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Impact of Yogic Practices on some Psychological variables among Adolescents

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A group of 30 boys and 20 girl aged between 16 to 18 years and similar in educational standard and economic status were tested on seven psychological variables, viz ; self- concept aggressive reactions to frustration, tolerance, Ahimsa, Truth fullness, Faith and Fidelity. The group was them divided in two having equal number of boys and girls of similar characteristics on these variables. One group (Experimental) was given yogic practices of Asanas, Pranayam and yogic Jogging for 15 days daily for 1:30 hours in the morning while the other group (control) was set free to adopt their original life style. At the end of 15th day both the groups were tested on seven psychological variables. It was found that the subjects of experimental group receiving yogic practices have significantly high scores on Self-concept, Tolerance, Ahimsa, Truthfulness, Faith and Fidelity but low on Extragression and Ego defence and high on Obstacle- Dominance, Need Persistence and Introgression of aggressive reactions to frustration as compared to their scores on these variables before start of the yogic practices. There was no significant change in scores of control group of subjects on these variables.

Yoga is a science. It is a part of Rig-Veda a holy book in India written millions of year ago. That is the reason, India has a glorious history of yoga.

INTRODUCTION

Our ancestors have made several invaluable contributions for the welfare of mankind. Yoga is one of them. Maharshi Patanjali **Yoga** Sutra is a universally accepted treatise on the subject of yoga. Yoga is the union of mind and body and the control of modifications of mind. In Indian contemplation uni-lateral development of Personality has not been given any importance. Special emphasis has been laid to the development of mind and soul along with the body. Thus, Yoga is a science that aims at the total development of Personality.

Yoga means the integration of mind, body the whole psyche. Since ancient time we understand the importance of sound mind that invariably necessitates a healthy body, the practice of yoga is a surest way to acquire a disease free and vigorous body and the positive health is sure to facilitate the process of mind control.

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The aim of life is to excel. Human being is the smallest unit of a nation. If all the citizens of a nation can excel the society will excel and ultimately the nation will excel. Therefore for a nation to be strong the individuals of the nation should be physically healthy, cheerful, enthusiastic, affectionate, tolerant, giving service to the society, characterful, truthful, universal fraternity and patriotic, philanthropy, all round healthy and blissful. For acquiring all the above virtues the practice of yoga is a simplest way. For a common person Yoga is simply the practice of Asana. But it is only the third component of Astang Yoga which has eight components viz; Yama, Niyama, Asana, Pranayama, Pratyahar, Dharma, Dhyan and Samadhi.

The first 5 components are called Bahirang Yoga: meaning the external and lower Yoga. The last 3 components Dharana, Dhyan and Samadhi are called Antarang (internal or higher) Yoga.

Yamas are five in number i.e., Ahimsa, Satya, Asteya, Brahmacharya and Aparigraha. In Yamas, emphasis is laid to the purification of social life with a view to make it Sattvic (divine). Ahimsa means harmlessness towards all living beings. Satya means truthfulness. Asteya means absence of steal or dishonesty. Bhahmacharya means celibacy or purity in sexual life. Aparigraha means not to possess beyond actual needs. These should be followed by all the practitioners in mind, speech and action.

The second component part of Yoga is Niyama. Niyamas are also five in number i.e., Saucha, Santosh, Tapah , Svadhyaya and Ishwarapranidhana. Niyamas aim at acquiring maximum purity, divinity and uprightness in the mind. First Niyama is Saucha: external and internal purification. Second is Santosth(contentment). Third is Tapah: to make incessant righteous efforts to achieve goal in the teeth of all adversities and obstructions. Fourth is Svadhyaya : to study spiritual scriptures and to acquire correct knowledge of self and the Supreme Divinity. The fifth is IshwaraPranidhana: complete surrender to the divine will.

The third component of Yoga is Asana. Usually, we all are very familiar to it. The constant uninterrupted and pleasurably sitting is called Asana. Its practice removes the unsteadiness of body, instability, dizziness and Pramad etc. and develops strength, glow, elasticity, lightness, smartness, positive health and capacity of tolerating heat and cold , hunger and thirst and tiredness etc. the Asanas are practiced to energise the body and mind with the requisite vitality and vigour to successfully follow the higher practices of meditation.

The fourth component of Yoga is Pranayama. Its practice helps man to get encouragement and vital power, control of Prana, concentration of mind and ability to perform the higher practices of Yoga i.e.,Dharana,Dhyan and Samadhi.

The fifth component of Yoga is Pratyahar. In the practice of Pratyahar all the senses renounce their objects and get internalized. By the practice of Pratyahar, Yogis acquire perfect control over their senses.

The sixth component of Yoga is Dharana. In this, the mind is to be concentrated over one object by restraining it from external objects. Usually we find ourselves unable to concentrate our mind on an object even by making conscious efforts. With constant practice our concentration power may increase to such an extent that we can concentrate our minds fully over any object at will and during it the mind dose not entertain any other subject.

The seventh component of Yoga is Dhyan. We are well acquainted with it. By the practice of Dhyan mind can be fixed upon an object for a long period. In Dharana, mind dose not concentrate over an object uninterruptedly due to external or internal obstructions. In Dhyan it continues constantly. Dhyan is the higher and mature stage of Dharana. In Samkhya philosophy the state of Dhyan is defined as Nirvisayam i.e., devoid of any object means restrained from all external and internal objects and is constantly and uninterruptedly fixed upon the object of Meditation.

The eighth component of Yoga is Samadhi. Dhyan with full maturity is called as Samadhi.

The Yogis (practitioner) have said that the continuity of Pranayama lead to Pratyahar and its continuity brings a practitioner to the stage of Dharana.The continuity of Dharana leads to Dhyan and its continuous practice leads to Samadhi. Thus ,a Practitioner has to adhere to continuity in order to achieve seat in his life.

The regular practice of Yoga can bring many changes in mind and body, personality and behaviour of the practitioner. There has been no research in this area. The present study is such an attempt.

Objective:

The objective of the study was to find out the effect of Yogic Practice on self concept, aggression, tolerance, Ahimsa, Truthfulness, Faith and Fidelity of a group of adolescents.

METHOD

Sample:

A group of 50 adolescents (30 boys and 20 girls) aged between 16 to 18 years and the students of 11^{th} and 12^{th} standard of Faizabad city in India was selected to serve as subjects.

Tools used:

1. Self-Concept Questionnaire by R. K. Saraswat (1992) has been used to measure self- concept among the adolescents.
2. Indian adaptation of P-F Study by Pareek, Devi and Rosenweig (1968)

is the test to measure aggressive reactions to Frustration.

3. Interview: An interview was conducted to reveal Tolerance, Ahimsa, Truthfulness, Faith and Fidelity.

Operational Definition of Some variables :

Self- concept : An organized configuration of perceptions, beliefs, feelings, attitudes and values which the individual views as a part of characteristics of himself (Pederson, 1965)

Extragression (EA) :In which aggression is turned on to the environment.

Introgression (IA) : Aggression is turned by the subject upon himself.

Imgression (MA) : Aggressions evaded in an attempt to glass over the frustration.

Obstacle- Dominance (O-D) : The barrier occasioning the frustration stands out in the responses.

Ego- Defence (ED) : The ego of the subject predominates.

Need-Persistence (NP) : The solution of the frustrating problem is emphasized.

Tolerance : Ability to endure and tolerate

Ahimsa : Non Violence in mind, word and deed

Truthfulness : Truth in thought, speech and action. It can only follow a complete realization of Ahimsa (Gandhi 2001)

Faith : Trust in one's ability and in Almighty God.

Fidelity : Complete surrender to Almighty God.

Procedure:

All the subjects were tested / interviewed to reveal self- concept, aggression, tolerance, truthfulness, faith and fidelity. The subjects were divided in two groups matched on the scores of the assessed variables. One group named as experimental was given Yogic practice for 15 days daily in the morning from 5.30 to 7.00 am. The Yogic practice included:

1. Chanting of 'OM' followed by 3-4 verses in Sanskrit.
2. Pranayama (breathing) exercises: 8 in number viz; Bhastarika (deep diaphragmatic breathing) , Kapalabhati, Agnisar, Ujjai, Anulom- Vilom (alternate breathing), Bhramari, Udgeeth and Pranav.
3. In between the breathing exercises 12 poses of Sukshma exercises were performed.
4. Surya Namaskar(12 poses)
5. Asanas(12 in numbers)
6. Yogic Jogging(12 poses) followed by Singh Asana(Roaring like Lion) and the
4. Hasyasana(Laughter,**the Attahas**)

Thus, there are 60 actions to be performed in one and half hours with prayers in between.

On 15th day the subjects were tested on the same variables on which they were tested at the start of the programme.

RESULTS AND INTERPRETATION

The pre and post yogic practice session scores on SCQ of Experimental and Control groups have been presented in tables 1 and 2 respectively

Table 1 : Effect of Yogic practice on self- concept (Experimental group)

Dimensions of Self-concept	Pre yoga		Post yoga		t
	M	S.D.	M	S.D.	
Physical	29.00	3.89	35.67	3.17	5.66**
Social	27.92	2.93	30.25	3.05	2.77*
Temperamental	30.05	3.60	36.18	3.25	6.32**
Educational	30.89	3.84	36.81	3.11	6.04*
Moral	28.70	3.15	35.06	2.97	7.39*
Intellectual	27.78	3.56	34.69	3.16	7.27*

** $p < .01$, * $p < .05$

Table 2 : M and S D on self concept of control group

Dimensions of Self-concept	First Test		Repeat on 15th Day		t
	M	S.D.	M	S.D.	
Physical	29.27	4.05	29.45	3.87	0.161
Social	28.25	3.17	28.25	3.25	0.000
Temperamental	31.00	3.78	31.16	3.61	0.154
Educational	30.56	3.89	30.60	3.78	0.037
Moral	29.11	3.46	29.27	3.35	0.167
Intellectual	28.08	3.09	28.05	3.01	0.035

** All the t- values are not significant

The inspection of tables 1 and 2 reveal that on all the six dimensions of self concept there has been significant improvement among the group who practiced yoga for 15 days but there has been no significant change in the mean scores of the group who did not practice yoga. Thus, it may be inferred that the practice of yoga for 15 days may help the adolescents to develop better self-concept.

The above findings cannot be compared with other researches in the field because no research is available showing the effect of yoga practices on self - concept. The M, SD and t value on aggressive reactions to frustration assessed by, Pareek, Devi and Rosenzweig (1968) P-F study showing the

effect of yogic practices has bar presented in Table 3 and 4.

Table 3 : M, SD and t values for aggressive reactions to frustration among the practicing yoga group

Reactions to frustration	Before Practice of Yoga		After practice of Yoga		t
	M	S.D.	M	S.D.	
OD	4.05	1.98	4.56	1.74	2.40*
ED	13.61	2.41	12.52	2.70	3.73**
NP	5.82	2.55	7.44	2.67	5.44**
EA	12.13	4.00	11.10	3.27	2.46**
IA	6.16	2.33	7.13	2.12	3.80**
MA	5.71	2.63	5.77	2.13	0.22

** $p < .01$, * $p < .05$

OD : Obstacle- Dominance ED : Ego Defence, NP : Need Persistence,

EA : Extragression, IA : Introgession, MA : Imgression.

Table 4 : M, SD and t values for aggressive reactions to frustration among the non practicing yoga group.

Reactions to frustration	At the start of programme		On 15th day without yoga		t
	M	S.D.	M	S.D.	
OD	4.28	1.52	4.57	1.77	1.53
ED	13.05	2.45	13.27	3.13	0.68
NP	6.68	2.45	6.11	2.81	1.88
EA	12.41	3.07	12.25	4.21	0.38
IA	6.40	1.98	6.22	2.47	0.70
MA	5.19	1.83	5.11	2.55	1.29

** $p < .01$, * $p < .05$

OD : Obstacle- Dominance ED : Ego Defence, NP : Need Persistence,

EA : Extragression, IA : Introgession, MA : Imgression.

It can be seen from tables 3 and 4 that there was significant changes in aggressive reactions to frustration in experimental group who practiced yoga for 15 days but there was no significant change in the control group not receiving yoga practice. After practice of yoga the adolescents scored significantly high on OD, NP and IA but low on ED and EA. Therefore, it may be inferred that the yogic practice has significantly changed the reaction pattern of adolescents, they have a mature and realistic tendency in reacting to frustrating situations as their responses are over whelmed by the barrier occasioning frustration (OD), solution of frustrating problems (NP) and taking self responsibility (IA) but lesser importance has been given to ego defensiveness (ED) and relegating all the responsibility and aggression to the environment (EA). Evasion of frustrating situation (MA) remains unchanged.

The interview has resulted in information about tolerance, ahimsa, truthfulness, faith and fidelity. Questions were asked e.g. How you will react if a student of your class slaps you on your cheek ? If you get a bag full of money what you will do? Who has made this world? etc. The responses were content analysed. It was found that all these variables remained unchanged in control group but Experimental group who practiced yoga there were an increase in tolerance, truthfulness and fidelity.

The results of this study can not be generalized because it was conducted on a very small sample. It is required that the research be conducted on a large sample to find out effect of yoga practice on many more variables such as patience, competitiveness, personality factors.

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Disability Impact and Family Efficiency in Parents of MR Children

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Parents of children with mental retardation experience stress and burden of care. The index study was designed to compare disability impact and family efficiency in parents of children with mental retardation. Fathers and Mothers of 20 children with mental retardation were administered NIMH Disability Impact Scale and NIMH Family Efficiency Scale. The comparisons of mothers and fathers on the scales revealed that there were no statistically significant differences in the family efficiency of the parents. However, on Disability Impact Scale, mothers were found to have significantly greater impact.

KEY WORDS : Mental Retardation, Parents of MR Children, Disability Impact Scale, Family Efficiency Scale.

INTRODUCTION

Parents of children with disabilities undergo more than an average amount of stress (Esdaile et al, 2003). The stress associated with rearing mentally handicapped children is multifold. Problems like disturbance of - routine, family leisure, family health, make steady drain on time, physical and emotional energy as well as financial resources of the parents. The presence of a child with retardation in the family calls for a lots of adjustments on the part of the parents and family members (Peshwaria and Menon, 1991).

Cummings et al. (1966) reported that fathers having retarded children express more depression, lower self-esteem and a sense of parental inadequacy then the fathers of healthy children. Caregivers of persons with mental retardation experience considerable burden. Parents of mentally retarded use escape, avoidance as a mechanism of coping to reduce the burden. The responsibilities associated with caring of the children with mental retardation may influence the parents' psychological, physical and financial well being over time (Seligman and Meyerson, 1982, Ventura and Boxx, 1983, Quine and Paul, 1985).

Presence of such a child in the family lead to unsatisfactory marital life, loss of social support, marital disharmony, and the negative attitudes among the family members (Fredric and Friedrich, 1981). Most of the parents may like to keep themselves aloof from others and engage less in recreation and leisure activities. Some families face rejection or neglect from the family members, friends and relatives and hence interpersonal relationships get

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strained leading to loss of support; the effects however, vary from family to family depending upon quantity and quality of emotional, financial and physical support, degree of child's handicap, age or whether the child has associated problems.

Objectives :

The present study aimed at comparisons of disability impact and family efficiency in parents of mentally retarded children.

Material and Method :

The study was conducted at OPD of Institute of Mental Health and Hospital, Agra. 40 parents (20 Fathers and 20 Mothers) having retarded children participated in the study. The age range of fathers was 23-65 years and the range for mothers was 20-60 years. The parents of nine male persons and eleven female persons with mental retardation constituted the sample. 13 parents belonged to rural area and 7 were from urban areas. Following scales were individually administered on each parent.

NIMH Disability Impact Scale :

The scale is developed by Peshawaria and Menon (2000). There are eleven areas in the scale – physical care, health, career, support, financial, social, ridicule, relationships, sibling effects, specific thoughts and positive impact; which are explored separately for mother and father.

NIMH Family Efficiency Scale. The scale is developed by Peshawaria and Menon (2000). There are fifteen areas in the scale– sacrifice, faith in God, financial, values, health, trust, acceptance, crisis, social support, communication, roles and responsibilities, optimism, decisions, time and independence.

Parents were interviewed thoroughly to get accurate responses to the items of the scale.

RESULTS AND DISCUSSION

The groups were compared through t-test. The results are presented in following Table 1 :

Table 1 : Mean, S.D. and t-values of Family Efficiency and Disability Impact

Measures	Grouping	N	Mean	Std. Deviation	t-value
Family Efficiency	Mothers	20	28.45	3.73	.554
	Fathers	20	27.85	3.08	
Disability Impact	Mothers	20	46.90	6.29	2.431*
	Fathers	20	41.35	8.04	

*significant at .05 level

The results reveal that the family efficiency of both fathers and

mothers is affected equally due to the presence of a child with mental retardation. Both the parents are adversely affected by the disability of their children. However, the comparison of mothers and fathers on disability impact revealed that mothers are affected more than the fathers.

The areas of impact tapped by the index scale are: physical care of the child, health related problems in parents, career adjustment, loss of support, financial difficulties, social restrictions, embarrassment/ridicule, relationships, sibling effect, specific thoughts and positive impact.

Singh et al. (2002) while studying the impact of mentally challenged children on family observed that parents are adversely affected by the children. They found that mothers felt more stress in emotional area. Mehta et al. (2008) studied the parenting stress of the parents of mentally challenged children. It was observed that the parenting stress was present in most of the parents; however, mothers felt more stress than fathers. Beckman (1991) also reported that in comparison to control group parents of children with disabilities have more depression, mainly in mothers. Vashishtha and Rani (2008) identified the stress factors in mothers of mentally retarded children. They observed that the mothers of such children had higher stress factors related to hospital, finances, disease, family, child and psychological factors. The results of the index study are in accordance with prior researches. These results are in expected direction because the mothers remain more active in the child's care and bear most of the burden associated to child's physical care.

CONCLUSION :

Since the family efficiency of the mothers of mentally retarded are affected adversely, they need to be counseled and trained more to enable them to cope up effectively with the situation.

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Executive functions of children with learning problems

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This study investigates the multiple aspects of executive functioning in children with and without learning disabilities and ADHD and children with learning disabilities.16 children with Ld, 16 children without Ld and ADHD and 16 children with ADHD comorbid with LD participated in the study. A battery of neuropsychological tests was utilized to evaluate deficits in selective attention, sustained attention, switching attention, verbal fluency, category fluency, design fluency, response inhibition and working memory. Participants were unmedicated at the time of testing, were administered three tests of executive function and attention.(letter cancellation, digit vigilance, triads task, controlled oral word association, animal name test, design fluency, go/no go test, stop signal test, stroop colour word test, N back test – verbal and visual). Statistical analysis was done (t test, correlation,).Results indicate that there is significant difference in the executive functions between children with LD, children with LD-ADHD and children without LD and ADHD. There is no significant difference in the executive functions between children with LD and children with LD-ADHD. Children with LD have better interference control than children with LD-ADHD, which might be because of the presence of ADHD behaviour.

