

**AFFECT OF SUBLIMINAL AUDIO MESSAGES ON
MEMORY AND BEHAVIOR**

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ABSTRACT

Whether or not subliminal perception actually exists is still being disputed among researchers, and many studies are still being conducted in the area. The following research was conducted to find out whether subliminal audio messages influenced the memory and behaviors of males and females. Results suggested significant differences in memory and behaviors of males and females when comparing their performance before and after the presentation of subliminal audio messages.

INTRODUCTION

Subliminal perception refers to perception of stimuli that are too weak or too rapid to be consciously reported. They are subliminal, literally, below threshold, and outside conscious awareness (Dixon, 1971; Bevan, 1984; Vokey & Read, 1985). In 1957 visual subliminal advertising occurred when "eat popcorn" and drink "Coca-Cola" advertisements were shown at 1/3,000-sec. intervals during a movie. This interval is beyond conscious awareness, therefore, the moviegoers were unaware they had seen the advertisements. Nevertheless, the movie yielded a 58 percent increase in popcorn sales as well as a dramatic increase in the soft-drink sales (Brody, 1982; Moore, 1982; Rogers & Smith, 1993).

Advertisers tend to continually use visual subliminal techniques to manipulate consumers to purchase their items (Buchwald, 1986). Many liquor ads appear to contain embedded erotic images and other cleverly disguised sexual stimuli. Some advertisers imperceptibly print the word "sex" on their

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crackers in an attempt to increase sales (Kent, 1991; Merikle, 1992; Epley, Savitsky, & Kachelski, 1999).

Auditory subliminal techniques vary widely in their attempt to persuade the performances of the listener by simply listening to audio tapes, cassettes, or recordings. Retail stores may use embedded anti shoplifting messages in their background music to help reduce shoplifting (McLaughlin, 1987). Some rock recordings are said to contain "Satanic messages" that are consciously discernable if the recordings are played backward and unconsciously persuasive when played normally (Neuberg, 1988).

Subliminal self-help auditory tapes are on the market that are assumed to help the listener lose weight, stop smoking, improve one's sex life, increase self-esteem and improve memory, to name just a few. While listening subliminal audio messages, such as "I am thin," smoke tastes bad," or "I can recall information," have strong suggestive powers influencing cognition and behavior (Balota, 1983; Marikle & Reingold, 1990; Greenwald, Draine, & Abrams, 1996).

According to psychoanalytic theory subliminal messages are perceived by our unconscious mind, where they can affect personality and behavior (Ellenberger, 1970; Silverman, 1980; Silverman, 1983; Silverman & Lachmann, 1985). The idea is that by sending messages that are below the level of consciousness, one can circumvent ego defence mechanisms go directly to the unconscious. In a series of experiments, the subliminal message "beating Dad is wrong" or "beating Dad is OK" was presented to male college students just before they competed in a dart-throwing contest. The results indicated that the subjects did much worse after the presentation of the "wrong" message, but they did much better after the presentation of the "OK" message (Silverman, Ross, Adler, & Lustig, 1978; McKean, 1986).

Psychoanalytic research points to the existence of unconscious processes and what we call the unconscious portion of the mind or personality (Erdely, 1985; Peretti, & Kim 1996). Cognitions, behaviors, and personality features might be influenced, improved, or made worse by presenting subliminal messages relating to unconscious conflicts (Fix, Goldberg, & Klein, 1962; Dixon, 1981; Greenwald & Draine, 1997).

The present study was conducted to determine the effect of subliminal audio messages on the memory and behavior of males and females. It examined

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specific number criteria presented to the subjects before and after the presentation of subliminal audio messages.

METHOD

Sample

One hundred fifty, freshman and sophomore students at Wilbur Wright College, Chicago Illinois, were selected as subjects. Seventy-five of the subjects were randomly selected males; seventy-five were randomly selected females. All of the subjects ranged in age from 18 to 25 years.

Material

A subliminal self-help auditory tape offering to help the listener improve his or her memory. It consisted of popular music containing subliminal audio messages of "I can recall information."

Adjustable headphones to receive the number stimuli as well as the memory-improving tape. The same type of headphone was used throughout the research by all subjects.

A computer was used to present the first group of number stimuli to the subjects, the memory-improving tape, and the second group of number stimuli.

Number stimuli included one group of randomly selected numbers from 1 to 50, and one group of randomly selected numbers from 51 to 100. The numbers in each group were randomly distributed in order to reduce response set or response bias.

Procedure

Names were drawn at random for seventy-five male and seventy-five female, freshman and sophomore students, enrolled in psychology courses. All of the randomly selected students were asked if they might volunteer for the study. Dates and times convenient to subjects and researchers were set to facilitate the research.

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Prior to the start of the investigation, the subjects were given no information regarding its nature. If a subject asked about the task, then he or she was simply told that it was in regard to studies in the area of psychology.

Each subject tested put on headphones connected to a computer which presented to stimuli. The number stimuli of randomly selected numbers from 1 to 50 was presented auditorially. The subject was then asked to record the specific numbers he or she could remember or recall. Next, the subliminal self-help memory-improving tape was played. During its airing, the subject merely had to listen to the music, while, at the same time, being exposed to the subliminal, unheard messages of "I can recall information." After the tape concluded, the number stimuli of randomly selected numbers from 51 to 100 was presented auditorially. The subject was then asked to record the specific numbers he or she could remember or recall from this second group.

RESULTS

Table 1
Mean number, percent of responses, and level of significance for the male and female subjects before and after the presentation of the memory-improving tape.

Subjects (N=150)									
Male (N=75)					Female (N=75)				
Maximum Responses (N=50)									
Before		After		z*	Before		After		z*
(N)	Percent	(N)	Percent		(N)	Percent	(N)	Percent	
18	(36)	28	(56)	2.02, P<.05	23	(46)	36	(72)	2.65, p<.01
*z(.05)=1.96; z(.02)=2.33; z(.01)=2.58; z(.001)=3.18									

DISCUSSION

Data were gathered and grouped by sex of subject. Table 1 shows the mean number, percent of responses, and level of significance for the male and female subjects before and after the presentation of the memory-improving tape.

Males remembered or recalled a mean of 18 number stimuli (36%) from the first group of fifty numbers. After hearing the subliminal self-help auditory tape, the males remembered or recalled a mean of 28 number stimuli (56%) from

the second group of fifty numbers. The difference between the means was statistically significant ($z=2.02$, $p<.05$).

Females remembered or recalled a mean of 23 number stimuli (46%) from the first group of fifty numbers. After listening to the subliminal self-help auditory tape, the females remembered or recall a mean of 36 number stimuli (72%) from the second group of fifty numbers. The difference between the means was statistically significant ($z=2.65$, $p<.01$).

Data collected tend to suggest that there seems to be an effect of subliminal audio messages on the memory and behavior of males and females. When comparing the mean number of responses to number stimuli, before the presentation of the memory-improving tape, the male mean was 18 and the female mean was 23. After the presentation of the tape, both the male mean (28) and the female mean (36) denoted significant differences in memory and behavior.

Of note, the females had a higher mean number of responses (23) to number stimuli, as compared to a lower mean number (18) for the males before listening to the memory-improving tape. This might suggest that females remember or recall auditory number stimuli better than do males. Furthermore, after the presentation of the tape, the female mean was 36 (72% of the 50 number stimuli) as compared to the male mean of 28 (56% of the 50 number stimuli). This might suggest that females seem to have a somewhat higher propensity to perceive and respond to stimuli presented at levels below one's absolute threshold than do males.

Whether or not subliminal perception actually exists is still disputed among researchers, and many studies are still being conducted in the area. Is it possible that what is being presented subliminally is not meaningful for the subject, or it is not something the person wants to do, so it is ignored? Could conscious stimuli be sufficiently pleasing so that the brain does not respond to subliminal stimuli? Thresholds vary from person to person, as well as shift or change within the same individual due to signal detection. Signal detection is the view that one's absolute threshold is influenced by many factors — fatigue, motivation, interest, attention, expectations, biases, and others — which might help the individual perceive subliminal stimuli at one time, but not at another.

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The controversy over the possible existence of subliminal perception can only be resolved with continued research in the areas. At this point in our investigations of subliminal perception it would be too strong a statement to maintain that stimuli outside one's awareness or consciousness never have an influence on an individual. There are many studies supporting the opposing view. Future studies are needed to more adequately determine if subliminal stimuli somehow influence our behavior and tend to make us do things without our being aware of it.

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**SUBSTANCE ADDICT FATHERS AND NEUROTICISM IN
THEIR ADULT CHILDREN**

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ABSTRACT

The present research was designed to study the psychological effects of Father's substance addiction upon their Adult children. It was hypothesized that adult children of substance addict fathers will suffer more from neuroticism (i.e. depression, hypochondriasis, hysteria and psychasthenia,) as compared to adult children of non-addict fathers. A sample comprised, 50 adult children of substance addict fathers and 50 adult children of non-addict fathers, matched on the variables of age, sex, residential area, family structure and marital status. Each group included 27 adult sons and 23 adult daughters. The sample of first group was approached through different detoxification centers of Karachi. The second sample was from the neighbor hood of the first group.

In order to study the neuroticism a structured interview form (Intake Card and Case History Sheet of Institute of Clinical Psychology, University of Karachi) and Minnesota Multiphasic Personality Inventory (MMPI) Urdu version, was administered to both the groups individually. t test for independent mean, was applied for statistical analysis of data. It was found that adult children of Substance addict fathers suffer significantly more from depression and psychasthenia, as compared to adult children of non-addicts, but they do not differ on the variables of hypochondriasis and hysteria.

INTRODUCTION

Opium which was used to eliminate pain in patients suffering from physical dysfunction has now been used by general public, resulting in wide range of social and economic problems, including crime, violence and neglect

of family life. In spite of those massive problems a growing number of addicted users become parents. Among these parents severe guilt feeling about the childcare and development of their children are common. On the other hand, their children may also suffer from severe attachment problems, lack of achievement, motivation and intellectual deficits (Leenders, 1992). The relationship between parental drug problems and child maltreatment is becoming increasingly evident. As a result of maltreatment there is a great risk of developing psychological problems in their children. Due to financial problems there may be lack of support for their children. Children may feel depressed and neglected and the vicious circle may be set in motion-*"today's deprived neglected children may grow up into tomorrow's psychopathic, neglectful, unstable parents who are again unstable to provide a normal home life for their children"* (Bowlby, cited in Glatt, 1982). Wives of drug addicts may also suffer from the similar problems. They may appear to adapt successfully but still suffer a lot of stresses in their life. According to Leenders, (1992) fear of rejection, so called 'family secret' may hinder them in asking for help. Various sanctions and stigmatization makes drug-addicted parents and their children 'a group' that is very hard to approach.

Mubbasher (1984), discuss that excessive use of drugs corrodes and eventually destroys the human bonds, which link people together in the most intimate of human groups such as family and extends for generation.

All children need care that is predictable in their responses to them so that a sense of safety and trust can be established. The formation of a person's identity and self-esteem is affected very strongly by experiences that occur in the earliest years of life. The children often lack guidance, positive role modeling, and live in isolation. Frequently they suffer from depression, anxiety and low self-esteem. Some times children of drug abuse feel guilty and responsible for their parent's problem (www.childabuse.com). Clinical evidence shows that children of parents whom have problems with illicit drug use may suffer from an inability to trust legitimate authority because of fear of discovery of a parent's illegal habits (Children of Alcoholics Foundation, 1992). Recent research indicates that among confirmed cases of child maltreatment, 40% involve the use of alcohol or other drug. Children in these homes often demonstrate behavioral problems and disorders of conduct (Children of Alcoholics foundation, 1996).

Where a parent is addicted, children experience their life with loneliness, confusion, lack of parent guidance, lack of love, and low self-esteem. They may become an addict, commit suicide, or become the perfect role model for others. If a child chooses to make a stand, he will either be very successful throughout life or blame others for his failures. In other cases may isolate

themselves from family involvement and begin to manipulate parents (Dobson, 1990).

Perez, Johnson and Ahrens (1993), examined attribution style in 40 children(boys) (aged 8-14 yrs) of substance abusers. After controlling for Depression and other factors, the results reveals that children of substance abusers had a more depresso-jeno attribution style then did children without such a family history.

Boyd (1993) examined the family history of substance abuse, sexual abuse, depression and illicit drug use. Significant correlations were found between variables such as family drug use, 1st age of sexual abuse, age of 1st depressive symptoms, and age of 1st illicit drug use. These data are consistent with other studies. Blackson, Tarter, Martin, and Howard(1994), investigated the effects of family history of substance abuse on externalizing and internalizing child behavior mediated by temperament. A difficult affective temperament scale (DATS) was computed for each father and son. The fathers and sons in the SA+ group were characterized by more negative mood, less flexibility and a greater propensity for social withdrawal, compared with fathers and sons in the SA-group.

