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SELF-MONITORING: A CORRELATE OF LEADERSHIP STYLE

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ABSTRACT

The present study investigates the relationship between self-monitoring personality trait and leadership styles. The samples consisted of 115 (96 male, 19 female) individuals employed with private organizations and designated at the Higher and Middle Management level. Their ages ranged between (25-35 years). It was predicted that high self monitoring individuals will score high on participative leadership style scale and likewise low self-monitors will score high on autocratic leadership scale. For quantitative analysis, pearsons' correlation co-efficient was applied through SPSS. Findings suggest a correlation value tending in the positive direction (r =.025) between participative leadership style and self monitoring, and an inverse correlation between autocratic leadership style and self monitoring. (r =-.018). Findings have been discussed with reference to their implications for organizational functioning.

INTRODUCTION

Research on personality variables within an organizational behavior frame-work has been emphasized in many a research work. Personality has been

a focus of research from various perspectives. For instance many theorists have recognized the important role that personality similarity amongst workers plays in organizational behavior. For example attraction – selection – attrition theory (Schneider, 1987) emphasizes the role played by personality similarity in determining organizational behavior. Other research has demonstrated that personality similarity is associated with higher quality leader – member exchange (Ashkansay and O'Conner, 1997; Bauer and Green, 1996; Engle and Lord, 1997; Graen and Cashman, 1975; Lieden, Wayne and Stilwell, 1993; Philips and Bedeian, 1994; Steiner and Dobbins, 1989). Organizational commitment and job satisfaction (Meglino, Ravlin, and Adkins, 1989, 1991).

"Numerous lists of personality traits ----- enduring characteristics describing an individuals behavior have been developed, many of which have been used in organizational behavior research and can be looked at in different ways. These personality dimensions or traits can be distilled into "Big Five" extraversion, agreeableness, conscientiousness, emotional stability and openness to experience" (Barrick and Mount, 1991; Antonioni and Park 2001).

A second approach to looking at OB personality trait is to divide them into social traits, personal conception traits and emotional adjustment traits. (David and Cameron, 1995; Hunt, Krzystofiak, Meindl and Mousny, 1989; cited in schermerhorn and Hunt, 2000). Personal conception traits (one of which is the focus of present study) represent the way individuals tend to think about their social and physical settings as well as their major beliefs and personal orientation concerning a range of issues. Locus of control, Authoritarianism/Dogmatism, Machiavellianism is amongst the most frequently researched upon personal conception traits in organization behavior (Machiavelli, 1961; Rotter, 1966; Don Hellreigd, 1989; Richard Christie and Florence, 1970; cited in Schermehom and Hunt, 2000).

An important personal conception trait of special significance to managers is "self-monitoring" which reflects a person's ability to adjust his or her behavior to external, situational (Environmental) factors. High self-monitoring individuals are sensitive to external cues and tend to behave differently in different situations. They can present a very different appearance from their true self. In contrast low, self-monitors are not able to disguise their behaviors.

There is also evidence that high self-monitors are closely attuned to the behavior of others and conform more readily than do low self-monitors (Synder, 1987). Thus, they appear flexible and may be good in responding to the

situational contingencies, for instance, high monitors may be especially good at changing their leadership behavior to fit subordinates with high or low experience, tasks with high or low structure and so on.

Self-monitoring has important managerial implications, having a high score on the self-monitoring scale may indicate leadership skills (Kilduff and Day, 1994), Cited in Nahavandi, and Malikzadeh (1999). This is consistent with findings of Dobbins, Long, Dedrick and Clemons, (1990) that, because managers must read environmental and individual cues quickly and accurately and adjust their behavior accordingly, there is some evidence to suggest that those with high self-monitor scores emerge as leaders more frequently than those with low scores. Also, there is evidence to suggest that those with high self-monitoring scores usually resolve conflicts co-operatively, in dealing with both their subordinate and then superiors, another helpful managerial skill (Nahavandi and Malekzadeh, 1999).

Self monitoring has two other managerial implications. First those with high scores are generally able to cope with cross cultural experiences that are ambiguous and require an ability to interpret environmental cues. Second, organizational changes are making leadership situations considerably less routine and more uncertain than they were few decades ago, so strong self-monitoring skills may be an advantage (Nahavandi and Malikzadeh 1999).

Since high self monitors come up as leaders more frequently as compared to low self monitors and are sensitive to and closely attend to the behavior of others their style of leadership is expected to be more consultative or democratic. Since leadership is an important group attribute, behaviors of leaders can affect work groups in several ways. In a study done by Kahai and Sosik (1997) on effects of leadership style and problem structure on work group process and outcomes in an electronic meeting system environment, it was found out that (a) participants made more supportive remarks under a consultative form of participative leadership than directive leadership (b) participative leadership was more conducive to proposal of solutions for a moderately structured problem, while directive leadership was more conducive for a fairly structured problem, and (c) frequency of solution proposals in turn affected group productivity and satisfaction.

The present study is designed to test, using the self monitoring scale and a leadership style questionnaire, the prediction that high self monitoring scores will correlate positively with participative leadership style. It is also predicted

that there will be an inverse correlation between self-monitoring and autocratic leadership style.

METHOD

Sample

115 individuals (96 males, 19 females) employed with private multinational firms constituted the sample for the present study. These individuals belonged to different hierarchical structures (i.e. top and middle management) and their employment positions required them to exercise leadership skills. Their ages ranged between 25-35 years.

Material

Self Monitoring Scale

Self monitoring scale (Lennox and Wolfe, 1984) has 13 items that describe the various behavioral disposition that an individual can adopt e.g. (once I know that the situation calls for, its easy for me to regulate actions accordingly). For each item, the respondent is required to generate a single, score on a 6-point rating scale ranging between 0 – 5.

Leadership Style Scale

Leadership style scale, (Salvatore Didato, 1985) has 10 items and respondents are required to state their choice by either 'disagreeing' or 'agreeing' with each item. The scale generates scores on two dimensions of leadership style i.e. an individual can be categorized as autocratic or participative as a boss.

Procedure

For the study sample, individuals designated at the upper and middle management level were contacted personally, participation was purely voluntary upon obtaining an appointment, they were briefed about the nature of study stating that it aims to study different personal attitudes and leadership styles. They were assured of the confidentiality of their responses. After obtaining informed consent, participants were requested to fill in the self-monitoring and

leadership style scales along with a demographic form. All administration was individual. Participants were also told that group results arising out of the present study could be shared with them upon request. For the purpose of quantitative analysis of self-monitoring and leadership style scores, pearsons' correlation co-efficient was applied using statistical package for social sciences (SPSS).

RESULTS

Table I

Pearson Correlation Coefficient between Self-Monitoring and Participative Leadership Style

	Selfmonitoring	Participative
Selfmonitoring Pearson Correlation (2-tailed) N= 115	1.000	.025
Participative Pearson Correlation (2-tailed) N = 115	.025	1.000

Table II

Pearson Correlation Coefficient between Self-Monitoring and Autocratic Leadership Style

	Autocratic	Selfmonitoring
Autocratic Pearson Correlation (2-tailed) N= 115	1.000	- .018
Selfmonitoring Pearson Correlation (2-tailed) N = 115	-.018	1.000

DISCUSSION

The present study shows a weak but a positive correlation between self-monitoring and participative leadership style (Table I) and an inverse correlation between self-monitoring and autocratic leadership style. (Table II). Suggesting that high self-monitors will be more participative and consultative with their co-workers; people scoring low on self-monitoring will score high on autocratic style of leadership and vice versa. People high in self monitoring are extremely sensitive to any cues that can help them to find the suitable or appropriate behavior. They are strongly directed towards others. They use a kind of "self marketing" to "sell" themselves to others and to reach their goals. As a consequence of other- directedness they tend to leave different impression, depending on the situation. Therefore they can be expected to be more open and consultative in dealing with others. While on the other hand people with the low scores on the self monitoring scales are less sensitive to the opinion of others. They act in accordance with their inner values, attitudes and opinions, and these do not change according to the situation ('inner directedness'). The correlation between their attitude and behavior is strong and consistent. In general, they behave consistently in different situations (Antonides and Raaij, 1998). Since low self-monitors are more attuned to their own inner values and attitudes they may come across as more rigid and directive in dealing with people. Their lack of flexibility can make them appear as more autocratic than consultative.

Myriad personality traits affect work-related behavior; several lines of evidence show that certain personality dimensions are consistently related to rated leadership effectiveness. The first evidence comes from Stogdills' (1974) review. Stogdill found that surgency (i.e. dominance, assertiveness, energy or activity level, speech fluency, sociability and social participation), emotional stability (i.e. adjustment, emotional balance, independence and self-confidence), conscientiousness (i.e.responsibility, achievement initiative, personal integrity and ethical conduct) and agreeableness (i.e. friendliness, social nearness and support) were positively related to rated effectiveness.

Bentz (1985, 1987, 1990) reported similar findings from his research on executive selection at sears, using the Guilford-Martin Personality Inventory, Bentz (1985, 1990) noted that executives promoted to the highest levels at sears were articulate and emotionally balanced (i.e. emotional stability) and hard working and responsible (i.e. conscientiousness). Bentz, (1985) reported comparable multiple correlations between these personality factors and leaders compensation, immediate and second level supervisors ratings and rankings and peer group's ratings of effectiveness over a 21 year period.

According to Bray and Howard(1983), Those personality traits that best predicted managerial achievement – were the desire for advancement, energy-activity level, and the readiness to make decisions i.e. surgency; resistance to stress and tolerance for uncertainty i.e. emotional stability; inner work standards i.e. conscientiousness and range of interests i.e. intellect.

Studies done by Ellis (1998), and Rueb and Foti (1990) have shown that the ability to control one's expressive behaviors i.e. self-monitoring is positively related to leadership emergence. High self-monitors will be more successful in managerial positions in which individuals are required to play multiple and even contradicting roles (Robbins,1998).

The present study has some evidence to suggest that if organization can incorporate in their training programs, skills such as helping employees develop more expressive skills, or to read body language and monitor their actions more closely will contribute towards more effective leadership.

The research on self-monitoring is in its infancy, so predictions must be guarded. However, preliminary evidence does suggests that high self-monitors tend to pay closer attention to the behavior of others and are more capable of conforming than are low self-monitors. In addition, high self-monitoring

managers tend to be more mobile in their careers and receive more promotions, both internal and cross-organizational (Kilduff and Day, 1994).