INTRODUCTION

Executive Functions is a term used by psychologists and related neuroscientists to describe a unique set of mental functions. These functions are performed by the prefrontal lobes of the cerebral cortex, in conjunction with subcortical regions of the brain (limbic system). Executive Functioning involves activating, orchestrating, monitoring, evaluating and adapting different strategies to accomplish different tasks. It requires the ability to analyse situations, plan and take action, focus and maintain attention, and adjust actions as needed to get the job done.The executive functions are invoked when it is necessary to override responses that may otherwise be automatically elicited by stimuli in the external environment. When there is internal behavioural conflicts, the executive functions are engaged to inhibit the responses. The executive functions are implemented by neural mechanisms.Earlier views of the executive functions argued for the emergence of executive functions in early adolescence (Golden, 1981), studies in developmental psychology suggest a much earlier trajectory. The development of attentional control, future oriented intentional problem

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solving, self–regulation of emotion and behavior can be observed beginning in infancy and continuing through the preschool and school– age years (Welsh & Pennington, 1988).

Executive functions of self awareness and control develop in parallel with the domain specific content area or functional areas as described by Struss and Benson (1986). For example, as basic memory skills (e.g., immediate memory span, encoding or retrival) develop, the child develops a concurrent "metamemory" knowledge about how to strategically use and control these memory abilities for particular tasks or situations (Brown, 1975). An important corollary is that if the basic ability does not develop, then the associated "meta" knowledge and control skill (i.e., the executive function) would not develop as fully.The timing of manifestation of a child's executive difficulties is also important to assess. As Holmes (1987) describes in her discussion of the natural history of learning disabilities, the demand for executive functions is very limited until the upper elementary grades and, most notably the middle school years. This is due to changes in environmental demands and expectations. As children make the adjustment from learning specific academic skills (e.g., reading, writing, calculating) to applying these skills for learning content areas (e.g., literary analysis, report writing, algebra), the demand for the executive function increases. Further, the organizational support and structure of elememtary schools are reduced as children enter middle school, a context in which increasing executive problem solving independence is expected of the child. Suddenly, children who had previously been good students without any academic problems become poor performers in school. A definition proposed by the National Joint Committee for Learning Disabilities in 1981 suggested that "learning disorders are intrinsic to the individual and presume to be due to central nervous dysfunction" (Hammill, Leigh, McNutt, & Larsen, 1981). This definition included difficulties with reading, mathematics, listening comprehension, written language, and expressive and receptive language. Although the term learning disabilities has been understood to be a heterogeneous term, most laypeople and many teachers interpret it to mean difficulties in reading. ADHD refers to three central behaviours: 1) excessive motor activity (cannot sit still, fidgets, runs about, is talkative and noisy), 2) impulsivity (acts before thinking,shifts quickly from one activity to another, interrupts others, does not consider consequences of behaviour) 3) inattention (does not seem to listen, is easily distracted, loses things necessary for tasks or activities).

Rationale of the present work :

The focus of this study was to examine the executive dysfunctions in children with learning disabilities and with hyperactivity. The literature

shows how executive functions shape a person's behavior, and how important it is to a person. A social milieu requires intact executive function to grasp the gist of social interactions, inhibit impulsive responses, and effectively regulate emotions. But these children are perceived as annoying and aversive. They manage to frustrate and irritate others. They are rejected by peers (Dodge & Pettit,2003; Cowan & Cowan,2004), lack friendship and intimacy (Henker & Whalen,1989), which may lead to substance abuse (Wills & Stoolmiller,2002; Wills, Walker, Mendoza & Ainette,2006) and antisocial behaviour (Morgan & Lilienfeld,2000; Nigg, Quamma, Greenberg, & Kushe,1999; Seguin & Zebazo,2005 Tremblay,2003). The children with executive dysfunction are demanding, apathy, have a self-centered personality, lack social tact, impulsive in speech and behaviour, lack empathy, and are indifferent (Eslinger,1997). To help the children grow as good citizens, it is necessary to address executive dysfunction. This study could potentially be used to assist in the development of interventions and instructions to remediate deficits in executive functions among children. It is hoped that the findings from this study are a significant contribution to understanding the executive functions deficits in LD populations, stimulating further exploration of the area.

Objectives :

The major objectives of this study are :

(i) To find the executive functions of children with learning problems and children without learning problems.

(ii) To determine whether children with learning disabilities have better executive functioning than children with learning disabilities along with comorbid attention disorder (LD-ADHD).

METHOD

Design :

It is a cross sectional study using Expost – facto design.

Participants :

The samples were 16 children with LD (group 1), 16 children with LD-ADHD (group 2), and 16 children without learning problems (group 3). The samples were girls and boys of age 11 to 15 years. The attention and learning disabled children were selected from the Special School who were already screened and diagnosed as children with LD and children with LD-ADHD. Children without learning problems were selected from a regular stream for the study.

Tools :

NIMHANS neuropsychological battery was used for testing. Letter Cancellation (Kapur 1974), Digit Vigilance (Lezak 1995), Triads (NIMHANS 1995), Controlled Oral Word Association (Benton & Hamsher1989), Animal

Names Test (Lezak1995), Design Fluency (Jones-Gotman &Milner 1997), Stop Signal Test (Devendra Kumar 2000) Go No Go Test (Devendra Kumar 2000), Stroop Colour Word Test (NIMHANS 1995), N back test – verbal & visual (Smith & Jonides 1999).

Procedure :

The tools were administered to the subjects with proper instructions. Omissions and commissions were noted down for Letter Cancellation, Digit Vigilance, Triads, Stop Signal Test, Go No Go Test, N back test – verbal & visual. Time taken for reading the words and saying the colours were noted down for the Stroop Colour Word Test The subjects were asked to recall words starting with F. A. S for one minute each. The number of correct words recalled were noted for Controlled Oral Word Association Test. For Animal Names Test the subjects were asked to recollect animal names for one minute. The number of correct words recalled were noted down. For Design Fluency Test the subjects were asked to draw designs that could not be named for 4 minutes using a straight line, circle, union and inverted lines.The data was organized, tabulated and analyzed using one – way analysis of varience , followed by Duncan Multiple Range Test and the groups were compared.

RESULTS AND DISCUSSION

Table 1 : Means and standard deviations of tests of attention for the three groups, along with the results of Duncan Multiple Range Test

Variables	Group 1 LD		Group 2 LD-ADHD		Group 3 no LD-no ADHD		F value	P value
	Mean	SD	Mean	SD	Mean	SD		
Letter Cancellation errors	b 11.25	4.33	b 19.25	4.93	a 9.69	2.63	25.280	0.000**
Digit vigilance No. of errors	b 21.56	11.37	b 44.00	11.37	a 17.94	7.50	30.384	0.000**
Attention-Time taken in minutes	b 11.19	2.97	b 11.50	3.67	a 7.06	2.95	9.490	0.000**
Triads errors	b 9.13	5.92	b 8.31	5.28	a 1.38	1.26	13.509	0.000**

The data in table 1 reveals that, there is significant difference in the attention level (focused attention, sustained attention, amount of time taken to complete the task, divided attention) among the three groups. The mean value reveals that children with LD, LD-ADHD have more of attention problems compared to children without learning disorders.

The alphabet denotes significant difference at 0.05 level. Children with LD and LD-ADHD did not differ significantly in the levels of focused attention, sustained attention, amount of time taken to complete the task, and in switching attention.

Table 2 : Means and standard deviations of tests of fluency for the three groups, along with the results of Duncan Multiple Range Test

Variables	Group 1 LD		Group 2 LD-ADHD		Group 3 no LD-no ADHD		F value	P value
	Mean	SD	Mean	SD	Mean	SD		
COWA	b 17.94	7.50	b 21.56	11.37	a 44.00	11.37	30.384	0.000**
Animal Name Test	b 9.69	2.63	b 11.25	4.33	a 19.25	4.93	25.280	0.000**
Design	b 1.44	1.67	b 1.06	1.39	a 4.19	2.61	12.093	0.000**

The table 2 indicates that, the groups differed significantly at 0.01 level on Verbal fluency (COWA), Category fluency (Animal Name Test), and in design fluency.

The alphabet denotes significant difference at 0.05 level. Children with LD and LD-ADHD did not differ significantly in phonemic fluency and in design fluency level. But, they (children with learning problems) differed significantly from the children without learning problems in phonemic fluency and in design fluency level.

Table 3 : Means and standard deviations of tests of inhibition for the three groups, along with the results of Duncan Multiple Range Test.

Variables	Group 1 LD		Group 2 LD-ADHD		Group 3 no LD-no ADHD		F value	P value
	Mean	SD	Mean	SD	Mean	SD		
Go no go	b 5.19	5.09	b 4.94	4.23	a 1.56	2.71	3.846	0.028*
Stop signal	ab 6.19	4.37	b 7.31	4.87	a 3.63	2.16	3.614	0.035*
Stroop effect	ab 26.44	16.15	b 31.13	20.20	a 17.50	7.03	3.202	0.050*

The table 3 indicates that, the groups differed significantly at 0.05 level on response inhibition. The alphabet denotes significant difference at 0.05 level. Children with LD did better than children with LD-ADHD. But, the children with learning problems differed significantly from the children without learning problems in response inhibition.

The data reveals that, the groups differed significantly at 0.01 level on errors of verbal 1 back (storage and rehearsal) and 2 back and correct measures of verbal 2 back (storage, rehearsal and manipulation of information) The alphabet denotes significant difference at 0.05 level. Children with LD and LD-ADHD did not differ significantly in verbal working memory level. But, they (children with learning problems) differed significantly from the children without learning problems in verbal working memory.

Table 4 : Means and standard deviations of tests of working memory for the three groups, and the results of Duncan Multiple Range Test

Variables	Group 1 LD		Group 2 LD-ADHD		Group 3 no LD-no ADHD		F value	P value
	Mean	SD	Mean	SD	Mean	SD		
N back verbal 1 back hits	b 7.75	1.18	b 7.81	1.33	a 8.69	0.70	3.605	0.035*
N back verbal 1 back errors	a 2.50	2.16	a 2.81	2.90	b 0.56	0.96	5.085	0.010**
N back verbal 2 back hits	b 4.31	2.15	b 5.00	2.19	a 6.75	0.93	7.363	0.002**
N back verbal 2 back errors	a 8.00	5.50	a 6.63	4.70	b 2.88	1.15	6.290	0.004**
N back visual 1 back hits	7.31	1.74	7.31	1.62	8.06	1.12	1.300	0.283
N back visual 1 back errors	a 6.06	3.75	ab 5.38	3.24	b 3.25	2.38	3.412	0.042*
N back visual 2 back hits	5.06	1.91	5.50	2.22	5.38	1.31	0.236	0.791
N back Visual 2 back errors	ab 9.94	3.49	a 11.38	5.46	b 7.56	2.50	3.683	0.033*

Since the P < .05, the groups differed significantly at 0.05 level on correct measures of verbal 1 back and errors of visual 1 back and 2 back. The alphabet denotes significant difference at 0.05 level. Children with LD and LD-ADHD made more errors and differed significantly from the children without learning problems in the errors made in visual working memory.

Since P > .05, there is no significant difference at 0.05 level among the three groups on the correct measures of visual 1 back and 2 back. There is no significant difference in the correct measures of visual working memory.

Lazer and Frank found that LD children with or without ADHD, had higher percentages of abnormal test results and significantly impaired scores. The groups differed significantly on some tests of attention-inhibition-cueing, working memory, and problem solving, with the ADHD+LD and LD groups performing worse than the ADHD-only group. Abnormalities of frontal systems tests are not exclusive ADHD characteristics and are also present in LD children, implying a strong connection between centers of "processing" and centers of "executive" functions. Similar results have been found in the present study and our hypothesis i) and ii)"Children with LD and children with LD-ADHD differ from children without learning problems in their executive function level" is accepted.

Robins (1989) studied the responses of children with ADHD, LD, and ADHD+LD and found that the ADHD and ADHD+LD groups were more impulsive, less accurate, and more variable in terms of self-regulation

than the LD sample. The three groups did not differ on other executive measures. The findings of the present research is consistent with this and our hypothesis "Children with LD and children with LD-ADHD differ from each other" is rejected.

Korkman and Pesonen (1994) compared three groups of children—ADHD only, LD only, and ADHD+LD and found that LD-only group performed better on tests of response control. Similar results have been found in the present study.

CONCLUSION :

This study finding indicates that there is no significant difference in the executive functions between children with LD and children with LD-ADHD. Children with LD have better interference control than children with LD-ADHD, which might be because of the presence of ADHD behaviour. This finding can be taken as an added advantage while formulating interventions for LD children.

When there is some degree of executive deficit, the child will also manifest language and learning disorders. Since executive deficit, language and learning disorders

are inextricably linked, interventions for LD children should include both executive deficit and learning disorders

LIMITATIONS :

A fourth group of ADHD could have been added to the study. Due to time constraints, it could not be carried out.

The sample size had to be limited, for the tests were little elaborate and time consuming to administer.

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Facial Emotion Recognition in Alcohol Dependence Syndrome : Intensity effects and Error pattern

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It is documented in literature that patients with alcohol dependence syndrome (ADS) showed impaired performance on recognizing the facial expressions of emotion and estimating the intensity level of these expressions of emotion. The aim of the present study was to understand the intensity effects and error pattern. Thirty individuals with alcohol dependent syndrome were compared with 30 ages and education matched normal healthy controls. They were presented with 14 photographs (7 male, 7 female) of facial expressions depicting various emotions in extreme intensities: sad; surprise; disgust; happiness; anger; fear and neutral. Subjects rated the stimuli according to emotional intensity of the emotion. Patients with ADS were equally accurate in labeling the intensity level of the emotion. It implies that during abstinent phase, patients with ADS have intact ability to estimate the intensity of the emotion.

Keywords: Facial expression; Emotion intensity; Alcohol

INTRODUCTION

Everyone is capable to understand the basic emotional facial expressions such as happy, surprise, anger, disgust and so on. Interpersonal relation depends to a large extant on recognition and accurate identification of emotional facial expressions of others. Alcohol intake leads to some form of impairment in cognitive functioning of an individual which includes social cognition. The deleterious effects of alcohol on cognitive functioning has been extensively reported in the literature as early as the 1880s by Wernicke (1881) and korsakoff (1887) followed by Hamilton (1906), and Fisher (1910) Alcohol the most frequently used substance which cause severe physical diseases and impaired interpersonal relationships. Therefore, alcohol is a major cause of public health concern in most countries in the world today as it has destroyed the lives of the countless number of people. Heavy and chronic consumption of alcohol can cause misery to the individual, who is usually affected by other physical, psychological and social disabilities as well. Along with these impairments, social cognition has been found to be compromised in patients with alcohol dependence syndrome. Social

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cognition includes face recognition, non verbal cues, body reactions, facial expressions and so on. Research on facial expression began with Darwin's the expression of the Emotions in man and animals (1872/1898). Social cognition is severely disrupted in disorders such as autism, schizophrenia, and dementia and in patients with PFC injury. Early interest in the relationship between brain function and social cognition includes the case of Phineas Gage, whose social behavior was reported to have changed radically after an accident which damaged his frontal lobe. A number of investigations have shown that using different intensities of facial expression Kornreich and co-workers reported that patients with ADS overestimated the intensity of the all emotional facial expressions (Kornreich et al., 2001, 2003; Townshend and Duka, 2003). The present study was carried out to explore biases in estimation the intensity level of the portrayed emotion which may have significant role in sustaining a healthy social relationship. After assessing the nature of these deficits, it may have significant role in formulating the management plan because this ability creates problem in our day to day life and having significant role in recurring relapses.

AIM :

The aim of the present was to measure decoding deficits in estimation of emotional intensity between patients with ADS and normal healthy controls.

HYPOTHESIS :

There will be no difference between patients with alcohol dependence syndrome and normal controls on task of labeling the emotional intensity.

METHOD :

Sample :

The sample comprised of 30 patients with the diagnosis of alcohol dependence syndrome and 30 normal controls fulfilling the inclusion and exclusion criteria were recruited from the Central Institute of Psychiatry, Ranchi. Written informed consent was obtained from the patient after explaining the purpose and procedure in detail. The present study was conducted with the aim of examining the emotional labeling deficits in patients with alcohol dependence syndrome as compared to normal controls. Groups were matched for age, education and handedness. Patients had been taken after the detoxification program (after 15 days).

Tools :

Socio Demographic and Clinical Data Sheet :

It includes various socio-demographic variables like age in years, educational qualification, occupation, marital status, religion, income, residence and clinical variables like types of substance, age of onset, pattern

of intake, duration of dependence, family history of substance dependence and treatment history.

Alcohol Severity Index :

The ASI is developed by McLellan (1992) is very widely used scale to provide information about the areas of individual lives. That may contribute to his/her substance use disorder. The ASI evaluates the seven-functional areas, including medical status, employment and support drug use, alcohol abuse, legal status, family/social status and psychiatric status.

General Health Questionnaire :

(GHQ-Version-12) (Cut of-3) (Goldberg and William, 1998) - To screen for any psychiatric morbidity in normal controls, GHQ 12 will be administrated. GHQ 12 is short version of GHQ. The original GHQ contains 60 items for the detection of the psychiatric illness.

Sidedness Bias Schedule (SBS) :

To determine the handedness and hand preference of the patients selected for the study, the Handedness Preference Schedule (Mandal et al. 1992) was applied. It has items related primarily on the basis of culturally acquainted hand activities. There are 15 items in a questionnaire where subjects are asked to indicate their hand preference for an activity on a 5-point rating scale (1-never, 2-rarely, 3-occasionally, 4-frequently, and 5-always).

Facial Recognition Task :

Posed photographs of males and females depicting six facial expression of emotion namely happy ,fear ,sad ,anger ,disgust, surprise and one neutral face.(7 each male and female) developed by Mandal. (1984).

Response Data Sheet :

Data sheet for responses on test of recognition of facial expression of emotion.

PROCEDURE

Admitted patients fulfilling the above mentioned inclusion and exclusion criteria were included for the study, written informed consent were obtained from them. Thereafter, administration of the screening tools was done. After that addiction severity index were administrated to see the severity of alcohol dependence followed by the administration of the Facial recognition task (Intensity).