Belliveau and Stoppard (1995), investigated parental alcohol abuse and gender, as predictors of psychopathology in adult children of alcoholics (ACA). Four hundred twenty five undergraduate students completed the clinical analysis questionnaire to assess anxiety, depression, and general maladjustment, and the children of Alcoholics Screening Test to identify ACA. ACA reported more symptomatology indicative of depression and general maladjustment than did ACNA. But gender of ACA and gender of alcoholic parent were not significant predicators of psychopathology among ACA.

Roosa, Dumka, and Yun (1996), found that family cohesion mediated the relationships of family drinking problems and negative life events to child conduct disorder and depression. Taliaferro (1996), investigated that adult children of alcoholics (ACA's) significantly differed from their non-ACA's counterparts on measures of disengaged coping social supports, and depression. These differences disappeared when family environment was controlled.

Chassin, Pitts, DeLucia and Todd (1999), investigated a longitudinal study in which a target child was assessed in adolescence and young adulthood with structured interview measures (N=454 families at Time1). Results showed unique effects of parent alcoholism on young adult substance

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abuse/dependence diagnoses over and above the effects of other parental psychopathology. There was some evidence of parent alcoholism effects on young adult depression and of maternal alcoholism effects on young adult; these were not found consistently across sub samples.

Robinson (1990), discussed 20 alert signs for identifying pre school children of alcoholics. These include sleeping difficulties, persistent fatigue, and relapses in toileting, extreme eating practices, problems in adjusting to transitions, developmental delays, recurring alcoholic themes in dramatic play, isolated play, lack of sustained attention and hyperactivity. The other signs are abrupt and atypical behaviors changes, frequently fussy and fretful attacks on other children, regressive behaviors, excessive fear of unfamiliar, persistent clinging, insecure attachment behavior, parental authoritarianism, parental indifference and signs of physical abuse. When used in concert these symptoms could form patterns indicative of alcohol related problems on young children.

Brabant and Martof (1993), examined exaggerated grief related characteristics and compared 27 ACOAs and non-ACOAs. ACOAs were less likely to be aware of feeling, more likely to be anxious and fearful and to rank their mental and physical health lower, and less likely to have satisfaction relationships with men and women. Clark, et al. (1997), compared the psychiatric disorders of preadolescent boy's of father with versus without substance use disorders (SUDs) and examined the relationships between (10-12 yrs old boy) offspring and parental psychopathology. Ss were group into either a high risk (HR) or a low average risk (LAR) group based on results of structured diagnostic interviews. Disruptive behavior disorder and anxiety disorders were more prevalent in HR than in LAR Ss.

Preuss, Schuchit, Smith, Barnow and Danko (2002) analyzed that children of alcoholics have been reported to elevate levels of internalizing symptoms, including anxiety and depression.

West and Prinz (1987), reported an increased frequency of delinquency, truancy, social inadequacy, and somatic problems. Stein, Newcomb and Beatler (1993), examined that grand parent use predicted more hyperactivity, acting out, psychosomatic complaints and social problems for boys and more acting out by girls. Maternal drug use predicted more fearfulness, hyperactivity, and social problems for boys and no problems for girls. Maternal drug use predicted developmental problems for boys and girls.

Drug addiction has become one of the burning issues in Pakistan. Since twenty years several measures have been made to tackle this problem.

Government and private sector has made attempts to stop this maladaptive behavior. Substance abuse has become more varied, more complicated and more global in character. Natural drug such as cannabis, cocaine, khat and opium-which had previously only been used in certain cultures and within traditional ways of life, have been increasingly exploited and their use has reached at epidemic level (Baasher, 1995).

The relationship between drug abuse and problems of children encouraged the author to find out scientifically the negative effects of father's substance addiction upon the mental health of their children because we believe that parental drug addiction is also contributing in increasing the ratio of mental illness in Pakistan.

Keeping in view the literature following hypotheses were framed:

1. The mean depression score of the adult children of substance addict fathers will be more as compared to the mean depression score of the adult children of the non-addicts fathers.
2. The mean hysteria score of the adult children of substance addict fathers will be more as compared to the mean hysteria score of the adult children of the non-addict father.
3. The mean hypochondriasis score of the adult children of substance addict father will be more as compared to the mean hypochondriasis score of the adult children of the non-addict father.
4. The mean psychasthenia score of the adult children of substance addict father will be more as compared to the mean psychasthenia score of the adult children of the non-addict father.

METHOD

Sample

Sample of the present research consist of 50 children (27 male 23 female) of substance addict fathers and 50 children (27 male 23 female) of non-addict fathers belonging to middle socio-economic class. Their age ranged from 18-25 years and their educational level was from intermediate to graduation, they were unmarried and belonged to nuclear family structure.

Substance Addict Fathers were diagnosed as abusing drug (heroin, alcohol and cocaine) at severe level. Their diagnosis was made on the basis of Interview information, Personal and drug taking history, Physical examination (urine test), Drug abuse screening test and Addiction severity index which were administered on them by the staff of drug treatment centers where they were admitted for the same since one month. They were

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dependent on drugs (heroin, cocaine and alcohol) for minimum period of 15 years. Hence *adult children of substance addict fathers* were approached through their fathers. *Control group* comprises of children of the non addicts (whose fathers has never taken any intoxicant substances). They were matched with the experimental group on the bases of age, sex, residential area, family structure, marital status and education.

Procedure

The entire experimental sample was collected from the different Drug Treatment Centers of Karachi, Pakistan. First of all the Directors of drug treatment centers were approached for the purpose of data collection. With the consent of patients the family was called at the center or the researcher went to their home accompanying social workers. The researcher established the rapport with patient's wife and their children. They were interviewed and the detailed history was taken. On the basis of their interview, their socio-economic class was established; only those children were included in the study who were falling in the middle socio-economic class.

Minnesota Multiphase Personality Inventory (MMPI, Mirza, 1977) Urdu version was administered on the adult children of substance addicts.

The control group which consist of adult children of non-addict fathers were residing in neighborhood of the experimental group. They were approached at their residence. Same procedure was also applicable to them.

Scoring and Statistical Analysis

After data collection the test sheets were scored according to the standard procedure. As required the scores of validity scale of K of MMPI was added to the one clinical scale i.e. Hs. The four numbers of responses on validity scales of MMPI (cannot say, L scale, K scale and F scale) were also calculated. Invalidated scores were not included in the research findings. After calculating raw scores for each clinical scale i.e. Hypochondriasis (Hs), Depression (D), Hysteria (Hy), Psychasthenia (Pt) for both the groups. t test was calculated to find out difference on various variables in order to find level of significance of the results.

Operational definitions of various terms

Substance Addict Fathers

Substance addicts fathers are those fathers who were admitted in the Drug treatment centers since one month for the purpose of detoxification

because of taking heroin, cocaine or alcohol for minimum period of 15 years and presently diagnosed as, at severe level on the basis of responses on interview, personal and Drug taking history, physical examination (Urine Test), Drug Abuse Screening Test (DAST) and Addiction severity Index (ASI) by the hospital staff.

Adult Children of Substance Addict Fathers

Adult children of substance addict fathers are those children whose age ranges between 18-25 years and whose fathers are under treatment at drug treatment center for severe level of addiction.

Adult Children of Non-Addict Fathers

The adult children of non-addict father are those children whose age ranges between 18 to 25 years and whose fathers are not taking any non-prescribed drug.

Operational definition of various variables

The description given by Hathway and Mickenley (1951) of four clinical scales of MMPI is as follows:

Depression

A high depression indicates a poor morale of the emotional type with a feeling of uselessness and inability to assume a normal optimism with regard to future. A high score further suggest a characteristic personality background in that the person who reacts to stress with depression is characterized by lack of self confidence, tendency to worry, narrowness of interest and introversion.

Hypochondriasis

Hypochondriasis is characterized by the amount of abnormal concern about bodily functions. Persons with high Hs scores are unduly worried over their health. They frequently complain of pains and disorders, which are difficult to identify, and for which no clear organic basis can be found. It is a characteristic of the hypochondriac that he is immature in his approach to adult problems, tending to fail to respond with adequate insight. He frequently has a long history of exaggeration of physical complains and of seeking sympathy.

Hysteria

Those who have developed conversion type hysteria symptoms. Such symptoms may be general systemic complaints or more specific complaints such as paralyses, contractures, (writer's cramp) gastric or intestinal complaints or cardiac symptoms, which have no physical origin. High Hy scorer is also especially liable to episodic attacks of weaknesses, fainting or even epileptic form of convulsion.

Psychasthenia

Psychasthenia characterized those people who are troubled by phobias or compulsive behavior. The compulsive behavior may be either explicit as expressed by excessive hand washing, vacillation, or other ineffectual activity, or implicit, as in the inability to escape useless thinking or obsessive ideas. The phobias include all types of unreasonable fear of things or situations as well as over reaction to more reasonable stimuli.

RESULTS

Table 1
The Mean Depression Score of Adult Children of Substance
addict fathers and Non-Addict fathers

Groups	N	Mean	St.D	SEM	df	t
Children of Substance Addict fathers	50	26.2	8.1	1.14	98	2.29
Children of Non-Addict fathers	50	23.2	4.8	.68	*p< .05	

95% CI for $\mu_1 - \mu_2$: (-5.5, 3.4)

t test $\mu_1 = \mu_2$ (VSGT): $t=(2.29)$, $df=98$ $p<.05$, Significant*

St.EV=1.33

Table II
The Mean Hypochondriasis Score of Adult Children of Substance Addict fathers and Non-Addict fathers

Groups	N	Mean	St.D	SEM	df	t
Children of Substance Addict fathers	50	15.0	6.5	.9	98	.69
Children of Non-Addict fathers	50	14.3	4.3	.6	p>	.05

95% CI for $\mu_1 - \mu_2$: (-1.4, 2.9)

t test $\mu_1 = \mu_2$ (VSGT): $t = (.69)$, $df = 98$ $p > .05$, Insignificant*

St.EV=1.11

Table III

The Mean Hysteria Score of Adult Children of Substance Addict fathers and Non-Addict fathers

Groups	N	Mean	St.D	SEM	df	t
Children of Substance Addict fathers	50	20.6	6.4	.90	98	.79
Children of Non-Addict fathers	50	19.7	4.8	.67	p>	.05

95% CI for $\mu_1 - \mu_2$: (-1.3, 3.1)

t test $\mu_1 = \mu_2$ (VSGT): $t = (.79)$, $df = 98$ $p > .05$, Insignificant*

St.EV=1.13

Table IV

The Mean Psychasthenia Score of Adult Children of Substance Addict fathers and Non-Addict fathers

Groups	N	Mean	St.D	SEM	df	t
Children of Substance Addict fathers	50	24.9	7.8	1.10	98	4.2
Children of Non-Addict fathers	50	18.3	7.9	1.12	*p<	.001

95% CI for $\mu_1 - \mu_2$: (3.5, 9.7)

t test $\mu_1 = \mu_2$ (VSGT): $t = (4.21)$, $df = 98$ $p < .001$, Significant*

St.EV=1.57

DISCUSSION

Hypothesis no. 1 is supported by the data and is significant ($t=2.29$, $df=98$, $p<.05$).

It is clear from table 1 that adult children of substance addict fathers score higher ($x=26.2$) on depression scale as compared to those adult children whose father is not taking any drug ($x=23.2$). It has been noted that children of substance abusers has poor morale of the emotional type with feelings of uselessness and inability to assume a normal optimism with regard to the future. The children are living in a constant stress, which develops a tendency to worry, narrowness of interest and introversion. They also reported low self-confidence as compared to the children of nonusers. It has been clear from the cross culture researches that when one or both parents are dependent on alcohol or any other substance, their children are at risk for a range of cognitive emotional and behavioral problems. They suffer more from depression then children of nonusers (Chassin, Pitts, Delucia & Todd, 1999).

Depression in adult children may be due to the overwhelming effect of the drug on the parents that they were unable to take care of their children. Especially when a father becomes an addict, he usually does not fulfill his children's needs. He is not available when his child needs him for handling his emotional and social problems. Often an addicted father beats his children due to his drug problem. These children feel neglected and rejected. They slowly and gradually become isolated, avoid people due to their feelings of shame. These children become hidden children (Leenders, 1992) and they do not share their feelings with others. Due to the financial and economic problems they develop feelings of helplessness and hopelessness as well. A recent study by Johnson and Rolf, (1998) noted that children of alcoholics show more depressive effect than children of non alcoholics and that their self-reports of depression are measured more frequently on the extreme end of the scale.

Pakistani society, which is traditionally a conservative society, due to the lack of resources, unemployment, and low literacy rate people become uncertain about their future. Along with these social problems if a father is a drug addict, his children suffer the most. They live in a stressful environment where father is spending all the money on purchasing drug; he does not care for children's basic necessities. Mother is the one who is helping and supporting their children. When these children grow older, they also have to take care of their siblings especially, the elder one, whether a girl or boy, they are suppose to do something for their family. But due to the feelings of hopelessness, rejection and neglect they become depress. Results refer to the

fact that normally children of non-users do not experience this type of neglect and stressful environment. They see their parents in a responsible position; their fathers are fulfilling their needs and desires. Who are the perfect role models for them. Hence they scored low on depression scale as compared to children of substance addicts. Our hypothesis no. 2 is not supported by the data ($t=.79$, $df=98$, $p>.05$). It is clear from the table 2 that there is no significant difference between children of substance addicts ($x=20.6$) and non-addicts ($x=19.7$) on the variable of hysteria.

