions, while inhibiting functions that retard development. In addition, meditation is considered as a help in the process of transcending one's psychological type, i.e., introverts develop extroversion and vice versa. He claims that meditation promotes the growth of the personality ideal. Meditation along with cleaning can prove to be a correctional method for changing negative and conflictual personality traits towards a balanced and integrated personality. This notion is confirmed by a study by Varadachari (1966), who found positive correlation between Raj Yoga meditation system and resolved personality problems.

In future, researchers can study the effect of Raj Yoga Meditation and Raj Yoga cleaning on physiological health and on the individuals suffering from any kind of neurosis. A future research can attempt to study the effectiveness of Raj Yoga Meditation in comparison with the other methods of Meditation. The difference in the effects of meditation and cleaning could also be a topic of future research.
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http://www.wikiedipedia.com/


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Effects of Stress on Caregivers of Chronically ILL Patients

*Tanushree Saha **Reeta Kumar ***Bipin Kumar

Abstract

Chronic illnesses like Alzheimer's disease, Parkinson's disease, paralysis and so on can be disabiling for a patient. Under these conditions the patient becomes dependent on another person and constantly need help from him/ her, even in the activities of daily living. The services provided by this person is called 'caregiving', while the person himself/herself is called the 'caregiver'. Caregivers can be either formal (nurses and trained staffs of hospitals) or informal (family members and friends). In case of informal caregivers, the responsibilities of maintaining a regular family life and career in addition to the duties of caregiving naturally leads to great stress. Dealing with this stress on a regular basis affects both the caregivers' mental as well as physical health, which if not monitored at the right time can become life-threatening. This study can help create an awareness amongst the family members of a primary caregiver as well as medical professionals to keep a check on the health status (both psychological and physical) of the caregiver in order to prevent him/her from becoming a patient himself/herself.

Introduction:

A chronic illness can be referred to as the long-term altered health condition of an individual which cannot be treated by a surgery or by a simple, short-term pharmacotherapy. It may or may not be lifelong or terminal in nature, although it takes away quite a number of years of the patient's life. Chronic illness, in some cases, can be disabling to the individual. Such illnesses include Alzheimer's disease, Parkinson's disease, multiple sclerosis, paralysis and so on.

Individuals suffering from such disabling illnesses cannot often live independently and need constant help and support from another individual in the form of caregiving. Hence, caregiving is assisting or helping an individual who is either ill or disabled and cannot perform his/ her daily personal or other non-personal activities on his/her own.

Caregiving has been classified into two types: formal and informal. Formal caregivers include trained staffs and nurses of hospitals, whereas, informal caregivers include spouse, parents, children, brothers, sisters, other relatives or even friends. Informal caregivers are also called family caregivers and provide unpaid services to the disabled patient.

In case of family (or informal) caregivers, the added responsibilities of caregiving, along with the already present pressures of maintaining a family and professional life, are quite likely to produce a lot of stress. This stress in caregivers can be of two types, i.e., primary stress and secondary stress. Primary stress arises from daily personal care services, such as feeding, washing and so on and this results in secondary stress in the form of restricted social life, family conflicts as well as financial hardships and other stress producing consequences. Ultimately, both these primary and secondary stresses are likely to lead to psychological and physiological malfunctioning in caregivers.
Psychological Consequences of Caregiving Stress

Several studies have reported psychological problems like feelings of burden, depression, anxiety, fatigue as well as sleep disturbances among caregivers.

Burden among Caregivers

In a recent study by Sreeja, Gupta, Lal, and Singh (2009), a comparison between caregivers of chronic mental illness (schizophrenia) and chronic physical illness (epilepsy), showed that there was significant level of burden due to caregiving on both the groups. In a study by Elmahdi et al. (2011) on caregivers of patients either suffering from a psychiatric illness or a chronic physical illness, it was reported that level of subjective burden was higher among wives than mothers. Personal tasks like feeding and washing the patient are perceived as more difficult and burdensome than non-personal tasks like doing the groceries (Horowitz, 1985). Given, Stommel, Collins, King, and Given (1990) stated that the more confining the caregiving tasks are, the more they create burden. Race (Horowitz & Reinhard, 1995), perceived social support (Edwards & Scheet, 2002) and depressive symptoms (Caap-Ahlgren & Dehlin, 2002) in caregivers are also important variables for predicting burden in caregivers.