RESULTS

Demographic and subjects variables :

Table 1 shows the sample characteristics of ADS group and control group. Thirty individuals with alcohol dependence syndrome and age and handedness matched 30 normal controls were included in the current study. Age matched control group was taken, the mean age of the ADS group

was 36.80 years (SD=5.53) and mean age of control group was 34.50 years (SD=4.7) that reflects that there was no significant difference in terms of age (P=0.279). In ADS group mean duration of marriage was 12.81 years (SD=7) and in control group mean duration of marriage was 9.25 years (SD=8.39). The ADS group consisted of 80 % married individuals and 20% individuals who were married. While control group comprised of 33% were married and 76% were unmarried individuals.

Table 1 : Shows the Comparison of Socio-demographic Profile between the ADS group (n=30), Healthy control group (N=30).

Variable		Study group (ADS)	Normal control	t/χ^2	df	P
Age (years)		36.86±5.53	34.50±4.79	-1.77	58	.27
Duration of marriage		12.81±7.27	9.25±8.39	-1.15	30	.29
Number of children		1.95±1.08	1.90±1.52	-.127	32	.82
Education	Matrix and below	36.7%	13.3%	4.35	1	.33
	Above Matrix	63.3%	86.7%			
Religion	Hindu	63.3%	76.7%	1.27	1	.26
	Non Hindu	36.7%	23.3%			
occupation	Employed	36.7%	50%	1.08	1	.29
	Non-employed	63.3%	50%			
Marital status	Married	80%	33.3%	13.30	1	.000**
	Unmarried	20%	76.7%			
Domicile	Rural	20%	43.3%	3.77	1	.05
	Urban	80%	56.7%			
Socioeconomic status	High	10%	3%	1.07	1	0.61
	Middle	90%	96%			

Table 2 : Comparison of labeling emotion intensity task time taken (seconds) between the ADS (N=30) and Healthy control group (N=30)

Emotion	ADS (n=30) Mean ± SD	Control (n=30) Mean ± SD	t	df	P
Happy	3.73±1.91	3.18±1.02	-3.32	58	.000
Fear	9.60±5.96	8.03±4.70	-1.13	58	.068
Anger	5.70±5.04	4.02±1.95	.1.55	58	.019
Disgust	4.82±2.60	4.04±2.35	-1.22	58	.407
Sad	6.55±5.27	3.23±1.39	-3.32	58	.000
Surprise	13.18±7.35	9.30±5.00	-2.39	58	6.09
Neutral	6.30±5.53	4.24±1.91	-1.92	58	.023

FINDINGS :

Statistical analysis did not reveal any significant difference between groups. Alcohol dependent individuals were not deficient in labelling the

Table 3 : Comparison of labeling emotion intensity task between the ADS (N=30) and Healthy control group (N=30)

Emotion	Control (n=30) Mean rank	ADS group (n=30 Mean rank	Man-Whitney U test	Z	P
Happy	30.35+SD	30.65	445.50	-.067	.947
Fear	30.28	30.72	443.50	-.097	.923
Anger	29.08	31.92	407.50	-.631	.528
Disgust	26.50	34.50	330.00	-1.78	.074
Sad	28.03	32.97	376.00	-1.10	.271
Surprise	31.08	29.92	432.50	-.260	.795
Neutral	30.73	30.27	443.50	-.105	.916

intensity level of facial expressions of emotion in comparison to normal controls except anger only there is trend but it did not reach to the significant level, whereas there is significant difference in time taken between two groups. Patients with ADS have conceded more time as compare to healthy controls in labelling the intensity level of the displayed emotion.

DISCUSSION :

The ADS group showed enhanced anger responses to all of the pictures compared to the controls and showed a different pattern of responding on anger only therefore, it implies that during abstinent phase, patients with ADS have intact ability to estimate the intensity of the emotion except anger expression.

Previous investigations have reported impaired recognition of facial affect in patients with ADS and also found deficient in estimating the intensity of displayed expression of emotion. But Present study findings disagree with this previous one. Only anger expression was overestimated by the experimental group as supported by study conducted by Kornreich et al., 2001, but there is trend as it did not reach to the significant level. It implies social cognitive deficit and abnormal processing of social signal but few remain intact after abstinence in patients with ADS.

The impairment in labeling Intensity level of emotion found in alcohol may constitute a vulnerability factor for relapse as they are susceptible to induce emotional problems therefore, subsequently presence of distorted interpersonal relationships. Findings also indicate that patients with ADS took more time as compared to normal group which explained that alcohol disrupts the processing speed of brain, which is supported by the previous electrophysiolocal investigations.

These results are interesting and open the door for further research to examine the effect of alcohol on social cognitive processes. There ware few the limitations of the present study, Instructions for the recognition task were modified as per the subjects understanding. Sample size was modest due to time constrained. Impact of gender on these processes can be explored

in future investigations. Subsequently, remediation strategies specifically aimed at to reducing these impairments associated with social cognition in patients with ADS which may be entertained as a potential treatment component.

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Emotional Intelligence and Self Esteem among Performers in Rambo Circus

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A correlational study was carried out to find gender differences among male and female performers from Rambo circus ,Pune ; on emotional intelligence and self esteem and also to study the two concepts among the performers. Incidental Sample of 40 (20 male and 20 female) performers age between 25-35 yrs and those belonging to various activities in the circus were selected. Statistics used were 't' value and Pearson correlation to study the hypotheses that female performers will be higher on emotional intelligence than the male performers in the circus, male and female performers do not differ on measures of self esteem, higher the emotional intelligence, higher will be the self esteem among female performers. Higher the emotional intelligence, higher will be the self esteem among male performers and there is no significant correlation between emotional intelligence and self esteem. Tools used in the study were The Schutte Self Report Emotional Intelligence Test (SSEIT) and Rosenberg's Self Esteem Scale. The two nonsignificant 't' value for emotional intelligence among male and female performers and for self esteem indicates that there are no gender differences on EI and SE . A very low positive correlation(r= .25) between self esteem and emotional intelligence among male and female performers, a very low negative correlation (r=-.07) between high scorer female performers, a high positive correlation (r=.68) between average scorer a low positive correlation (r = .34) between average scorer females, a low negative correlation (r= -.24)between high scorer males, and a high positive correlation(r=.96) between high scorer females on emotional intelligence and their self esteem is found.

INTRODUCTION :

Emotional intelligence is a set of competencies, the ability of the individual being, to control and manage his or her moods and impulses, which contribute to best of situational outcomes, which direct and control one's feelings towards work and performance at work. In a work situation, workers effective use of skill and knowledge in time depends on the effective regulation of emotions at work and his readiness to contribute to best in their target accomplishment. Knowing one's emotions and feelings as they occur, and tuning one's self to the charged situation, requires emotional competency, emotional maturity and emotional sensitivity that determine the success of adaptability and adjustment with the change scenario. The group one work with has a level of self-esteem based on the composite

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self-esteem levels of the individuals in the group. We each take to the workplace our level of awareness, which includes our understanding of ourselves and others, our communication skills, our ability to have realistic expectations for ourselves and others, our degree of maintaining a positive attitude, and our ability to stay in present-time and not let past hurts be projected onto others. It also depends on taking responsibility for our own life, managing our feelings, our biases, and prejudices, and our ability to release and forgive immature behavior and responses in others

Emotional intelligence (EI) describes the ability, capacity, skill or, in the case of the trait EI model, a self-perceived grand ability to identify, assess, manage and control the emotions of one's self, of others, and of groups.

Salovey and Mayer define EI as "the ability to perceive emotion, integrate emotion to facilitate thought, understand emotions and to regulate emotions to promote personal growth."

According to the ability based model claims that EI includes four types of abilities: perceiving emotions ,using emotions ,understanding emotions ,managing emotions . The trait EI model refers to an individual's self-perceptions of their emotional abilities.

The term self-esteem comes from a Greek word meaning "reverence for self." The "self" part of self-esteem pertains to the values, beliefs and attitudes that we hold about ourselves. The "esteem" part of self-esteem describes the value and worth that one gives oneself. Simplistically self-esteem is the acceptance of ourselves for who and what we are at any given time in our lives.

Low self esteem results from a poor self image and also depends on other factors like your job. Low self esteem cause to lose confidence. It can surface in thoughts and in feelings and will often appear to manifest physically - in body postures, actions and health .

High self esteem is a good opinion of yourself and low self esteem is a bad opinion of yourself. If one have a high level of self esteem he / she will be confident, happy, highly motivated and have the right attitude to succeed. Having normal self esteem means not being excessively high one minute and feeling completely worthless the next "the experience of being capable of meeting life's challenges and being worthy of happiness."

Harrington-Lueke (1997) found in her research that being emotionally intelligent is just as important to success in life as good grades. Essentially, people with high levels of emotional intelligence experience more career success, build stronger personal relationships, lead more effectively, and enjoy better health than those with low levels of emotional intelligence.

Katyal and Awasthi (2005) assessed gender differences in emotional

intelligence. Girls were found to have higher emotional intelligence than boys. Similar findings were reported in studies by Tapia (1999) and Dunn (2002). They observed that girls score higher with regard to empathy, social responsibilities and interpersonal relationships than boys.

A study was done showing the relationship between academic achievement and emotional intelligence. Nada AbiSamra's (2000) study on students found clearly that there is a strong correlation between emotional intelligence and academic achievement.

Emotional intelligence can motivate the individual to achieve great success (Goleman, 1998).

Brackett, Mayer and Warner (2004) found that women scored significantly higher in EI than men.

Kling, Hyde, Showers and Buswell (1999) provide evidence that males score higher on standard measures of global self-esteem than females, but the difference is small..

Studies by Kearney (1999)have shown that adolescent girls tend to have lower self-esteem and more negative assessments of their physical characteristics and intellectual abilities than boys have.

Due to working in a circus from very young age, the culture is imbibed in the performers. Their life is woven around circus and the activities they perform from where they get social and emotional support. All of them work towards a common goal, leaving their differences and conflicts aside. Very low level of education do not affect their jobs as they are well defined and they are financially independent since they start performing even at an early age, they provide financial support to their families and also save money for their future.

OBJECTIVES:

1. To study emotional intelligence and self esteem among performers in the circus.
2. To study the gender differences among performers in the circus regarding emotional intelligence and self esteem.

HYPOTHESES:

1. Female performers will be higher on emotional intelligence than the male performers in the circus.
2. Male and female performers do not differ on measures of self esteem.
3. Higher the emotional intelligence, higher will be the self esteem among female performers.
4. Higher the emotional intelligence, higher will be the self esteem among male performers.
5. There will be high positive correlation between emotional intelligence and self esteem.

Operational Definition :

Performers :

Male and females participating in a group activity during the circus show.

Emotional Intelligence :

An ability of a male or female performer to perceive, use ,understand and managing emotions.

Self esteem :

The values, beliefs and attitudes that the male and female performers hold about themselves and the value and worth that one gives oneself

Sample :

A sample of 40 (20 Male and 20 Female) Performers between age range 25 to 35 yrs and working in Rambo Circus was selected.

Tools :

The Schutte Self Report Emotional Intelligence Test (SSEIT) :

The test consist of 33 items to be responded on five point rating scale from strongly agree to strongly disagree. The test has .89 alpha coefficient and .89 split half reliability.

Rosenberg's Self Esteem Scale :

The Scale presented high ratings in reliability areas; internal consistency was 0.77, minimum Coefficient of Reproducibility was at least 0.90 (M. Rosenberg, 1965, and personal communication, April 22, 1987). A varied selection of independent studies each using such samples as – parents, men over 60, high school students, and civil servants – showed alpha coefficients ranging from 0.72 to 0.87 (all fairly high). Test-retest reliability for the 2-week interval was calculated at 0.85, the 7-month interval was calculated at 0.63 (Silber & Tippett, 1965, Shorkey & Whiteman, 1978). The RES is closely connected with the Coopersmith Self-Esteem Inventory.

RESULTS AND DISCUSSION

Table1 : Shows the Mean, SD and 't' values on Self Esteem and Emotional Intelligence across the population

VARIABLES	Gender	Mean	Standard Deviation	't ' value	df
Self –Esteem	Male	29.45	3.60	1.092	38
	Female	28.25	3.33		
Emotional Intelligence	Male	134.65	14.04	1.42	38
	Female	129.20	9.70		

't' value for emotional intelligence among male and female

performers from Rambo Circus, is 1.42 (df=38)which is not significant. 't' value for self esteem among male and female performers from Rambo Circus, is 1.092 (df=38) which is also not significant.

Table 2 : Shows correlation on Self Esteem and Emotional Intelligence (N=40)

Variables	Self Esteem	Emotional Intelligence
Self Esteem	1.00	.253
Emotional Intelligence	.253	1.00

There is a very low positive correlation(r= .25) between self esteem and emotional intelligence among male and female performers from Rambo Circus .

Table 3 : Shows correlation between HIGH Scorer on Self Esteem and their Emotional Intelligence (N=8)FEMALE

Variables	Self Esteem	Emotional Intelligence
Self Esteem	1.00	-.071
Emotional Intelligence	-.071	1.00

There is a very low negative correlation (r= -.07) between high scorer female performers(N=8) from Rambo Circus on self esteem and their emotional intelligence

Table 4 : Shows correlation between AVERAGE Scorer on Self Esteem and their Emotional Intelligence (N=10) MALE

Variables	Self Esteem	Emotional Intelligence
Self Esteem	1.00	.680*
Emotional Intelligence	.680*	1.00

*correlation is significant at 0.05 level (2-tailed)

There is a high positive correlation (r=.68) between average scorer males on self esteem and their emotional intelligence (N=10) which is significant at .05 level.

Table 5 : Shows correlation between AVERAGE Scorer on Self Esteem and their Emotional Intelligence (N=12) FEMALE

Variables	Self Esteem	Emotional Intelligence
Self Esteem	1.00	.337
Emotional Intelligence	.337	1.00

There is a low positive correlation (r = .34) between average scorer females on self esteem and their emotional intelligence (N=12) .

Table 6 : Shows correlation between MALE HIGH Scorer on Emotional Intelligence and their Self Esteem (N=03)

Variables	Self Esteem	Emotional Intelligence
Self Esteem	1.00	-.240
Emotional Intelligence	-.240	1.00

There is a low negative correlation (r= -.24)between high scorer males on emotional intelligence and their self esteem (N=03).

Table 7 : Shows correlation between Female HIGH Scorer on Emotional Intelligence and their Self Esteem (N=03)

Variables	Self Esteem	Emotional Intelligence
Self Esteem	1.00	.968
Emotional Intelligence	.968	1.00

here is a high positive correlation(r=.96) between high scorer females on emotional intelligence and their self esteem (N=03).

OBSERVATIONS :

Children are growing up in the environment of circus and many a

times they are the earning members of their family. Hence the culture is imbibed in them. Socializing takes place within the circus itself. People working within the circus develop close relationship among themselves where the circus becomes a close knit family, hence their social and emotional needs also get satisfied.

Since all the performers are working towards a common goal, their differences are left aside when they go on stage. Due to individual differences, conflicts arise, but these are overlooked.

Male and female performers earn according to their experience and there is no gender difference. All of them have provident fund accounts as well. Very few people in the circus have primary education. Their salary gets accumulated with the owner of the circus and is partly utilized as and when required.

Jobs are well defined within the circus. Duties and responsibilities are equally distributed among all the members in the circus.

CONCLUSIONS:

1. No significant difference was found among male and female performers regarding emotional Intelligence and self esteem.
2. Negative correlation was found between emotional Intelligence and self esteem among female performers who score high on self esteem.
3. High positive correlation was seen between emotional Intelligence and self esteem among female performers who score high on emotional intelligence.
4. A significant positive correlation at 0.05 level was seen between emotional Intelligence and self esteem among the male performers who score average on self esteem.

LIMITATIONS

1. Small sample size.
2. Incidental sample
3. Sample is selected from only one circus.
4. Performers selected in the sample were participants from various activities. The study can be done by selecting performers belongs to specific activity groups.

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Management of Insomnia in cancer patients through positive Therapy

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From Sri Ramakrishna Hospital, Coimbatore, Tamilnadu, 40 cancer patients were screened using Case Study Schedule (Hemalatha Natesan, 2008) and Insomnia Inventory (London Sleep Centre, 2004); 34 subjects having insomnia were selected and given Positive Therapy (Hemalatha Natesan, 2004) for two weeks, after which they were re-assessed using the same tools. Initially, 79% had 'Very High' / 'High' insomnia. After Positive Therapy, none of them had 'Very High' / 'High' insomnia; most of them (91%) had 'No insomnia'. Positive Therapy proved to be effective not only in reducing insomnia in the selected cancer patients but also their symptoms and negative emotions.

INTRODUCTION

Cancer :

Cancer, also called malignancy, is characterized by an abnormal growth of cells (Cancer Health Centre, 2006). Cancer is a class of diseases, in which a group of cells display uncontrolled growth (division beyond the normal limits), invasion (intrusion on and destruction of adjacent tissues) and sometimes metastasis (spread to other locations in the body via lymph or blood).

Cancer may affect people at all ages, even fetuses but the risk for most varieties increases with age. Cancer causes about 13% of deaths. According to the American Cancer Society, 7.6 million people died from cancer in the world during 2007. Cancer occurs due to various reasons such as chemical carcinogens / ionizing radiation, viral or bacterial infection, hormonal imbalances, immune system dysfunction, heredity and stress (National Cancer Institute, 2008).

Insomnia :

Insomnia is the inability to obtain an adequate amount or quality of sleep. The difficulty can be in falling asleep, remaining asleep or both. People with insomnia do not feel refreshed when they wake up. Insomnia is a common symptom affecting millions of people that may be caused by many conditions, diseases or circumstances (Swain, 2005).

Insomnia occurs in about 12% to 25% of the general population and is often associated with situational stress, illness, aging and drug treatment. It is estimated that 45% of people with cancer have insomnia.

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Physical illness, pain, hospitalization, drugs, treatment for cancer and the psychological responses to the diagnosis of cancer, cancer treatment and hospitalization such as, anxiety and depression may disrupt the sleeping patterns of persons with cancer.

Side effects of treatment that may affect the sleep-wake cycle include, pain, anxiety, night sweats / hot flushes and respiratory disturbances. Hospitalized patients are likely to experience frequent interruptions of sleep due to treatment schedules, hospital routines and roommates. Other factors include pain and anxiety (National Cancer Institute, 2002). A study on insomnia and lung cancer symptoms was conducted by Garst et al (2008) on 33 patients with Stage I - IIIA lung cancer were enrolled and it was observed that sleep disturbances was reported in up to 79% of patients with cancer.