In Pakistani culture children are not supposed to talk loudly in front of their elders. Out of respect they may not show their resentment or disagreement on many issues. If they have any conflict with their parents they do not express it openly because it is discouraged. In some families even if it is encouraged children may think that parents are taking it sufficiently seriously and are not paying attention to their problem. Due to this attitude most of the children do not express their views. This is true with both the groups. Majority tries not to handle emotional conflicts in somatic form. Children of substance addicts, when they find that they are not getting attention from their fathers because of addiction and from mother due to her involvement in arrangement of finances for her family, children do try to handle problem by themselves, in this situation there is no one at home who can give them attention. When there is no opportunity for getting any secondary gain too, children of substance addicts used to react in some other way, they may become depressed and socially withdrawal. Similarly on the variable of hypochondriasis there was not significant difference between the two groups. It is clear from table 3 that there is insignificant difference ($t=.69$, $df=98$, $p>.05$) between children of substance addict fathers ($x=15.04$) and non addicts fathers ($x=14.3$) on the variable of hypochondriasis which indicates that children of substance addicts are not very much concern about their bodily functions. They do not unduly worry about their physical health because they have seen that their fathers are drug addicts who have ruined them financially, therefore they do not even think of doctor shopping.

Our 4th hypothesis is supported by the data and is significant ($t=4.21$, $df=98$, $p<.001$).

Refer to table 4, it is quite clear that children of substance addicts are more anxious ($x=24.9$) than children of non addicts ($x=18.3$) they are troubled by phobias and have compulsive behavior. Research evidence shows that parents who misuse drugs cause serious harm to their children. Their children need their parents to be available to meet their various needs, but parents who use drugs are often not able to provide this nurturing and care. Individual's self-esteem and identity is affected very strongly by experiences

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that occur in the earliest years of life. If these experiences are negative as a result of a drug using parents, then the effects can be long lasting. Our research is also supported by the work of Mathew, Wilson, Blazer, and George (1993), which indicate that the adult children of alcoholics showed significantly higher current (6 months), prevalence rates of simple phobia and agoraphobia and lifetime rates of dysthymia, generalized anxiety disorder, panic disorder, simple phobia and agoraphobia. Male children of alcoholics have a significantly higher rate of lifetime diagnoses of alcohol and drug abuse than those who were not children of alcoholics.

In Pakistan child abuse and undue strictness on the part of the parents and elders is ignored, thinking that it is their right and also that they are doing so for their betterment (Fareed, 1993). The children are not supposed to pinpoint their weaknesses in front of others. Instead of arguing they would keep quiet and avoid open confrontation with them. Several case histories and interview information indicate that a drug addict father often beat his children and wife for finance. Most of the time children especially elders become the scapegoat. As these children grow older, they become anxious and guilty due to their fathers unethical practice of addiction. They avoid people due to the fear of shame and disapproval, as they perceive themselves as sinful. Often they do not express their feeling with anybody. In order to ward off anxiety they adopt the mechanism of undoing, which may be seen in obsessive compulsive disorder.

In Pakistan family relationships are vertical and power structures are clearly defined. Right from childhood up to adolescence as well as adulthood his parents and elders help in making any decision or selecting some thing. In drug abusing families often the mother is the head of family or the grandfather or mother's family members are serving as care giver. Adult children in these families face difficulty in making any decision due to several authorities. They become confused and obsessed with certain ideas; therefore they experience high level of anxiety as compared to the children of non-addicts. Children of non-addicts have reported good relationship among their families. They feel more comfortable and peaceful at their homes.

Drug addiction is not a basic ailment but the symptom of other disorders like anxiety and depression as well (Merikangas, Rich & Weissman, 1985). The work of Mathew, Wilson, Blazer and George (1993) showed different results in the case of gender, that daughters of alcoholic father had a higher rate of generalized anxiety disorder.

Results of several other researches indicate that children from alcoholic families report higher level of depression, anxiety and exhibit more

symptoms of generalized stress (i.e. low self esteem) than do children from non-alcoholic families (Schuckit & Chiles, 1978; Anderson & Quast 1983; Prewett, Spence & Chakris 1981). In addition, children of alcoholics often express a feeling of lack of control over their environment. Moos and Billings (1982) found that the emotional stress of parental drinking on children lessens when parents stop drinking. These investigators assessed emotional problems in children from families of relapsed alcoholics, children from families with a recovering parent, and children from families with no alcohol problem. Although the children of relapsed alcoholics reported higher levels of anxiety and depression than children from the homes with no alcohol problem, emotional functioning was similar in the children of recovering and normal parents. Sher, Walitzer, Wood and Brent, (1991) also found positive correlation between neuroticism in children and father's alcoholism.

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**WHY PEOPLE SMOKE DIFFERENT BRANDS: THE
SELF-CONCEPT AND BRAND CHOICE**

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ABSTRACT

The purpose of the present study was to determine relationship between characteristics of smokers of different brands and perceived image of different brands of cigarettes. It was hypothesized that "Smokers choose cigarette brands whose product image matches their actual self-concepts". A sample of 60 males of high socio-economic status was randomly selected from 3 business schools in Karachi. The age range of the sample was between 18 to 24 years. A Questionnaire was administered to gather the information regarding, Age, Sex, Education and smoking Behaviour. Then the, Seven-point rating Questionnaire was administered to assess the self-concept of the subjects and perceived characteristics of brand of cigarette they smoked. After Scoring Regression Analysis was applied. The results were consistent with the hypothesis regarding the predicting relationship between personality image and the image of brand. It indicates that people perceive the brands they smoke as having the same characteristics, which is present in them. Additional findings indicate specific trends related to smoking behaviour, which were discussed and elaborated by descriptive statistic.

INTRODUCTION

Much has been written about various factors that influence teenage smoking and eventually lead them to become regular smokers as they move into adulthood. Researchers have studied the impact of parental influence, peer influence, advertising, and the number of persons in the household who smoke. Glynn, Greenwald, Mills, and Manley (1993) conducted a research on adolescent behavior and found that the most important factors influencing adolescent smoking include the following: having parents who smoke, having friends who smoke, doing poorly in school, and advertising.

Almost every conceivable explanatory variable about smoking has, at one time or another, been investigated. Notably, the one area that has not been fully explored is choice of cigarette brand. Cavin and Pierce (1996) looked at brand selection and found that various groups have different preferences. However, it is not known whether there are differences in concerns, attitudes, and opinions (e.g., regarding stop-smoking programs) among those who select particular brands.

A number of studies have been conducted to examine different aspects of smoking behavior. These ranges from influence of peer group (Krosnick & Judd, 1982) to genetic influences (Cavin & Pierce, 1996). Role of advertising is critical to the adolescent's conditioning process. The three most commonly purchased brands among adolescent smokers were the three most heavily advertised brands in 1993 in USA (LNA, 1994). Role of opinion leaders is also considered in directing the consumer's behavior, which further categorized in market mavens. Research suggests that market mavens play an important role in helping other consumers evaluate the differences among product brands and models (Feick & price, 1987).

However, few studies have examined why people smoke particular brands. It could be that because different people have different attitudes and self-concepts, they choose brands accordingly to match these.

Branding integrates cultural, social and personality factors into a product adding meaning and value. It also simplifies our purchase behavior by creating an image of a particular product that fits with our own view of the world. Branding is particularly important for smoking experimentation, helping to

convey the right image of the smoker. Smokers are quite brand-loyal and discriminate very carefully between appropriate and inappropriate cigarette brands. A further investigation into this matter first requires explanation of the theory of the self-image or self-concept. The "self-concept" represents the 'totality of the individual's thoughts and feelings having reference to himself as an object (Rosenberg, 1979). It is as though the individual "turns around" and evaluates in an objective fashion just who he or she is (Mehta & Belk, 1991).

According to psychologists, individuals understand their self-concepts on the basis of observations of their own behaviours, as well as the reactions of others to these behaviours. If the self is viewed in terms of what actions are performed by the individual, consumption behaviours in modern consumer economies should be instrumental in the development and expression of the self-concept (Csikszentmihalyi and Rochberg-Halton, 1981).

In order to understand how the self-concept influences the buying behaviour, one must recognize that products may act as symbols for consumers. Symbols are "things which stand for or express something else" (Warner, 1959). Some writers have argued that the primary reason for buying many products is not for their functional benefits but for their symbolic value (Levy, 1959). Others have written that consumers' personalities can be defined through the products they use (Tucker, 1957). Finally many researchers believe that people view their possessions as an extension of themselves. In fact, various studies have found a relationship between the self-image of a person and of certain products that he or she buys. Products for which such self image/product image congruence have been found include: Automobiles, Health products, cleaning products, grooming products, leisure products, clothing, retail store patronage, food products, cigarettes, home appliances, magazines and home furnishing (Belk et al, 1982).

Consumers may be conceptualised as purchasing products in order to communicate symbolically various aspects of their self-concept to others. The theory that consumers select products and stress that correspond to his or her self-concept has been called the image congruence hypothesis (Onkivist & Shaw, 1987)

In Self-concept theory personality is exemplified by the kinds of things with which people surround themselves. The self-concept has shown to be multi-dimensional and encompasses the way a person actually is, the way individuals

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see themselves, the way a person would like to be, and the way in which individuals think others perceive them (Onkvisit & Shaw, 1987).

Theories of self-concept have generally focused on two areas in marketing research. In the one, self-concept has been applied to the discrepancy between the self and the ideal self as a measure of personal dissatisfaction. In this instance, product use has been related to items that deal specifically with self-enhancement. In the second area of research, focus has been placed on product brands that are perceived to be similar to an individual's self-image.

Product or brand image has shown that it can serve to explain why consumer behavior is not a random process. Not all brands have an equal preference for being purchased because consumers may want a product that gives the illusion that it was made exclusively for them, and that it matches their personality and responds to their needs (Onkvisit & Shaw, 1987). They have also indicated that empirical studies suggest that congruence between product image and self-concept is a fairly common phenomenon. Consumers evaluate different product images and when they are viewed as highly credible and desirable, the incentive is there to attain them.

The concept of self-image has strategic implications for marketers as they can segment their markets on the basis of relevant consumer self-images and then position their product or services as symbols of such self-images. Markets can be segmented and product/service positioned by advertising along dimensions relevant to the self-system.

The purpose of the present study was to study the question on the basis of literature review that whether the "Smokers choose cigarette brands whose product image matches their actual self-concepts."

METHOD

Sample

The sample of present study was consisted of 60 males of high socio-economic status. All regular smokers studying at 3 different business schools in Karachi; including Institute of Business Administration (IBA) (n=20), Institute of Business Management (n=20), and Asian Management Institute (AMI) (n=20).

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Their age range was from 18 to 24 years, while their education level was at least intermediate.

The reason for choosing this particular age group was because; three-fourth of adult regular smokers try their first cigarette before the age of 18, about half become regular smokers before their 18th birthday. A person who has not started smoking as a teenager is unlikely ever to become a smoker. Many young people progress steadily from same writing experimentation to regular use, with addiction taking hold in a few years (National Institute on Drug Abuse, 1988).

Measurement

In order to assess the product image and the respondent's self image, sample was required to rate the Brand they used and their personality on fifteen characteristics on a seven-point rating scale. These characteristics were adapted from "A Scale to Measure-Concepts, Person Concept, and Product Concept". (Malhotra, 1981)

Procedure

With the consent of authorities the respondents in each of the three business schools were chosen on the basis of systematic random sampling, with every 5th smoker observed being approached. They were required to complete the questionnaire regarding, Age, Sex, Education, Smoking Behaviour, and then were asked to rate themselves for fifteen personality characteristics on a seven point rating scale. They were then asked to rate the preferred brand on the same scale.

Scoring and statistics

Respondent's rating to the particular characteristic for personality and brand was taken as scores. Regression analysis was applied to determine whether the ratings of personality predict the rating patterns of brand characteristics. Further percentages were calculated to assess the smoking behaviours of respondents. An additional regression analysis was conducted to assess the predicting relationship of age of initiation of smoking and level of consumption of cigarettes.