Depression among Caregivers

Higher rates of depressive symptoms are consistently reported in family caregivers of ill patients in comparison to their same age control sample (Aneshensel, Pearlin, Mullan, Zarit, & Whitlatch; 1995; Dura, Stukenburg, & Kiecolt-Glaser, 1990; Tennstedt, Cafferata, & Sullivan; 1992). In recent studies, 32% to 50% of caregivers were found to have depressive symptoms of a level suggesting clinical depression (Burtler, Turner, Kaye, Ruffin, & Downey; 2005, Carter, 2002; Covinsky et al., 2003). Depression is found in caregivers of almost all chronically ill patients. It is found among caregivers of people suffering from HIV/AIDS (Folkman, Chesney, Cooke, Boccellari, & Collette, 1994; Land & Hudson, 2002; LeBlanc, London, & Aneashensel; 1997), Alzheimer’s disease (Lawton, Miriam, Mortan, Allen, & Michael, 1991; Semple, 1992) and also of those who are hospitalized for a long time (Rosenthal, 1993). In a study on caregivers of spinal cord injury patients (Weitzenkamp, Gerhart, Charlifue, Whitenecck, & Savic, 1997), it was seen that the spouses reported more symptoms of depression than the patients themselves as well as the non-caregivers. There are a number of factors that lead to the development of depressive symptomatology in family caregivers. Rivera (2009) has given a list of factors which include age, race, sleep disturbances, social support and so on. It was found that younger caregivers have higher depression scores (Given et al., 2004; Kurtz, Kurtz, Given, & Given, 2005; Williams, 2005). In studies related to the gender of the caregivers, it has been found that female caregivers report higher levels of depression as compared to their male counterparts (Cho, Dodd, Lee, Padilla, & Slaughter, 2006; Covinsky et al., 2003; Haley, LaMonde, Han, Burton, & Schonwetter, 2003; Thompson et al., 2004). In a study conducted on female caregivers of patients suffering from either a psychiatric illness or a chronic physical illness, it was found that 34% were suffering from major depression (Elmahdi et al., 2011). Studies on race of caregivers have reported that Caucasians have significantly more depressive symptoms than African-Americans and Hispanics (Gallagher-Thompson et al., 2006;
In a study on cancer caregivers by Carter (2002), the family caregivers showed depression and chronic sleep loss. The family caregivers have reported that the chronic sleep loss made them feel irritable towards the patients. This irritability in turn led to anger with the patients’ increasing care demands, which further resulted in feelings of guilt. This guiltiness later made the caregivers feel depressed. Depression has been reported to be the cause of coronary heart disease and mortality in both the genders of caregivers (Ferketich, Schwartzbaum, Frid, & Moeschberger, 2000; Ford et al., 1998; Kouzis, Eaton, & Leaf, 1995).