Need for the Study

Counselling can provide emotional support to cancer patients and help them understand their illness better. Different types of counselling include individual, group, family, peer and patient-to-patient counselling (Wikipedia Foundation Inc., 2008).

Individuals, who are either living with cancer or are cancer survivors face insurmountable challenges. Sleep is essential for mental and physical restoration. Relaxation Therapy, one of the strategies of Positive Therapy facilitates sound sleep. It improves both physical and mental health.

METHOD

Sample :

From Sri Ramakrishna Hospital, Coimbatore, Tamil Nadu, 34 cancer patients (Male-13 and Female-21) were selected by Purposive Sampling. They were in the age range of 15 to 70 years.

Tools :

Case Study Schedule and Case Study Re-assessment Schedule by Hemalatha Natesan (2008) and Insomnia Inventory by London Sleep Centre (2004) were used to collect the needed data.

Procedure :

From Sri Ramakrishna Hospital, Coimbatore, 40 cancer patients who were admitted in the hospital for more than a month, who were likely to stay in the hospital for a month were screened using Case Study Schedule (Hemalatha Natesan, 2008) and Insomnia Inventory (London Sleep Centre, 2004). Out of them, 34 subjects having insomnia were selected to serve as the sample. The subjects were given Positive Therapy individually.

Intervention :

Positive Therapy is a psychological intervention evolved by Hemalatha Natesan (2004). It is a package, which combines the Eastern

Techniques of Yoga and Western Techniques of Cognitive Behaviour Therapy. It aims at modifying negative thoughts, beliefs, emotions and behaviour by using a number of techniques. It is assumed that when negative thoughts are replaced by positive thoughts, the individual becomes more realistic and reasonable in his/her perception.

Positive Therapy has four major strategies, namely, Relaxation Therapy, Counselling, Exercises and Behaviour Assignments. Relaxation Therapy involved 3 steps namely, Deep Breathing Practice, Relaxation Training and Autosuggestion. Individual Counselling was given using Rational Emotive Therapy, Thought Stopping and Cognitive Restructuring.

Positive Therapy involves three exercises to help people get rid of their stress and develop a cheerful state. They are, Tension Releasing Exercise, Smile Therapy and Laugh Therapy. In this research, only Smile Therapy was used. Behavioural Assignments were given to develop a daily routine with good health habits to ensure positive thinking and healthy behaviour.

Positive Therapy was given to each subject twice a week. The duration of each session was 1 hour. On the whole, 4 sessions were given to all the subjects, after which, they were re-assessed using the Case Study Re-assessment Schedule (Hemalatha Natesan, 2008) and Insomnia Inventory (London Sleep Centre, 2004).

RESULTS AND DISCUSSION

Half of the subjects had the diagnosis of cancer within the last 2 years. The remaining had the diagnosis between 2 to 6 years. Cancer had affected different parts of the body in the sample, the more common areas being, stomach (15%), lungs (15%), throat (15%), breast (11%) and uterus (11%).

The factors such as pollution, smoking, injury and heredity had caused cancer in 27% of the subjects. Many people fail to follow good health habits during adolescence and adulthood. Poor health habits such as, smoking or increased use of tobacco or paan is one of the major causes for cancer. Unfortunately, 73% of them did not have any known cause for their cancer. Probably, stress due to modern living conditions was the cause for the cancer in these patients.

Table-1 shows that most of the sample (82%) suffered from pain. The other physical symptoms were physical weakness, loss of appetite and loss of weight. Many of them also suffered from psychological symptoms such as, depression, self-pity and short temper.

After Positive Therapy, there has been slight improvement in the physical symptoms and a great improvement in the psychological symptoms of the sample. The experience of pain and physical weakness are more

Table 1 : Physical and Psychological Symptomps of the Sample before and after Positive Therapy (N=34)

Type of Symptoms	Symptoms	Before Positive Therapy		After Positive Therapy	
		Number	%	Number	%
Physical Symptoms	Insomnia	34	100	3	9
	Pain	28	82	12	35
	Physical weakness	17	50	8	24
	Loss of appetite	14	41	11	32
	Loss of weight	12	35	9	26
Psychological Symptoms	Depression	16	47	3	9
	Self-pity	9	27	2	6
	Short temper	9	27	3	9
	Loss of interest	5	15	1	3
	Pessimism	4	12	0	0

subjective and depends on one's perception. Hence, it was possible to modify the perception of the sample and minimise their experience of pain (35%) and physical weakness (24%). Further, relaxation helps in the release of opioids, which are natural pain inhibitors in the body that help in the reduction of pain in the subjects (Taylor, 2003).

Depression, which was present in 47% of the sample continued only in 9%; similarly, self-pity, short temper and loss of interest had also reduced in many of the sample. None of them suffered from pessimism, low self-esteem and irritability after Positive Therapy. If persistent, depression and other psychological symptoms such as, pessimism can worsen the condition of cancer. As such, helping the sample to get rid off their psychological symptoms will have a beneficial effect in enhancing their physical and mental health.

Table 2 : Side Effects of Treatment for Cancer before and after positive therapy (N=34)

Side Effects	Before Positive Therapy		After Positive Therapy	
	Number	%	Number	%
Change in complexion	23	68	23	68
Pain	20	59	11	32
Loss of hair	17	50	17	50
Nausea	14	41	8	24
Insomnia	11	32	3	9
Vomiting	10	29	6	18

Cancer brings about serious physical discomforts both by itself and also by its treatment. Most of the subjects (74%) were undergoing Chemotherapy and the remaining (24%) were having Radiation; some (18%) had undergone Surgery and/or 3% were having Pharmacotherapy. Some of them were having more than one type of treatment. The side-effects of the treatment may be as difficult as the disease itself. According to Taylor (2003), psychological problems such as depression can lead to symptoms like fatigue, loss of appetite and sleep disturbances.

Table-2 reveals that there were many side-effects experienced and suffered by the sample due to treatment. The side-effects suffered by majority of the sample were change in complexion, pain and loss of hair. It is gratifying to find that after Positive Therapy, there has been a decrease in the size of the sample suffering due to various side-effects such as pain, nausea, insomnia and vomiting. As these were experienced to a greater intensity due to anxiety, it was possible to minimize these with the help of Relaxation Therapy. Anyway, the other symptoms such as change in complexion and loss of hair continued to be present in the sample as they were physical symptoms due to Chemotherapy or Radiation.

Table 3 : Level of Insomina of the Sample
before and after positive therapy (N=34)

Level of Insomnia	Before Positive Therapy		After Positive Therapy	
	Number	%	Number	%
Very High (7-10)	13	38	0	0
High (5-6)	14	41	0	0
Low (3-4)	7	21	3	9
No Insomnia (0-2)	0	0	31	91
Total	34	100	34	100

Cancer patients have fear of death, which makes them worry, especially when they are the breadwinners of the family. To many patients, stunned by the diagnosis of cancer, suffering numerous losses and discomfort, moving from place to place for one treatment after the other, the experience will be bewildering and frightening. The most common problem in cancer patients is insomnia.

Table-3 clearly shows that the entire sample who were cancer patients had insomnia; most of them (79%) had 'Very High' or 'High' insomnia. Probably, the diagnosis of cancer, pain, treatment for cancer,

financial problems, inability to take care of family members, resulting in helplessness and hopelessness, led to recurring negative thoughts, which resulted in insomnia.

Anyway, it is highly gratifying to find that the level of insomnia in the selected cancer patients had reduced drastically after the administration of Positive Therapy. None of them had 'Very High' or 'High' insomnia; most of them (91%) had 'No insomnia' and only 9% had 'Low' insomnia. The assumption of Positive Therapy is that any problem becomes a problem only when it is perceived as a problem. According to this assumption, the selected cancer patients perceived that cancer cannot be treated and they will die soon. These negative beliefs led to negative emotions such as fear, anxiety and worry. They also suffered from many physical problems namely pain, loss of appetite and fatigue. All these, affected their sleep.

Relaxation Therapy involving Deep Breathing Practice, Relaxation Training and Autosuggestion helped the patients to relax both their body and brain and have a positive attitude towards self, life and their treatment. The Counselling techniques, Rational Emotive Therapy, Thought Stopping and Cognitive Restructuring helped to change their negative cognitions into positive ones, thereby reducing their worries, which led to insomnia.

Table 4 : Sigificance of difference between Mean Insomnia before and after positive therapy.

Condition	Number	Mean	Standard Deviation	C.R.
Before Positive Therapy	34	5.46	1.53	**9.46
After Positive Therapy	34	0.26	0	

**p<0.01

Physical symptoms of the disease and declining physical abilities may cause insomnia, which begins with the diagnosis of cancer and continues throughout the treatment. People with cancer will have recurring negative thoughts of their illness that result in inability to sleep and disturbed sleep.

Table-4 shows that the mean insomnia of the sample was 'High' before the intervention. It is amazing to find that it had reduced to 'No insomnia' after Positive Therapy. As the brain and body were completely relaxed and their focus was on deep breathing, unnecessary recurring negative thoughts were prevented, enabling them to have a sound sleep.

This is in line with the study conducted by Lubbert, Dahme and Hasenbring (2001), which showed that relaxation proves to have a significant effect in managing insomnia in cancer patients.

Table 5 : Negative Emotions of the Sample
before and after positive therapy (N=34)

Negative Emotions	Before Positive Therapy		After Positive Therapy	
	Number	%	Number	%
Worry	29	86	7	21
Fear	26	77	4	12
Anxiety	18	53	3	9
Anger	12	36	4	12

Table-5 reveals that the sample of this study, who were cancer patients, experienced a number of negative emotions namely, worry, fear and anxiety. Cancer patients have fear of death, which makes them worry, especially when they are the breadwinners of the family. As the patients are not able to accept their dependency on their family members, they develop hatred towards themselves and their lives. Moreover, cancer patient's perception of their health condition to be worse compared to normal individuals, leads to various negative emotions such as anger, anxiety, hostility etc.

It is amazing to find that the negative emotions of the sample have reduced to a great extent after they underwent Positive Therapy. Relaxation Therapy with the needed Autosuggestion helped the sample to be confident and to develop a positive attitude towards the disease. Smile Therapy had helped the subjects to have a pleasant mood.

CONCLUSION

Initially, most of the subjects, who were cancer patients, had 'Very High' or 'High' insomnia; the entire sample experienced fear and most of them had negative emotions such as worry, depression and hatred; the symptoms, restlessness, nausea and vomiting were more predominant in the sample; poor health habits which included smoking, drinking and taking paan were present in some of the sample before the diagnosis of cancer.

Positive Therapy had helped in bringing down the level of insomnia in the sample from 'Very High'/'High' to 'Low'. The negative emotions and symptoms of the sample had also reduced after Positive Therapy. On the whole, Positive Therapy, with its strategies of Relaxation Therapy,

Counselling, Exercises and Behavioural Assignments had helped the subjects manage the hard-core effects of cancer and its treatment.

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Happiness Disposition in Government and Private School Students : The Role of Extraversion, Hardiness, and Social Factors

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The present study examined through regression analysis the variance contributed by the personality and social factors in happiness disposition of government and private school male students (N = 200, 100 each). The results reveal that in government school, social factors viz., social support (+) and religion (+) have shared 24% of variance in happiness and in private school, only social support (+) has contributed 4% of variance. Whereas, personality traits i.e. extraversion (+) and hardiness (+) have explained 8% of variance in government school and in private school, extraversion (+) and hardiness have contributed 19% of variance in happiness. The results have given different correlates in terms of variance because of demography and environment existing in the schools and families.

INTRODUCTION

It is undoubtedly true that happiness is the single most sought after thing in the world. It is valuable to everyone no matter, who they are, where they live or what their status in life is. It is one of the most fundamental aspects of human being and is ranked at the pinnacle of all human goals and aim of science.

Since the dawn of human civilization, the influence of happiness has always been of paramount importance (Lyubomirsky and Sheldon, 2005). What brings happiness is somewhat difficult to tell as there is no single factor which can make a person happy as it is composed of universal factors viz., self-esteem, satisfaction, friends, social support, religion, work, nature etc. It is something which one creates and is a subjective phenomenon (Sheldon and Kasser, 1998, 2001) for which the final judge should be "whoever lives inside a person's skin" (Myers and Diener, 1995).

Various thinkers have defined happiness differently. One view point is that happiness is merely a transient emotional state and completely dedicated to environmental events (Veenhoven, 1994). Another view emphasizes on personality trait (Costa and McCrae, 1980) and accordingly, happiness is composed of three related components viz., positive affect (joy), absence of negative affect (anger, anxiety and depression, etc.) and satisfaction with life as a whole (Argyle, Martin and Crossland, 1989). Happy people seem to operate on a philosophy of positive thoughts, positive expectations and positive results (Diener and Seligman, 2002, Gopal, 2006).

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On the basis of above contentions, it may be deduced that the positive core of psyche is composed of some personality and social predispositions which is further composed of sociability and activity that make people disposed towards happiness. A new British study (Weiss, Bates and Luciano, 2008) has shed more light on the genes/personality contributions to happiness. Genes may contribute upto 50% of the variance in happiness and the new research suggests this genetic influence on happiness is essentially conveyed by personality.

Thus, the environment needs to be optimal for the unfolding and demasking of the genes, hence, the descriptive aspect is extremely important as well as the social and religious aspects. Thapa (2008) and Gopal (2006) in their studies have highlighted the importance of social factors in terms of social support and religion in predicting the happiness to a greater extent which have accounted for 20-25% of variance. People report happier feelings when with others (Pavot, Diener and Fujita, 1990). Similarly, an active religiosity is associated with well-being and mental health i.e. religious active people tend to be physically healthier, happier and to live longer (Koeing, 1997).

Keeping in view the importance of personality and social factors, the present study attempts to explore the association as well as the variance of these factors viz., extraversion, hardiness, social support and religion in happiness independently and jointly in government and private school males.

METHOD

Design :

A correlational design was used to find out the pattern of relationship between the social-personality variables and happiness. Further, regression analysis was applied to predict the most contributing factors.

Sample :

The sample comprised 200 male adolescent students of +2 level (100 each) from government and private schools of Shimla district of Himachal Pradesh. The extraneous variables were controlled in terms of gender, educational qualifications and age.

Tools :

(i) Eysenck Personality Inventory (Eysenck and Eysenck, 1968): This is a 57 item questionnaire out of which 24 items are for neuroticism, 24 for extraversion/introversion and rest of the items constitute the lie scale. Reliability of the inventory is .95 and validity .87. For the present study, only scores on extraversion is considered.

(ii) Oxford Happiness Inventory (Argyle, Martin and Crossland, 1989) : This is a 29 item questionnaire measuring the general psychological causes of happiness including its main components: achievement and

satisfaction, enjoyment, vigour and health. It has demonstrated a test-retest reliability correlation coefficient of .79 and an alpha of .93.

(iii) Personal Views Survey III-R (Maddi and Khoshaba, 2000): Hardiness was assessed by the most recent version of PVS-III test (i.e. PVS-III-R). This test consists of 18 items related to the three hypothesized factors of hardiness: Control, Commitment and Challenge. Alpha co-efficients have been documented between .77 and .81.

(iv) Social Support Questionnaire (Sarason, Levine, Bashman and Cronkite (1983): This is a 27 item questionnaire. Each item asks a question for which answer in two parts is requested. The items ask the subject (a) to list the people to whom they can turn and on whom they can rely in a given set of circumstances and (b) indicates how satisfied they are with their social supports on a 6-point Likert scale. The coefficient of internal reliability is .96.

(v) Religiosity Scale (Broota and Tagore, 1994): This is a 44 item questionnaire out of which 25 are positive and 19 are negatively keyed items. The scale contains items which are not specific to any religion but tap the basic attitude towards God and Religion. The items are to be rated on 6-point Likert scale. The split-half reliability of the scale is reported to be .96.

RESULTS AND DISCUSSION

To obtain the results, intercorrelations among all the variables viz., happiness, extraversion, hardiness, social-support, and religion were computed through Peason's product moment method of correlation and are presented in Table 1. The results show that in government school, happiness is significantly and positively associated with social support (r= .43, p<.01), religiosity (r=.36, p<.01), extraversion (r=.23, p<.05) and hardiness (r=.32, p<.01). Likewise, in private school, happiness has shown positive and significant correlation with extraversion (r=.41, p<.01), hardiness (r=.29, p<.01), social support (r=.23, p,.05) and religiosity (r=.20, p<.05).

Table 1 : Correlation between Happiness and Socio-Personality Factors by Type of School (N=200, 100 each)

Variables	Government School (n = 100)	Private School (n = 100)
Social Support	.43**	.23*
Religiosity	.36**	.20*
Extraversion	.23*	.41**
Personality Hardiness	.32**	.29**

**p<.01, *p<.05

It can be seen, the correlations of happiness with social support, religiosity and hardiness in government school sample are higher than those obtained in private school sample. Whereas, in private school, correlation of happiness with extraversion is higher than in government school. These results indicate that environment of the school is directly related to the social and personality development of students and hence the overall impact on happin ess. ubsequently, the effects of personality and social variables considered independent variables on the dependent variable happiness, were calculated with multiple regression analysis. The results obtained are shown in Table 2 and Table 3.

Table 2 : Stepwise Regression Analysis Predictors of Happinness in Government School Males (N=100)

Variables	β	R	R^2	R^2 Change	t	F
Social Support	.43	.43	.18	.18	5.75**	33.06**
Religiosity	.34	.49	.24	.06	4.25**	18.06**
Personality Hardiness	.29	.53	.28	.05	3.22**	10.37**
Extraversion	.15	.57	.31	.03	2.34*	5.48*

** p<.01 *p<.05

Table 3 : Stepwise Regression Analysis Predictors of Happinness in Private School Males (N=100)

Variables	β	R	R^2	R^2 Change	t	F
Extraversion	.36	.36	.13	.13	6.04**	36.48**
Personality Hardiness	.29	.44	.19	.06	2.37*	5.62*
Social Support	.23	.48	.23	.04	2.07*	4.28*

** p<.01 *p<.05

Table 2 and 3 display the results of the stepwise multiple regression analysis, as this method reveals the relative importance of each of the independent variables and the corresponding changes in R^2. The following results have been obtained for the males in government school: All the standardized coefficients (b) are significant at the confidence level of p<.01, except for the case of extraversion with regard to happiness which is only significant at the level of p<.05. The results reveal that social variables were highly significant predictors of happiness with social support (b = .43), religiosity (b = .29) and extraversion (b = .15) contributing 8% of variance in happiness. This shows that in government school social factors outdo

personality factors in determining happiness (See Table 2 for details).