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RESULTS

Table I

**Pearson Product Moment Correlation of Characteristics of
Individuals and Characteristics of Brand**

N=	r	Level of Significance
Characteristics of Individuals	.375	.000
Characteristics of Brand		

Table II

**Model summary of Regression Analysis with Brand
Characteristics as Dependent Variable**

Predictor	R ²	Adjusted R	Durbin Watson
Personality	0.141	0.140	1.698

Table III

**Analysis of Variance with Personality as Predictor and
Brand as Dependent Variable**

Model	SS	Df	Ms	F	Level of Significance
Regression	298.980	1	298.980	146.871	.000
Residual	1828.019	898	2.036		
Total	2126.999	899			

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Table IV

Percentage of normally smoked brand

Brand Name	Total Number	Percentage
Marlboro	7	11.66
Benson and Hedges	48	80*
Pine	1	1.66
Others	4	6.66

* Highest Frequency

Table V

Age of Initiation of Smoking

Age	No. of Respondents	Percentage
10 years	1	1.66
13 years	2	3.33
14 years	2	3.33
15 years	1	1.66
16 years	12	20
17 years	16	26.66
18 years	20	33.33*
19 years	5	8.33
22 years	1	1.66

* Highest Frequency

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Table VI

Frequency of Consumption of Cigarette

Consumption of Cigarette	No. of Respondents	Percentage
At least hundred up to date	48	81*
Less Than Hundred	4	7
Not Sure	7	12

* Highest Frequency

Table VII

Percentages of respondents for situations in which they like to smoke most

Situation likely to smoke most	No. of respondent	Percentage
At parties or concerts	7	12
At weekends with friends	30	50*
At weekdays with friends	15	25
At various times when you are alone	5	8
At other times	3	5

* Highest Frequency

Table VIII

Frequency of Reason for smoking Particular brand

Reason for smoking particular brand	No. of respondent	Percentage
Advertisement	33	55*
Group influence	11	18
Brand Characteristic	13	22
Others	3	5

* Highest frequency

Table IX (a)

Summary of regression analysis with level of Consumption of smoking as dependent variable

Predictor	R	R ²	Adjusted R	Durbin Watson
Age of initiation of smoking	0.152	2.023	0.005	2.025

Table IX (b)

Analysis of variance with level of Consumption of smoking as dependent variable and age of initiation as Predictor

Model	SS	Df	Ms	F	Sig.
Regression	0.142	1	0.142		
Residual	5.983	54	0.111	1.280	0.263
Total	6.125	55			

DISCUSSION

As reflected from table I, II and III, Personality as rated by respondent smokers appears as a significant predictor of Brand choice ($F=146.871, df= 1, 898, P< 0.000$). Durban Watson Statistic (1.698) is indicative of strength of relationship among the variables.

Further analyses of data reflects that most frequently smoked brand of present sample is Benson and Hedges (Table IV) and most of them i.e.55%(Table VIII), use it by inspiring from Advertisement.81% respondents reported consumption of more than 100 cigarettes in their life (Table VI), and 50% of them reported that they likely to smoke more at weekends when they are with friends (Table VII). The age of initiation of most of the respondents (33.33%) is 18 years (Table V), and it do not appear to be a significant predictor of high consumption of cigarettes in life (Table IXa & IXb). Durbin Watson indicates strength of the prediction as 2.025.

Findings seem consistent with the assumptions regarding the predicting relationship between personality image and the image of brand. However, besides being significant the only 14% (Table II) of variance is explained by the personality image as a predictor and remaining 86% is attributed to another unexplained factors. Products and brands have symbolic value for a person, he evaluates them on the basis of their consistency (congruence) with his personal picture or self-image. A generally held belief is that consumers attempt to preserve or enhance their self-image by selecting products with images or personalities; their believe are congruent with their own self-image and avoiding products that are not. (Belk, 1988). However, a popular model depicts four specific kinds of self-image i.e., actual, ideal, social and ideal social (Sirgy, 1992). Bendall and Kanuk (1997) discusses another type of self-image, some where in between the actual and ideal self-images. The expected self-image provides consumers with a realistic opportunity to change the self. Therefore besides the message that differentiation by product will enhance the sense of unique qualities of individual, it might possibly be to alter their self-image, or a source of creating a sense of having desirable personality and identity, which usually seems lack in a person, but he or she idealize it or expect to have them in their personality. The ability of humans to under stand symbolically how a product, service or idea can satisfy their needs makes it easier for marketers to sell the features and benefits of their offerings(Craik, 1984). Further research to

explore this area would be more informative regarding consumer behavior and Brand personality.

Further additional analysis of smoking behavior of sample, reveals Benson and Hedges and Marlboro as most frequently used brand among sample of present study. The use of expensive products is considered as a symbol of status in our society. Probably due to the fact that the sample of present research comprised of upper class adults, they prefer to use expensive products, Pine the third option is a cheaper substitute of them and therefore is avoided to use and report. Besides the price of the product another area considered important in the selection of brand is of advertising.

Cigarette branding has been shown to be the central concept in understanding the interrelation between the image of smoking, adolescents' self image and tobacco advertising and sponsorship. Advertising has played an important role in communicating the social and cultural meaning of smoking, associating particular cigarette brands with particular aspirations. Further analysis suggests that reason for preference of a particular brand is the likeness of advertisement and friend's use of same brand. Pierce et al. (1991), DiFranza (1991) and CDC (1989), report that forces influence smoking initiation are complex and may include advertising, peer influence, and the habit of family members. It appears that not only initiation of smoking but also most of the behaviour related to the choice of brand are guided by these factors. Glyn, Greenwald Mills and Manley (1993), concluded that most important factors influencing adolescent smoking include "having parents who smoke", "having friends who smoke", and "advertising". Supporting the findings, most of (50%) sample report that they are likely to smoke at weekends with friends, which confirms the peer influences on smoking behaviours. In survey teenager smokers appears to be attracted to the brand's image of strength and independence promoted in an advertisement of a cigarette and advertising may influence teenagers in their choice of brands (TAPS, 1988 as appeared in CDC, 1989).

Consistent with the report of American Heart Association (1998), our results also indicate that 90% of smokers begin tobacco use before age 20. However least age differs, as 80% of smokers begin smoking between 16- 18 years of age. 81% of them reported to use more than 100 cigarettes in their life. Age of initiation of smoking for present sample appears to be negatively correlated with increased consumption of tobacco, however the relationship is not significant. Further age of initiation of smoking fail to predict the increased

consumption. The reason probably is the limited number of cases in each age group especially on extreme ends of the sample age.

Besides the emphasis on consumer behavior and brand choice, the experience of using product as well as deriving pleasure from possessing and consuming is another broad area, which require further investigations. The importance of possession and experience help to view choice as the beginning of a consumption process and not merely the end of consumer decision-making efforts (Rassuli & Harrell, 1990). Choice is an input into a process of establishing a consumption set (an assortment or portfolio of products and / or their attributes) and a consuming style (how the individual fulfils his or her consumption requirements). The output of this process could include things like certain life style, a personality or sense of self, role playing, surviving (in a physiological sense), being an individual, belonging to a group, expressing oneself, signaling membership, and /or entertaining oneself (Rassuli & Harrell, 1990). There fore the area of consumer behavior specially related to branding is still an open field for investigations.

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APPENDIX

Given below is a list of statements. Read them and write one appropriate answer. Do not leave any statement unmarked.

Sex: _____ Age: _____ Education: _____

1. What brand of cigarettes do you normally smoke?
☐ MARLBORO
☐ BENSON & HEDGES
☐ PINE
☐ OTHER (Please Specify) _____
2. How old were you when you smoked your first whole cigarette?
3. Have you smoked at least 100 cigarettes in your life?
☐ YES
☐ NO
☐ NOT SURE
4. In what situation are you likely to smoke most?
☐ AT PARTIES OR CONCERTS
☐ AT WEEKENDS WITH FRIENDS
☐ AT WEEKDAYS WITH FRIENDS
☐ AT VARIOUS TIMES WHEN YOU ARE ALONE
☐ AT OTHER TIMES (Please Specify) _____
5. Why do you smoke this particular brand?
☐ I LIKE THE ADVERTISEMENTS (magazines, television, billboards etc.)
☐ MY FRIENDS SMOKE THIS BRAND
☐ IT IS COOL TO SMOKE THIS BRAND
7. Do you experience a lot of stress in your life?
☐ YES
☐ NO
☐ SOMETIMES
8. What do you think best explains why you smoke?
☐ SMOKING IS AN ENJOYABLE EXPERIENCE
☐ SMOKING HELPS ME RELAX
☐ SMOKING HELPS ME FEEL COMFORTABLE IN SOCIAL SITUATIONS
☐ SMOKING HELPS ME STAY THIN
☐ SMOKING HELPS TO REDUCE MY STRESS LEVEL
☐ I SMOKE WHEN I'M BORED
☐ I THINK THE 'IN' CROWD ARE ALL SMOKER

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9. Please rate your personality on the following scale

RUGGED	1	2	3	4	5	6	7
EXCITING	1	2	3	4	5	6	7
COMFORTABLE	1	2	3	4	5	6	7
DOMINATING	1	2	3	4	5	6	7
INDULGING	1	2	3	4	5	6	7
PLEASANT	1	2	3	4	5	6	7
CONTEMPORARY	1	2	3	4	5	6	7
ORGANIZED	1	2	3	4	5	6	7
RATIONAL	1	2	3	4	5	6	7
MATURE	1	2	3	4	5	6	7
FORMAL	1	2	3	4	5	6	7
LIBERAL	1	2	3	4	5	6	7
COMPLEX	1	2	3	4	5	6	7
COLORFUL	1	2	3	4	5	6	7
MODEST	1	2	3	4	5	6	7

10. Please rate the brand of cigarettes you smoke on the following scale

RUGGED	1	2	3	4	5	6	7
EXCITING	1	2	3	4	5	6	7
COMFORTABLE	1	2	3	4	5	6	7
DOMINATING	1	2	3	4	5	6	7
INDULGING	1	2	3	4	5	6	7
PLEASANT	1	2	3	4	5	6	7
CONTEMPORARY	1	2	3	4	5	6	7
ORGANIZED	1	2	3	4	5	6	7
RATIONAL	1	2	3	4	5	6	7
MATURE	1	2	3	4	5	6	7
FORMAL	1	2	3	4	5	6	7
LIBERAL	1	2	3	4	5	6	7
COMPLEX	1	2	3	4	5	6	7
COLORFUL	1	2	3	4	5	6	7
MODEST	1	2	3	4	5	6	7

**A FURTHER STUDY OF RELIABILITY AND VALIDITY
OF SOCIAL ANXIETY SCALE AND SOCIAL
CONFIDENCE SCALE**

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ABSTRACT

In an attempt to make a further study of reliability and validity of social anxiety scale and social confidence scale, it was found that their item-to-item temporal stability and split half reliability are, on the average, significant at $p < .001$ level. As far as the validity of both the scales is concerned, first order of partial correlations is significant at $p < .02$ level. Thus the present psychometric ingredients are the indices of validity of both the scales.

INTRODUCTION

All human beings are not dispositionally alike. They are different, both among themselves and between themselves. There are people who are shy; who like to stay at home; who feel uneasy in social gatherings like marriage anniversary, birthday party, musical concert, and who prefer to avoid the company of others, etc. They are generally described as socially anxious people (Buss, 1980; Fenigstein, Scheier & Buss, 1975; Watson & Friend, 1969). The other class of people are socially confident people who enjoy the company of others; who take pleasure in talking to people even to strangers; who feel themselves lively in staying with people; who like to be in focus of people present around them, etc. (Cheek and Buss, 1981; Eysenck and Eysenck, 1968).

There are a good many widely used social anxiety scales, notably Leary's (1983), a brief version of the fear of negative evaluation scale; Leary, and Kowalski (1993), the interaction anxiousness scale: construct and criterion-related validity; and Leary and Meadow's (1991), social blushing

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scale. To the best of our information, no one has developed social confidence scale, a scale opposite to social anxiety scale.

Khalique, et al (2003) developed social anxiety scale and social confidence scale in one attempt with 10 items in each. The responses to items are made on 5 to 1 point scale (always to never). The sum of scores is made scalewise depending upon the researcher's interest either to use both the scales or to use one scale of interest. Internal consistency, temporal stability, convergent validity and discriminant validity were high. Consistent reasonable relationships made the authors feel to recommend the scales for confident use in personality research.

The present attempt is concerned about making a further study of reliability and validity of both the scales.

RELIABILITY

Sample

87 University students participated in the research program.

Material

To study item-to-item stability as well as split-half reliability both the scales, social anxiety scale (SAS) and social confidence scale (SCS), were administered on students.

Procedure

The computation of product moment correlation coefficient on the data received from 87 university students showed sufficiently high level of item-to-item temporal stability of both the scales. The item-to-item temporal stability of SAS ranged from .65 to .87 and that of SCS ranged from .74 to .88 over a period of almost 12 days. The average of the product moment correlation coefficients was found to be significant ($r = .732$, $df\ 85$, $p < .001$ and $r = .827$, $df\ 85$, $p < .001$ in SAS and SCS respectively). To be doubly sure, z was computed and looked into the t table at 9df for determining the nature and strength of association of item-to-item temporal stability of both the scales.

Table I
Item-to-Item temporal stability and split-half reliability (N=87)

Social anxiety scale (SAS)			Social confidence scale (SCS)		
Item-to-item	r	Z	Item-to-item	r	z
3-3	.70	6.49	1-1	.88	8.16
5-5	.68	6.31	2-2	.86	7.98
7-7	.73	6.77	4-4	.75	6.96
8-8	.65	6.03	6-6	.74	6.86
10-10	.79	7.32	9-9	.77	7.14
11-11	.83	7.7	13-13	.84	7.79
12-12	.87	8.07	15-15	.88	8.16
14-14	.69	6.4	17-17	.82	7.61
16-16	.71	7.65	18-18	.85	7.88
19-19	.67	6.21	20-20	.88	8.16
N = 10 items Range of r = .65 to .87 (p = .001 to <<.001) Average r = .732 (p<.001) Range of z = 6.03 to 8.07 (p<.001 to p<<.001) Average z = 5.285 (p = .001)			N = 10 items Range of r = .74 to .88 (p < .001 to p <<.001) Average r = .827 (p<<.001) Range of z = 6.86 to 8.16 (p<.001 to p<<.001) Average z = 7.67 (p << .001)		

Z test shows that all the item-to-item correlation coefficients are significant beyond .001 level of confidence. The z values were also average. Average of z values of SAS (5.285, df 85 p = .001) and of SCS (7.67, df 85 p <<.001) are also significant at a high level of confidence (p<.001).