**Anxiety among Caregivers**

Anxiety is also found to occur significantly in caregivers of chronically ill patients. Deshmukh, Patwardhan, Bakshi, Paranis, and Kelkar (2011) reported significant levels of anxiety in caregivers of cancer patients. In a study by Grov, Dahl, Moum, and Fossa (2005), the anxiety level in caregivers of both genders was found to be significantly higher than age and gender adjusted controls. Similar results were also found in caregivers of dementia patients (Cooper, Balamurali, & Livingstone, 2007). Elmahdi et al. (2011) reported a 22.3% prevalence of generalized anxiety disorder in female caregivers of patients suffering from either a psychiatric illness or a chronic physical illness. Like depression even anxiety in caregivers depends on several factors. Higher anxiety scores have been reported by female caregivers (Gaston-Johansson, Lachica, Fall-Dickson, and Kennedy, 2004; Economou, Viha, Kalofonos, and Kardamakis, 2001; Langer, Abrams, and Syrjala, 2003; Matthews, 2003). Singlehood, lower income, higher levels of sleep disturbances, increased fatigue and caregiver strain are other factors related to higher anxiety in caregivers (Flaskerud, Carter & Lee, 2000; Gaston-Johansson, Lachica, Fall-Dickson, & Kennedy, 2004; Economou, Viha, Kalofonos, & Kardamakis, 2001; Rossi Ferrario, Zotti, Massara, & Nuvolone, 2003). Younger caregivers are reported to be more anxious than their older counterparts (Deshmukh et al., 2011).

**Fatigue among Caregivers**

Fatigue is yet another outcome of caregiving. Studies showed higher fatigue scores in the family caregivers of patients with cancer, dementia and Parkinson’s disease (Sato, Kanda, Anan, & Watanuki, 2002; Teel & Press, 1999). In family caregivers, fatigue has been found to be physically induced by the constant demands of caregiving and psychologically induced by concerns regarding the diagnosis, treatment and prognosis of the patient (Jensen & Given, 1993). Female gender (Cho, Dodd, Lee, Padilla, & Slaughter, 2006), lower income levels (Gaston-Johansson, Lachica, Fall-Dickson, & Kennedy, 2004), number of hours of daily care (Jensen & Given, 1993) and levels of caregiver strain (Passik & Kirsh, 2005) are some factors related to higher fatigue in caregivers.

**Sleep Disturbances among Caregivers**

Sleep disturbance is yet another outcome of caregiver stress. In a study on caregivers of Parkinson’s disease patients it was reported that spouses involved in daily caregiving had a seven-fold increased risk of sleeping badly compared to partners not involved in caregiving (Happe & Berger, 2002). In a study on caregivers of Parkinson’s disease patients it was reported that 48% female, in contrast to only 27% male, caregiver spouses suffered from sleep disturbances (Smith,
Ellgring, & Oertel, 1997). Caregivers of adults with dementia also reported more sleep complaints than healthy controls of similar age (Wilcox & King, 1999). In studies on caregivers of cancer patients it was reported that more than 95% of the caregivers were experiencing moderate to severe overall sleep problems (Carter, 2002; Carter & Chang, 2000). Teel and Press (1999) reported higher levels of sleep disturbances in caregivers of cancer, dementia and Parkinson’s disease patients than non-caregivers. In other studies on caregivers of dementia patients, family caregivers showed higher sleep problems than non-family caregivers (Sato, Kanda, Anan, & Watanuki, 2002; Smith et al., 1997; Wilson, 1989). It may be added here that both anxiety and depression are predictors of sleep disturbances (Quan et al., 2005; Spira et al., 2005). Female gender (Smith et al., 1997), lower levels of education, psychological distress, care recipient disruptions (Wilcox & King, 1999), lack of social support, fatigue and other familial issues (Aslan, Sanisoglu, Akyol, & Yetkin, 2009) lead to sleep disturbances. Caregivers' sleep disturbances are associated with higher levels of fatigue, anxiety, depression, lowered immune function, elevated stress hormones, increased risk for cardiovascular diseases and premature mortality (Martire & Hall, 2002; von Kanel et al., 2006).

**Physiological Consequences of Caregiving Stress**

Apart from psychological problems, caregiving stress also leads to physiological malfunctioning.