Table 3 displays the results of multiple regression analysis for the males in private school. In this only extraversion is a highly significant predictor of happiness ($b = .36$, $p < .01$) followed by social support ($b = .29$, $p < .05$) and hardiness ($b = .23$, $p < .05$). Results illustrate that extraversion independently has contributed 13% of variance in happiness, social support, 6% of variance and hardiness has contributed 4% of variance. Together, the personality variables have shared 19% of variance.

Overall, the results reveal different correlates of happiness in terms of variance in both the samples due to different demography and cultural setup of the schools.

Discussion

The results of the present study have revealed different correlates of happiness disposition in government and private schools.

In government school sample, social variables have emerged as the best significant predictors of happiness explaining 24% of variance in totality with social support contributing 18% and religiosity accounting for 6% of variance independently.

This suggests that social support provides social and psychological comfort to the students and enable them to experience lower level of stress and anxiety (Taylor, 2003) and enable them to face any kind of adversities, thus enhancing their happiness (Sharma, Thapa and Malhotra, 2009). Happiness spreads through social networks of family members, friends and neighbours (Gallagher and Vella-Brodrick, 2008).

Similarly, religion plays a vital role in determining happiness as religious experiences can be very positive. They offer a person a feeling of being in contact with God also known as transcendence and contact with others. These things are really positive and make one happier (Argyle and Hills, 2000). Friedrich, Cohen and Wilturner (1989) found in their study that as compared to non-religious people, religiously active people are less vulnerable to depression. People who have deep faith also tend to retain or recover greater happiness after suffering divorce, unemployment, serious illness, or bereavement (Ellison, 1991). Further, another explanation for the faith and happiness correlation is the sense of meaning and purpose that many people derive from their faith owing to religion (Ellison, Gay and Glass 1989 and Sharma and Malhotra, 2010).

Seligman (1988) has contended that a loss of meaning feeds today's high depression rate and that finding meaning requires something larger than the lonely self which are social support and faith as faith communities also provide social support (Ellison et al. 1989).

The other factors which have shared 8% of variance in happiness

of government school students are personality hardiness (5%) and extraversion (3%). In government school extraversion is less important because variance has been taken care by social support due to higher correlation between the two. Thus, in government school, social factors have taken the driver seat and personality factors remained less important.

In private school sample, personality variables have an edge over social factors as extraversion has emerged to be the best significant predictor of happiness accounting for 13% of variance independently followed by personality hardiness which has contributed 6% of variance. Together, these factors have shared 19% of variance in happiness. The results suggest that extraversion has strong association with happiness and overall psychological well-being. The rationale for this association is based in the consideration that extraverts are happier because they seem to have more social skills, are more assertive and more cooperative. Hence, it seems that sociability component of extraversion accounts for this relation (Headey and Wearing, 1992 and Lu and Shih, 1997).

In the same vein, personality hardiness has been found to be the second best predictor of happiness in private schools. This reveals that hardiness seems to act as a buffer against stress (Wiebe, 1991) and hence contributes to well being. It is a personality style learnt on the basis of interaction between persons and their inter-personal environments. It seems that, in private schools, students are given training in independence strengthening their perseverance and hence become hardy because of strong sense of commitment, control and challenge. Private schools due to their environmental set-up provide the existential courage and motivation to turn students to their stressful situations into growth opportunities (Khoshaba, Fazil and Resurreccion, 2009).

The last factor to be entered was social support that explained only 4% of variance in happiness in private school. This may be due to the fact that the variance of social support has been taken care by extraversion. Apparently, this is because extraversion is associated with friendship and social activity which are among the best sources of joy and happiness (Campbell, 1981 and Sharma and Malhotra, 2010).

In nut-shell, the present results clearly indicate the different patterns of regression and variance explained in happiness in both the schools due to school environment and demography.

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Cognitive Failure and Anxiety among College Students : Scope for intervention

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Academic pressures and requirement is often a source of stress and can tax the cognitive oriented resource availability among college students. Performance requires the optimal utilization of cognitive resources and a balanced emotional state. The failure or deficits can be attributed to the failure on cognitive tasks due to negative emotional states. The exploration of the level of cognitive failure and cognitive performance in relation to emotional states among college students is the main objective of this study. The study also aims to analyze the impact of intervention in their cognitive ability and emotional states. Accordingly a group of 123 college students were selected for baseline assessment. A sample of 36 students, scoring high on anxiety and high on self-reported cognitive failure were selected for training.12 students underwent cognitive training,7 students were assigned yoga training and 7 students were assigned as control group. Thepre and post training of the data on self-reported cognitive failure, cognitive task and anxiety is discussed. Theimplications of the results for training are discussed.

INTRODUCTION

Cognitive quality of life is an important aspect of functional efficiency related to day to day activities, work, adjustment and overall well being. Cognitive functions involves multiple domains like attention, perception, memory, learning, thinkingandmanyof these functions are interdependent and it is acomplex process which determines an individual adjustment to health and well being.Rabitt and Abson (1990) reported that the elderly participants reportedfewer cognitive failures than young people. The cognitive functions and impairment college students are of much researched area to understand the impact of cognitive impairment on their academics and in their daily activities.

The cognitive impairment among college students are due to many of the influencing factors such as stress, anxiety, academic performance and low self-esteem. James and Daniel (2000) suggest that momentary lapses of individual's actions have pervasive effect on the efficient, effective conduct of every day activity as well as our affective well being.Study by Kauts and Sharma (2009) showed that the students, who practiced yoga performed better in academics. And study further showed that low-stress students performed better than high-stress students, meaning thereby that

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stress affects the students' performance. A study by Megan Dwyer (2008) identified the factors contributed to life satisfaction, in which the need for cognition can have serious and profound implications for individual health and wellness, both psychologically and physically, and can lead to greater happiness and enjoyment in life. The findings thatneed for cognition was related to academic achievement and academic achievement is correlated to life satisfaction may mean that the better students do in school, the happier they are with themselves. This could potentially affect self-efficacy, particularly of teenage students.

Anxiety symptoms are extremely common in adolescence, and can negatively interfere with general well-being, social life, academic performance, and development of social skills .Anxiety symptoms are associated with impairment of memory and cognitive functions and can contribute to poor school performance and academic failure. While poor school performance can result from excessive anxiety, it can also be itself the cause of anxiety, low self-esteem, and other affective symptoms.Brianna Sullivan and Tabitha (2007) in their study report that attentional focus, perceptual discrimination, and memory retrieval are of utmost importance to students' success in college and suggest that many who suffer from cognitive deficits could benefit from wider awareness and treatment. Studies also suggest the importance of interventions in reducing the anxiety and increasing the cognitive performance among college student.A study by Larun L, Nordheim LV, Ekeland E, Hagen KB, and Heian F(2006) states that exercise is promoted as an active strategy to prevent and treat depression and anxiety. They reported that exercise decreases reported anxiety scores and depression scores in healthy children when compared to no intervention.

Study by Donald Broadbent , Andrews and John (2006) found that there exists a relationship between cognitive failures scores and the difference between performance of categoric search and focused attention tasks ,which states the relationship between level of cognitive failure and the difference in speed of responding in categoric search and focused attention choice reaction time tasks. And correlated attributes of cognitive failure showed that this effect were explained in terms of differences in trait anxiety. With this background, present investigation focus on self-reported cognitive faiure,cognitive ability and emotional states among the college students and the scope for specific intervention.

Objectives :

The specific objectives of the present investigation are as follows:

- To understand the level of self-reported cognitive failure, cognitive ability and emotional state of college students.

- To understand the relationship between cognitive functions and emotional states of college students.
- To provide specific intervention and to analyze the changes in self-reported cognitive failure, cognitive ability and emotional states.

METHOD

Sample:

A sample of 123 college students were selected from a PhysiotherapyCollege, situated at Chennai. The students were screened for the level of self-reported cognitive failure, specific cognitive performance and anxiety. Thesubjects, who scored high on anxiety and self-reported cognitive failure were included for the intervention (N=36).

Tools:

For thepresent investigation, four tools were used, namely. (1)Cognitive failure questionnaireconstructedby Craig Wallace(1999).(2) Digit symbol substitution test (WAIS – subtest,1997).(3) Stroop test (NIMHANS-Version,1999). And(4) Spielberger's State TraitAnxiety inventory for adults, Form-yconstructed by Spielberger, D.C., Gorsuch, R. I., Lushene, R. Vagg, and Jacobs, G. A. (1983).

Research Design :

Case control and experimental design was used for the analysis of scores.

Procedure:

After obtaining the permission from the management of thecollege, thestudentswere administrated the Digit substitution test ,followed by Cognitive failure questionnaire and State trait anxiety inventory. All the above test are administratedby the researchers in four different groups. Those subjects scoring high on self -reported cognitive (32.5±11.2) and also scoring high on anxiety [State anxiety-(39±6.4),Trait anxiety -(45±7.1)] were identified.Totally 26 subjects were selected for intervention. And they were randomly assigned to three training conditions.12 subjects underwent cognitive training,7 subjects were provided yoga training and 7 were treated as control group with no specific intervention.

Cognitive training group :

This group underwent eight sessions of interventions which included mental control,relaxation,cognitive task, cognitive puzzle (verbal, numerical and geometrical) and problem solving.

Yoga training group:

This group of intervention involved eight session of breath awareness exercise, lengthening and smoothening of inhalation and exhalation breathing exercises and simple postures and relaxation exercise.

Control group :

This group do not underwent any specific intervention.

Statistical analysis:

SSPS (Statistical Package of Social Science) software package (windows version 13.0) was used to analyze the data. Descriptivestatics was used to analyze the baseline data and Paired t-test was done to determine any significant differences between the pretest and post-test conditions.

RESULTS AND DISCUSSION

The baseline data on 123 subjects on study variables

Table-1 : Descriptive statistics of mean and standard deviation of study variables.

Variables	Mean	SD
Distractibility	12.8	5.0
Memory lapses	7.5	4.0
Blunders	10.4	3.7
Memory for names	1.8	1.7
Cognitive failure	32.5	11.2
Cognitive ability	57.0	12.9
Trait anxiety	45.0	7.1
State anxiety	39.0	6.4

The results revealed that the state and trait anxiety level of the college students are quite high revealing that they have agitation, restlessness and experience negative emotions. This scores indicate the need for training. Similarly the mean score of the cognitive failure is 32,indicating that student experience frequent distractibility and memory loss. This self-reported inventorycan be sensitive to their problems. Many earlier studies have reported positive relationship between anxiety and lowered cognitive performance.

The cognitive task given is digit substitution, whichis very similar to any other academic performances. On an average, the students are able to complete 57 substitution and there are greater individual differences.Thus the score justify the need for intervention.

The correlation table demonstrates significant positive relationship between emotional factors and cognitive failure and significant negative relationship between cognitive failure and cognitive performance. This is clearly demonstrated with higher memory lapses, there is increased failure on digit substitution. This implies that failure is affected by stress and emotions.

After the intervention the 24 subjects were reassessed on the self-

Table-2 : Relationship between Cognitive failure, Cognitive ability and emotional states.

Variables	Distractibility	Memory lapses	Blunders	Memory For names	Cognitive failure	Digit substitution	Trait anxiety	State anxiety
Distractibility	-	0.50**	0.59**	0.35**	0.86**	-0.03	0.43**	0.44**
Memory lanses	0.50**	-	0.45**	0.46**	0.79**	-0.10	0.31**	0.35**
Blunders	0.59**	0.45**	-	0.32**	0.79**	-0.59	0.35**	0.34**
Memory For names	0.35**	0.46**	0.32**	-	0.57**	-0.24**	0.17*	0.30**
Cognitive failure	0.85**	0.79**	0.79**	0.56**	-	-0.10	0.44**	0.48**
Digit substitution	-0.03	-0.10	-0.59	-0.24	-0.10	-	-0.06	-0.10
Trait anxiety	0.42**	0.31**	0.35**	0.17*	0.44**	-0.06	-	0.68**
State anxiety	0.43**	0.35**	0.35**	0.30**	0.48**	-0.10	0.69**	

**P<0.01,*P<0.05

reported cognitive failure, cognitive task and anxiety inventories. The data on stroop test could be obtained only for cognitive trained group before and after. Where as with the control group the stroop effect could be measured only on post test .This was not available for the yoga trained group.

Table 3 shows the impact of cognitive training on self-reported cognitive failure, cognitive ability and emotional states. With in the cognitive trained group, there is significant decrease in all the domains of self-reported cognitive failure .The overall decline in the score is marked and significant demonstrating that students are benefitted by focusedcontinuous training in cognitive task .This has facilitated their confidence level in their own cognitiveprocesses. Thus they report decreaseddistractibility and better memory and low level of errors andomission intheir work.

Similarly there is significant decrease in their situational and general anxiety level and the post scores are nearer to the normal healthy subjects. The component of relaxation in the module and the confidence in performing the cognitive task could be the source of the emotional well being. This enhanced ability is clearly seen in the objective task performance of the students. There is no chance in digit substitution score, but there is a decrease in stroop effect.

This implies that the speed of the process remains the same, but the inhibition of thoughts and stimuli have decreased efficitively, which is showed in the decreased stoop effect. These results underscores the importance of cognitive training for college students.

Table 3 : reveals the impact of cognitive training on self-reported cognitive failure, cognitive ability and emotional states.

Variables	Before Intervention		After Intervention		t-value
	Mean	SD	Mean	SD	
Distractibility	15.9	4.0	10.8	4.4	6.7*
Memory lapses	10.2	2.0	7.7	2.5	4.0*
Blunders	13.3	2.8	8.0	3.0	5.4*
Memory for names	2.8	1.8	1.0	0.99	4.3*
Cognitive failure(Self-reported)	42.1	6.8	27.7	9.7	7.8*
StroopEffect	86.1	19.3	78.1	16.5	3.4*
Digit Substitution	52.0	16.5	45.2	7.4	1.6
Trait anxiety	44.8	4.7	36.5	2.7	6.7*
State anxiety	40.3	5.6	33.0	3.4	5.6*

*P< 0.01

Table 4 shows the impact of yoga training on self-reported cognitive failure, cognitive ability and emotional states.Within the yoga trained group, there is a significant decrease in the level of cognitive failure and anxiety. This implies that practice of relaxation and breathing has a role to play in inducing calmness andconfidence. This change in the emotional states has not resulted in better performance on cognitive task within thegroup, which is reveled in the scores of digit substitution.

This findings implies that specific yoga training enhances positive emotional state and specific cognitive resources such as concentration and

Table 4 : reveals the impact of yoga training on self-reported cognitive failure, cognitive ability and emotional states.

Variables	Before Intervention		After Intervention		t-value
	Mean	SD	Mean	SD	
Distractibility	17.6	4.4	15.3	3.9	8.0*
Memory lapses	8.6	2.0	7.0	2.3	7.7*
Blunders	12.9	3.8	11.0	2.7	3.4*
Memory for names	2.4	1.9	0.86	0.89	3.3*
Cognitive failure(Self-reported)	41.2	8.1	34.1	7.2	11.3*
Digit Substitution	53.0	17.2	48.5	13.5	1.1
Trait anxiety	44.3	8.0	41.2	8.2	5.6*
State anxiety	42.0	7.16	38.4	5.9	2.4*

*P<0.01

immediate memory. But it does not translated in to better performance which could be perceived in the cognitive trained group.

Table 5 shows self-reported cognitive failure, cognitive ability and emotional states of control group. Within the control group, all the domains of cognitive failure remain the same and both situational and general anxiety level also remains the same.

This group has shown increasing sense of Digital substitution on post test indicating a significant improvement in performance. This change is noticeable as they had scored much lower at the pretest period. Compared to other two groups, the control group has demonstrated improved cognitive performance which can be attributed to the practice effect and other non-specific effects. The lack of improvement and actual decline in other two groups in the processing speed can show that training was not effective specifically in this area. The possible explanation can be attributed to the effect of training to deal with the cognitive task among the students.

Table 5 : Shows self-reported cognitive failure, cognitive ability and emotional states of control group.

Variables	Before Intervention		After Intervention		t-value
	Mean	SD	Mean	SD	
Distractibility	16.6	1.9	15	2.7	2.0
Memory lapses	10.5	3.1	9.7	2.4	0.78
Blunders	13.3	4.8	10.9	3.0	1.2
Memory for names	2.7	2.6	2.6	2.1	0.2
Cognitive failure(Self-reported)	43.1	11.3	38.1	7.6	1.2
Digit Substitution	43.6	11.5	53.3	13.5	-2.4*
Trait anxiety	50.1	6.6	47.4	3.6	1.7
State anxiety	43.7	2.9	43.8	4.6	-0.09

In summary, the college students experience cognitive distraction and lapses which have an implication on the academic performance. This is also associated with negative emotional states. Both cognitive and yoga training have positive impact on reducing anxiety and self reported cognitive failures.

Cognitive training was superior in demonstrating the benefits of thought control which was reflected in lowered stoop effect score. Performance on the cognitive task was not influenced by any of the interventions. Intervention was effective in reducing the anxiety that could be a possible mechanism involved in self reported cognitive failure and performance.

Conclusion:

From the above results it can be concluded that college students experience self reported cognitive failure in terms of distractibility and memory lapses. They also show an increased level of both state and trait anxiety. Self -reported cognitive failure is significantly related to anxiety among college students. Specific intervention is effective in reducing self - reported cognitive failure and anxiety among college students. Cognitive training is effective in enhancing the impulse control among the college students. These results implies the need for cognitive intervention to enhance the cognitive ability and to decrease the self- reported cognitive failure and anxiety levels among the college students which may have an impact to increase their academic performance.

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Knowledge, Attitude and Practice of Regular School Teachers with reference to Inclusive education for children with disabilities

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Present study was an attempt to examine knowledge, attitude and practice of regular school teacher with reference to inclusive education of children with disabilities. For the purpose of study 60 primary school teachers were interviewed. Results indicate that knowledge of regular school teacher about disabilities is poor, their attitude is not in favor of inclusion and their practice level is insufficient to achieve goal of inclusion. Even 80 percent teachers don't know all types of disabilities. Only 36 percent teachers are ready to work for inclusive education from right now. Only 8 percent teachers made some adaptation to curriculum. Results indicate the need of training programmes for teachers to achieve the target of full inclusion.

Key words : Inclusive Education, Children with Disability (CWD), Persons with disability (PWD)

INTRODUCTION

"Education for all" it is a notion of the present time. Each child has equal right of education irrespective of cast, creed and culture, and so as to children with disabilities. For children with disabilities it is consider that they are suitable for special schools only, which provide a segregated environment. This isolation from regular education provides lot of learning opportunities to child with disability through a team of experts. But at the same time it bounds the children with disability to learn with non-disabled peer, it generate a feeling of being segregated, it blocks the competitive learning and very important fact that it does not provide much challenges to grow. So in spite of several benefits of special education nowadays attention of educationist, parents and disability experts is shifting towards inclusive education. Inclusive education, in which all schools accept children with disability, is a voice of present time.