The future research on different aspects of self-monitoring can focus on studying gender differences, since gender differences can play a significant role in self-monitoring as well. In the west at least, some companies specifically train their women executives to be able to better read the all-male environment of the organization and adapt their styles accordingly. Another focus of research could be the public sector, where placements usually do not involve training in specific areas such as leadership qualities or different personality constructs which can influence the organization's atmosphere and productivity.

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TYPE A BEHAVIOR PATTERN : AN IMPORTANT PREDICTOR OF TRAFFIC ACCIDENTS

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ABSTRACT

The present research was conducted to determine the relationship between rate of traffic accidents and type A Behavior pattern. In order to test the hypothesis of positive relation between these two variables, 101 drivers were interviewed. They were given personal history questionnaire and check list of Type A to Fill. Pearson correlation coefficient was applied to find out the significance of the results. Positive Correlation was found between traffic accidents and type A behavior pattern.

INTRODUCTION

Accidents are a product of two factors: unsafe acts in unsafe conditions (Smither, 1988). There are individual differences in the frequency of accidents, one theory that continues to receive considerable attention is the notion of the "accident – prone" person. There are two disparate interpretations of the term accident proneness; one interpretation implies the existence of particular personal qualities which predispose the individual – "a personality type"- toward having repeated accidents, in whatever circumstances that person finds himself.

The second interpretation of accident proneness is essentially a statistical concept, characterized by the tendency for some people to be accident repeaters in virtually any situation – that is, to have more accidents in general than can be attributed to chance.

Accident proneness is considered as being situational – that is, as being applicable to those specific type of work situation in which there is statistical evidence of accident repetitiveness.

In traffic accidents, road can be considered as a specific type of work situation. High rates of traffic accidents by some drivers and low rates of traffic accidents by other drivers, call attention into the matter of accident proneness, where particular personality pattern plays an important role in the occurrence of more accidents by particular type of drivers.

Detailed literature indicates that one important personality factor appears to be predictor of accidents. It is type A personality (TABP).

According to Friedman and Rosenman (1974), certain individuals seems prone to a striving, competitive and time pressured life style, while other are characteristically more calm and relaxed in their approach to life. Friedman and Rosenman (1974) described the type A syndrome as: A particular complex of traits, including excessive competitive drive, aggressiveness, impatience and a hurrying sense of time urgency. An individual displaying this pattern seems to be engaged in a chronic, ceaseless and often fruitless struggle with themselves, with others, with circumstances, with time and sometimes with life itself. Type A individual tend to speak rapidly and vigorously. They are tense, they interrupt others, frequently hurrying questions along, and they are prone to display hostility.

Type A behavior pattern previously was considered to be leading only heart problems (Friedman and Rosenman, 1974), but recent studies illustrates that with type A pattern a number of important relationships have been established (Mathews, Krantz , Dembroski and MacDougall, 1982).

It seems at least possible that some personality characteristics have an influence on the style of ones behavior because personality appears to be an important mediator of psychological adoption e.g. Costa and McCrae (1980) examined the relationship between personality traits and general adoption in over

1,000 men aged 35 to 85.Findings led Costa and McCrae to suggest that personality mediates the persons reaction to current situations. The specific traits involved and the nature of that influence are the subject of much debate and continued research. There is no debate and no doubt, however that certain behaviors do put people factors we may collectively call life style are deadly. A deadly life style involves behavior that can more directly lead to death, such as excessive alcohol consumption, failure to wear safety belts, reckless high speed driving or knowingly engaging in other unsafe behavior at work or play.

Moreover Typical A people are strongly motivated to overcome obstacles and driven to achieve and to meet goals. They are attracted to competitions, enjoy power and recognition and are easily aroused to anger and action. They work at level close to the limits of their endurance, they are workaholics (Ortega and Pipal, 1984) they work round the clock to achieve more in respect to quantity of achievement (Taylor, Lock, Lee and Gist 1984), or it is achievement motivation that leads people to work more and more even to the extent that they do not feel or report less fatigue (Carver, Coleman and Glass 1978) report a time interval of one minute as elapsing faster (Yarnold and Grimm, 1982) and they dislike wasting time and do things in a vigorous and efficient manner (Anjum and Khalique 1992). A type A personality would have a very hard time getting through the day without a watch. They maintain strict schedules with little flexibility and hate to waste time. An interesting elaboration of this component is that Type A students are more likely than type B students to volunteer for experiments early in the term and tend to show up earlier (Gastorf and Galanos 1983, strube and Werner 1985), the sense of time urgency the Type As experience results in their arriving early for appointments (Gastrof, and Galanos, 1983).

Type A behavior is implied as an entity but infact consist of several dependent components TABP, there is evidence that some ingredients of the Type A patters are more important than others, although some suggest that the key ingredient is stress associated with struggle for control, other focuses more on the struggle with negative emotions such as hostility or anger (Rosenman and Chesnay 1985; Booth-kewley and Friedman, 1987).

A study of bus drivers in U.S.A and India (Evans, Palsane and Carrere 1987) found that drivers characterized as Type A in both countries experienced more stress, showed more impatient driving behavior and had higher traffic accidents rates per month than those characterized by the opposite pattern of

behavior. Perry (1986) found significant simple correlation between Types A behavior pattern and number of accidents in a sample of 54 students. In a British study of 108 drivers, TABP was found to be associated with faster driving (West, Elander and French, 1993). In an Italian study results revealed that police drivers with Type A behavior had higher traffic accident risks (Magnavita, etal., 1997).

Driving in Karachi is very difficult for each and every person living in the city sides and congested area. Due to limited resources and growing population the problems of traffic are very high on road, including traffic jams and road accidents. Generally accidents are common phenomena but the excess of accidents is really a stressful situation not only for common men but also for , drivers and traffic controlling authorities. In Karachi, there were 2282 accidents in 1979 of which 432 were fatal (Ahsan, etal 1981). These accidents are attributed to poor condition of roads, not following traffic rules and reckless driving.

It is clear from literature review that type A behavior pattern influence the driving of the driver. It was therefore hypothesized that the high scorer on type A measure will have higher traffic accidents and low Scorer on type A will have low traffic accidents.

METHOD

Sample

One hundred and one drivers including 50 truck, 31 bus and 20 taxi drivers from different areas of Karachi volunteered to become sample for the present study. All of them had more than 5years of driving experience, they all were married, non addicts and their age range was between 30 to 50 years.

Procedure

All the subjects were individually interviewed. After developing rapport they all were required to give their responses on the questionnaire and to fill checklist of type A, which was developed from descriptions of type A people by Friedman and Ulmer (1984), Matthews and colleagues (1982), and Musante etal. (1983). Pearson Product moment correlation was then applied between scores of number of road accidents while driving and type A scores. This helped to interpret the results in statistical terminology.

RESULTS

Table I

Correlation between the rate of accident and Type A personality pattern

N	Df	r	Level of significance
101	99	.221	.027

DISCUSSION

Table I, gives a clear picture of the behavior pattern of the drivers and number of their traffic accidents, in which they were involved. It is obvious that there is a positive correlation between these two variables. Those who have higher score on type A measure also scored high on number of traffic accidents while they were driving and those who scored low on type A measure also scored low on rate of accidents ($r = .221$, $df = 99$, $p < .05$). Significant relation indicates that majority of drivers who experience accidents are ambitious, hard driving and chronically discontent with their current achievements. They are more anxious, tense, restless and have sense of time urgency.

The present results are highly related with the research of Evans, Palsane and Carrere (1998) who found that drivers characterized as type A in U.S.A and India experienced more stress, showed more impatient driving behavior and had higher traffic accidents rates per month. Similar results were also reported by Perry (1986), West, Elander and French, (1993). But one should not consider type A behavior pattern as the only cause of traffic accidents, it is one of the factor, of course an important one. Various other situational and personal variables play a contributing role in the occurrence of traffic accidents. It is indeed difficult to control situation specific variables but one can, to a certain extent change one's style of living. There are various techniques available with Clinical Psychologists such as 'stress management' 'Relaxation Therapy, 'Self hypnosis' etc. which can help to change ones stressful pattern of life. Those drivers falling under type A behavior pattern may benefit from facilities provided by the experienced psychotherapists.

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APPENDIX

Direction: Kindly fill in the Questionnaire; it will give us information regarding your self.

Name _____ Sex _____ Date of Birth_____

Age _____ Academic Qualification _____

Marital Status _____Driving Experience _____

Your Duty include Driving of : Truck / Bus / Taxi.

Timings of Driving : Day / Night / Both.

Did you ever experienced traffic accident :Yes / No.

Number of traffic accidents : _____

Use of Drugs if any : If Yes Name : _____

Frequency of Use of Drugs : _____

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PRE-MENSTRUAL SYNDROME AMONG PAKISTANI PSYCHIATRIC PATIENTS

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ABSTRACT

The present research investigated the Pre-Menstrual Syndrome (PMS) among Pakistani psychiatric patients. The sample consisted of 130 adult female subjects (65 depressives and 65 anxiety cases) diagnosed by their treating psychiatrists. Both groups were drawn from outdoor units of Jinnah Hospital, Services Hospital, Sir Ganga Ram Hospital and Mayo Hospital, Lahore, Pakistan. PMS Rating Scale and questionnaire for demographic details were devised and individually administered to the subjects. Data analysis reveals that both the depressives and anxiety cases reported more complaints prior to menstruation (MD=103.12, MA=102.46) as compared to those of their postmenstrual phase (MD=75.16,MA=71.14). Nevertheless, t-test results (t=0.167.df=128;p>0.05) do not indicate any significant difference between depressives and anxiety cases in manifestation of PMS.

INTRODUCTION

Sanders (1988) and Parsons and Sommers (1978) suggest that females all over the world tend to go through a wide range of emotional and physical changes that at times produce a personality pattern far removed from normal. According to O' Brien (1992) a significant proportion of so-called PMS patients have a psychiatric problem which is wrongly attributed to physical and hormonal

changes in the body. Women with psychiatric disorders unrelated to the menstrual cycle will frequently label their problem as PMS as they find it more acceptable to label their PMS problem as Gynaecological rather than psychiatric. Physicians also usually concentrate on the physical aspects of PMS and generally overlook the impact of psychological factors which may have a fair contribution to the PMS problem.