**Hypertension and Heart Disease among Caregivers**

Eventhough caregiving stress has been reported to cause somatic complaints like heart palpitations, headaches and digestive problems (Grasel, 2002, Kreutzer et al., 2009; Thompson et al., 2004), studies also indicate that it can lead to hypertension and coronary heart disease (Aronson, 1988). Moritz, Kasl, and Ostfeld (1992) reported that systolic blood pressure was higher among men whose wives were more cognitively impaired. Shaw et al. (1999) reported that caregivers experienced 67% increase in the risk for borderline hypertension compared with controls and this difference remained statistically significant after controlling for age, gender, education, socioeconomic status, body mass index and use of anti-hypertensive medications. Lee, Colditz, Berkman, and Kawachi (2003) reported that there is almost two-fold increased risk of coronary heart disease in family caregivers of ill spouses when compared with non-caregivers. In another study it was found that male caregivers had greater chances of coronary heart disease than non-caregivers (Vitaliano et al., 2002).

**Altered Insulin Level among Caregivers**

Insulin levels are also influenced by caregiving. Vitaliano, Scanlan, Krenz, Schwatz, and Marcovina (1996) observed significantly elevated insulin levels in non-diabetic spousal caregivers of dementia patients as compared with gender-matched spouses of non-demented older adults. Higher rates of diabetes is also reported in informal caregivers (Haley, Levin, Brown, Berry, & Hughes, 1987; Pruchno & Potashnik, 1989).

**Disturbed Metabolic Functioning among Caregivers**

With respect to metabolic functioning, significant differences between caregivers and non-caregivers were revealed. Older male caregivers had a significantly higher body mass...
index and were more obese than controls and female caregivers showed a greater increase in weight than controls over a fifteen to eighteen months period of time (Vitaliano, Russo, Scanlan, & Greeno, 1996). These metabolic changes put caregivers at risk for adverse health outcomes including elevated lipid levels, high blood pressure, cardiovascular diseases and arthritis in weight bearing joints (hips and knees).

**Immune System Deterioration among Caregivers**

Chronic stress related to caregiving also results in deterioration of the immune system. In a study conducted by Kiecolt-Glaser, Glaser, Gravenstein, Malarkey, and Sheridan (1996) on spousal caregivers of dementia patients, it was indicated that chronic elevations in stress can lead to impairments in immunity and in turn may result in increased vulnerability to infectious diseases. The study also reported that response to vaccination against influenza virus was compromised in caregivers as compared to same aged non-caregivers. Caregivers of relatives with Alzheimer's disease have shown increased wound healing time as compared to age matched control (Kiecolt-Glaser, Marucha, Malarkey, Mercado, & Glaser, 1995).

**Other Physiological Disturbances among Caregivers**

Informal caregivers are reported to have higher rates of arthritis, ulcers and anaemia than non-caregivers (Haley, Levine, Brown, Berry, & Hughes, 1987; Pruchno & Potashnik, 1989). Health issues like back problems and peptic ulcers have been associated with demands of providing full time care to a spouse (Cohen, 1982; Snyder & Keefe, 1985). In a descriptive report on caregivers of Parkinson's disease patients, it was stated that caregivers had higher rates of medical conditions including arthritis, asthma, diabetes, cardiac problems and also hypertension (Guinta, Parrish, & Adams, 2002). Caregiving stress is also reported to result in faster aging and mortality. In a study conducted by Epel et al. (2004), on mothers of chronically ill children, it was found that chronic stress accelerates the effects of aging by actually shortening cell life which in turn leads to weakened muscles, skin wrinkles and even organ failure. Caregivers of Alzheimer's patients experiencing emotional or physical strain were found to have 63% greater mortality than caregivers without strain or non-caregivers (Schulz & Beach, 1999).