It would be facilitative to discuss about all type of disabilities which are accepted in legal system, before talking about inclusion or attitude towards inclusion. Following disabilities are traditionally accepted categories:-

- Physical Disabilities (Present term 'Locomotor impairment')
- Hearing Impairment
- Visual Impairment and
- Mentally Handicapped (Mental Retardation)

In 1995, Persons with Disabilities Act (Equal Opportunities, Full

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Participation and Protection of Rights) came into existence. Three new disabilities were separately recognized it this act. These are

- Low Vision
- Leprosy cured person
- Mental Illness

In 1999, National Trust Act came up. It is for welfare of persons with Autism, Cerebral Palsy, Mental Retardation and Multiple disabilities. There are, in very big number, learning disabled (LD) children found in schools. But LD children are not considered as disabled in legal system; however Dept. of Education recognizes their special needs.

In India we are on 'two tracks' (Pijl and Meijer, 1991), separate policies on segregation and integration. Baquer and Sharma (1997) criticized that separate special school education systems lead to social segregation and isolation. Before 1970 segregation was encouraged and believed that children with special needs can not study in regular school (Advani 2002) So in present system of India inclusion of above all types of children with disability is a Herculean task. However Sarva Shiksha Abhiyan of MHRD Govt. of India is making much effort for full inclusion, but there are certain barriers in entire system. With environmental barriers social or attitudinal barriers are making inclusion as difficult job. Physical barriers can be removed by making ramps, railings, and accessible rooms and toilets. But changing attitude of teachers, peers, and parents is a big challenge. In present study an attempt was made to understand knowledge, attitude and practice of regular school teacher towards inclusive education.

METHOD

Sample :

60 teachers of primary level were interviewed for their knowledge about disabilities, attitude and practice regarding inclusive education.

Procedure:

In unstructured interview following points were given attention – To assess their knowledge following questions were asked-

• Do you know PWD ACT?
• Do You Know RCI Act?
• Give name of disabilities as per PWD Act
• What is Brail?
• What is Sign language?
• Do you know NT Act?

To assess attitude following points were discussed-

• Complete Inclusion
• Partial Inclusion
• Inclusion in Study
• Inclusion in CCA
• Inclusion right now
• Inclusion After full infrastructure development

To assess their practice following question were asked-

• Do you teach students with disabilities?
• Do you make some curriculum Adaptation?
• Do you make some Evaluation Adaptation?
• Do you make seating arrangement at front level for CWDs?
• Did you ever make efforts for certification and other Govt Facilities for CWDs?
• Did you ever educate to peers for their disabled peer?

RESULTS AND DISCUSSION

The obtained results in terms of frequency amd percentage have been presented in Table 1, 2 and 3. In present study it was found that only 26 percent teachers have information about Persons with Disabilities Act 1995, only 21 percent teacher are aware of Rehabilitation Council of India Act 1992, only 20 percent teacher were able to name all 7 disabilities defined by Persons with Disabilities Act 1995. Only 36 percent teachers have understanding of Brail and 38 percent have some information about sign language. Only 11 percent teachers have some information about National Trust Act 1999. These findings are suggesting that teachers must be given basis information about provisions for the children with disabilities. It was reported by Anita(2000) that inclusive educaton has not yet been linked to a broader discussion of pedagogy. Much work is left to be done in this area.

When asked complete inclusion of children with disabilities, in regular schools, only 33 percent teachers were in favor of complete inclusion. Whereas 67 percent teachers were in favor of partial inclusion. 42 percent of teachers were in favor to include children with disabilities in study, 85 percent teachers favored inclusion in Co Curricular Activities only. When

Table 1 : Knowledge of teachers with reference to Inclusive Education of children with disability.

	f	Percentage
Do you know PWD ACT	16	26.67%
Do You Know RCI Act	13	21.67%
Give name of disabilities as per PWD Act	12	20.00%
What is Brail	22	36.67%
What is Sign language	23	38.33%
Do you know NT Act	7	11.67%

Table 2 : Attitude of teachers towards the Inclusive Education of children with disability.

	f	Percentage
Complete Inclusion	20	33.33%
Partial Inclusion	40	66.67%
Inclusion in Study	25	41.67%
Inclusion in CCA	51	85.00%
Inclusion right now	22	36.67%
Inclusion After full infrastructure development	38	63.33%

Table 3 : Practice of teachers towards the Inclusive Education of children with disability.

Items	f	Percentage
Do you teach students with disabilities	14	23.33%
Do you make some curriculum Adaptation	5	8.33%
Do you make some Evaluation Adaptation	12	20.00%
Do you make seating arrangement at front level for CWDs	24	40.00%
Did you ever make efforts for certification and other Govt Facilities for CWDs	14	23.33%

asked are you ready inclusion right now, only 37 percent teachers agreed on it. 63 percent teachers agreed for inclusion of children with disability after all required infrastructure development. Sharma (2002) worked on attitude of teachers toward inclusion of children with disabilities. It was found that severity of disability negatively influences attitude towards inclusion.

Practice of inclusive education was assessed a series of questions.

23 percent of teachers teach students with disabilities. Only 8 percent made some adaptation in curriculum as per the need of children with disabilities. 20 percent teachers made adaptation in examination, 40 percent teachers are careful about seating of children with disability in front row. 23 percent teachers made efforts for certification and other Govt. benefits to children with disabilities. Overall knowledge, attitude and practice of regular school teachers is poor towards inclusive education.

Studies in this field are also indicating that much work is left for the completion of inclusion dream. Booth (2000) has pointed out that access to education is only the first stage in overcoming the exclusion of persons with disabilities from the mainstream. More challenging is the task of bringing about a shift in public perspective and values, so that diversity is cherished. Mani and Mulharah (2003) discussed about creating effective classrooms through cooperative learning. Position paper on Education of Children with Special Need (NCERT, 2006) stressed that special schools should be mobilize as resource centers that provide support to inclusive schools. Sign language, Braille and finger brail was recommended by the focus group on Education on Children with Special Needs (2006) as third language paper for all children. Quinn and Ryba (2000) suggested collaborative forms of assessment for inclusive classrooms. Collaboration between, and consultation with, students, parents, caregivers and other relevant people enable educators to gain a good understanding of the students' strengths and need.

Salamanca Statement "We the delegates of the World Conference on Special Needs Education… hereby reaffirm our commitment to Education for all, recognizing the necessity and urgency of providing education to children, youth and adults with special educational need within the regular education system, and further hereby endorse the Framework for Action on SNE, that governments and organizations may be guided by the spirit of its provisions and recommendation" (UNESCO, 1994:8)

Though the National Curriculum Framework for School Education (NCFSE) (2000) (NCERT, 2000), does mention the education of learners with SEN under the sections "Curriculum Concerns" and "Managing the System", it does not address the SEN of learners under various other sections, such as, "Organization of Curriculum at Elementary and Secondary Stages", "Organization of Curriculum at Higher Secondary Stage", "Evaluation", etc. Finally it can be concluded that knowledge of regular school teacher about disabilities is poor, their attitude is not in favor and their practice level is insufficient to achieve goal of inclusion. It suggests specific training programmes to teachers. Sensitivity training to change attitude and skill training to enhance appropriate practice in classrooms may change the scenario.

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Perceived Expressed Emotions and Problem Behaviours in Epileptic Children

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The present study examined the relationship between expressed emotions among epileptic adult with behavioral problems. Purposive sampling was employed in this study. The sample comprised of total 30 participants in whom epileptic patients were divided in two sexes as 15 male and 15female. The tools used were family emotional involvement and criticism scale (FEICS) shields G.C.et al (1992) to assess the perceived expressed emotions among epileptic male and females, behavior rating scale (NIMH 89) The result showed that perceived expressed emotions and boys had more behavioral problems than girls. But no difference was found in the perception of expressed emotion between two sex. To reduce the severity of expressed emotions psycho-education and more acceptance of the illness were suggested to the parents and caregivers of the index group.

Keywords: Expressed Emotion, Behavioral problems, Epilepsy.

INTRODUCTION

As WHO defines epilepsy, an 'epileptic seizure' is the result of transient dysfunction of part or all of the brain due to excessive discharge of a hyper-excitable population of neurons, causing sudden and transitory phenomena of motor, sensory, automatic or psychic nature.

Studies suggest the prevalence (proportion of a population with that disorder at a given point in time) of epilepsy to be roughly 1% in developing countries. By this estimate, in India alone there are roughly 10 million people suffering from epilepsy at any given point of time – just about the populations of Switzerland and Lithuania put together. Some people who have seizures, though, may experience more extreme emotional changes or exhibit behaviors, which are not considered socially acceptable. Sometimes, though, medication and the seizures themselves may affect a person's emotional state and her or his behavior. Roughly one in four children with epilepsy has significant behavior problems. Another one in four has emotional difficulties that are less severe but still disturbing. In general, behavior problems are more troublesome in children whose seizures began at an early age. This is especially true for boys, who are more likely to "act out," but girls also are affected. Their emotional problems may be recognized less often.

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Expressed emotion is the attitude that the relatives show towards the illness and the person. One of the main contributors to relapse in psychological disorders is expressed emotion. Expressed emotion is the critical, hostile, and emotionally over-involved attitude that relatives have toward a family member with a disorder. Parents can cause their child to relapse because of their behavior toward the child. Those who blame themselves for their child's illness are higher in emotional over-involvement, commonly found in females (Peterson & Docherty, 2004).

Expressed emotion in a patient's living environment can sometimes be prevented or at least lessened. The understanding of the family has for the disorder will lessen high expressed emotion exhibited by hostility and criticism towards the patient. Brown et al. (1958) found that discharged psychiatric patients tended to have a different outcome according to their different living arrangements (living with parents, spouse, in hostels, etc.). Brown et al. (1962) found that a fundamental variable related to a poor outcome was the level of "expressed emotion" in relatives. Brown et al. (1962) found that the most important variable related to poor outcome was the level of expressed emotions shown by family members: the higher the level of emotion and hostility in the family, the higher the likelihood for the patient to have a relapse within the next year.

Objectives of the study :

The study was conducted with the aim to examine the role of perceived expressed emotions among epileptic children with behavioral problems.

The main objectives of the study were as follows:

- To study the expressed emotion as perceived by epileptic children.
- To study the presence of behavioral problems among the epileptic children.
- To study the association between perceived expressed emotion and presence of behavioral problems among epileptic children

METHOD

Sample :

'The sample of the present study consisted of 30 of epilepsy patients (15 boys and 15 girls) attending Neurology OPD of the Institute of Human Behavior and Allied sciences.

Inclusion Criteria:

- Patients aged between 9 to 18 years
- Must be living with at least one family member
- Patients who give the informed consent

Exclusion Criteria :

- Any co-morbid major psychiatric/ neurological illness.

• Patients with mental retardation.

Measuring instruments :

• Socio-demographic and clinical data sheet :

A data sheet was especially prepared for the study, which consisting of socio-demographic details of the patients, Consent form was especially prepared for the study

• Family Emotional Involvement and Criticism Scale (FEICS) :

Shields and Cleveland, (1992) developed Family Emotional Involvement and Criticism Scale (FEICS), It is self-report scale to assess perceived criticism and intensity of emotional involvement. Cronbach's alpha was 0.82 for Perceived Criticism subscale and 0.74 for Emotional Involvement subscale.

• Behavioral Problem Rating Scale :

Behavioral Problem Rating Scale developed by Peshawaria and Venketensan(1991) was used to assess the behavioral problems in epileptic children. This scale consists 10 domains such as violent and destructive behavior, temper tantrums, misbehavior with other, self-injurious behaviors, etc. In this study only the presence of behavioral problems was assessed.

RESULTS

Table 1 demonstrates two groups of epeleptic patients consisting of boys and girls. The total sample size was 30 which constituted of 15 boys, 15 girls. There were two variables namely age and level of education. Mean and standard deviations were taken for all the groups' separately. Mean age of boys was 13.6 years; the corresponding standard deviation was 2.09. Mean education was 5.33 years and its corresponding standard deviation was 3.19. Mean age of girls was 14 years; the corresponding standard deviation was 0.89. Mean education was 5.86 years and its corresponding standard deviation was 2.33.

Table 1 : Socio-demographical Characteristic of Sample

	Boys (n=15)		Girls (n=15)	
Variables	Mean	SD	Mean	SD
Age (in years)	13.6	2.09	14.0	.89
Education(in years)	5.33	3.19	5.86	2.33

Table 2 demonstrates means and standard deviations of emotional overinvolvement and perceived criticism. The mean and standard deviation of emotional overinvolvement for the group of boys was 2.99 and 0.51 respectively on the other hand the mean and standard deviation on perceived criticism was 2.8 and 0.28 respectively.

The mean and standard deviation of emotional over involvement for the group of girls was 3.52 and .75 respectively. On the other hand the mean and standard deviation on perceived criticism was 3.02 and .32.

Table 2 : Mean difference between two sex for expressed emotion

Groups	Boys (n=15)		Girls (n=15)			
Expressed emotion	Mean	SD	Mean	SD	t- value	Significance
Emotional overinvolvement	2.99	.51	3.52	.75	.034	NS
Perceived criticism	2.88	.28	3.02	.32	.24	NS

Table 3 : Behavioural problems shown by the epileptic children.

Behavioral problems	% Boys	%Girls
Violent & Destructi.Behavior	80.0 (12) ▼	40 (6)
Temper and Tantrums	33.3 (5)	40 (6)
Misbehaviors with others	60.0 (9)	13.3 (2)
Self- injurious Behaviors	33.3 (5)	0 (0)
Repetitive Behaviors	66.6 (10)	40 (6)
Odd Behaviors	60.0 (9)	0 (0)
Hyperactivity	66.6 (10)	40 (6)
Rebellious Behaviors	66.6(10)	40(6)
Anti-social Behaviors	40.0 (6)	0.0 (0)
Fears	0.0 (0)	.66 (1)
▼() no of the children performed behavioral problems.		

Table3 shows the behavioral problems shown by boys and girls; in brackets number of children performed the relevant behavioral problem has been given. There were ten domains of behavioral problems. Table indicates that 12 out of 15 boys demonstrated violent and destructive form of behavioral problem whereas 5 out of 15 boys manifested temper and tantrums type of behavioral problmes. Misbehaviour with others was shown by 9 out of 15 boys whereas 5 boys reported of having of self- injurious behaviors, repetitive type of behavioral problems was shown by 9 boys. Odd behavioral problems were shown by 10 boys. Hyperactivity and rebellious type of behavioral problmes were shown by 10 boys whereas 6 boys showed anti-social behavioral problems .None of the boys showed fear related behavioral problems.

For the group of girls 6 out of 15 girls showed violent and destructive behavioral problem where as 6 out of 15 girls manifested temper and tantrums type of behavioral problems. Misbehavior with others was shown by 2 girls

out of 15. None of the girls were reported of having of self- injurious behaviors. 6 out of 15 girls showed repetitive form of behavioral problems. Odd behavioral problems were not reported in any of the girls. Hyperactivity and rebellious type of behavioral problems were shown by 6 girls where as none of the girls showed anti-social form of behavioral problems and only one girl showed fear related behavioral problem.

Table 3 : Behavioural problems in epileptic boys and girls with high and low perceived emotional over involvement.

Behavioural Problems	High scores on emotional overinvolvement		Low scores on emotional overinvolvement	
	(n=10)	(n=11)	(n=5)	(n=4)
	% Boy	% Girl	% Boy	% Girl
Violent & Destr.Behavior	80(8)▼	18(2)	80(4)	100(4)
Temper and Tantrums	30 (3)	36(4)	40(2)	50(2)
Misbehaviors with others	70 (7)	18(2)	40(2)	0(0)
Self- injurious Behaviors	30 (3)	0(0)	40(2)	0(0)
Repetitive Behaviors	50 (5)	36(4)	100(5)	50(2)
Odd Behaviors	40 (4)	0(0)	100(5)	0(0)
Hyperactivity	50 (5)	36(4)	100(5)	50(2)
Rebellious Behaviors	50 (5)	36(4)	100(5)	50(2)
Anti-social Behaviors	40 (4)	0(0)	40(2)	0(0)
Fears	0 (0)	9 (1)	0(0)	0(0)
▼( ) frequency of the behavioral problems				

Table 4 given below shows behavioral problems in epileptic boys & girls with high and low perceived emotional over involvement. It was found that among 15 boys 10 boys showed high scores on emotional over involvement and 5 of them showed low scores on emotional over involvement. It was found that among 10 boys 8 boys shown violent and destructive behavior with high EOI, 3 of them shown temper & tantrums, where as 7 boys shown misbehavior with others, 3 boys manifested with self- injurious behavior, whereas 5 boys expressed repetitive behavior. There were 4 boys who shown odd behavior, hyperactivity was shown by 5 boys, along with rebellious behavior for same number of boys, there were 4 boys who shown antisocial behavior and no boy shown fear.

In the category for low emotional over involvement the boys 4 shown violent & destructive behavior where as 2 boys manifested with temper & tantrums, 2 boys performed each misbehavior and self- injurious behavior. There were 5 boys who expressed repetitive behavior and same number of boys performed odd behavior, 10 boys were observed performing hyperactivity and rebellious behavior 5 for each behavioral problem but 2 boys performed antisocial behavior, no boy shown fear behavior with low EOI.

It was found that among 15 girls 11 girls showed high scores on

emotional over involvement and 4 of them showed low scores on emotional over involvement. Among 11 girls 2 shown violent and destructive behavior with high EOI, 4 shown temper & tantrums, where as 2 girls shown misbehavior with other, no girl reported of having self-injurious behavior. Of all 4 girls performed repetitive behavior, no girl shown odd behavior; 4 girls, along with rebellious behavior, showed hyperactivity. No girl shown antisocial behavior and one girl shown fear. In the category for low emotional over involvement among 4 girls all girls showed violent & destructive behavioral problems, 2 girls shown temper& tantrums, among the girls 2 showed repetitive behavior, 2 girls showed hyperactivity and 2 girls showed rebellious behavior, no girl shown misbehavior, self-injurious behavior, odd behavior, antisocial behavior and fear.

DISCUSSION :

The present study examines the relationship between expressed emotions among epileptic children with behavioral problems. From table- 2 it can be seen that the mean value of emotional over involvement in girls is more as compared to boys, although the difference between them is non-significant. The mean value of perceived criticism in girls is more as compared to boys, although the difference between is non-significant. Among boys SD value of EOI is more as compared to perceived criticism through it can be said that boys experience more EOI as compared to perceived criticism. Among girls SD value of EOI is more as compared to perceived criticism through it can be said that girls experience more EOI as compared to perceived criticism.