O'Brien (1992) states that research appears to show a higher prevalence of neurosis in PMS patients. In the absence of a clearly identifiable endocrine abnormality it is possible that PMS should not be considered a Gynaecological disorder as it is likely that it represents a psychological or biological predisposition to the normal physiological endocrine events of the ovarian cycle. Sanders (1988) states that psychological factors are decisive importance and that PMS is a "psychosomatic disorder" characteristic of certain types of women. PMS is poorly defined and very widely reported in the general population (www.obgyn.net,1997). It is a term which describes a wide range of physical, psychological and emotional symptoms females manifest in varying intensity in relation to their menstrual cycles (O'Brien, 1992). Davis (as cited in Akhtar, Sharma, Verma, & Jangid, 1990) states that pre menstrual symptoms must appear with sufficient consistency and severity to warrant classification as PMS and approximately 5% of menstruating women experience severe PMS. Davis (as cited in Akhtar et al, 1990) further suggests that PMS can be divided into two categories: Primary and Secondary PMS. Primary PMS are those physical and psychological symptoms which recur in the pre-menstrual phase and improve but do not completely disappear by the end of the menstrual phase. Implied in these definitions is that in secondary PMS there is an underlying psychological disorder whose etiology is similar to that of common psychiatric disorders such as depression and anxiety.

The symptoms of PMS are of typically comparable severity (but not duration) to those of a major depressive episode(DSM-IV, 1994). Weismann and Klaner (1987) suggest that clinical depression tends to occur in association with events in menstrual cycle. Blechman, Clay, Kipke and Bickel (1988) states that for a high risk woman, pre-menstrual complaints may be the gateway to chronic depression, physical vulnerability and behavioral incompetence. Major depression i.e. depression accompanied by prolonged serious changes in biological/vegetative functioning rather than in response to a major life event, is significantly more common in women than in men (Anderson & Holder, 1989). A woman's social context is relevant in the development of depressed symptoms.

Depression is a disorder that includes emotional, cognitive, behavioral and physical symptoms. Emotional symptoms involve feeling sad, guilty, gloomy, apathetic, unable to experience pleasure, thoughts of inadequacy, worthlessness, helplessness, self blame, pessimism about the future and reduced ability to concentrate. Behavioral symptoms include changes in behavior which result in decreased ability to do ordinary work (Anderson & Holder, 1989). Apart from depression, anxiety is one of the marked symptoms of PMS. Anxiety disorders are defined in terms of a preoccupation with, or persistent avoidance of thoughts or situations that provoke fear or anxiety (Oltmanns & Emery, 1995). According to Bardwick and Ivey (as cited in Delaney, Lupton & Tot, 1976) women show increased score of premenstrual anxiety as opposed to their score in the ovulatory phase of the ovarian cycle. Benedeck and Rubenstein (as Cited in Delaney et al, 1976) state that acute emotional response and dependent behavior is found during the pre-menstrum which they attribute to estrogen and certain psychological factors.

Claire (as cited in Sanders, 1988) states that women who are psychologically ill experience PMS with greater severity in comparison to healthy women. Frequently, in PMS patients, a prior history of anxiety and mood disorders is present (APA, 1994). Coppen and Kessel (as cited in Parsons & Sommers, 1978) state that tense and highly strung women are more likely to complain of premenstrual tension. Sanders (1988) states that PMS is related to stress and stresses related to family life, children and home which may exacerbate symptoms of PMS and interfere with every aspect of their lives. Delaney, Lupton and Toth (1976) state that psychologists have found that the women most distressed pre menstrually are the ones most tied to home, children and traditional maternal roles.

This research brings into light the symptoms common both in PMS and depression and anxiety. According to the literature reviewed it can be concluded that symptoms of PMS and psychiatric illness are overlapping and that psychological symptoms are a major category of symptoms experienced in PMS . It also aims to determine the severity of symptoms as experienced by patients suffering from depression and anxiety disorders and is a step towards future researches to investigate the existence of any link between psychiatric illness and PMS.

De Jong et al (1985) conducted a research in USA which focused on the relationship between premenstrual mood disorder and psychiatric illness. The

researchers examined in 33 women the prevalence and type of lifetime psychiatric diagnosis as compared to 24 women without a prospectively confirmed premenstrual mood disorder. The data which they collected suggest that in women reporting pre-menstrual mood changes, there is a high prevalence of psychiatric illness.

Ussher and Wilding (1992) investigated interaction between stress and performance in relation to PMS among a sample of 30 English women. They selected 16 women with PMS and 14 without PMS. All subjects reported increase in arousal and stress in the pre-menstrual phase but the increase in the PMS subjects was significantly greater as compared to non-PMS subjects. Furthermore, it was noted that the PMS subjects scored significantly higher on the neuroticism scale of the Eysenck Personality Inventory (EPI) than did non-PMS subjects. Asso and Magos (1992) studied difference in nervous system activity and psychological and behavior changes occurring in the follicular and pre-menstrual phase by comparing 20 women with severe PMS and 20 non sufferers. The research findings suggest that pre-menstrually distressed women are higher on several negative moods and lower on cortical arousal.Hallman (1986) in Sweden studied depression and PMS amongst 1,852 women aged 18 to 47 years. Results showed a prevalence of PMS amongst 72.8% of subjects of which 7.5% felt the need to consult a physician. These women reported symptoms during the pre-menstrual phase that could be seen in depressive state. The researcher suggests that severe pre-menstrual symptoms of a pre-dominantly depressive nature are probably a manifestation of an underlying depressive disorder.

Futterman, Jones, Miccio-Fonseca and Quigley (1992) studied the severity of premenstrual symptoms in relation to life experience and medical/psychiatric problems. 878 women ranging from 12 to 56 years were asked to complete the Pre-Menstrual Experience Assessment. The severity of PMS symptoms was studied in relation to demographic variables, gynaecological problems, use of medication, psychiatric experience, life stressors and duration of discomfort. The researchers found that subjects who reported more PMS symptoms often had a psychological problem. They also found that life stressors like marital discord, illness and problems with children result in increase in the severity of PMS symptoms.

The present research investigated the difference in severity of Pre-Menstrual Syndrome (PMS) amongst Pakistani females suffering from Major

Depression and Anxiety Disorders. It can be taken as one step towards understanding the phenomenon of PMS and to study its manifestation among the psychiatric population. Moreover, it is an attempt to spread awareness about PMS and remove any misconceptions in relation to this phenomenon thus enabling females, to handle the problem efficiently.

METHOD

Sample

The sample consisted of 130 adult females already suffering from psychiatric illnesses. Two comparable groups of patients were drawn on the basis of their exposure to same hospital settings. One group consisted of patients suffering from Major Depression (n=65) and the other group consisted of patients suffering from anxiety disorders (n=65). The subjects were selected from the outdoor units of Departments of Psychiatry of four different Government hospitals.

Among the anxiety patients (n=65) 80% were diagnosed as suffering from Generalized Anxiety Disorder,13% were diagnosed as suffering from Obsessive Compulsive Disorder, 6% from Panic Attacks and 1% from Phobia. In the second group (n=65) all the patients were suffering from Major Depression. The mean age of Depressives was 31 years and the mean age of Anxiety patients was 30 years. Among anxiety patients 68% were married while 32% were single. Among depressives 74% were married and 26% were single (Table I).

Table I

Descriptive Characteristics of the Sample (n=130)

Variables	**Depressives N = 65**		**Anxiety Cases n = 65**	
	Frequency	Percentage	Frequency	Percentage
Current Diagnosis:				
Major Depression	65	100%	-	-
Generalized Anxiety	-	-	52	80%
Obsessive Compulsive Disorder	-	-	8	13%

Panic Attack	-	-	4	6%
Phobias	-	-	1	1%
Duration of Disorder				
Less than 1 Year	24	37%	29	45%
1-5 Years	37	57%	34	52%
6-10 years	4	6%	2	3%
Previous Psychological Illness				
No	48	74%	54	83%
Depression	16	25%	3	5%
Anxiety Disorder	1	1%	8	12%
Subjects' Age				
18-19 (Years)	3	5%	5	8%
20-29	21	32%	26	40%
30-39	33	51%	25	38%
40-45	8	12%	9	14%
	Mean age = 30.8		Mean age = 29.66	
Level of Education				
Illiterate	19	29%	13	20%
Grade 1-10	33	51%	34	52%
Grade 11-14	11	17%	17	26%
Grade 15-16	2	3%	1	2%
Occupation				
Working	9	14%	16	25%
Non-Working	56	86%	49	75%
Marital Status				
Married	48	74%	44	678%
Single	17	26%	21	32%
Duration of Marriage				
3-10 (Years)	12	25%	18	41%
11-18 (Years)	20	42%	14	32%
19-27 (Years)	16	33%	12	27%

Total Monthly Income				
1.500-6.499	38	59%	44	68%
6.500-11.499	17	26%	14	21%
11.500-16.499	7	11%	3	5%
16.500-21.499	1	1%	4	6%
21.500-26.499	0	0%	-	-
26.500-31.499	2	3%	-	-

Material

PMS Rating Scale and an interview schedule for demographic information was constructed in English and Urdu. The rating scale which measured severity of PMS consisted of 51 items divided into physical, psychological and social symptoms. The Rating Scale was administered to the subjects individually.

Procedure

Official permission was sought to draw sample from the psychiatric wards of Jinnah Hospital, Lahore; Sir Ganga Ram Hospital, Lahore; Services Hospital, Lahore and Mayo Hospital, Lahore of Pakistan. The depressives (n=65) and anxiety cases (n=65) were selected from the outdoor units of the Psychiatry wards of the hospitals. The researcher selected only those patients whose age was more than 18 years and had already been diagnosed by the psychiatrists of the relevant hospitals as depressives or suffering from anxiety disorders. Moreover, these patients were willing to participate in this research. The PMS Rating scales were individually administered to each subject by the researchers, one week before, during and one week after menstrual phase.

RESULTS

Table II

M. SD, SE (M_D-M_A) of depressives and anxiety cases on PMS Scale (1 week before menstruation)

Groups	X	SD	SE	t
Depressive	103.12	24.26	3.94	0.167
Anxiety Cases	102.46	20.55		

t=0.167, d f=128, p>0.05

Note:

MD	=	Mean of Depressives
MA	=	Mean of Anxiety Cases
M	=	Arithmetic Mean
SD	=	Standard Deviation
SE	=	Standard Error of difference between the mean scores of depressives and anxiety cases.

Present research findings suggest that both depressives and anxiety cases obtained high premenstrual mean score (MD=103.12; MA=102.46) as compared to their low scores during post menstrual phase (MD=75.15;MA=71.14).