Split-half method is also a method of estimating the reliability of a scale. In this method, the reliability coefficient of the whole scale is estimated from the reliability of the half scale. Correlation coefficients given in Table 1 were used for estimating the split half reliability. Taking the first half reliability of the SAS .71 the reliability of the whole social anxiety scale comes to .83 and taking the second half reliability .75 the reliability of the whole SAS comes to .86. The average of the split-half reliability of the whole SAS is .845 (p = .001).

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Taking the first half reliability of SCS .8, whole reliability of SCS comes to .89 and taking the second half reliability .85, the reliability of the whole SCS comes to .92. The average of the split-half reliability of the whole SCS is .905 ($p = .001$).

VALIDITY

Sample

40 University students took part in this study.

Material

Attempt was made to study the validity of Khalique, et al's (2003) social anxiety scale (SAS). To this end, social anxiety scale (SAS) Leary and Kowalski's (1993) interaction anxiousness scale (IAS) and Leary's (1983) brief version of fear of negative evaluation scale (FNE) were administered on subjects.

Procedure

In order to know the net nature and strength of the interrelationships of the scales, pearson r was computed.

Pearson r showed that interrelationships among these three variables are significantly positively related to each other. That is social anxiety (SA) and interaction anxiousness (IA) i.e., variables 1 and 2; social anxiety (SA) and fear of negative evaluation (FNE) i.e. variables 1 and 3 and IA and FNE i.e., variables 2 and 3 are significantly positively related to each other ($r_{1,2} = .69$, $df\ 38$, $p < .001$; $r_{1,3} = .61$, $df\ 38$, $p < .001$ and $r_{2,3} = .54$, $df\ 38$, $p = .001$ respectively). To confirm the interrelationships, t test as a measure of significance of pearson r was used which shows that $r_{1,2}$, $r_{1,3}$ and $r_{2,3}$ are significantly positively related to each other ($t=5.88$, $df38$, $p < .001$; $t=4.74$, $df38$, $p < .001$ and $t=3.95$, $df\ 38$, $p .001$ respectively).

Whenever, there are only two variables, the relationship between the two is simple and straightforward. But when there are more than two variables, the third variable may interfere with the nature or strength of the relationship between the two variables. As such, interference effect of the third variable should be avoided by the use of a statistical method of partial correlation.

Table II
Zero-order-correlations and first-order-partial correlations
between SAS, IAS and FNE (N = 40)

	Interaction Anxiousness Scale	Fear of Negative Evaluation
Social anxiety scale	.69	.61
	(.54)**	(.39)*
Interaction Anxiousness Scale	-	.54
		(.21)+

Zero-order correlations are given in diagonal order

First-order-partial correlations are given in parenthesis

** (F1,37 = 14.86, $p < .001$)

* (F1, 37 = 6.23, $p < .02$)

+ Insignificant

First-order-partial correlations were computed from zero-order-correlations (.69, .61 and .54). The first-order-partial correlations (.54, .39 and .21) are the net correlation coefficients among the three variables SA, IA and FNE. Analysis of variance (F) test confirmed the significantly positive correlation between SA and IA (.54) and SA and FNE (.39) ($F = 14.869$, df 1, 37, $p < .01$; $F = 6.236$, df 1, 37, $p < .02$ respectively). IA and FNE relationship (.21) could not reach the significance level, which is difficult to explain. From the viewpoint of validity study of SAS, all these may be summarized in the way that SA is convergently related to IA and FNE variables. Our finding supports the results reported by Khalique, et al (2003).

Table III
Zero-order correlations and first-order partial correlations between
SCS, and negatively worded items of IAS and FNE. The negatively
worded items were scored on a 5-point scale, in the direction of social
anxiety. N=40

	4 items of Interaction Anxiousness Scale	4 items of Fear of Negative Evaluation
Social Confidence Scale	-.77	-.71
	(-.56)**	(-.4)*
4 items of Interaction Anxiousness Scale	-	.68
		(.39)*

Zero-order correlations are given in diagonal order

First-order partial correlations are given in parenthesis

** (F 1,37 = 16.56, $p < .001$)

*(F 1, 37 = 7.04, $p < .02$; F 1, 37 = 6.34, $p < .02$)

Likewise, attempt was made to make a further study of validity of social confidence scale (SCS). The product moment correlation coefficients among the pairs i.e.; SC and IA and SC and FNE are significantly negative ($r = -.77$, $df\ 38$, $p < .001$, and $r = -.71$, $df\ 38$, $p < .001$ respectively). IA and FNE association is significantly positive ($r = .68$, $df\ 38$, $p < .001$). t test confirms the significance of the product moment correlation coefficients beyond the confidence level of .001.

First-order-partial correlations computed from zero-order-correlations $-.77$, $-.71$ and $.68$ were found to be $-.56$, $-.4$ and $.39$. The first-order-partial correlations are the net correlation coefficients among the three variables, (SC, IA and FNE).

Analysis of variance (F) test confirmed the significance of the negative correlations between SC and IA ($-.56$), SC and FNE ($-.4$) and of the positive correlation between IA and FNE ($.39$) (F = 16.556, $df\ 1,37$, $p < .001$; F = 7.047, $df\ 1,37$, $p < .02$ and F = 6.634, $df\ 1,37$, $p < .02$ respectively). From the viewpoint of validity of social confidence scale (SCS) all these may be interpreted to mean that SC is discriminatively related to IA and FNE variables. This finding supports the finding presented by Khalique, et al

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(2003). The significantly positive relationship between IA and FNE variables may comfortably be described as content validity of each other.

To conclude both the scales, SA and SCS, have high temporal stability ($r = .732$, $p < .001$, $r = .827$, $p < .001$ respectively) over a period of almost 12 days. The SAS has also high split-half reliability (.845, $p = .001$) and SCS has also high split-half reliability (.905 $p = .001$). As far as validity is concerned attempt was made to get the net correlation coefficients by the use of partial correlation method. SAS was found to be significantly positively related to IAS (.54, $F 14.869$, $p < .001$) and FNE (.39, $F 6.236$, $P = .02$) SCS was found to be significantly negatively related to IAS (-.56, $F 16.56$, $p < .001$) and FNE (-.4, $F 7.047$, $P < .02$).

The nature and strength of association of SA to IA and FNE and that of SC to IA and FNE reflect the convergent validity and discriminant validity of SA and SC respectively. In gist, both the scales are reliable and valid.

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**PERCEIVED GENDER ROLE DISCRIMINATION AND
DOMESTIC VIOLENCE OF AFGHAN WOMEN**

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ABSTRACT

The study was delimited to Afghan women's socialization, gender based relations, power structure with in the family, and the domestic violence among refugee women. Simple random technique of probability sampling was used to select 40 married Afghan women in shalman camp of refugees. Self-designed interview schedule was administered to determine, how Afghan refugee women are socialized and whether they are aware of their position. Further the impact of domestic violence upon these women was also explored. Frequency distribution and percentages were then calculated to analyze the data. The results indicate that majority of respondents perceived them selves as inferior by their male family members. Most of families did not recognize a women's right to choose her life partner. Domestic violence existed in majority of families and it had psychological as well as functional impact upon women.

INTRODUCTION

Violence against women is defined by the United Nations as "any act gender -based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life"(The Frontier Post, June 20,1999).

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Domestic violence is seen in all age, race, and socioeconomic brackets (Bauer et al, 2000). Heise et al.(1994) have divided violence against women into individual and societal forms. Individual violence against women is defined as any act of verbal or physical force, coercion, or life-threatening deprivation that causes physical or psychological harm, humiliation, or arbitrary deprivation of liberty, or that perpetuates female subordination. Examples include partner abuse, sexual assault (including marital rape), forced prostitution, forced noncompliance with contraception, female genital mutilation, and sexual slavery. Societal violence against women is defined as structural forms of discrimination or deprivation that effect women as a class. Examples include excess poverty, impaired access to employment or education, divorce restrictions, salary inequalities, political marginalization, and impaired access to reproductive health services.

Violence affects the lives of millions of women worldwide, in all socioeconomic and educational classes. It cuts across cultural and religious barriers, impeding the right of women to participate fully in society. 'It is only occasionally that some extreme cases of inhuman torture and cruelty hit the headlines. The large majority of them go un-addressed. Yet, it is estimated by some concerned organization focusing on this issue that domestic violence against women takes place in every third household.(Report of the commission of Inquiry for Women, Pakistan, August 1997)

A preliminary report in 1994 by the special reporter, Ms.Radhika Coomaraswamy, (cited in United Nation Department of Public Information, 1996) focused on three areas of concern where women are particularly vulnerable: in the family (including domestic violence, traditional practices, infanticide); in the community (including rape, sexual assault, commercialized violence such as trafficking in women, labour exploitation, female migrant workers etc.); and by the state (including violence against women in detention as well as violence against women in situation of armed conflict and against refugee women).

In order to describe the responses to battering that are needed it is necessary to briefly describe the nature and scope of the problem. Ganley (1981) describe four types of battering: 1) physical battering, including all aggressive acts done to the body of another; 2) sexual violence, including physical attacks on the sex organs of another or forced sexual activity; 3) psychological battering, which includes all forms of emotional abuse by a person who has committed at

least one act of physical battering; and 4) destruction of property and pets, which may be done for the purpose of controlling and threatening of another person. Battering occurs in all racial, economic and religious groups, and in rural, urban and suburban settings (Straus et al. 1980a). Battering occurs in marital, premarital and post marital relationships (Stark et al. 1981).

All forms of the Violence Against Women (VAW) are related to our social, cultural, economic, political and legal structures. In other words, they are reflection of our attitude and treatment toward women. It is certain that unless the male supremacy in every sphere of the society and the subordinate position of women are changed, we cannot end VAW in our society (Maslow, 1968). The overwhelming majority of the perpetrators are males and the victims are females (Dobash & Dobash, 1979). It has been asserted by some that victims of abuse are masochistic (Snell et al, 1964) and by others that victims are unable, because of the ways the women are socialized (Walker, 1979a).

The male dominated culture has defined what is and who what she should be. If being male is by definition superior, being female is by same definition, to be inferior. When the male has lost all other arguments, he can always resort to the argument, of his "manliness" (Bosmajian and Bosmajian, 1972).

It is believed that women are the most oppressed class all over the world and are being ignored even in their primary group where they born. They are mostly deprived of their basic right of education, health facilities and even job opportunities, in number of the areas. Bosmajian and Bosmajian (1972) found that much of the discrimination against women is institutionalized in religion government, the school, labour, and the courts. All have built with in them a structured sexism, one of the effects of which is a kind of vicious circle.

Simone de Beauvoir, the French sociologist, correctly reminds us that in all societies: it is a woman who has been subject and slave, man who has been ruler and master. Woman is vassal, receptacle utensils, and the nearest tool of man. She is conquered subdued, vanquished in sexual encounter as in life. Man takes, woman gives. Man acts, woman waits. Man is always the one, woman the other. Always destined to wander in the world of man and never in the world of her own (cited in Bosmajian and Bosmajian, 1972)

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One of the Mill's central assertions in *The Subjection of Women* was the "[women's] disabilities [in law] are only clung to in order to maintain their subordination in domestic life because the generality of the male sex can not yet tolerate the idea of living with an equal" (emphasis added). The public discrimination against women was a manifestation of a disorder rooted in family relationships (Shanley and Pateman, 1991).

Professor Hacker concludes her article with a section titled "The Marginal Woman", in which she says: "Arising out of the present contravention of the sexes is the marginal women, torn between rejection and acceptance of traditional roles and attributes. Uncertain of the ground on which she stands, subjected to conflicting cultural expectations, the marginal woman suffers the psychological ravages of instability, conflicts, self-hate, anxiety, and resentment"(cited in Bosmajian and Bosmajian, 1972).

Apart from the physical damage it may do, the constant humiliation, loss dignity, fear and sense of helplessness that a women undergoes has a severe psychological impact on her. It can cause extreme anxiety, nervousness, and lack of confidence, low self-esteem and depression. They may be chronically fatigued, but unable to sleep, or they may become isolated and withdrawn. Moreover, the lives of children can be profoundly damaged by being subjected to domestic abuse, leading to behavioral and emotional disorders. Studies have also indicated that violence in the family begets violence. Thus, males who come from homes where wife abuse has taken place are far more likely to repeat the pattern of violence with their own wives and thereby perpetuating the vicious circle of violence.(Report of the commission of Inquiry for Women, Pakistan, August 1997). Physical sequel of partner abuse include trauma, chronic pain, eating and sleeping disorders, sexually transmitted diseases, irritable bowel syndrome (Drossman et al, 1995). Early psychological sequel of rape include withdrawal, confusion, psychological numbing, and a sense of vulnerability/hopelessness/loss/betrayal, shock, denial, and distrust of others. Long-term psychological outcomes include depression, anxiety disorders, phobias, anorexia/bulimia, substance abuse, and post-traumatic stress disorder (Hampton, 1995).