From table- 3 it is found that both the groups of boys and girls shown behavioral problems. In 10 domains of behavioral problems boys had more behavioral problems as compared to girls in the following domains namely, violent and destructive behavior(80%), Misbehavior with others (60%), self-injurious behavior (33.3%), repetitive behavior(66.6%), odd behavior (60%), hyper-activity(66.6%), rebellious behavior(66.6%) and anti-social behavior(40%). On the other hand girls had more behavioral problems as compared to boys in the following domains namely, temper & tantrums (33.3%), and fears(.66%). So it can be said that boys shows more number of behavioral problems as compared to girls.

From table-4 it is found that 10 boys and 11girls obtained high scores on emotional over involvement and boys shown more behavioral problems than girls in the following domains namely, violent and destructive behavior(80%), Misbehavior with others (70%), self-injurious behavior (30%), repetitive behavior(50%), odd behavior (40%), hyper-activity(50%), rebellious behavior(50%) and anti-social behavior(40%) and girls shown more behavioral problems as compared to boys in the following domains

namely, temper & tantrums(36%), and fears(9%). So it can be said that boys who are high on EOI show more number of behavioral problems as compared to girls who are high on EOI.

It is also found that 5 boys and 4 girls obtained low scores on emotional over involvement and boys shown more behavioral problems than girls in the following domains namely, Misbehavior with others (40%), self-injurious behavior (40%), repetitive behavior(100%), odd behavior (100%), hyper-activity(100%), rebellious behavior(100%) and anti-social behavior(40%) and girls shown more behavioral problems as compared to boys in the following domains namely, violent and destructive behavior(100%), temper & tantrums(50%). So it can be said that boys who are low on EOI show more number of behavioral problems as compared to girls who are low on EOI.

It can also be said that boys who obtained low scores on EOI show more number of behavioral problems than boys who scored high on EOI, similarly girls who obtained low scores on EOI show more number of behavioral problems than girls who scored high on EOI.

It was found that boys and girls perceived almost same degree of expressed emotions ranging from mild to moderate degree. Mean value of both the group of boys and girls didn't differ significantly. Boys and girls both perceived the component of expressed emotions (Emotional over involvement and Perceived Criticism) almost on similar intensity, though girls shown the tendency to perceive EOI more incomparision to boys. Reason for this discrepancy may be either parent express less criticism on girls or girls seen more sensitive and tender, more prone to consider helpless, weak socially and personally. SD value of EE (perceived criticism) of boys is almost half to that of EOI, which says boys, tends to see almost half of perceived criticism in comparison of EOI. Criticism is a high EE shown by family members, which may put a stopper to the rate of recovery to the patient. (Fiscella, &Compbell, 1990).

It appears from the above findings that everyone in a family is affected by the illness of one member because it changes their lifestyle. Relatives themselves become psychologically distressed because of all the stress from the illness (Chambless, Bryan, Aiken, Steketee, & Hooley, 2001). This stress from the patient starts to influence daily activities because it is very much a part of their life. The illness takes over the lives of everyone in the family, even if they are not the ones with the disorder. Siblings of the patient who are living with the parents and the patient after rehabilitation are also affected by the expressed emotion in the environment. This is not helpful for the family as a whole and the patient because the stress will send the patient back into their disorder. Once the criticism starts, it is hard to

change the way of the relatives act, causing more stress because of the impending relapse. The family starts to fall apart and create more problems for themselves than because of the ubiquity of a mental illness.

Where as Girls perceived less perceived criticism in comparison to EOI, in other words family members shown less scolding, anger, criticism against girls in comparison to EOI, reason for this may be that in India social image of girls is quite submissive, tender as opposed to boys, because of this attitude girls have less chances of getting scolded by family members but so may not be the case in terms of EOI, comparing to the boys who perceive almost same amount of EOI and perceived criticism. Commenting on the differences between low expressed emotion and high expressed emotion, McDonagh touched on the fact that the educational level of the surrounding family members and knowledge of the disorder plays an important role in the way the family members respond to the patient at hand. The differences between low and high expressed emotion families are striking. "It appears that low EE relatives ... are actively supporting the patient. They provide a positive nonverbal climate, show concern for the patient, and try to find solutions to problems" (Hahlweg et al., 1989, p. 18).

Another difference in the perception of EOI between boys and girls may be that sensitivity of emotion among boys is not equal to that of girls in Indian culture while girls are considered more emotionally sensitive to boys, so they may perceive more EOI. Statistically the value of Perceived Criticism for girls is more than boys but qualitatively boys has perceived more perceived criticism reason for this may be boys being more emotionally strong and rough, emotional attitudes of family member in case of boys may be tough but so may not be the case for girls as per Indian trend. (Bressia.2007) highlighted that High Expressed Emotion and high EOI were found to be associated with significantly higher seizure frequency than that recorded for the patient living in low-EE households. Study highlighted the impact of particular component of family emotional climate on the clinical course and psychological adjustment of patient with epilepsy. (Etten 1999) stated that children's attitude mediates between stigma and self-concept & behavioral problems respectively; enhancing a more positive attitude towards having epilepsy might help improve problems with self-concept and behavioral problems.

In the present study assessment of behavioral problems was done and it was found that both the groups of boys and girls shown behavioral problems. Boys have shown more behavioral problems in comparison to girls showing quite less numbers of behavioral problems. Percentage wise assessment of behavioral problems shown by boys was done, obtained result indicated that 80% of boys performed violent & destructive behavior, which

is the most frequently performed behavioral problem 66% boys were involved in Repetitive & Hyperactive & Rebellious behavior. 60% boys showed Misbehavior with other, odd behavior problems (Ostrm et al 2003). In the present study a correlation between mother- child interaction & behavioral problems was found, child parent's relationships predict the development of behavioral problems over and above the influence of disease related factors, even for children at considerable biological risk (Pianta 1994).

An attempt was made to draw difference between high and low expressed emotions and it's relation with presence of behavioral problems. Difference in the category of boys for emotional overinviolvement was that large number of boys with low in emotional overinvolvement performed more behavioral problems, like wise large number of girls also performed more behavioral problems. High and low expressed emotions for the category of emotional overinvolvement was assessed and it was found that 2 girls shown violent and destructive behavior, with high EOI, which is half to that of boys. Repetitive behavior, Hyper activity, Rebellious behavior , odd behavior was shown by all the five boys who perceived less emotional overinvolvement , likewise all the girls performed violent behavior who perceived less emotional overinvolvement, Overall impression says that girls performed less behavioral problems with high EOI. (Otero 2000) found that poor compliance may contribute to the persistence of epilepsy which may in turn result in more behavioral problems.

High and low expressed emotions for the category of emotional over involvement was assessed and it was found that boys shown more behavioral problems with high emotional over involvement (Hodes1999) found that mothers showed significantly more emotional over involvement and hostility towards their children along with emotional over involvement, criticism and, to a lesser extent, hostility did show associations with child behavioral deviance. There was not much difference in the group of boys for behavioral problems under the category of low EOI. It can be inferred from the data that in case of boy's intensity of expressed emotion was not directly concerned with the performance of behavioral problems.

(Hodes, Garralda & Schwartz 1999) found that mothers showen significantly more emotional over involvement and a trend for more hostility towards their children with epilepsy. High levels of criticism and, to a lesser extent, hostility did show associations with child behavioral deviance, and the strongest links were between maternal criticism and maternal rated antisocial and overactive behavior in the child. The influence of society takes a role in many people's lives because of humanistic desire to fit in. The feeling of belonging needs to be very strong because of the fear of being rejected. These feelings start to take over some people's lives, most

damagingly in their home, where they should feel the most comfortable. Criticism of family members to act a certain way toward the ill relative is a form of high expressed emotion. The remarks from relatives can be overwhelming because they fear seeming different from society. This can lead to secrecy of what is going on with the patient because the family does not want to stick out from

everyone around them. The pressure from the family and society contributes to relapse because the patient cannot handle all of pressure. The family's criticism makes the relative feel like everything is their fault and they cannot make things right so they feel helpless. They have nowhere to turn to for help because the family's negativity; therefore, they relapse back into the same thing the family is being critical about (Lopez et al., 2004).

Conclusion

Thus it appears from the above discussion that all the group of boys and girls has perceived expressed emotion though it is not statistically significant. Girls shown the tendency to perceive EOI more incomparision to boys, reason for this discrepancy may be either parent express less criticism on girls or girls being seen more sensitive and tender, more prone to get considered helpless, weak socially and personally. It was found that boys shown more behavioral problems with high emotional over involvement, study also suggest girls in comparision to boys perform less behavior problems, mothers express significantly more emotional over involvement and hostility towards their children along with High levels of criticism and, to a lesser extent, hostility did show associations with child behavioral deviance, However these findings need to be replicated before developing a firm conclusion. It is apparent that clinics should hold sessions regarding expressed emotion and its damaging effects on patients. These types of programs should be created to make under educated social workers more aware of how they can actually cause set backs to a patient's recovery. McDonagh is correct is saying, "Patients are more likely to relapse when there is high expressed emotion present in their living environment. The stress from remarks and attitudes of the family is overwhelming because they feel like the cause of all the problems." The environment in which the patient is being treated also has to be considered for the reduction of expressed emotion. Patients will relapse less if there is a combined effort between the family and the professionals to understand the disease, relate to the patient, and therefore reduce the amount of expressed emotion.

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A Study of Life Satisfaction in Relation to Personality Type and Job Situation

Mamta Geryani*, Meena Jain, Janki Moorjani** and Lovely Goyal***

The study seeks to see the impact of personality structure and job situation in relation to life satisfaction. 300 personnel were selected who were from the business information processing services, national software companies and several different banks of jaipur city. The sample was taken equally from the two criteria groups, i.e.150 from each group. Measurement of life satisfaction was done through life satisfaction scale developed by Alam and Srivastava. Type A/B Behavioral pattern scale (ABBPS) by Dhar and Jain was used to test personality types. Demographic information was also collected in prescribed performa individually. The results indicated that significant difference was found between personality type A and type B with regards to life satisfaction, same trend was found in job situations.

INTRODUCTION

The 17th century has been called the age of enlightenment, the 18th century the age of progress, and the 20th century the age of anxiety. The world is becoming complicated and full of tensions day by day. It may be observed that our society is going through rapid social change. These new social changes brought out some newer conflicts, which have caused substantial stresses and dissatisfactions. It is conceivable that if someone is high on psychological well- being or perceives himself as a happy or satisfied person then he is expected to perform well in many tasks he undertakes.

The perception of satisfaction is like a mirage, psychological illusion. The closer we get to it, the farther it moves or disappears altogether. It does not exist in absolute terms. Satisfaction in one life domain should have implications for satisfaction in other domain. Life satisfaction refers to a person's general happiness, freedom from tension, interest in life etc. Satisfaction with life is negatively or positively effected by death of spouse, marital separations, personal injury or illness, death of close family member, marriage, pregnancy, change in financial state, gain of a new family member etc.

The term personality refers to the characteristics and unique ways in which an Individual responds to the environment. Personality is a stable set of characteristics and tendencies that determined those common activities and differences in the psychological behaviour of people that have continuity in time and that may not be easily understood as the sole results of the social and biologically pressures of the moment (Maddi, 1980). Despite the plethora

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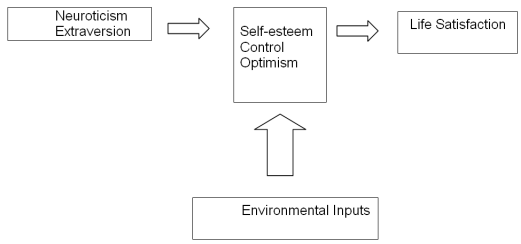
of definitions, investigators generally agree that personality is the dynamic and organized set of characteristics possessed by a person that uniquely influences his or her cognitions, motivation and behaviour in various situations.

Type A is a behaviour pattern that develops from the interaction of environment and personality demands and is regarded as risk factors for coronary heart disease (CHD). This trait, which is apparently analogous to extrinsic motivation for working (i.e. desire for money, status and recognition) as opposed to intrinsic motivation (i.e. desire for interesting, self satisfying work), contributes strongly to the perception and experience of stress at the work place.

Operationally, Type B behaviour pattern is defined as the absence of type A behaviour pattern, Rosenman and Chesney (1982) described type B as exhibiting "unhurried behaviour" and as being "relaxed, deferent and satisfied". Thus, the nature of different traits associated with the type A behaviour pattern predisposes a person towards the perception and experience of stress at work. One can say type of behaviour and the personality are the determinant of life satisfaction but as person grow he enters into a different job and interact with number of person and in certain specific jobs less interaction is required that fear also effect the person's life satisfaction.

People with different personalities are most satisfied with their lives if they include activities that are concordant with their temperaments. Costa and Mc Crae (1980) proposed that two major personality traits, extraversion and neuroticism, underlie people's propensity to react positively or negatively, respectively, to events. A number of investigators have concluded that inborn temperament is a very important influence on people's long term level of subjective well- being, although immediate events will move respondents up or down from their baseline.

The majority of life satisfaction and personality research has focused on neuroticism and extraversion as they are considered to represent enduring dispositions that have a temperamental or direct influence on life satisfaction (Mc Crae & Costa, 1991). Together extraversion and neuroticism have been shown to explain between 35% (Head & Wearing, 1989; 1992) and 42% (brebner et al., 1995) of the variance in life satisfaction.



It is suggested that the interaction between neuroticism and extraversion sets life satisfaction within a high positive range which is maintained by positive range which is maintained by positive cognitive biases pertaining to the self and the environment (Cummins & Cahill, 2000).

Objective of the Present Study

The major aim of present research is to study the effect of personality type and job situation on life satisfaction and to study the relationship between personality type and life satisfaction.

METHOD

Sample :

In the present study, the sample consisted of 300 personnel from the business information processing services, national software and several different banks of Jaipur city. The sample was taken equally from the two criteria groups i.e. 150 from each group. To fulfill this purpose, the present study takes two types of job situation on the basis of interactions with persons at the job place. On an average in one day, the employee's interaction with less than 5 persons at the work place, were taken as the two different criterion groups.

Computer programmers, system analysts, software engineers, computer operators, accountant etc. were included in the Ist group who have interaction with less than 5 people in a day. On the other hand marketing, personnel, bank managers, social workers, PRO, sales representatives were in the second group who have interaction with more than 5 people in a day.

Procedure :

The battery of tests was administered on 300 personnel of institutions after being granted permission. First of all for demographic information such as marital status, age, sex, number of years in service, income etc. was collected in prescribed Performa individually.

After the answer sheets and booklets were handed over to the personnel for the 1st test and the investigator read out the instructors after making sure that the subjects had understood the instructions, they were asked to begin. During the administration, the investigator checked frequently to see whether the respondents were marking their responses properly. The next two tests were given over a period of few days as per the permission granted by the institution. Similar procedure was taken for rest of the tests. Once all the data had been collected, they were sorted into sets for each personnel.

Tools used for data collection

The following tools were used to measure different variables.

1. Life satisfaction scale

Life satisfaction scale developed by Alam and Srivastava (1983)

was used. This consists of 60 items related to six areas viz. Health, Personal, Economical, Marital, Social and Job. The responses are to be given in Yes/ No. The test is in Hindi language.

2. Personality Type scale Type A/B Behavioural patterns scale (ABBPS)

The scale was developed by Upinder Dhar and Manisha Jain (1983). The scale was administered on a sample of 200 working people. The scale consists of 33 items, 17 items in form A and 16 items in form B.

The part-I (Type A behaviour pattern) consists of some factors as tense, impatient, restless, achievement oriented, domineering and workaholic likewise the part-II (Type B behaviour pattern) consists of five factors. These factors are complacent, easygoing, nonassertive, relaxed and patient.

3. Job Situation

There is a great need to study the effect of job situation. To fulfill the purpose in the present study mentioned, earlier researchers have taken two types of job situation on the basis of interaction with people at job place. The criteria was decided that on average in a day the employees interact with less than 5 people or more than 5 people at the job place beside routine official staff members. Generally computer operators etc. were included in first group who have interaction with less than 5 people in a day while sales representatives, public relation offices, Bank managers, Social workers etc., were in the second group which have interaction with more than 5 people in a day.

RESULTS AND DISCUSSION

Life satisfaction refers to a person's general happiness, freedom from tension, interest in life, etc. It means the way a person evaluates his own life. The amount of satisfaction one feels in life depends on the life goals he sets for himself and the interest to which he is able to achieve them in life.

Each of us are unique in our personality which is reflected in our behaviour, feeling and life style, but as person grows he enter in different jobs and interact with number of persons. In certain specific jobs like programmer, computer operator, accountant and some clerical posts, less interaction is required whereas in the jobs of LIC agents, managerial posts, sales and marketing jobs, personal relation officers, more interaction is required, that also affect the person's life satisfaction. So, there is a great need to study the effect of job situation.

Personality is central to this idea of life satisfaction, as the interaction between neuroticism and extraversion may set life satisfaction within a high positive range (Cummins, 2000, 2000b, 2000c). However, it is unclear whether the strongest personality predictors of life satisfaction are neuroticism,

extraversion and consciousness. According to McCrae and Costa (1991), neuroticism and extraversion have a direct influence on life satisfaction. This is consistent with Cummins (2000, 2000b, 2000c) suggestion that the interaction between neuroticism and extraversion sets life satisfaction within a high positive range.

Mishra (1995) found that Type A personality have a significant relationship with various dimensions of psychological well being. The present study aimed at finding out the effect of Personality type and job situation on Life Satisfaction. Significant difference among two groups regarding various variables is also studied and to find out the relationship between all the variables selected in the present study. 't'-test was also used to study the significant difference between two groups regarding some variables.

The data collected for the study has been compiled, tabulated and subjected to statistical analysis and the results has been presented in the following tables.

Table 1 : Mean, SD and t Value of different variables of two groups on the basis of Job Situation (Interaction with more people and interaction with less people) with regards to Life Satisfaction and Personality Types

Variables	Job situation	N	Mean	SD	't'-Value
Life Satisfaction	M	150	45.43	7.75	67.10**
	L	150	39.73	6.94	
Personality Type A	M	150	57.94	6.08	-.48
	L	150	58.27	5.95	
Personality Type B	M	150	52.75	11.45	-2.254*
	L	150	55.11	5.75	

** Significant at 0.01 level, *Significant at 0.05 level

M=Interaction with more people, L= Interaction with less people

Table-1 depict, mean, SD and t-values of different variables; life satisfaction, personality Type-A and personality Type-B of two groups (interaction with more people and interaction with less people). Except personality Type A it can be seen clearly that these two groups differ significantly on life satisfaction and personality Type B.