Table III

Mean scores of depressives and anxiety cases (1 week before and after menstruation)

Groups	Mean Scores (1 week before menstruation)	Mean Scores (1 week after menstruation)
Depressive	103.12	75.15
Anxiety Cases	102.46	71.14

The present research findings further suggest that married depressives and anxiety cases tend to manifest high levels of PMS (MD=108; MA=103.2) as compared to those of the unmarried females (MD=89.35; MA=95.95).

Table IV

Mean scores of depressives and anxiety cases (1 week before menstruation)

Types of Symptoms	Depressives	Anxiety Cases
Physical	54.78	54.37
Psychological	43.97	43.49
Social	4.29	4.58

Nevertheless, both the depressives and anxiety cases irrespective of their marital status, obtained high means on the physical complains rather than the psychological or social complains in all the three phases of their menstruation.

Table V

Mean scores of depressives and anxiety cases (During menstruation)

Types of Symptoms	Depressives	Anxiety Cases
Physical	52.65	52.58
Psychological	41.34	40.9
Social	4.08	4.38

Table VI

Mean scores of depressives and anxiety cases (1 week after menstruation)

Types of Symptoms	Depressives	Anxiety Cases
Physical	40.32	38.28
Psychological	31.85	29.95
Social	2.97	2.94

Table VII

Mean scores of depressives and anxiety cases (1 week before menstruation) according to marital status

Marital Status	Depressives	Anxiety Cases
Single	89.35	95.95
Married	108.00	103.20

DISCUSSION

Table II (t=0.167,df=128, p>.0.05) indicate, no significant difference in the severity of PMS one week-before menstruation among depressives and anxiety cases. Nevertheless, the current research findings do suggest manifestation of PMS among depressive and anxiety cases which are consistent with the findings of the study conducted by Coppen and Kessel (as cited in Parsons & Sommers, 1978). Coppen and Kessel propose that tense and highly strung women are more likely to complain of premenstrual tension. Sanders (1988) states that PMS is related to stresses in context to family life, children and home which may exacerbate symptoms of PMS. Current research findings support that the married females seem to have a higher degree of PMS as compared to single females.

It is worth mentioning here that the Pakistani society in which the present research was conducted is a conservative one where embarrassment and guilt associated with topics like PMS and psychological illness might have inhibited the subjects to explicitly report their psychological symptoms. Current research findings also show higher prevalence of physical complaints rather than psychological or social complaints in all the three phases. As a topic of discussion, PMS and menstruation is rarely discussed in Pakistan and is surrounded by secrecy which leads to a lot of misconceptions (Najam, 1996) Social norms and taboos play a major role in perpetuating ignorance concerning the existence of PMS and menstrual problems and how widespread a problem it is.

Education about body physiology and counselling for Pakistani women especially the less privileged ones is recommended to increase awareness about PMS. The current research may help to eliminate the stigmas and the taboos associated with the topic of menstruation so that the females can discuss their symptoms freely with professionals without facing social criticism.

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EFFECT OF STROOP TASK VARIATIONS ON PERCEPTUAL DISCRIMINATION

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ABSTRACT

The present study was conducted to determine the subjects performance under the Stroop and Reverse Stroop conditions of Congruence, Non sequential incongruence, Repetitive incongruence, and suppressive incongruence. Forty-six students were tested on the Stroop and Reverse Stroop task. Results indicated that there were significant differences among the Stroop and Reverse Stroop effects.

INTRODUCTION

Stroop (1935) was one of the first to find that in a serial verbal task the interference was minimal with nonsense syllables, but maximal with conditions of color-word interference in which the subjects quickly attempted to name incompatible ink color from a list of printed color-words. Klein (1964) varied the relationship between color and words and found that color-naming depended on order of presentation, and that the interference was found to be minimal with nonsense syllables and maximal with the incongruous combinations.

Other studies of the Stroop effect have found that interlingual interference affects performance, that various forms of distractions during the

task tend to lower performance, and subjects tend to become frustrated as the difficulty of the color-word stimuli increases (Dalrymple-Alford & Budayr, 1966). There is an association between performance on a color-word interference task and certain aspects of subject's personality and adjustment (Stein & Langer, 1966). There are sex and educational differences in performances on a color-word interference task among elementary, high school, and college subjects (Peretti, 1969), and interactions based on the sex of subject and the use of competitive or noncompetitive instructions (Peretti, 1971). Response time distributions using the Stroop task (Heathcote, Popiel, & Mewhort, 1991), and using congruent and incongruent color-word stimuli (Head & Tunstall Pedoe, 1990) compare subject's speed of response. Among the theoretical explanations of the Stroop effect, the speed-of-processing theory maintains that subjects read words faster than they identify colors. Therefore, when color-words are printed with incompatibly colored inks, i.e., green ink used to spell red, the faster reading of the words interferes with the slower response of naming the color of the ink. When color-words are printed in compatibly colored inks, such as red ink used to spell red, then the faster reading response facilitates processing of the slower color response (Bower, 1992; Yantis, 1993).

Automaticity theory states that certain mental activities, such as the reading of words, proceed automatically, regardless of conscious content, whereas others, such as the naming of colors, require considerably more voluntary effort and control. When an automatic stimulus competes with a controlled stimulus, responses to the latter slowdown; however, when the two stimuli match, the automatic stimulus decreases the mental activity necessary to process the controlled stimulus (Macleod, 1988, 1991; Besner & Stolz, 1999).

The parallel distributed processing model is based upon comparisons of many Stroop task findings with mental activity and neural networks of the brain. It suggests that responses of various kinds of mental activities become more automatic with practice, and it uses Stroop tasks to compare and contrast "more automatic" with "less automatic" responses. Enough practice in a particular task tends to increase mental associations allowing stimuli to activate correct responses directly, without recourse to conscious memory strategies or other "indirect pathways" (Bower, 1992; Posner, 1994).

The present study was conducted to determine the subjects` performances under the Stroop and Reverse Stroop effect variations of

Congruence, Non sequential incongruence, Repetitive incongruence, and Suppressive incongruence.

METHOD

Sample

Forty-six students from the junior and senior grade levels were randomly selected at the Lincoln Park High School, Chicago, Illinois. Twenty-five of the subjects were randomly placed into a Stroop task group, while twenty-one were randomly placed into a Reverse Stroop task group. Ages of these subjects ranged from 16 to 18 years.

There were two experimental trials for each of the Stroop and Reverse Stroop tasks; the only change between trials in each task was the actual distribution of words and colors in the lists of words. In Stroop tasks, 13 of the randomly selected subjects participated in Trial 1; the remaining 12 participated in Trial 2. In Reverse Stroop tasks, 11 of the subjects of this group participated in Trial 1; the remaining 10 participated in Trial 2.

Material

Stroop task sheets: Each of the two trials of the Stroop task consisted of a control task, congruence task, non sequential incongruence task, repetitive incongruence task, and suppressive incongruence task. Each task consisted of vertical lists of stimuli, utilizing 10 trials, with the relevant and irrelevant dimensions arranged in the appropriate order according to the type of task (congruence or incongruence, etc.) on a 9" x 11" sheet of paper. For the tasks that involved words as one of the variables, the words were printed in lowercase Switzerland font of size 70 points. On each sheet, each response item appeared twice. This distribution throughout each task helped to aid in the measuring of the variations in the order of relevant and irrelevant dimensions and the control of extraneous variables.

Reverse Stroop task sheets: Each of the two trials of the Reverse Stroop task consisted of the five tasks as stated in the section above (control task, etc.). Vertical lists of stimuli, as above, were arranged according to the type of task. Every other aspect of the Reverse Stroop task sheets was the same as that of the

Stroop task sheets, except that for the Control Reverse Stroop task, where the only dimension present was words, words printed in black ink were used.

Operationalization of Terms: Terms were operationalized as follows:

Stroop task A task involving the naming the color of the stimuli and not naming the words.

Reverse Stroop task A task involving the naming the words of the stimuli and not naming the colors.

Relevant dimension The dimension that was to be named, for example, the relevant dimension of the Stroop task was the color.

Irrelevant dimension The dimension that was not to be named, for example, the irrelevant dimension of the Stroop task was the word.

Control condition The condition in which only one dimension, the relevant dimension, was present in the stimuli.

Experimental condition Any condition in which both the relevant and irrelevant dimensions (color and word) were present in the stimuli.

Reaction Time Difference The percentage of increase or decrease in reaction time of the subjects when presented with the stimuli according to the following formula:

$$\frac{\text{(RT under experimental condition) – (RT under control) x 100\%}}{\text{RT Under Control}}$$

Operationalization of the Four Experimental Conditions

Experimental Conditions were operationalized as follows:

Congruence Each trial contained matching relevant and irrelevant dimensions, for example, the word "red" was in red color; the word "blue" was in blue color.

Non sequential incongruence Each trial contained non-matching relevant and irrelevant dimensions, furthermore, neither dimension in the nth trial match with any of the dimensions in the n-1th or n+1th trials, for example, the list presented the word "red" in the color blue, "yellow" in green, "purple" in red, etc.

Repetitive incongruence Each trial contained non-matching relevant and irrelevant dimensions, however, the relevant dimension in the nth trial was the irrelevant dimension in the n+1th trial, for example, in the Stroop task (where color is relevant), "red" in blue, "blue" in yellow, "yellow" in green, etc.

Suppressive incongruence Each trial contained non-matching relevant and non relevant dimensions, and the irrelevant dimension in the nth trial was the relevant dimension with n+1th trial for example, in the Stroop task, "red" in blue, "yellow" in red, "purple" in yellow, and so on.

Procedure

Each of the Subjects in the groups tested on the Stroop and Reverse Stroop task was tested individually in an office which was well-lighted and relatively free of noise and other distractions. The subject sat at a desk facing the researcher who presented the stimuli to him. The researcher recorded the type of task (Stroop or Reverse Stroop) and the number of the experimental trial (one or two). Each Sabject completed 5 tasks of the same type and 5 tasks of the same experimental trial. The only difference between trials in each task was the arrangement of words and colors in the task lists.

Each Subject was initially presented with the control condition task followed by the four Experimental condition tasks: Congruence, Non sequential incongruence, Repetitive incongruence, and Suppressive incongruence.

For the Strop tasks, the subjects were asked to name the color of the vertical list stimuli; for the Reverse Stroop tasks the subjects were asked to name the words. All Ss were asked to attend to Stimuli with both speed and accuracy of performance. As soon as each stimulus sheet was presented to the Subject a timer was started. It continued to record their speed of performance until the subject had completed responding to the last item on the list. As the subject completed responses on each stimulus sheet, the timer was stopped and the reaction time was recorded.