Dominating male is a topic of discussion in majority of cultures. Number of debates, seminars and conferences are held to discuss the "why of Submissive female role". Why did women not take this same role? So we have to also analyze what is in us women-why do we accept things like this? We have

swallowed the whole way men look at things (Women and Religion- Debates on a Search, 1997). When both husband and wife or either have low power and status, for example, when the man is unemployed, rates of violence rise (Carlson, 1977; Straus et al., 1980b). When the wives have a higher education level or higher status jobs, they seem to have increased risks of violence (Tidmarsh, 1976). If men are not in the positions of power they have come to expect as their role in society, they may use violence as a way to achieve power, especially power over their spouses. The greater the husband's resources, the less likely he is to use physical violence (Allen & Straus, 1975). In a study of 150 individuals filing for divorce, violence was more prevalent among families where the husband was unable to maintain a superior status position (O'Brien, 1971).

There is some controversy, however, about whether the idea that men have "rights" over their wives serves to rationalize violence (Dobash & Dobash, 1977), or whether the threat or use of force serves as an "ultimate resource" men have to induce women to grant them more power (Allen & Straus, 1979; Goode, 1971).

The rights accorded to women by the faith, were unquestionably of a revolutionary character when they are judged in the light of the despicable conditions in which women had been living for centuries. The tragedy of the Muslims lands is that under a variety of social pressures, or due to numerous economic reasons, for centuries the Muslims denied their womenfolk their fundamental rights, which had been conferred upon them by religion in such lucid terms. The tragedy was magnified manifold by the catastrophic closures of the doors of *ijtihad*. After this the entire Islamic ideology was frozen. It lost its pristine dynamism, and stagnated for centuries. Local customs and practices borrowed from other religious systems made women an economic and social nonentity. For instance, the consent of a woman is a requirement for the marriage contract in Islam; but it had been often observed that child marriage has been a common feature of many Muslim societies for centuries (Ali, 1979).

For women's own good, man makes all the basic decisions, which determine her 'status' in the society. Demanding from her an intense and unquestioning loyalty, he defines her role in a variety of activities. The decisions about getting married, receiving proper education, securing gainful employment, receiving proper health care and migrating are all made for her, and not by her, in a world that man has created in his own image. (Shah, 1986).

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As in the United States, women in the developing world suffer verbal, emotional, physical, and sexual abuse. Worldwide, at least one woman in three has been beaten, forced into sex, or otherwise abused in her lifetime. In countries such as Bangladesh, Cambodia, Mexico, and Zimbabwe, many see wife beating as justified. In rural Egypt, up to 81% of women say that wife beating is justified under certain circumstances (Heise et al, 1994).

Rasekh et al (1998), reports that in Afghanistan, there is Gender-based violence, denial of access to education and health care, and limited opportunities for employment. Female employment rates decreased from 62% to 12%. Afghanistan's maternal mortality rate is the world's highest, and is likely to increase, at least in the short term, as a consequence of the current war. Afghanistan ranks lowest on the United Nations' Development and Gender--Disparity Indices.

Most of the, approximately one million Afghan refugees living in Pakistan are located in the border areas of North West Frontier Province and Baluchistan. Pakistan has first-hand experience in dealing with refugees. During Afghan crisis millions poured into Pakistan and Iran (The World Today, 1999). The issue of seeking asylum from persecution, civil strife's and disaster has become very acute all over the world, particularly in Pakistan, which is hosting over two million Afghan refugees (Dawn,2001).

The purpose of this research was to explore the perception of Afghan women, who are living in Shalman Camp for Refugees, regarding their socialization, gender based relations, power structure within the family, domestic violence and its psychological and functional effects.

METHOD

Sample

The sample of present study consisted of 40 married Afghan women selected by Simple random technique of probability sampling from shalman camp of refugees. Only those women who have the history of violence from any male family member were included in the sample.

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Instrument

Self-designed interview schedule was developed. The interview schedule was divided into two parts; the first part focused on descriptive questions about Demographic information, family system, awareness of women about misinterpretation of religious education, gender based relations, power structure within the family, and the amount of violent acts. The second part included background information, specifics about their home situation, questions about women's socialization, and the perceived psychological and functional impact of domestic violence upon Afghan women.

Procedure

With the consent of authorities of the shalman camp of refugees the researcher interviewed some respondents before collecting data in the field. This pre-testing of the effectiveness of the interview schedule helped remove some confusion and add some changes before it was actually applied in the field. The interview was conducted in the language in which the respondents were feeling convenient to express, to control the effect of any type of errors. Majority of the respondents used their own mother language.

Statistics

Frequency distribution and percentages methods of descriptive statistics were applied.

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RESULTS

Table I
Income-wise level of Education of Respondents

Monthly income	Frequency distribution	%age	Level of Education						
			a	b	c	d	e	f	g
Rs.500-1500	13	32.5	--	--	--	--	--	--	13
Rs.1500-2000	18	45	3	--	--	--	--	--	15
Rs.2000-3000	9	22.5	1	--	--	--	--	--	8
Total	40	100	4	--	--	--	--	--	36

Denotations:

- a. Primary
- b. Middle
- c. S.S.C
- d. F.A/F.Sc
- e. B.A/B.Sc
- f. M.A/M.Sc
- g. Illiterate

Table II
Headship in the family of Respondents

Head of the family	Frequency distribution	Percentage
Mother	3	7.5
Father	15	37.5
Brother	1	2.5
Husband	20	50
Any other	1	2.5
Total	40	100

Table III
Accepting the decision of Family

Arguments given	Frequency distribution	%age	No other alternative		
		Yes	%age	No	%age
Yes	7	17.5	--	--	--
No	33	82.5	33	100	--
Total	40	100	33	100	--

Table IV
Gender wise Inferiority Complex among Respondents

Thinking women as inferior		If yes, your reaction		Reasons if agreed with D I				Opinion if agreed with D II	
yes	No	Agreed	Disagreed	a	b	c	d	a	b
37	3	35	2	15	2	18	--	10	25

Denotations I:

- a. Society says so
- b. Religion advocates this idea
- c. Harsh attitude of male members
- d. Any other

Denotations II:

- a. They are also right
- b. They are absolutely wrong

Table V

Discrimination in Celebration of birth on sex basis and opinion about this

Birth Celebration	Frequency distribution	%age	If yes, is it just:		Is women's Inferiority a reason for yes	
			Yes	No	Yes	No
Yes	38	95	36	2	36	--
No	2	5	--	--	--	--
Total	40	100	36	2	36	--

Table VI
Misinterpretation of Religion and Awareness of Women about it

Misinterpreted Religious Education	Frequency distribut- ion	% age	Types of Teaching								Belief in these Teachings	
			a		b		c		d			
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Yes	38	95	--	--	--	--	--	--	--	--	36	2
No	2	5	--	--	--	--	--	--	--	--	2	--
Total	40	100	100	39	1	37	3	35	5	36	36	2

Denotations:

- Religion does not permit women to go outside their homes.
- Religion advocates that women are inferior to men.
- Religion teaches that women should always submit to their husbands.
- Religion advocates that only religious education is enough for women.

Table VII
Gender based Discrimination in the provision of Education

Discrimination in Education	Frequency distribution	% age	If yes, reason			
			a	b	c	d
Yes	37	92.5	28	2	4	3
No	3	7.5	--	--	--	--
Total	40	100.	28	2	4	3

Denotations:

- Cultural sanctions
- She is a guest at her parent's home
- Religion forbids women's education
- Any other

Table VIII

Achievement of girls consent before her Marriage

Age at marriage	Frequency distribution	%age	Consent at Marriage				If yes, is Importance given	
			Yes	%age	No	%age	Yes	No
Before 20 years	35	87	5	14.5	30	85.7	1	4
Between 20 to 30 years	5	12.5	3	60	2	40	1	2
After 30 years	--	--	--	--	--	--	--	-
Total	40	100	8	74.2	32	26.66	2	6

Table IX

Opinion about sex-based Nutritional needs

Boys have more Nutritional needs	Frequency distribution	%age
Yes	25	62.5
No	15	37.5
Total	40	100

Table X
Opinion about Enduring Sufferings in relation to Domestic Violence

Existence of domestic violence	Frequency distribution	%age	Opinion about enduring				If yes, reason				
			Yes	%age	no	%age	a	b	c	d	e
Yes	34	85	30	88.2	4	11.8	1	1	--	26	2
No	6	15	2	33.3	4	66.7	1	--	--	1	-
Total	40	100	32		8		2	1	--	27	2

Denotations:

- a. because it is a routine matter
- b. this is something religion asks for
- c. such is the part of life
- d. they are obliged to
- e. any other

Table XI
Violence against Women inside their Homes and its Effects

Violence against Women	Frequency distribution	%age	Effects of Violence					
			a	b	c	d	e	f
Yes	34	85	12	5	3	8	2	4
No	6	15	--	--	--	--	--	--
Total	40	100	25	2	1	6	--	--

Denotations:

- a. it generates a state of fear
- b. you loose your self confidence and feel worthless
- c. it generates feeling of helplessness and hopelessness
- d. depression
- e. suicidal thoughts
- f. anxiety

Table XII
Violence Against Women inside their homes and its Functional Effects

Violence against women	Frequency distribution	%age	Functional Effects of Violence					
			a	b	c	d	e	f
Yes	34	85	11	5	10	2	5	1
No	6	15	--	--	--	--	--	--
Total	40	100	25	2	1	6	--	--

Denotations:

- a. Headaches
- b. Gynecological pains
- c. Insomnia
- d. Lack of appetite
- e. Exhaustion
- f. Self inflicted wounds

DISCUSSION

Violence against women and girls is a major health and human rights issue. At least one in five of the world's female population has been physically or sexually abused by a man or men at some time in the life. Many, including pregnant women and young girls, are subject to severe sustained or repeated attacks. Worldwide, it has been estimated that a violence against women is as serious a cause of death and incapacity among women of reproductive age. It is considered as a greater cause of ill health than traffic accidents and malaria. The abuse of women is effectively condoned in almost every society of the world. Prosecution and conviction of men who beat or rape a women or girls in rare when compared to the number of assaults. Violence, therefore, operates as a means to maintain and reinforce women's subordination. Violence against women and girls increase their risk of poor health. A growing number of studies exploring violence and health consistently report negative effects (The Frontier Post, June 20, 1999).

In the developing world, there is a large gender gap in access to primary and secondary education (cited in Martin, 2002) and data from several sources also suggest that family violence is more prevalent in lower income Families (Moore, 1997). Table I supports the previous findings, 4 (10%) out of 40

respondents were literate, while the rest i.e., 36 (90%) were illiterate. The income wise level of education was 13 (32.5%) respondents who were in income group of Rs.500-1500, were illiterate. 18 (45%) respondents belonged to income group of Rs.1500-2000 and out of this 3 were literate having primary education, and 15 were illiterate. 9 (22.5%) respondents were in income group of 2000-3000 and out of this there was one literate respondent in category of primary, and 8 were illiterate.

Table II shows that 3 (7.5%) respondents had mothers as head of their families. 15 (37.5%) respondents had fathers as head of their families. one (2.5%) respondent had brother as head of the family 20 (50%) respondents were having husbands as heads of their families and 1 (2.5%) had father in-law as head of their family. In Afghanistan the conservative system of male headship is prevailing in every area of life. Therefore women who show some resistance to follow the way that their men decide always face negative consequences. Men who are more traditional than women in their attitudes toward women's roles are potentially at high risk; these men measure a woman's feelings for them by how well she meets the sex-role expectations they have defined (Dickstein and Nadelson, 1989).

Out of 40 respondents, 7 (17.5%) accepted family decisions because of arguments and rationalization offered by the decision-makers, while 33(82.5%) accepted the decisions because they had no other alternative (table III). On the other hand there is no sign of resistance from the battered because they don't have the alternative solution of the problem, as the abuser's responsibility for the violent act, combined perhaps with a sense of repugnance and an identification with the victim, can lead to the trap of a punitive, controlling response to the abuser and an attempt to rescue the victim. Certainly, control of the violence is necessary; but if, as Minuchin (1984) suggests most domestic violence is the product of a sense of powerlessness, then punishment and the deprivation of power will only make matters worse.

In marital violence there is often a status inequality in the women's favor, which is resented by the husband (Hornung, et al., 1981). Other two reasons are that several studies have found that "the probability of staying in. . . . Violent relationships was highest for women whose husbands were the sole breadwinners" (Barnett et al. 1997). Barbara Hart from the National Coalition Against Domestic Violence reports, "women who leave their batterers are at a 75 % greater risks of being killed by the batterers than those who stay" (Myths and Facts", 1997).