**Conclusion**

The ill effects of caregiving stress has gradually come to the forefront. It is observed that the caregiver's stress leads to feelings of burden, which in turn leads to depression, anxiety, sleep disturbances and fatigue, and ultimately affects the physical well-being of the caregiver to the extent that if neglected it can also claim the caregiver's life. It is therefore very essential for the family and friends of a primary caregiver to be vigilant towards the caregiver's mental and physical health. Any slight change should not be ignored and reported to the physician as early as possible. Medical and psychiatric professionals should also be aware of the ill consequences of caregiving stress and identify those caregivers who are "at a risk" of developing psychological and physical health problems and hence provide early and proper interventions to minimize the risk of any long lasting damage. The significance of the problem needs to be realized firstly, in context to the reducing sizes of families which makes the
availability of caregivers, especially the informal caregivers, less feasible. Secondly, and more importantly it needs to be remembered that informal caregivers provide an all important quotient of love, affection and emotional care which is paramount for the patient's physical and psychological well-being.

References


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Self-efficacy in Militancy Affected Youth of Kashmir Valley

*Ahmad Kaiser Dar **Ahmad Navshad Wani

Abstract
Self-efficacy is a competence belief about one's "judgments of their capabilities to organize and execute courses of action required to attain designated types of performances" (Bandura, 1986, p. 391). There are multiple sources of self-efficacy beliefs, but mastery experiences—how one interprets, evaluates, and judges their competence—is the most powerful source (Bandura, 1997). Hence, the aim of the present investigation was to study self-efficacy in militancy affected youth of Kashmir Valley. Self-efficacy was studied in two groups - militancy affected group and militancy non-affected group. Sample comprised 100 participants, 50 each in two groups. Self-efficacy was measured through General Self-efficacy Scale developed by Ralf Schwarzer and Matthias Jerusalem. t test showed that the control group scored significantly higher than the experimental group. When compared in terms of gender no significant difference was found in experimental group whereas in control group significant difference was found as females outshined males.

Keywords: self-efficacy, militancy, youth

Introduction:
The concept of self-efficacy lies at the centre of psychologist Albert Bandura's social cognitive theory. Bandura's theory emphasizes the role of observational learning, social experience, and reciprocal determinism in the development of personality. According to Bandura, a person's attitudes, abilities, and cognitive skills comprise what is known as the self-system. This system plays a major role in how we perceive situations and how we behave in response to different situations. Self-efficacy plays an essential part of this self-system.

According to Albert Bandura, self-efficacy is "the belief in one's capabilities to organize and execute the courses of action required to manage prospective situations." In other words, self-efficacy is a person's belief in his or her ability to succeed in a particular situation. Bandura described these beliefs as determinants of how people think, behave, and feel (1994). It has also been defined as the belief that one is capable of performing in a certain manner to attain certain goals (Ormrod 2006). It has been described in other ways as the sense of belief that one's actions have an effect on the environment (Steinberg, 1998) as a person's judgement of his or her capabilities based on mastery criteria; a sense of person's competence within a specific framework, focusing on the person's assessment of their abilities to perform specific tasks in relation to goals and standards rather than in comparison with other's capabilities. Additionally, it builds on personal past experience of mastery. The idea of self-efficacy is one of the centre points in positive psychology; this branch of psychology focuses on factors that create a meaning for individuals. It is believed that our personalized ideas of self-efficacy affect our social interactions in almost every way. Understanding how to foster the development of self-efficacy is a vitally important goal of positive psychology because it can lead to living...
a more productive and happy life.

Since Bandura published his seminal 1977 paper, "Self-Efficacy: Toward a Unifying Theory of Behavioral Change," the subject has become one of the most studied topics in psychology. Why has self-efficacy become such an important topic among psychologists and educators? As Bandura and other researchers have demonstrated, self-efficacy can have an impact on everything from psychological states to behaviour to motivation.

Virtually all people can identify goals they want to accomplish, things they would like to change, and things they would like to achieve. However, most people also realize that putting these plans into action is not quite so simple. Bandura and others have found that an individual's self-efficacy plays a major role in how goals, tasks, and challenges are approached.

Since the present study was taken up in Kashmir, it is, therefore imperative to present a brief overview of the circumstances prevailing there in Kashmir. Insurgency in Kashmir has existed in various forms. Kashmir has been the target of a campaign of militancy by all sides in the conflict. Thousands of lives have been lost since 1989 due to the intensified insurgency.