RESULTS

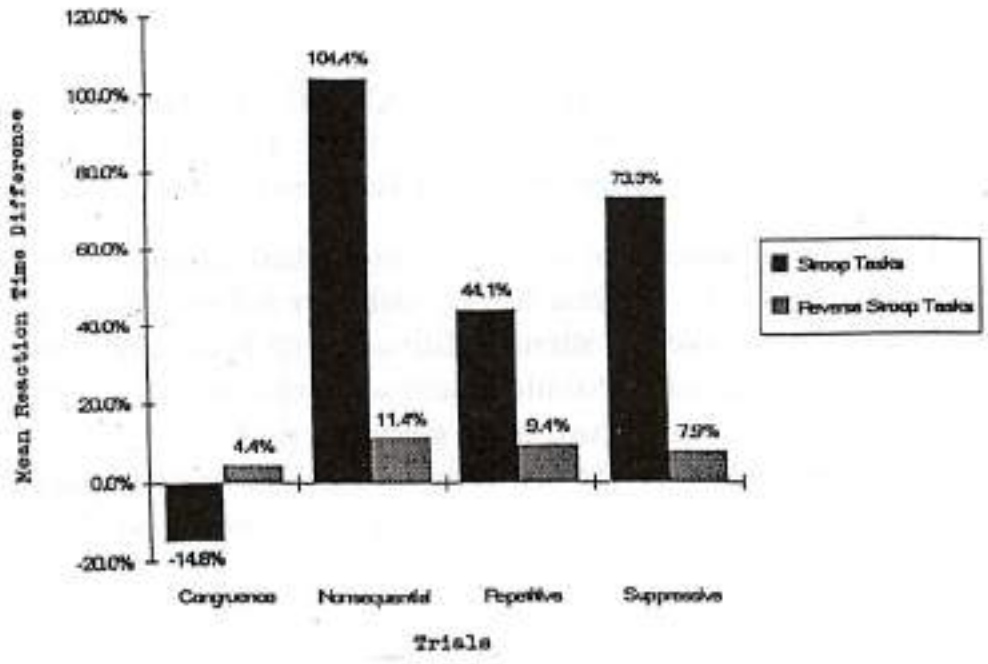
Table indicates a summary of the Reaction Time Difference of the mean, Median, variance, standard error, and standard deviation of the subject's performance under variations of the Stroop and reverse Stroop tasks.

Table 1

Reaction Time Difference of the mean, median, variance, standard error, and standard deviation of the subject's performance under variations of the Stroop and Reverse Stroop tasks

	Stroop effect by Trial (N=25)				Reverse Stroop effect by trials (N=21)			
Reaction Time Difference	Congruence	Non-sequential	Repetitive	Suppressive	Congruence	Non sequential	Repetitive	Suppressive
Mean	-14.8%	104.4%	44.1%	733%	4.4%	11.4%	9.4%	79%
Median	-14.6%	98.6%	443%	66.5%	61%	11.2%	8.2%	8.5%
Variance	0.6%	31.2%	5.3%	173 %	0.7%	1.0%	1.1%	1.3%
Std. Error	1.6%	11.2%	4.6%	83%	19%	2.2%	2.3%	2.4%
Std.Dev.	79%	55.9%	23.0%	41.6%	8.6%	9.9%	10.6%	11.2%

Graph A .
The Mean Reaction Time Difference of the subject's performance under variations of Stroop and Reverse Stroop tasks.



It can be noted, that in the Stroop task group, facilitation was found under the congruence condition while the greatest interference was found under non sequential incongruence, Suppressive incongruence, and repetitive incongruence, respectively. For the reverse task Group, the greatest interference was also found under non sequential incongruence, followed be Repetitive incongruence, Suppressive incongruence, and congruence respectively. Graph A shows the mean Reaction Time difference of the Ss` performance under variations of Stroop and reverse Stroop tasks.

An analysis of variance with the type of condition as the between – subjects variable (control, congruence, non sequential incongruence, repetitive incongruence, and suppressive incongruence) indicated significant differences ($F=56.63$, $df=4,120$, $p<0.000$) among the Stroop performances. The variations in the Reverse Stroop effect were also statistically significant ($F = 5.16$, $df = 4,120$, $p<0.01$).

DISCUSSION

The subject's performances under the Stroop and Reverse Stroop effect variations of Congruence, Non-sequential incongruence, Repetitive incongruence, and Suppressive incongruence varied significantly under the different conditions. The greatest degree of facilitation of subject's responses was found under the Stroop congruence condition followed by the Reverse Stroop congruence condition.

The extent of interference (Reaction Time Difference) of subject's responses was greater in the Stroop tasks than in the Reverse Stroop tasks. In Stroop variations, the Non sequential incongruence condition was found to have the greatest interference (104.4%), followed by the Suppressive incongruence (73.3%) and Repetitive incongruence (44.1%) . In Reverse Stroop variations, the Non-sequential incongruence condition was, again, as in the Stroop variations, found to have the greatest interference (11.4%), followed by Repetitive incongruence (9.4%), suppressive incongruence (7.9%), and congruence (4.4%).

Regarding the various theoretical positions of the Stroop effect (speed-of-processing, automaticity, and parallel distributed processing) none can fully account for the various differences of subject's performances. The sequential trial effects, for example, present some problems for the speed-of-processing theory.

Additional assumptions—that traces of potential responses from the previous trial are resident in the limited-capacity response channel, for example--must be presupposed in order to account for the influence of neighboring trials. Another problem of the speed-of-processing theory is posed by the interference found in the Reverse Stroop tasks. A prediction from this theoretical position would be that the relative speed of processing each of the two dimensions of the stimulus should determine the interference, and that the more quickly processed dimension (words) should interfere with the less quickly processed dimension (colors) and not the reverse. However, the expected symmetrical pattern of interference was contradicted from the data.

Automaticity theory seems better able to explain the findings. Under this theoretical framework, processing of one dimension requires much more attention than does processing of the other dimension. Therefore, naming the ink color draws more heavily on intentional resources than does reading the irrelevant word. Moreover, reading the perceived word tends to be more "automatic", whereas naming the color is not. The theory accounts for the Reverse Stroop effects by demonstrating that the normally less automatic process associated with the other dimension may become relatively more automatic. The greatest strength of this theory seems to be in its ability to explain priming situations: thus, pre-trial priming (which occurs through an automatic spread of the activation mechanism) and facilitation through congruent dimensions ought to occur. However, the explanation of "automatic priming" does not account for interference found under the Reverse Stroop tasks.

Currently, the parallel distributed processing theory shows promise of success for explaining the varying performances under the four experimental conditions; however, the model is still under development. Future development of this position and other theoretical models can better enhance our understanding of the literature on interference in the Stroop Color-Word Task, which includes some 400 studies and 700 Stroop-related articles (Macleod, 1991).

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DEATH BY CHOICE: WESTERN AND ISLAMIC APPROACHES

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ABSTRACT

Is it permissible to end one's life if terminally ill and the suffering is unbearable and incurable. The moral and legal aspects of the concept and practice of Euthanasia are still being debated in the Western societies. It would be useful to discuss the confusion of the laws in the U.S.A. with a typical case of death of choice followed by the Islamic approach.

INTRODUCTION

The modern voluntary euthanasia movement started in 1930 in Britain. In 1938 in the USA and in 1980 in Canada. It would be advantageous to look at the status of euthanasia else here in the world.

England

British Parliament rejected by 234 votes to 89 in 1997 the seventh attempt in 60 years to change the law on assisted suicide despite polls showing 82% of British people being in favor of reforms. The Suicide Act 1961 Prohibits assisted suicide. However Mrs. Diane Pretty, a terminally ill woman suffering from the incurable degenerative disorder, motor neuron disease won the first

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round in a legal fight to get permission for her husband to help her to end her life. The High Court in London granted permission in August 2001 for a judicial review in her case. She is supported by the Voluntary Euthanasia Society and civil right group Liberty.

It would be relevant to quote the following News item titled 'British woman wins right to die published in the daily 'Dawn' dated March 23,2002.

London, March 22: British woman paralyzed from the neck down on Friday won the right to die "peacefully and with dignity' in a landmark case that puts patients' wishes first. The 43 year-old social worker. Who can now effectively sign her own death sentence by having her life support machine turned off, was given the court decision by video link to her hospital bed. High Court Judge Dame Elizabeth Butler-Sloss, clearly moved by a life-and-death ruling in one of Britain's most emotive court cases. Praised the woman's courage and determination. Victory for "Miss B" – who cannot be named for legal reasons-follows a growing clamor by patients to decide when life is no longer tolerable. Doctors treating her, said it was against their ethics to switch off the machine needed to keep Miss B alive. A ruptured blood vessel in the woman's neck a year ago left her paralyzed and unable to breath unaided. Voluntary Euthanasia Society Director Deborah Annerts called the ruling "a victory for common sense' while opponents of euthanasia condemned. The decision as a very worrying precedent. But it was welcomed by the British Medical Association with Dr. Michael Wilks, chairman of its ethics committee, saying; "Every competent adult has the right to refuse medical treatment, even when this may lead to their death". However there is always the possibility of technological advances changing the prospects of patients such as "Superman", star Christopher Reeve, paralyzed in a riding accident. "Chistopheer Reeve is hoping for some new technology to improve his paralysis. He wants to hang on in the hope that's going to happen," Wilks told Sky News. The Judge said Miss B was now entitled to "pain-relieving drugs and palliative care to ease her suffering and permit her life to end peacefully and with dignity". The hospital said it would not appeal against the ruling."

Japan

Voluntary euthanasia is law full in Japan (but apparently rarely practiced).

Switzerland

Physician assisted suicide (PAS) has been lawful in Switzerland since 1937.

Germany

Voluntary euthanasia has never been against law in Germany although taboo restricts its use.

Netherlands

(Holland) after many years of a political discussion about euthanasia and assisted suicide, a system has been chosen in which criminal liability is in principle maintained and physicians must plead force majeure as mentioned in Article 40 of the Penal Code. The Dutch Parliament and the Supreme Court have ruled that provided certain conditions are met physician may assist people to die with lethal injection or fatal drug taken by mouth. This makes it possible to treat all forms of life-ending treatment in the same way procedurally. The manner in which the physician must report in writing to the municipal coroner is now established in the Order forming part of the Law on Disposal of the Dead which went into force on June 1, 1994. Among the many points to which the reporting physician must pay attention pursuant to this Order is the matter of in what way and by what means the ending of life is affected.