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Physical violence is virtually always accompanied by verbal abuse. Batterers tell their victims that they are ugly, stupid, poor wives, poor mothers, and poor lovers, and that all of these shortcomings make them deserving of abuse. Most battered women feel partly responsible for the abuse, especially early in the relationship.

Table IV indicates that 37 respondents were considered inferior by their male family members and out of them 35 agreed with this sort of thinking while 2 did not agree without of those 35 respondents, who agreed with, 15 attributed the reason of their agreement to the fact that society says so, 2 to the fact that religion advocates this idea, while 18 to the harsh attitude of male members. Out of 35 respondents who agreed with their assumed inferior status 10 had positive opinion about the women not considering them as inferior to men while 25 were of the view that those women were absolutely wrong. Self-blaming is an other cause that induces feeling of worthlessness and helplessness in women. Barnett and associates (1996) found that 53 percent of battered women still involved with their abusers blamed themselves for causing the violence. Counselors working with these women often become frustrated and angry at their passivity, failure to follow through on suggestions, and the frequency with which they return to abusive situation (Federal Bureau of Investigation, 1972,1974; Hilberman and Munson, 1977-78; Walker, 1977-78, 1979a). Attempts to rescue victims and over identification with the helplessness and dependency may support and reinforce abusive behavior and prevent these women from acting on their own behalf (Ball and Wyman, 1977-78; Ridington, 1977-78).

In families of 38 (95%) respondents the birth of the male child was celebrated more enthusiastically than the birth of female child. Out of these 38 respondents 36 thought this phenomenon as just while 2 did not think so. Out of those 36 respondents who thought it just 36 attributed the cause of such thinking to the women's inferior status. Out of families of 40 respondents, 2(5%) did not celebrated birth of a male child more enthusiastically than birth of a female child (table V). 39 of respondents were taught that religion does not permit women to go out side their homes, while one was not taught so. 37 were taught that religion advocates that women are inferior to men, while 3(28.33%) were not taught so. 35 received the teaching that religion teaches that women should always submit to their husbands, while 5 did not get such teaching. 36 were taught that religion advocates that only religious education is enough for women, while 4 did not receive such teaching (table VI). Overall 38(95%) respondents got one and / or another type of teachings, while 2(5%) did not get any type of such teaching. Out

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of 38 respondents to whom such teachings were given, believed in those teachings while 2 did not. In most of the developing countries the conservatives support the patriarchal system to misinterpret the religious teachings. Adams and McCormick (1982) state that in order for a man to be violent, this belief system must include, 1) a belief in violence as a legitimate way of solving problems and 2) a belief that it is okay for men to control women. Table VII elaborated that in the families of 37 (92.2%) respondents there existed discrimination in the provision of education to male and female children while in families of 3(7.2%) respondents this was not the case. 28 out of 37 respondents in those families this discrimination existed, attributed its reasons to cultural sanctions, 2 believed that this discrimination was because of the fact that a girl was guest at her parent's home, 4 believed that religion forbids women's education and 3 believed that *pardah* was responsible for this discrimination. The results of (table V, VI & VII) confirm about the common thinking pattern and the socialization process that supports male dominant role in Afghanistan. Eitzen (1982) states that sexism, like racism, has three different but interlocking dimensions: violence, discrimination, and prejudice. Every form of oppression needs a supportive ideology. Once a class of people is devaluated, it is easier to justify abusing and discriminating against them.

In 35(87.5%) families in which age at marriage was before 20 years, 30(85.5%) respondents reported that in their families the consent of girl was not taken before her marriage, while 5(14.2%) reported that this did happen in their families and out of these 5 families in one family the importance was given to girl's consent and 4 families did not give importance to that. In 5(12.5%) families in which age of girls at marriage was between 20 to 30 years, 2(40%) gave the response that the girl's consent was not taken before her marriage while 3 (60%) reported that it was taken in their families and out of these 3 families in one family importance was given to girl's consent and 2 families did not give importance to it (table VIII). We have already discussed that the Participation of women in family decisions or personal decisions are not accepted in any type of patriarchal system. In our opinion the battered (women) are responsible to support these types of practices in any society. As Caemen and Rieker (1984) note that "victims blame themselves as they come to believe that the abuse can only be explained by their essential badness". They suggest that abused patients accept the reality of their abusers, who believe that the victims are bad and deserve the abuse. Thus the victims come to expect abuse from many interpersonal relationships. Jacobson (1998) found that one of the strongest factors keeping battered women in abusive relationships was the hope that their

husbands would change. Abusive men tend to be extremely jealous, insecure, and emotionally dependent on their partners (Barnett et al. 1997).

Out of 40 respondents 25 (62.5%) thought that boys have more nutritional needs than girls, while 15(37.5%) disagreed (table IX). Every society has its own traditions and values. These traditions are reflective of the society's history and geographical location. Countries like Afghanistan are still following old customs where the man always possesses a symbol of strength. He is the one responsible of protecting his females and children from all the hardships of life. The societies that encourage male domination provide males with a chance to exploit women to their own advantage. As a result the needs of women both (physical and psychological) are almost always over looked.

The most enduring psychological legacy of chronic abuse is a disordered and fragmented identity. This is observed clinically in the form of low-self esteem and self-hatred, affective instability, poor control of aggressive impulsive, and disturbed relationships with inability to trust and to behave in self-protective ways, (Caemen and Rieker 1986). Out of 34 respondents in whose families domestic violence existed 30(88.2%)were of the view that women should endure their sufferings while 4(11.8%) did not think so. Out of 6 respondents in whose families' domestic violence did not exist, 2(33.3%) were of the view that women should endure their suffering while 4(66.7%) did not think so. Out of total 32 (80%) respondents who thought that women should endure their sufferings 2 attributed its reason to the fact that it was a routine matter, one said that this was something religion asked for, 27 believed that women were obliged to endure their sufferings and 2 attributed its reason to the survival of family (table X).

Table XI and table XII explained the Psychological and functional effects of violence respectively. In 34 (85%) respondents' families violence against women existed, while it did not exist in the families of 6 (15%) respondents. Out of those 34 respondents in whose family violence against women existed 12 stated that violence generated a state of fear, 5 told that they lose their self confidence and felt worthless, among 3 it generated feelings of helplessness and hopelessness, in 8 respondents violence generated depression, 2 victims had aroused suicidal thoughts and among 4 it generated anxiety disorders. 11 out of 34 victims of violence had complaints of headaches, 5 had gynaecological pains, 10 had sleeping disorders, 2 had poor appetite, 5 felt exhaustion and 1 had self inflicted wound. Dewsbury (1975); Hilberman and Munson, (1977-78) reported that frequently among battered, there were somatic

symptoms reported such as headaches, asthma, gastrointestinal symptoms, and chronic pain. More than half of these women had prior psychiatric histories. Depression was the most frequent diagnosis. They had often sought medical help and many had been treated for drug overdoses and suicide attempts. Although they had multiple medical contacts over many years, they did not tell their physicians of the abuse, nor were they asked.

Violence against women in the family occurs in developed and developing countries alike. Physical, sexual and Psychological violence that occurs in the family, including battering; sexual abuse of female children in the household; dowry-related violence; marital rape; and other traditional practices harmful to women; non-spousal violence; and violence related to exploitation. Any act of gender based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. In addition to Physical injuries, victims of wife rape suffer from guilt, low self esteem, and psychological trauma (Davidson, 1978; Finkelhor and Yllo, 1985; Frieze, 1983; Russell, 1982).

In many countries especially the countries of third world women have a low status. They are considered as inferior and there is a strong belief that men are superior to them and even own them. "Male chauvinism" this means the attitude that women are the passive and inferior servants of society and of man. From the very beginning the notion of his inherent superiority to a girl is created in the mind of the boy and grows with his growth and strengthens with his strength; it is inoculated by one school boy upon another; the youth start thinking himself superior to his mother, owing her perhaps forbearance, but no real respect; he starts feeling a sense of sultan- like superiority, above all, over the woman who he admits as his life partner. Myers (1983), believes that abusive men suffer from chronic fears of abandonment and often feel " narcissistic injury" when their partners fail to take care of them in expected ways.

There are, of course, a number of important economic and social reasons why women do not break relationships with abusive partners, including lack of money and accommodation, doubts about their own ability to survive independently, and fear of social stigma. Another important factor, though, is a belief that their spouse will reform (Gelles and Cornell, 1985). This last reason can be seen as part of the cycle of violence first described by Walker (1979b) and elaborated by Deschner (1984) in seven stages: mutual dependency; the anxious

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event; coercions exchanged; the 'last straw' decision; primitive rage; reinforcement of battering; and the repentance phase.

All the selfish propensities, the self worship, the unjust self preference, which exist among humankind, have their source and root in, and derive their principal nourishment from the present constitution of the power relation between women and men.

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APPENDIX

Interview Schedule

I would like to ask you some general questions about yourself and your family members. All this information would be kept confidential. You are requested to give correct information.

1. Name: _____
2. Age: _____
3. Education:
 - a. Primary
 - b. Middle
 - c. S.S.C.
 - d. F.A/F.Sc
 - e. B.A/B.Sc
 - f. M.A/M.Sc.
 - g. Illiterate
 - h. Any other
4. Marital Status:
 - a. Single
 - b. Married
 - c. Widowed
 - d. Divorced
 - e. Seprated
5. Monthly Income of your family = Rupees _____
6. Who is the head of your family?
 - a. Mother
 - b. Father
 - c. Brother
 - d. Any other
7. Do you have any say in taking decisions about the matters related to you?
 - a. Yes
 - b. No

If 'No' are you satisfied with the situation?

 - a. Yes
 - b. No

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8. In case you do agree with the decisions taking place in the family, either is this because you accept the arguments and rationalization offered by decision-makers or keeping in view the community interests?
- a. Yes
 - b. No
- If 'No' then is it because you have no other alternative?
- a. Yes
 - b. No
9. Do the male members of your family think of you as inferior to them?
- a. Yes
 - b. No
- If 'Yes' what is your reaction:
- a. You agree with
 - b. You do not agree with
10. If you agree with, then what reasons would you suggest?
- a. Society says so
 - b. Religion advocates this idea
 - c. Harsh attitude of male members
 - d. Any other
11. In case you do agree with, what is your opinion about those women who do not consider them as inferior to men?
- a. They are also right
 - b. They are absolutely wrong
12. Is the birth of a male child celebrated more enthusiastically than the birth of female child in your family?
- a. Yes
 - b. No

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13. What do you think, Should women submit to the wishes of their husbands and other male family members against their will?

- a. Yes
- b. No

14. Do you think that women should endure their sufferings?

- a. Yes
- b. No

If 'Yes' why?

- a. Because it is a routine matter
- b. This is some thing religion asks for
- c. Such is the part of life
- d. They are obliged to
- e. Any other

15. Is there any discrimination in the provision of education to male and female children in your family?

- a. Yes
- b. No

If 'Yes' what is the main factor responsible for this discrimination?

- a. Cultural sanctions
- b. She is a guest at her parents home
- c. Religion forbids women's education
- d. Any other

16. Do the female members in your family get married at?

- a. Before 20 years of age
- b. Between 20 to 30 years
- c. After 30 years

17. In your family is the girls consent taken before her marriage?

- a. Yes
- b. No

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If 'Yes' is any importance given to it?

- a. Yes
- b. No

18. Do you think that boys have more nutritional needs than girls?

- a. Yes
- b. No

19. Are you taught that:

i) Religion does not permit women to go outside their homes?

- a. Yes
- b. No

ii) Religion advocates that women are inferior to men?

- a. Yes
- b. No

iii) Religion teaches that women should always submit to their husbands?

- a. Yes
- b. No

iv) Religion teaches that only religious education is enough for women in Islam?

- a. Yes
- b. No

In case of 'Yes' (for all or any) do you believe so?

- a. Yes
- b. No

20. Does violence against women exist in your family?

- a. Yes
- b. No

If 'Yes' what is its effect?

- a. It generates a state of fear
- b. You loose your self confidence and feel worthless

- c. It generate feeling of helplessness and hopelessness
 - d. Depression
 - e. Suicidal thoughts
 - f. Anxiety
21. Do you have physical complaint at the time which has either no physical reason for the pain or dysfunction or where pain is more severe than usual for the condition?
- a. Yes
 - b. No
- If 'Yes' what are those functional complaints?
- a. Headaches
 - b. Gynecological Pains
 - c. Insomnia
 - d. Lack of appetite
 - e. Exhaustion
 - f. Self inflicted wounds

**EMOTIONAL INTELLIGENCE: A COMPARATIVE STUDY
OF MEDICAL AND COMPUTER SCIENCE STUDENTS**

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ABSTRACT

The present study investigates the emotional intelligence of medical and computer science students. Ninety-eight students consisting 50 medical and 48 computer science students (50 male and 48 female), age ranging from 19-25 years, were selected randomly from Sindh Medical College, Dow Medical College and Computer Science Department of Karachi University. Emotional intelligence test (Goleman, 1998) was used in order to obtain the responses. For quantitative analysis, t- test was applied. Findings suggest insignificant difference between medical and computer science students, on emotional intelligence. Results have been discussed with reference to emotional intelligence and its role relevant to the adjustment of a person.