A widespread popular insurgency started in Kashmir with the disputed 1987 elections with some elements from the State's assembly forming militant wings which acted as a catalyst for the emergence of armed insurgency in the region.

Kashmir has been witnessing the state of chronic socio-political conflict for about two decades now. The conflict has left in its aftermath many thousands of people dead, maimed, and disabled, many missing or confined, thousands of children orphaned and women widowed. In addition, there has been a colossal damage to the property and cultural fabric. During the same time, natural disasters too have frequently traumatized already suffering people. Keeping these factors, to mention a few, into consideration, it would not be an exaggeration to state that militancy/insurgency has direct as well as indirect implications on the self-efficacy of people living there in Kashmir.

Hence the present investigation was taken up to figure out self-efficacy in insurgency/militancy affected youth of Kashmir valley while keeping into consideration the prevailing circumstances in Kashmir since 1989.

**Method**

**Participants**

The sample comprised 100 participants falling in two groups: militancy affected (experimental group) and militancy non-affected (control group). Each group consisted of 50 participants. The experimental group was purposively selected from different militancy affected households of Kashmir while the control group was drawn out of the general population of valley.

**Measures**

General Self-Efficacy Scale: The General Self-Efficacy Scale aims at a broad and stable sense of personal competence to deal efficiently with a variety of stressful situations. The German version of this scale was originally developed by Matthias Jerusalem and Ralf Schwarzer in 1981, first as a 20-item version and later as a reduced 10-item version (Jerusalem & Schwarzer, 1986, 1992; Schwarzer & Jerusalem, 1989). It has been used in numerous research projects, where it typically yielded internal consistencies between alpha .75 and .90.
The scale is not only parsimonious and reliable, it has also proven valid in terms of convergent and discriminant validity. For example, it correlates positively with self-esteem and optimism and negatively with anxiety, depression and physical symptoms.

Results

The results obtained and their interpretations have been presented in Table number 1 to 3. A perusal of table 1 reveals that mean scores of militancy affected (experimental group) and militancy non-affected (control group) were 59.72 and 73.19 with SD 10.23 and 15.37 respectively. The t-ratio between the two means was found to be 5.16 which was significant at 0.05 level of confidence.

A look at table 2 reveals that mean scores of militancy affected males and females were 46.87 and 50.13 with SD 15.93 and 17.42 respectively. The t-value between the means of the two groups was found to be 0.68 which was insignificant at 0.05 level of confidence.

Table 3 depicts that the mean scores of militancy non-affected males and females which were 39.87 and 65 with SD 12.72 and 15.93 respectively. The t-ratio between the two means was found to be 6.76 which was significant at 0.05 level of confidence.

Table 1: Comparison of mean scores of militancy affected and militancy non-affected group

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAG</td>
<td>50</td>
<td>59.72</td>
<td>10.23</td>
<td>5.16</td>
<td>0.05</td>
</tr>
<tr>
<td>MNAG</td>
<td>50</td>
<td>73.19</td>
<td>15.37</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2: Comparison of mean scores of militancy affected males and females

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAM</td>
<td>25</td>
<td>46.87</td>
<td>15.93</td>
<td>0.68</td>
<td>NS</td>
</tr>
<tr>
<td>MAF</td>
<td>25</td>
<td>50.13</td>
<td>17.42</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3: Comparison of mean scores of militancy non-affected males and females

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>MNAM</td>
<td>25</td>
<td>39.87</td>
<td>12.72</td>
<td>6.76</td>
<td>0.05</td>
</tr>
<tr>
<td>MNAF</td>
<td>25</td>
<td>65</td>
<td>15.93</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Note:
MAG  (militancy affected group)
MNAG  (militancy non-affected group)
MAM  (militancy affected males)
MAF  (militancy affected females)
MNAM  (militancy non-affected males)
MNAF  (militancy non-affected females)