United State of America

The case of Velma Howard. ** Throughout North America, Committing suicide or attempting to commit suicide is not a legal offence. However, helping another person to commit suicide is a criminal act. One exception is the state of Oregon, which allows people who are terminally and in intractable pain to get lethal prescription from their physician. However in order to illustrate the confusion in laws in the USA it would be relevant to refer to the case of Velma Howard.

"Velma Howard, aged 76, knew her life was coming to an end. Lou Gehrig`s Disease was taking away the use of her limbs one by one. Eventually it would affect her throat and she would be in danger of choking on her own saliva. This elderly, respectably, Middle American decided on rational suicide. The

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** This case is an extract from the book Freedom to Die: People, Polities, and the Right-to-Die by Derak Humphry and Mary Clement (St. Martin's Press. New York. 1998)

consequences of her decision resulted in an emotional ordeal for her family and a legal muddle typical of the mess in which America's laws on assisted death currently are".

Verlma and Bernard J Howard were the sweet old couple' on the block of their community in Belleville, IIlinois. She had been a kindergarden school teacher. He served as Staff Sergeant in the Marine Corps during World War II. They were married on December 8, 1945. Their two sons were grown up and lived away, but children in the neighborhood all knew that the Howard's always opened their door to 'trick or treater`s at Halloween. The day of their 50th wedding anniversary, a young couple who were neighbours knocked on the door with a bunch of carnations. "I can honestly say that I never met two nicer people in my life, another neighbour told the local newspaper, "by no means loners, the Howard's attended church regularly, enjoyed themselves at senior citizens` clubs, and went square dancing until Velma was taken ill."

With her left arm useless, her legs weakening, Velma began to think about an accelerated death. The pain from the neuromuscular disease, a degenerative condition medically known as Amyotrophic Lateral Sclerosis (ALS), was increasing. But, most of all, she did not want to linger for months in steady decline, dragging down her aging husband at the same time. Velma read books on the subject, talked on the telephone long distance with a right to die group, and discussed her plan with close friends and immediate family. Unable to write clearly, Velma made a three-minute audiotape outlining her reasons for deciding to die now rather than wait. On the tape she accepted full responsibility for her action, stressing that no one else should be blamed.

One son was businessman in Plano, Texas, and another a judge in Lenexa, Kansas. Always considerate of not putting others to any trouble, Velma resolved that they would all drive to a central point, Joplin, Missouri, and celebrate the golden wedding on December 8, 1995. The next day she would die. What Velma had not taken into account is that Joplin (pop; 40,961) is famous as "The Buckle of the Bible Belt". Missouri is one of only three American states which does not have a living will law. Joplin is a mere thirty minutes drive away from the place in Jasper County where the family of Nancy Cruzan, in a permanent vegetative state, struggled to get her disconnected from life support systems. In 1990 the Cruzan case before the US Supreme Court enunciated the right to forgo medical treatment.

Party in motel

The older Howard's checked into Room 305 of the Days Inn in Joplin and on Saturday, December 8 they partied with their two sons, Bernard Junior and Stephen, reminiscing about the past but saying little about the future. All present knew what would happen the next day and were in agreement with Velma's wishes.

When she was ready to die on Sunday, the trio helped Velma Howard and, from all accounts, her death was swift and peaceful. Then one of the sons informed the motel staff, who called the police. What happened then illustrates the strange attitudes towards rational suicide of the terminally ill in Missouri or any other state for that matter.

It was an easy case for Newton County police and the prosecutors because all three Howard's made statements explaining exactly what happened. An immediate autopsy confirmed the presence of narcotics in the body. A few days later, Joplin's police chief David Neibur typified police bafflement about these suicides by describing the case as "very bizarre".

Suicide is not a felony in Missouri-nor any other American state. Velma had committed no crime. But in 1984 the Missouri legislature passed a one line law (565, 023, 1(2), RSMo) stating that any body assisting in suicide (or self-murder) was committing a Class B felony, which is punishable by five to fifteen years imprisonment. In its twelve years existence, nobody in the state had ever been tried for the offence, or even investigated; thus there was no case law available for review.

Convictions in New York

At the time nobody in America had been convicted of assisted suicide, although in 1996 George Delury pleaded guilty in New York City to assisting his wife's suicide and received six months imprisonment. Being a plea bargain, there could be no appeal of the case to clarify the law; Many legal observers feel that had Delury defended the case a jury would have acquitted him. The only other known conviction for this type of offence` was John Bement in 1998 in New York who was convicted by a jury of 'assisted suicide' and received two weeks imprisonment (Dr. Kevorkian has been acquitted of assisted suicide three times in jury trials in Michigan; when he was sentenced in April 1999 to 10-25 years imprisonment it was for 2nd degree murder, not assisted suicide).

How Velma Howard died is vividly described in the actual complaint sheet produced shortly afterwards in court when the two of the three men were accused. (Stephen Howard was never charged with any offence, apparently because his physical involvement happened to be minor.).

Her husband, Bernard A. Howard, 76, was charged with a class B felony in these exact words of the prosecuting attorney. Complaint:

"The defendant knowingly assisted Velma Howard in the commission of self-murder by providing for Velma Howard orange juice used by her in filling a recipe for death outlined in a book containing instructions on self-murder by reducing the temperature of the room in which Velma Howard committed self-murder as called for in the book, by providing Velma Howard rubbers bands which Velma Howard used to affix a plastic bug over her head, thus cutting off the supply of air to her body and by arranging chairs and items used by Velma Howard to commit self-murder into such proximity as to give Velma Howard access to such items, to wit a container of orange juice laced with sleeping powder and alcohol a container of food substance containing a narcotic, a plastic bag, a rubber band ligature, and a spring form pan, all used by Velma Howard in the commission of self-murder."

The charge sheet against her son. Bernard J Howard, aged 49, read much the same with the additions that also accused him of "reading from a book containing instructions on self-murder and by helping Velma Howard into a position in which she was in immediate proximity to several items which were used by Velma Howard to commit self-murder". The book was 'Final Exit' which has sold more than one million copies world wide.

It was almost certainly the first time in history that anybody in America had been charged with reading a book, redolent of religious persecutions in medieval times. Could turning down the heat and moving chairs around also be a crime? They had not provided the drugs because Velma had her own if supply of Dalmane. The case promised to be a field day for lawyers and judges if it ever got to court.

Early in the proceedings the older man decided to plead guilty but his son announced that he would prefer a trial. Both were granted bail.

The case attracted extensive media attention throughout Missouri, necessitating the county prosecutor, Greg Bridges, to call a press conference a month later. At this meeting Bridges revealed to reporters some of his doubts and fears about the case, "There are no other cases like this, there's no precedence to be guided by," he said. He was not unsympathetic to what happened but the law must be obeyed. Whereupon he read out the astonishing charges concerning, amongst other things, book reading and temperature alterations.

A moral issue?

A reporter bluntly asked the prosecutor if this wasn't really a moral issue. "This case doesn't have anything to do with whether it's right or wrong to commit suicide." replied Bridges. "It just happens to be illegal in Missouri to help somebody to do so." He added that he suspected there had been no previous prosecutions because, "I suspect that some people are hesitant to prosecute it because of the emotional issues involved." Prosecutor Bridges later told a local newspaper that since filing the charges he had received hate mail and been called names. As the case was being prepared for trial, two influential high courts in America, the 9th and 2nd Circuit Courts of Appeal, both ruled the state could not ban assisted suicide for a competent, terminally ill person. The rulings did not affect Missouri, which is in the 8th Circuit. But immediately Bridges, who never seemed aggressive in his prosecution of the Howard's, saw these rulings as a way out of his dilemma.

"I'll sit on the case for one year to see if something develops." Bridges announced. "To go blindly ahead, prosecute them and may be have the law overturned, wouldn't be fair to the family. We should wait for a determination from a higher court."

Subsequently, the Attorneys General of Washington and New York states appealed the lower courts decision to the U.S. Supreme Court. The H.C overturned the 9th and 2nd Circuit Courts of Appeals and bans prohibiting PAS remained constitutional. Bridges could easily have proceeded to prosecute the Howards, since the Missouri felony Law was firmly in place. He chooses not to do so. When the case came up for review the following year, all charges were dropped.

This case exemplifies the discretion given to a prosecutor as well as the ambiguity they often feel when deciding how to handle a situation of this kind. The Howard's were solid citizens, unanimous in their decision, with no hint of

impropriety. In short, they were decent people, trying to handle a difficult situation in a cautious and dignified manner. The prosecutor, with no legal precedent to follow, was torn with doubts and fear over the political, ethical and judicial practicalities of pressing for a conviction. The prosecutor also knew that after all the grieving family's anguish and expense, any court proceedings, as with the Howard's, usually comes to naught in the end."

Pakistan (Islamic View Point)

Attempt to commit suicide and /or voluntary euthanasia in Pakistan is a Penal offence. Sec. 325 Pakistan Penal Code 1860 being the relevant provision of law reads as under:-

"Attempt to commit suicide. Whoever attempts to commit suicide and does any act towards the commission of such offence, shall be punished with simple imprisonment for a term which may extend to one year, or with fine, or with both"

It would also be relevant to observe that the above-mentioned offence is not only a penal offence but also treated as a sin. This factor certainly acts as a deterrent on suicide attempt. It is generally believed by mental health practitioners, both psychiatrists and psychologists, that religion is a strong deterrent in contemplating committing or assisting suicide in our society but there are no formal studies to corroborate this belief. Islam also forbids taking ones own life. Since the primary sources of Islamic jurisprudence are the Holy Quran and the Sunnah of the Holy Prophet (P.B.U.H), therefore, the following Islamic injunctions about suicide are reproduced below:

"Holy Quran:"

* Do not kill yourselves as God has been to you very merciful" (4:29)
* "Taking away the life should be the domain of the One who gives life. True, there is Pain and suffering at the terminal end of an illness, but we believe there is reward from God for those who patiently persevere in suffering" (31:17) (39.10).

* Sahih Bukhari.
  Narrated Thabit bin Ad-Dahhak:
  The Prophet (P.B.U.H) said; "whoever intentionally swears falsely by a religion other than Islam, then he is what he has said, (e.g. if he says, 'If such thing is not true then I am a Jew, he is really a Jew). And whoever

commits suicide with a piece of iron will be punished with the same piece of iron in the Hell Fire." Narrated Jundab, the Prophet said "A man was inflicted with wounds and he committed suicide, and so Allah said: My slave has caused death on himself hurriedly, so I forbid Paradise for him."