INTRODUCTION

Our perception of the relationship between thought and emotions turns out to be somewhat misguided. Majority of us subscribe to the idea that thought is most appropriate when not clouded by emotions. And, sure enough, strong emotions make it difficult to think straight. Rationalists have even made the elimination of emotion from thought their credo. Yet, clinical experiments show

that thought devoid of emotions renders satisfactory decision-making impossible. The problem is not with emotions as such, but with the appropriateness of emotion and its expression. The task is not so much to suppress emotions - every feeling has its value and significance - but to strike a balance between rational thought and emotions. One of the keys to sound decision-making is a greater awareness of our emotions and those of others. Emotions are not just present when we fly off the handle or jump for joy, but are omnipresent in the most subtle ways in all our acts. (McCluskey, 1997).

The concept of "emotional intelligence" is an umbrella term that captures a broad collection of individual skills and dispositions, usually referred to as soft skills or inter and intra-personal skills, that are outside the traditional areas of specific knowledge, general intelligence, and technical or professional skills. Most of the authors on the topic note that in order to be a well adjusted, fully functioning member of society (or family member, spouse, employee etc.), one must possess both traditional intelligence (IQ) and emotional intelligence (dubbed EQ). Emotional intelligence involves being aware of emotions and how they can affect and interact with traditional intelligence (e.g., impair or enhance judgment, etc.). This view fits well with the commonly held notion that it takes more than just brains to succeed in life - one must also be able to develop and maintain healthy interpersonal relationships. (Kierstead, 1999).

According to Salovey and Mayer(1993), "Emotional Intelligence allows us to think more creatively and to use our emotions to solve problems". Emotional Intelligence probably overlaps to some extent with general intelligence. The emotionally intelligent person is skilled in four areas: Identifying emotions, using emotions, understanding emotions, and regulating emotions. Salovey and Mayer further described emotional intelligence as "a form of social intelligence that involves the ability to monitor one's own and others' feelings and emotions, to discriminate among them, and to use this information to guide one's thinking and action".

Goleman (1995) takes a somewhat broader position in describing emotional intelligence. In his writings, emotional intelligence consists of five factors: Knowing one's emotions, managing emotions, motivating oneself, recognizing emotions in others, and handling relationships.

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Bar-On (1997), defines Emotional Intelligence as, "Emotional intelligence is an array of non- cognitive capabilities, competencies, and skills that influence one's ability to succeed in coping with environmental demands and pressure".

Another useful definition comes from Q-Metrics, the creators of the EQ Map (Orioli, Jones, & Trocki, 1999). Emotional intelligence is defined as "the ability to sense, understand, and effectively apply the power and acumen of emotions as a source of human energy, information, trust, creativity and influence." One key insight from this model is that having a capacity or skill is not enough to create real-world results.

According to Salovey and Mayer (1990), emotional intelligence subsume inter- and intrapersonal intelligences, and involves abilities that may be categorized into five domains:

Self-awareness: Observing yourself and recognizing a feeling as it happens.

Managing emotions: Handling feelings so that they are appropriate; realizing what is behind a feeling finding ways to handle fears and anxieties, anger and sadness.

Motivation oneself: Channeling emotions in the service of a goal; emotional self-control; delaying gratification and stifling impulses.

Empathy: Sensitivity to others' feelings and concerns and taking their perspective; appreciating the differences in how people feel about things.

Handling relationships: Managing emotions in other; social competence and social skills.

In a study, Salovey, et al (1995) found that when a group of people saw an upsetting film, those who scored high on emotional clarity (which is the ability to identify and give a name to a mood that is being experienced) recovered more quickly.

Other research in brain-based learning (Goleman, 1995) suggests that emotional health is fundamental to effective learning. According to a report from the National Center for Clinical Infant Programs, the most critical element for a student's success in school is an understanding of how to learn. The key ingredients for this understanding are: Confidence, Curiosity, Intentionality,

Self-control, Relatedness, Capacity to communicate, Ability to cooperate. These traits are all aspects of Emotional Intelligence.

There is a great interest in Emotional Intelligence on the part of corporations, universities, and schools nationwide. The idea of Emotional Intelligence has inspired research and curriculum development throughout these facilities. Researchers have concluded that people who manage their own feelings well and deal effectively with others are more likely to live content lives. Additionally, happy people are more apt to retain information and do so more effectively than dissatisfied people.

Basically, a student who learns to learn is much more apt to succeed. But at present, the emotional education of children is left to chance. Scientific research, in particular on how the brain works, indicates that the formation of emotional skills is much easier in the "formative" years from birth to the late teens. Looking at existing structures, school is the major activity in that age group. However, emotions rarely have a place in schools because teachers pay less focus on emotions and give more attention to academic achievement. In school settings only academic achievement is reinforced and appreciated. Academic achievement offers no preparation for the emotional turmoil of life. Many children do not have the ability to handle mathematic calculations or remembering history but they can understand the emotional situation properly. This ability of children gets no appreciation from teachers and parents, and as a result, emotionally gifted children leave school feeling like a failure because they couldn't excel in language or arithmetic.

In the famous "marshmallow studies" at Stanford University, preschool kids were brought in one by one to a room and had a marshmallow put in front of them. They were told they could eat the marshmallow now, but if they delayed eating it until the researcher came back from running an errand, they could have two marshmallows. About one-third of them grabbed the single marshmallow right away while some waited a little longer, and about one-third were able to wait 15 or 20 minutes for the researcher to return (Goleman, 1995).

When the researchers tracked down the children 14 years later, they found this test was an amazing predictor of how they did in school. The kids who waited were more emotionally stable, better liked by their teachers and their peers, and still able to delay gratification in pursuit of their goals. The ones who

grabbed were emotionally unstable, they fell apart under stress, they were more irritable, more likely to pick fights, not as well liked, and still not able to delay gratification. But the most powerful finding was that the ones who waited scored an average of 210 points higher on the SAT.

Emotional intelligence training given by parents and teachers can help people to deal with the emotional elements of their being. There is evidence that people who have mastered the art of their emotional reactions; combined with the ability to be sensitive to others emotions are more successful in work and life. Evidences also support that emotionally intelligent people create healthier and more profitable work environments. Sometimes that's the only difference between a high stress work place and a fun and exciting place to be. Rosenthal (1977) at Harvard discovered over two decades ago that people who were best at identifying other's emotions were more successful in their work as well as in their social lives.

Emotional intelligence has as much to do with knowing when and how to express emotion as it does with controlling it. For instance, consider an experiment that was done at Yale University by Barsade (1998). He had a group of volunteers play the role of managers who come together in a group to allocate bonuses to their subordinates. A trained actor was planted among them. The actor always spoke first. In some groups the actor projected cheerful enthusiasm, in others relaxed warmth, in others depressed sluggishness, and in still others hostile irritability. The results indicated that the actor was able to infect the group with his emotion, and good feelings led to improved cooperation, fairness, and overall group performance. In fact, objective measures indicated that the cheerful groups were better able to distribute the money fairly and in a way that helped the organization.

Self-study, through observation and journal writing, helps students and people evaluate their current behavior and suggest ways to improve. Some of the benefits of emotional intelligence include a high self-awareness, learn management of emotions, self-motivation, learning new communication skills, developing interpersonal expertise, helping others help themselves.

The present study was designed to explore patterns of responses on E-I questionnaire of medical and computer science students.

METHOD

Sample

Ninety eight (98) students consisting 50 medical and 48 computer science students (including 25 male and 25 female in Medical group, 24 male and 24 female in computer Science group), age ranging from 19-25 years , were selected randomly from final year students of Sindh Medical College, Dow Medical College and Computer Science Department of Karachi University.

Material

The Emotional Intelligence Test (Goleman, 1998) contains two sections each section has 20 items, and evaluates several aspects of emotional intelligence such as emotional insight into self, goal orientation and motivation, emotional expression and social insight and empathy. For each item the respondent is required to generate a single response on 5 point rating scale.

Procedure

The sample was randomly selected from Sindh Medical College, Dow Medical College and Computer Science Department of Karachi University. They were instructed to read the questions carefully and rate the most appropriate option on five point rating scale. There was no right or wrong responses and no time limit. They were required to mark whatever is most suitable for them. They were told that there are no right or wrong answers. They were also assured of the confidentiality of their responses.

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RESULTS

Table I
t test Showing mean difference in the EI scores of Medical and Computer Science students

GP	N	Mean	S.D.	t
1. Medical Students	50	124.52	14.19	
				-.626
2. Computer Science Students	48	126.47	16.71	

P>.05 df = 96

Table II
t test showing mean difference in EI Scores of male and female Medical Students

		N	Mean	S.D.	t
	Male	25	125.2800	13.0145	
Medical Students					.375
	Female	25	123.760	15.5088	

P>.05 df 48

Table III

t test Showing difference in the E I Scores of male and female
Computer science students

	N	Mean	S.D.	t
Computer Science Students – Male	23	124.5200	14.1900	
				.317
Computer Science Students - Female	25	126.4792	16.7141	

P>.05 df 46

DISCUSSION

Although the t value for both the groups is insignificant (Table, I), but the students of computer science scored relatively high ($X = 126.47$) on emotional intelligence test as compared to medical students ($X = 124.52$). There is no significant gender differences as well between the groups (Tables II and III).

The emotional intelligence is somewhat inborn as well as learnt from the initial social environment. Parents and teachers play an important role in developing the emotional intelligence in their children. Scientific research of Goleman (1998) on "how the brain works", indicates that the formation of emotional skills is much easier in the formative years from birth to the late teens.

Another important factor might be that the schools are the first place a child goes to learn where almost all efforts are focused on cognitive skills like reading, writing, mathematics etc. Schools have historically concentrated on student's cognitive abilities rather than developing children emotionally smart which is just as vital as academic achievements. It includes knowing what your feelings are and using your feelings to make good decisions in life. It's being able to manage distressing moods well and control impulses. It's being motivated and

remaining hopeful and optimistic when you have setbacks in working toward goals. It's empathy; knowing what the people around you are feeling. And it's social skill—getting along well with other people, managing emotions in relationships, being able to persuade or lead others. However these concepts are not given importance in school.

Emotional intelligence as an important aspect of personality may be inborn as well as learnt from the initial social environment and parents can play an important role in developing emotional intelligence in their children. However owing to the present life styles there may be less interpersonal contacts available for children. They spent more time in front of computers or televisions and get less opportunities to involve in play with age mates, hence there are reduced opportunities for interpersonal interactions leading to poor understanding of emotions and use of logic and intellect in social situations

Organizational point of view, have shown that some jobs donot require a great deal of emotional intelligence. These careers focus mainly on tasks, which can be accomplished individually or by working with others in fixed, set or structured ways. That is not to say that if one has a high level of emotional intelligence that he/she won't succeed in these careers. Emotional intelligence may be just the thing that sets you apart from your colleagues and leads you to success in the work place (Kierstead, 1999).

Emotional intelligence plays a crucial role in the world of business, where high emotional intelligence may be a better predictor of career success than high academic intelligence (Baron, 1997: Sternberg,1995). Some jobs involve working in informal teams, or require empathizing with and understanding others without high level of emotional intelligence. One may find these careers to be difficult or perhaps less satisfying. In Pakistan specifically the only requirement in any career institution is academic qualification rather than examining any of their personality characteristics. Goleman (1996) have found that Asians comparatively have less emotional intelligence. In Asians good grades are stressed. It seems that Asian parents may have always wished the best for their children by reinforcing that good grades will earn a good job, it seems that Asian parents do not even think about the emotional factors that go into play with all the pressure to succeed in their eyes.

Steven and Stein (2002) found that physicians are most likely to get into trouble in the areas of empathy and communication skills, which are important aspect of emotional intelligence. The less successful physicians don't take enough time to build rapport with their patients. Videotaped doctor-patient interactions show that rapport can effectively be established in about three minutes. But amazingly, many of the doctors he surveyed thought that was too much time to spend on building rapport. The research findings came from a survey of 350 emergency medicine consultants from across the UK. Almost 45% scored highly for stress compared with scores of between 21 and 28% for studies of other UK consultants and 18% for general working population.

In Goleman's (1995) research it was also found that doctors lack in emotional intelligence, and suggests that emotional states can play a significant role in their vulnerability to disease and in the course of their recovery. The present study also show relatively low though insignificant mean on Emotional-Intelligence for medical students than for computer science students. In a profession like medical, there is an enormous emphasis on academics and succeeding in exams and evaluations. In Pakistan especially medical studies are considered to be extremely prestigious, and aspiring to become a doctor means studying around 15-20 hours per day with little emphasis on socialization or other activities. Hence, invariably the emotional aspect of one's functioning is almost ignored.

In today's advanced technological world, better emotional health and learning effective ways of dealing with situations is imperative for remaining productive and attaining achievement. Teachers and parents in this regard could play a vital role in emphasizing healthy emotional expressions, since early in life. Patterns learned during early formative years are expected to become a child's personality in the years to come.

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