Discussion

The concept of "self-efficacy", introduced and investigated by Bandura (1977, 1986, 1995), is described as a self-perception that is formed in the context of behavior in specific areas (Bandura, 1977, 1986). This perception develops through a gradual learning process whereby the individual receives information from various sources regarding his/her abilities in a specific area of functioning. This accumulation of feedback indicating success or failure in the given area naturally affects the perception of one’s ability, creating a high level of self-efficacy in the case of positive messages and successes, and an opposite effect in the case of messages of failure (Bandura, 1977). The self-perception formed as a result of these experiences influences aspects such as stability and persistence in certain behaviors, patterns of thinking, and emotional response, decisions concerning course of action, and occupational choices. People also develop specific self-efficacy beliefs with regard to their ability to lead based on experiences of success in influencing people (e.g., Murphy, 2002).

The present study aimed at finding out differences between militancy affected youth and militancy non-affected youth with respect to their self-efficacy. The findings revealed that the two groups—militancy affected and militancy non-affected group did exhibit statistically significant difference in relation to their self-efficacy. As the t-ratio \( t = 5.16, p<.05 \) between the means of the two groups was found significant. When militancy affected group was compared in terms of gender, no significant difference was found. Since the t-ratio \( t=0.68, p>.05 \) which was insignificant at 0.05 level of confidence. Nevertheless, statistically significant difference was found when militancy non-affected males and females were compared on self-efficacy. As the t-ratio \( t= 6.76, p<.05 \) between the means of the two groups was found significant. The results of the present study showed that the mean scores of militancy affected and militancy non-affected group on self-efficacy were found to be 59.72 and 73.19 respectively. Therefore, militancy non-affected group scored higher than militancy affected group on self-efficacy. The mean scores of the militancy affected males and females were found to be 46.87 and 50.13 respectively. Though the militancy affected females scored slightly higher than their male counterparts but this difference was not found statistically significant. The mean scores of militancy non-affected males and females were found to be 39.87 and 64 respectively. Therefore, militancy non-affected females scored higher than their male counterparts on self-efficacy.

The findings of the present study have some direct and indirect support from the studies and surveys conducted by various reputed organisations and institutes. A survey report on Jammu and Kashmir by a
Holland-based humanitarian group Medecins Sans Frontieres (MSF) maintains that a third of its respondents suffered from psychological distress. Nearly one in 10 people reported having lost one or more members of their immediate family due to violence in the period from 1989-2005. The survey reported that almost half (48.1%) of the respondents said that they felt only occasionally or never safe. It also indicated that violence or the threat of physical violence seems to have had a significant effect on the mental health and self-efficacy of people.

According to MSF, interviewees reported witnessing (73.3%) and directly experiencing themselves (44.1%) physical and psychological mistreatment, such as humiliation and threats thus causing extensive damage to their psychological health.

Psychologists maintain that people living at a place ravaged by conflict are often faced with a number of psychological problems. They say that the physical environment in which people live and survive has a direct bearing on their mental health, psychological wellbeing and self-efficacy. “Stress caused by feelings of insecurity and dependency can deplete physical and psychological buoyancy leading to varied mental problems, this has happened in most of the cases in Jammu and Kashmir”, said Dr AdarshBhargav.

In this connection, a recent exhaustive review by Hobfoll et al. (2007) distils the findings of empirical research to endorse five elements of immediate and mid-term mass trauma intervention. These elements are the promotion of safety, calming, collective and self-efficacy, connectedness and hope. Interventions guided by these five elements can be applied at individual, group and community levels. Significantly, these include activities that are broadly economic-developmental.

To conclude the possibility of low self-efficacy involving violence, activism and other antisocial activities could not be ruled out completely owing to multiple restraints. Keeping these limitations into account more efforts are required to be made to delve deep into the problems of persons with low levels of self-efficacy and to come up with certain remedial measures, rehabilitation and, guidance and counselling.

References


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