* Narrated Abu Huraira:
The Prophet (P. B.U.H) said, "He who commits suicide by throttling shall keep on throttling himself in the Hell Fire (forever) and he who commits suicide by stabbing himself shall keep on stabbing himself in the Hell-Fire".

The Islamic Code of Medical Ethics endorsed by the first International conference on Islamic medicine (Islamic Organization of Medical Science, Kuwait, 1981, p 65) states: "Mercy killing, like suicide, finds no support except in the atheistic way of thinking that believes that our life on this earth is followed by void. The claim of killing for painful hopeless illness is also refuted, for there is no human pain that cannot be largely conquered or by suitable neurosurgery."

The same Code at page 67 includes, "In his/her defence of life, however the doctor is well advised to realize his limit and not transgress it. If it is scientifically certain that life cannot be restored, then it is futile to diligently keep the patient in a vegetative state by heroic means or to preserve the patient by deep freezing or other artificial methods. It is the process of life that the doctor aims to maintain and not the process of dying. In any case, the doctor shall not take positive measure to terminate the patient's life."

The upshot of the above discussion is that many including the United Church of Christ (congregational), the Unitarian Church and the Methodist Church on the West Coast of America support an assisted death as an act of compassion and love. Some groups have gone beyond the concept of the "right to die." to that of the "duty to die." They claim that when human machine has stratum of society, and it should be disposed of, and rather abruptly than allowing it to deteriorate gradually. (Jacques Atalli: La medicine en accusation-in Michel Solomon 'L' avenir de la ie', Coll Less is ages de L' avenir Ed Seghers, Paris 1981, p 273-275) (Q.H.A.Rabbani. The News dated 8th February 2002). But this

idea is not shared by every one universally particularly the hierarchy of Roman Catholic Church, the Church of Latter Day Saints (Mormons), the Jewish Law and the rulings of all the rabbinic interpreters of the law as well as the National Right to Life. So far Islam is concerned its injunctions totally forbid suicide or assisted death in any form what-so-ever. When means of preventing or alleviating pain fall short, the spiritual dimension can be very effectively called upon to support the patient who believes that accepting and standing unavoidable pain will be to his/her credit on the Day of Judgment. To a person who does not believe in life after death which is the real and enduring life, this might sound like nonsense, but to one who does, euthanasia is certainly nonsense.

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VIGOR AND ORIGINAL THINKING AS DOMINANT TRAITS OF PAKISTANI MALE BANKERS

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ABSTRACT

In order to determine sex differences in personality traits of bankers, Gordon Personality Inventory was administered to a random sample of sixty bankers (30 male and 30 female). The t-test was applied to find out the statistical significance of the results, which indicated male bankers significantly high on trait of Vigor ($t=9.33$, df 58, $P < .05$) and original thinking ($t=2.97$, $df=58$, $P<.05$), female bankers significantly high on trait of cautiousness ($t= -7.96$, $df=58$, $P<.05$) whereas no difference in the trait of personal relationship ($t=0.241$, $df=58$, $P>.05$) was found between male and female bankers.

INTRODUCTION

Personality is the characteristic way of thinking, feeling and behaving across different situation and events. This includes how one reacts to a situation, how one deals with a situation that come up and how ones feelings come into play. Personality is both the "inner Psychological qualities of a person and also the impression" that is given to other people (Eysenck,1968).

Allport (1937) describes personality as an entity that provides the individual with a sense of coherence and continuity, but it is also a dynamic structure which may evolve with life changes. The coherent core of personality is attributable to the traits which underlie personality. The same event (e.g. an office party) might result in feelings of shyness (introversion) for one person, yet cause excitement (due to extroversion) in another on the basis of their personality traits. For Allport; traits are potentials for response which reside within the nervous system and which initiate and guide consistent or at least equivalent, forms of behavior. Traits enable individuals to respond to heterogeneous stimuli in a typical manner, and traits influence their thoughts and actions in diverse but characteristic ways. Thus traits account for both the stable, enduring features of personality as well as the way it may fluctuate and grow.

Differences occur between individuals because they have different amount of the various basic traits making up human nature. Men and Women have different ways of thinking, different ways of working on the basis of their personality traits. They appear to be and act differently in all fields.

In a study observation of the children's behavior indicated that girls were more dependent, showed less exploratory behavior and their play behavior reflected a more quiet style. Boys were independent, showed more exploratory behavior, were more vigorous and tended to run and bang in their play. These behavior differences approximate those usually found between the sexes at later ages. (Goldberg and Lewis,1968).

Macoby and Jacklin(1974), list among the 'unfounded beliefs about sex differences' the belief that girls are more social, dependent and suggestible than boys.

Women value cooperation and openness, encourage participation, share power information, enhance other's self-worth, have superior communication skills and have more team oriented approach (Gracie 1998). They tend to favor slow growth and be reluctant towards risk.

Tyler (1965) concludes that it is almost a universal finding that females are more dependent upon people than males are. Mischel (1993) suggests that a sex difference does appear to exist in terms of greater dependency, social passivity and conformity in females than males.

Hoffman (1997) suggests that women are more empathetic than men, that is they are more likely to imagine themselves in the other's place and respond emotionally accordingly.

Several studies have been done on impulsivity and have found that males score high on the two facets of impulsivity i.e. thrill seeking and adventure than females. (Zuckerman 1979) suggests that perhaps this difference reflects the acting out of a common cross cultural script that males are simply expected by others to be more adventurous, daring and generally disinhibited than females. Males may gain more social approval from others by acting more daring and disinhibited whereas the social script for females does not condone this behavior.

Societal expectations for men and women differ and these pressures exert differing influences on their personality. Men work outside the home, do the heavy work, fight the wars, dominate all spatial ability jobs (Mathematicians, Engineers, Architects), and control the most powerful institutions; women bear and nurse the babies, care for the young, work in or near the home, do the family cooking, etc., and when they work outside the home they work in more occupations that deal with children and interrelationships between people. Generally in all cultures, men are expected to work mostly outside the home and help provide for their family, while women are expected to stay near or at home and care for the children, and to work in and around the house, cooking etc.

On the other hand there are several researches indicating no differences between Men and Women. In studies of entrepreneurial values (Fagenson 1993) risk taking propensity (Masters and Maiers 1988) and personality attributes (Sexton and Bowman-Upton 1990) few differences have emerged as a function of gender.

Cross-cultural research suggests that there are no absolute personality differences between men and women, that many of the characteristics we normally classify as masculine or feminine tend to differentiate both the males and females in one culture from those in another, and in still other cultures to be the reverse of our expectations.

There are people who possess the characteristics of both sexes. Bem (1974) and Spence, Helmreich, and Stapp,(1974) introduced the concept of androgyny into the psychological literature to express the notion that people can manifest traits typical of both sexes. Bem considered androgyny preferable

because it reflects flexibility. People who have the more characteristics of both sexes, can be dominant and assertive in situations where those characteristics are more appropriate. For example, at a business meeting assertive behavior is often called for. However, when interacting with a colleague who is suffering from a terminal illness, sensitivity and emotional expressiveness would be more important.

Hence the present study was conducted to determine the differences in the personality traits of male and female Pakistani bankers, because we believe that knowledge of the difference in the traits of bankers may help the higher authorities to assign duties to their respective staff according to their unique trait and not only according to their academic qualifications. The results of this research if utilized in proper way can help to increase the efficiency of the bank staff.

METHOD

Sample

Sample consisted of sixty bankers which included thirty male and thirty female. The educational level of the respondents was Post Graduation and their age ranged from 25-40 years. Sample was collected from various bank of Karachi city.

Procedure

Gordon Personality Inventory(Gordon, 1963) was used to measure the personality traits of male and female bankers individually. Inventory measures four main personality traits namely "Vigor, cautiousness, personal relationship and original thinking". Standard procedure was followed in administration and scoring of the above mentioned test. The statistically significant difference in the personality traits of male and female bankers was tested by applying t-test.

RESULT

Table I

Difference in the trait of Vigor between male and female bankers

	N	Mean	St. dev	SE mean	df	t
Males	30	13.73	2.74	0.50	58	9.33
Females	30	6.57	3.19	0.58		

$p < .05$

Table II

Difference in the trait of Cautiousness between male and female bankers

	N	Mean	St. dev	SE Mean	df	t
Males	30	10.00	3.21	0.59	58	-7.96
Females	30	17.27	3.84	0.70		

$p < .05$

Table III

Difference in the trait of Personal Relationship between male and female bankers

	N	Mean	St. dev	SE mean	df	t
Males	30	8.27	2.33	0.43	58	0.24
Females	30	8.10	3.06	0.56		

$p > .05$

Table IV

Difference in the trait of Original Thinking between male and female bankers

	N	Mean	St. dev	SE mean	df	t
Males	30	9.17	3.12	0.57	58	2.97
Females	30	6.77	3.15	0.57		

$p < .05$

DISCUSSION

The result shown in table I(t=9.33, df 58, P<.05) indicate that there is a significant difference in the trait of vigor between male and female bankers. Male bankers are found to be more vigorous (X=13.73) as compared to female bankers (X=6.57). They seem to be more energetic, like to work and move rapidly and are able to accomplish more than female bankers. Females seem to tire easily and prefer to set at a slow pace. Our results that males are more vigorous than females, is also supported by previous researches, Maccoby (1958) found that boys are significantly more independent and active. According to Goldberg and Lewis (1967) boys are more independent, exploratory and vigorous than girls.

Personality differences between sexes are cultural creations to which each generation of male and female is trained to conform. Certain stereotyped traits are selected and are largely or exclusively ascribed to males or females, merely because of maleness or femaleness. Thus, in Pakistan the female is socialized but is forced to believe her traditional role of dependent, timid, sensitive and suggestible person. Contrary to it, the male child's independent, exploratory and vigorous behavior is rewarded continuously. Consequently the process of socialization results in his dominant and aggressive behavior. Boys due to androgenic influence are in need of more physical activity than females.

Results in table IV (t=2.97, df=58, P<.05) also go in favour of males, which indicate that there is a significant difference in the trait of original thinking between male and female bankers. Male bankers seem to be more original

thinker (X=9.17) as compared to female bankers (X=6.77). Along vigor male bankers like to work on difficult problems, are intellectually curious, enjoy thought provoking questions and discussions and like to think about new ideas whereas female bankers appear to dislike working on difficult or complicated problems, are less interested in thought provoking questions and discussions. This style of female bankers maybe because they are more cautious as compared to male bankers, this is also clear from the result in table II (t = -7.96, df=58, P<.05) which indicate significant difference in the trait of cautiousness between male (X=10.00) and female bankers (X=17.27). Female bankers are more cautious as compared to male bankers. They consider matters very carefully before making decisions and do not like to take chances or run risks. This cautiousness is one of the quality which is very much required for bankers.

Although result in table I,II &IV clearly indicate significant difference between male and female bankers in relation to the trait of vigor, original thinking and cautiousness but table III (t=0.24, df=58, P>.05) indicate that there does not seem to be a significant difference in the trait of personal relationship between male (X=8.27) and female (X=8.10) bankers. It appears that personal relations of both of these groups are similar. Both groups in a similar way rely on others, have faith and trust in people, are equally tolerant, patient and understanding to others problem.

It is therefore recommended that before hiring managerial staff in banks one may get the applicant assessed by Clinical Psychologist on personality inventories together with various other psychological tests. This will help to appoint those whose traits match with the traits of successful bankers. Personality assessment before hiring can help to appoint suitable personnel for suitable job.

Above mentioned results also give us a true picture of human individuality and sociability. Whenever individual self is concern then there is a significant difference between males and females because of many causative factors. Hence in some traits men are more dominant and on other women are. But whenever other people are involved both react in alike manner but not at the risk of sacrificing their unique traits.

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MOTHERS OF SPECIAL CHILDREN AND DEPRESSION

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ABSTRACT

The purpose of the present study was to find out the difference between the Level of depression of mothers of special children and mothers of normal children. Sample consisted of 50 mothers comprising of 25 mothers of special children and 25 mothers of normal children. IPAT Depression Scale was administered to both groups, and t test was applied to find out the statistical significance of the results. It was found that mothers of special children were more depressed as compared to the mothers of normal children.

INTRODUCTION

One of the most devastating events that can happen in a family is the birth of a special (disabled) child, changing the lives of parents and siblings in dramatic ways, upsetting the entire family, specially the mother. How a family actually responds to the subsequent challenges varies from family to family. The news that a child has a disability has long term impact on family dynamics.

Foster and Berger (1985) have reported that the news is initially so devastating that it strikes at the heart of a family`s value system, disrupting its

equilibrium and causing the family unit to freeze in its developmental cycle. Not all parents learn of their child`s disability shortly after birth. More typically, parents of disabled children respond with shock, disbelief, guilt, or an overwhelming sense of loss. Recetly, Batshaw, Perret and Trachtenberg (1992) have outlined a number of steps that they believe fairly represent the stages parents of disabled children go in their acceptance of the disability,. These stages are as follows:

Denial

It`s quite common for parents to resist the notion that their child is different from others. Refusal to accept the new information may be particularly acite when it pertains to a child who looks normal, and is the only or eldest child. The greater the severity, the earlier the diagnosis, the more arduous the denial. Parents often refuse to believe the existence of a disability, performance of it, or its impact on the life of the entire family.

Depression

Following an awareness that the threat of a disability is real, parents often feel a weakening of their spirit, a sense of loss or even impending doom that the disability is greater than their resolve to overcome it. A general lack of interest in social ativities, routine health care and normal daily activities are some of the many indicators of a brief depressive episode. It is anger turned inward. Parents punish themselves because they cannot do what they want to do i.e make the child normal.

Guilt

Parent`s guilt is manifested in one of three ways. The least common is attaching the cause of the child`s disability to some specific past action. A second form of guilt is the belief that is the belief that "bad things happen to bad people; therefore, I am bad. "A third form, the most frequently found and the most difficult to deal with, is the belief that the disabled child is a just punishment for something the parent has done.

Anger

Anger occurs on two levels. The first often expressed as "why me?" The other is usually unspoken and frequently is displaced on to the spouse, a sibling

or a professional because of lack of knowledge about the disability and its causative factors. This silent anger is actually hatred for the disabled child.

Bargaining

When parents realize that they, too, have a role to play in the course of the disability, they often set out in search of mitigating factors that will allow them to remain some control in their fight to over come the disability. In an area of medical miracles it is not uncommon for families to begin doctor shopping , to search endlessly for some one or something that can diminish or even cure the child of the disability .Thus bargaining with science ,with God , or with anyone to cure the child , is last dish attempt by parents to change their circumstances.

Acceptance

Accepting the reality of a situation that is unwanted and unpleasant remains an extremely difficult task .Once the family has accepted the permanency of the disability and found that its family values and structures have remained relatively intact , they are free to continue with family functioning , growing and developing as a new family unit , living , loving , and learning to the fullest extent possible.

This is framework for better understanding the process of acceptance but not all parents proceed through the sequence at the same rate or with the same degree of success. Many never achieve full acceptance of the disability and many simply do not want to . finally parents vary in their coping ability. Factors such as the magnitude of the event, the family`s general level vulnerability to outside stressors, perceptions of the seriouness of the event, and the family`s regenerative abilities all play a crucial role in the resolution process.

Thurston (1959), Suggested that even as much as fifteen years after the diagnosis parents of disabled children still felt grief, guilt and hopelessness and 21% said they were too distressed to discuss the condition with outsiders. Cummings et al. (1966); and Cummings (1976) studies of parents have stressed that both mothers and fathers seem to show significant psychological disturbances in comparison with parents of non-handicapped children. Staton (1972) compared mothers and fathers of mentally handicapped children and found no difference in guilt, unrealistic attitudes and overprotective attitudes. Wing (1975) looking at 100 families of severely handicapped children up to the

ages of 14 years, found that 57% of mothers and 20 of fathers had mild or severe psychiatric symptoms at some time since the child was born. The ratio is greater than the 2:1 ratio of women to men with Friedrich and Friedrich (1981) found mothers of handicapped children reported lower marital satisfaction than mothers of non handicapped children. Bristol (1982) suggests that stress is more strongly related to individual family resources, than to the severity of the child`s handicap. Beckman (1983) found a positive correlation between stress and the number of extra care giving requirements of the child e.g. special feeding , handling and medical problems, for a sample of handicapped children aged 3 years or less.

After literature review it was hypothesized that level of depression will be higher in mothers of special children as compared to mothers of normal children.

METHOD

The sample consisted of 50 mothers which included 25 mothers of special children and a matched group of 25 mothers of normal children with age ranging from 25-40 years. Mother in both the group were graduate and belonged to middle socio economic class The special children here means those children who are physical handicapped and their age range is from two to six years.

Procedure

Mothers of special children were approached at their residence after survey of records of maternity hospitals of the city of Karachi. Sample of Mothers of normal children was taken from the neighbours of the mothers of the special children.

IPAT Depression Scale was used to measure the level of depression of mothers of both groups. The scale was administered individually to all the subjects. The 't' test was applied to find out the difference in the level of depression of both groups.

RESULTS

Table I

The level of depression of mothers of special and normal children

Mothers of Special Children			Mothers of Normal Children		
n	=	25	n	=	25
y	=	31.04	y	=	20.24
't' obt. =		3.75			
Significance p < .01 level					

DISCUSSION

Results of the statistical analysis are shown in table I. The 't' score is 3.75, df=48, p<.01, which indicates that there is a significant difference between the level of depression of mothers of special children and mothers of normal children. Mothers of special children tend to be more depressed than the mothers of normal children.

The reason for this difference may be that; When the disability is apparent at birth or soon after, is the symbolic death of the child who was to be. The fantasized mental image of the perfect child, the baby who will be cute and adorable, excel in school or sports, and other wise exceed his or her parent`s own achievements is broken. When it is told that their child is disabled they suffer from the loss of their dreams and hopes, and some mothers react with severe depression.

The problem of providing daily care for their special child, the child who is often difficult to feed, to dress, to put to bed and the thought that the child will not go through a normal developmental process, and will not become an independent adult, weights heavily on the mothers.

Another reason for their depression can be that having a disable child is one thing that stays with mothers always. The pain never diminishes, as the child grows, the handicap becomes more obvious and effects the whole family more.

The disabled child may be unable to respond affectionately to the mother, feeling of aloneness arises and the intimacy that exists between a normally developed child and mother takes longer to evolve. The feeling of parents immortality seems to be lost which can be the reaction of parents who see children as link with future generations.

In our underdeveloped country, people are not aware and do not have realistic knowledge of handicapped. There are several superstitions and fears associated with handicap, Linger in many people`s mind making it very difficult for families of handicapped children to lead a normal life. They have to fact undesirable, sometimes cruel attitudes of the society. The family may experience more stigma and rejection from the public.

Mothers, own lack of awareness about disability also makes it very difficult to resolve with their emotional reactions (feeling of guilt or anger etc.). Less aware mother fails to seek proper guidance and have a feeling of being trapped in that situation and being unable to do anything about it.

Mothers of special children belonging to Middle socioeconomic status tends to be more depressed because they face multiple problems, financial strains, limited resources, infense house-hold responsibilities and an additional responsibility of a child. Their stress increases if the husband is also non-supportive. Grandparents in our culture injoint family mostly feel angry when a grand child is found to be handicapped. A common pattern appears when a paternal grandmother expresses her resentment towards her daughter-in-law. Pieper (1976) described how her mother-in-low lashed out in anger when presented with the handicapped grandchild. The grandmother blamed her for burdening her husband with the handicapped child and for being "bad blood".

In nuclear family reason for depression might be that the intense responsibilities of home and the special child are faced by the mother alone. But the presence of a supportive husband, even when he does not participate in child care, seems to be an important predictor of a mother's ability to cope with an exception children (Friedrich, 1979). Following the entry of a special child, increased time is needed for care taking, an increased number of contacts with related services and changes in family activities or routines. Some times intensive time demands of a disable child disturbs the social life of parents specially mother, staying home all day unable to visit relatives or have social gatherings, thus devoid of emotional outlets. If there are other younger children to be looked

after including a special child the pressure on mother increase. Some mothers of special girls worry more as compared as compared to the mother of special boys because parents of special girls has to be more cautious as they grow as compared to boys in our society.

Many steps can be taken to reduce the strain of mothers of special children. The most important for our country is creating awareness about disabilities and what can be done for prevention and how to help the disabled children and their family. Providing counseling and external support to parents specially mothers are very important which may help in lowering their level of depression.

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