Table-2 indicates the difference on the various dimensions of personality. More interaction group have scored a greater a mean score than the less interaction group in dimension A-1 and A-6 however the person's of less interactive group have obtained higher score on the personality Type-

A dimensions viz. A2, A3, A4 andA5. On the other hand in personality type-B, the personnel of more interaction group have scored higher on B4 dimension only whereas less interaction personnel have scored higher in remaining dimensions i.e. B1, B2, B3 & B5 than the more inter action in personnel group.

Table 2 : Mean, SD and t value of different dimensions of personality type-a and personality type-b of two groups

Variables	Job situation	N	Mean	SD	't'-Value
A1	M	150	13.87	2.65	2.10*
	L	150	13.24	2.56	
A2	M	150	8.57	1.59	-6.04**
	L	150	9.65	1.48	
A3	M	150	7.35	3.04	-.90
	L	150	7.64	2.56	
A4	M	150	11.53	2.05	2.33*
	L	150	12.03	1.69	
A5	M	150	10.85	2.07	4.15**
	L	150	11.77	1.78	
A6	M	150	5.77	2.79	6.45
	L	150	3.94	2.07	
B1	M	150	12.54	2.98	1.80
	L	150	13.23	3.57	
B2	M	150	10.46	2.151	-3.41
	L	150	11.33	1.87	
B3	M	150	11.30	8.52	-.24
	L	150	11.47	2.14	
B4	M	150	9.62	3.12	1.72
	L	150	8.97	3.37	
B5	M	150	9.43	2.70	1.9*
	L	150	10.10	3.09	

** Significant at 0.01 level, *Significant at 0.05 level

M=Interaction with more people, L= Interaction with less people

Table 3 reveals no significant difference between males and females in all the variables i.e. life satisfaction and personality type.

Using data from 347 undergraduate business majors and 2,252 nonbusiness majors at a large Southeastern university, the authors drew on J. L.

Holland's vocational theory and investigated whether the 2 groups differed on the Big Five model of personality (agreeableness, conscientiousness, emotional stability, extraversion, openness) and 4 narrow personality traits. For business majors, the authors also examined the relations

between personality traits and life satisfaction. Business majors scored higher for conscientiousness, emotional stability, extraversion, assertiveness, and tough-mindedness, but they scored lower on agreeableness and openness. All of the traits except for agreeableness and tough-mindedness correlated significantly and positively with life satisfaction. The authors discuss results in terms of similar relations in business occupations and support of vocational theory (The journal of Education for business, April, 2009).

Table 3 : Mean, SD and 't' value of male and female on different variables with regard to life satisfaction and personality.

Variables	Gender	N	Mean	SD	't'-Value	Level of Significance
Life Satisfaction	M	260	42.51	7.97	-.42	NS
	F	40	43.08	7.32		
Personality Type A	M	260	57.94	5.76	-1.24	NS
	F	40	59.20	7.31		
Personality Type B	M	260	53.82	9.28	.50	NS
	F	40	54.60	8.17		

M= Male, and F=Female

Table 4 depicts very surprising results that there is no significant difference in male and female regarding various dimensions of personality, Type A and personality Type-B. Overall results indicate that each individual's life is unique in terms of specific events and experience, which serves as important determinants of personality type. It can be said that people participate in various groups during their lives beginning mates, social groups and into adult work which affects their personality. The numerous roles, experiences and the family situation also play a larger role in shaping the personality type.

Table-5 depicts very surprising results that there is significant difference between personality type A and Type B ($t= 3.06$, $p<.001$) with regards to life satisfaction. Same trend was found in job situations. There is significant difference between both the job situation i.e. interaction with more personnel and interaction with less personnel ($t= 6.71$, $p<0.01$). It is clear from the personality type scores in the result table that the mean of the Type-A personality is 43.575 where as type B personality scores 39.65 in relation to life satisfaction over significantly different ($t=3.06$, $p<.05$). Personality type A person have the characteristics; tense, impatient, restless, achievement oriented and workaholic. Some recent researches suggest an

Table 4 : Mean, SD and t value of different dimensions of personality type a and personality type b of male and female

Variables	Job situation	N	Mean	SD	't'-Value	Level of Significance
A1	M	260	13.58	2.48	.40	NS
	F	40	13.40	3.40		
A2	M	260	9.09	1.63	-.48	NS
	F	40	9.23	1.61		
A3	M	260	7.42	2.73	-1.22	NS
	F	40	8.00	3.28		
A4	M	260	11.73	1.92	-1.05	NS
	F	40	12.08	1.70		
A5	M	260	11.27	1.95	-.90	NS
	F	40	11.58	2.19		
A6	M	260	4.85	2.54	-17	NS
	F	40	4.93	3.15		
Personality Type A	M	260	57.94	5.76	-1.24	NS
	F	40	59.20	7.31		
B1	M	260	12.90	3.33	.22	NS
	F	40	12.78	3.17		
B2	M	260	10.92	2.28	.36	NS
	F	40	10.78	2.09		
B3	M	260	11.44	6.60	.39	NS
	F	40	11.03	2.36		
B4	M	260	9.27	3.27	-.42	NS
	F	40	9.50	3.21		
B5	M	260	9.65	2.94	-1.77	NS
	F	40	10.53	2.70		
Personality Type B	M	260	53.82	9.28	-.50	NS
	F	40	54.60	8.17		

M= Male, and F=Female

Table 5 : Mean, sd and 't' value of personality type and job situation showing high and low value with regards to life satisfaction

Variables	Value	Mean	SD	N	't'-Value
For Entire Population		48.58	7.87	300	
P TYPE	A	43.46	7.69	156	3.06**
	B	39.97	8.36	69	
JOB SITUATION	MIP	45.43	7.74	150	6.71**
	LIP	39.73	6.94	150	

MIP= Interaction with more people. LIP= Interaction with less people

** Significant at 0.01 level (P< 0.01)

explanation of the high performed level often achieved by type A people (Spence et.al., 1987). Some of the type A behaviour patterns with competitiveness and drive in career success appear to be consistent with society's values on the other side Type B person's characteristics; they may work hard and have considerable drive but they feel no conflict with people's time.

Table-5 also shows that the difference between personnel of two job situations i.e. personnel (interaction with more person at Job place and interaction with less person at job place) are significantly different with regards to life satisfaction (X= 45.43 Vs 39.73, t=6.71,p<.01). This shows that the more interactive group can understand much more the employees feeling compare to less interactive personnel. Thus, it can be said that the more interactive group (interaction with more people) is significantly different with less interactive group (interaction with less people at job place) (t=6.71, p<.01) with regards to life satisfaction.

Based on Holland's theorizing that vocational satisfaction arises from a good match between one's personality and career choice, one purpose of the study was to examine broad and narrow personality traits that characterize health care workers in comparison with professionals from other occupations. Also investigated were ways in which characteristic traits of health care workers were related to career satisfaction. Professionals utilizing the services of Careerfit.com responded to online surveys that have been demonstrated to produce reliable and valid measures of broad and narrow personality traits and levels of career satisfaction. In an independent

Table 6 : Mean, SD and t value of personality type with regard to life satisfaction of both job situations (interaction with more people group and interaction with less people)

Job situation	Variable	Nature of Scores	N	Mean	SD	't'-Value
Interaction with more people	Personality	Type A	82	45.66	8.08	.41
		Type B	27	44.93	7.65	
Interaction with Less people		Type A	74	41.04	6.48	3.25**
		Type B	42	36.79	7.23	

df =148 ** Significant at 0.01 level (P< 0.01)

The above table reveals significant difference was found in personality type A and personality type B with regards to life satisfaction in interaction with less people (t= 3.257, p<.01).

Using data from 347 undergraduate business majors and 2,252 nonbusiness majors at a large Southeastern university, the authors drew on J. L. Holland's vocational theory and investigated whether the 2 groups differed on the Big Five model of personality (agreeableness, conscientiousness, emotional stability, extraversion, openness) and 4 narrow personality traits. For business majors, the authors also examined the relations between personality traits and life satisfaction. Business majors scored higher for conscientiousness, emotional stability, extraversion, assertiveness, and tough-mindedness, but they scored lower on agreeableness and openness. All of the traits except for agreeableness and tough-mindedness correlated significantly and positively with life satisfaction. The authors discuss results in terms of similar relations in business occupations and support of vocational theory.

CONCLUSIONS

Life satisfaction has become a common feature of modern life. In the fast changing world of today, continuous adjustive demands were being made. Regarding the role of personality in life satisfaction, it was found that there is a relationship between life satisfaction and personality type. On the basis of results, it has been cleared that personality affect the life satisfaction. As type A and type B personality characteristics are different in degree, their life satisfaction is also different. It was also found that life satisfaction is effected by personality and job situation.

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A Study on Parents' attitudes towards Sex and Sex Education

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Sex Education is not just an opinion but a necessity today. Although sex is a natural developmental process, most parents, cultures and societies frown at discussing sex with their adolescent children because it is perceived as a generational taboo. Without destroying the fabric of the society or culture, it is very necessary to teach young people about sex education in a way that not only reflects the values of the family and society, but also enhances the sustainability of a balanced culture. The present study attempts to analyze parental attitudes towards sex and sex education. The "Sexuality Questionnaire" was administered to a sample of 30 married adults having children, both males and females living in Chennai city. The sample falls in the age range of 20-70 years. 25 of the respondents are Hindus while the rest are followers of Christianity. All the respondents are well educated. The study is an ex post facto survey research design using qualitative analysis. The study found that the majority of the participants felt that it was the parents' duty to impart sex education to their children, although they might face difficulty in the process. Insufficient information provided during childhood and adolescence resulted in misconceptions about sex and sex education. The Drop Analysis also revealed discomfort in the participants in answering questions pertaining to various aspects of sex and sex education. Not all educated parents are comfortable discussing sexual issues with their children at home. These much-avoided discussions form a very important foundation for building the parent-child bond, especially during a time of crisis. The willingness of both partners for engaging in sexual activity is most essential for a healthy marital relationship. There is a pre-conceived, irrational notion that mothers are expected to brief their daughters and fathers, their sons. But there comes a time and a place, when both parents, need to come together to explain the right information to their young ones overcoming all odds. In order to curb the evils of sexual disorders and sexual abuse, sex education is of utmost importance and value.

INTRODUCTION

Sex education is not just an option but a necessity today. It is important

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that it is encouraged so that teenagers will be able to act responsibly when the time comes. Most individuals are unaware even of the most basic information. Sex education may surprise people who eventually find themselves asking, 'How come nobody told me about that?' Sex education is not just for youngsters, but for people from all walks of life, irrespective of their age, marital status and the like.

Someone once said- Knowledge is power. Knowledge is also confidence. Sex education enables one to respond effectively to his/her partner's needs. It provides one with the courage to ask for what one wants in a relationship, and what one can provide. Furthermore, adolescents find themselves mysteriously drawn to their changing bodies as well as to the bodies of members of the opposite sex. Accompanied with the changes they face physically, they have to cope with the constant shifting of their hormones and their identity.

Although sex is a natural developmental process, most parents, cultures and societies frown at discussing sex with their adolescent children because it is perceived as a generational taboo. Without destroying the fabric of the society or culture, it is very necessary to teach young people about sex education in a way that not only reflects the values of the family and society, but also enhances the sustainability of a balanced culture. Having sex is a primitive, intrinsic natural human tendency that emerges in all of us in different forms and at different times. One thing is certain: if we don't educate our children on sex and sex-related issues, they would learn from other people or the mass media. Sex education is not only important as a developmental process in the life of a child, it arms the child with the tools to understand him or herself better in relation to the immediate environment and the threats that could emerge from such interaction. This is to say that young people would gain incremental knowledge of the ability to protect themselves and alert people of the threats of sexual exploitation if they are sexually educated.

It important for us to know, that if we do not provide the necessary information to young people about sex, they will most definitely find the information from elsewhere. Media has played a crucial role in providing this information, and this may not always be reflective of the core societal and familial values. This leads to conflicts and various forms of social issues such as deviant sexual behaviors and pornography. It is for the same reason that currently, teenage pregnancy is on a rise. Most youngsters whose families do not openly discuss sex, and whose schools shun any kind of discussion and knowledge regarding the same, tend to experiment and find out information on their own out of their curiosity and more often than not, tend to make terrible mistakes. Majority of young Indians get their sex education

from friends and from porn. Further, a recent survey showed that most Indian relies on their friends (59%) for sexual knowledge, followed by magazines (58 %). The internet is also one of the major sources of information among those who have received sex education (60%) and who have not (46 %). Books are another major source of information for Indians. Only 18% said they had received any sort of guidance from their parents. (Nita, 2009)

Some elements of the mass media are biased and, ill informed and do not provide an accurate reflection of reality. Sex education will serve as counter-insurgency to the war that has been declared by the mass media on the values that have long resided in the society and family life.

Possible reasons why people do not openly discuss sex and development are cultural factors, discomfort, and lack of proper knowledge. There are numerous societies in which open discussion of sexual pattern of behavior is considered taboo. People term such information as 'shameful', and they try to protect their youngsters from finding out information until there comes a time when they feel that these youngsters are 'sexually mature'. Even at that point, most of these youth are expected to find out the information by themselves. Recently an article in the Guardian, UK, expressed its bafflement over India's stand on sex education. It quoted a parliamentary committee saying that India's "social and cultural ethoses are such that sex education has absolutely no place in it" (Nita, 2009).

In a country like India, many parents find it most uncomfortable to discuss such issues with their children. Therefore, they completely avoid bringing up the topic in order to prevent such discomfort from arising, in a bid to 'maintain the child's innocence.' But parents must understand, what a child does not receive at home, a child will find other ways to obtain the knowledge he so desires and this information may not always be accurate.

Children who are raised without proper knowledge of sex grow into adults who are ignorant of the same. They may impart wrong information to their descendants and this has proven to result in dangerous consequences. Education is by no means an enemy to humanity, but ignorance is. Education provides the enabling environment for young people to question and understand better some of the existing questions that they may have. Research indicates that young people who receive sex education are better equipped to delay sexual activity as well as adopt safe behaviours. (Thamburaj, J.S.; Sathish Kumar S.K.; Edwin A, et. Al., 2000)

Statistics show that 25% of all girls and 16% of all boys will be victims of some type of sexual abuse or assault by the time they turn 18 years. Sadistic acts of sexual exploitation have been recorded against children as young as two weeks old. Some people are abused from a very young age

into their teenage years. The resultant effect could be a teenager that is emotionally imbalanced and psychologically deranged. Some end up as self-harmers with increasing urge to kill themselves and some ultimately commit suicide.

Children should feel comfortable reporting sexual abuse to their families or their teachers. How can they feel this if they are not allowed to even openly discuss sexual matters without being shunned, or ridiculed? Sex education is armour provided to children and youngsters, people of all ages to protect themselves from social evils that pose as a threat to the smooth development of our society.

Objectives :

- To understand attitudes towards sex and sex education held by parents
- To understand the impact of childhood and adolescent sex education on sexual identity and practices of adults
- To understand the degree of influence of culture on sexuality in adults
- To understand the degree of influence of religion on sexuality in adults

Sample :

The sample consists of 30 married adults having children, both males and females living in Chennai city. The sample falls in the age range of 20-70 years. Overall, 19 females and 10 males responded to the questionnaire. One respondent did not reveal his/her gender or age. Out of the 30, 25 respondents are Hindus while the rest are followers of Christianity. All the respondents are well educated, i.e., 9 of them have graduated college and 21 are post graduates. Except for two respondents, one of whom is a student and another from a low income family, the rest of them are from an average (17) and Above Average (11) Income group. When the Childhood household is taken into consideration, 16 are raised in two parent households, 9 in extended families, 4 by single parents and one person did not respond to this item in the questionnaire. A large majority (22) were raised by married caregivers, 2 by unmarried ones while 5 respondents did not give any information. The sample was collected from different areas of Chennai city using Convenient Sampling.

Tools :

The study made use of the "Sexuality Questionnaire" which is an open ended questionnaire that consists of 50 items intended to study parental attitudes towards sex and sex education. The first 10 questions are intended towards availing background information of the subject. Item numbers 11-19 are questions are related to the cultural experiences/history of the subject. Item numbers 20-23 are related to religion and its influence on sexuality of adults. Questions 24-28 are regarding the sexual experiences/history of the

subject. Items 29 and 30 are those related to sexual maturation. The questions 31-37 are those related to discovering sex. The remaining questions are based on critical reflections on sex education.

Research Design :

The study is an ex post facto survey research design using qualitative analysis.

Administration Procedure :

The "Sexuality Questionnaire" was administered on 30 married adults having children, both males and females residing in the city of Chennai. The questionnaire was distributed to around 45-50 members of which only 30 were returned to the researchers. The questionnaire was administered individually to each person. All respondents filled the questionnaire in the absence of the researchers. Most of the questions are those that ask for detailed answers from the subjects. They were encouraged to clarify doubts, if any.

RESULTS AND DISCUSSION

The responses of the subjects on items related to cultural experiences present the following picture. The responses showed that majority of the respondents (27) have lived in India their entire life. 15 of them said that they had observed differences or similarities in prevailing attitudes about sex when moving from one setting or group to another during the course of their lifetime while an equal number said they had not observed any such differences or similarities. Most of them (25) said that they identify fairly strongly with their cultural background, culture having played a significant role in their dress codes, morals, family values, lifestyle habits, relationships such as marriage and loyalty to a single partner etc. A majority of the respondents (19) feel that cultural values have had a great influence on their sexual behaviour. However, 20 of them believe that cultural values do not enhance their ability to enjoy their sexuality. They feel that culture has created a very strict and disciplined atmosphere where enjoyment of sex is viewed in a negative way. It is generally considered taboo to speak or discuss about sex. Even socializing with the opposite sex in a friendly manner is looked down upon and not encouraged. When asked if their cultural values and sexual behavior were in conflict often, 22 of them said that it was not so. However, a few do say yes and explain that although they get disturbed, they have tuned their behavior in a culturally acceptable way or ignored it all the time.

Religion and Spirituality can have an immense influence on sexuality especially in a culturally diverse country like India. Most people in the survey (19) consider themselves to be religious and spiritual. But 11 of them are not very inclined towards religion. Most of them say that their religious practices

don't influence their sexual behavior. Of those who feel that it does, they say religion considers concepts like homosexuality and oral sex as sins. Also, a few religions profess abstinence on certain religiously auspicious days. 18 participants report that their religious values do not play any part in enhancing their ability to enjoy their sexuality. 24 of them hold the belief that religious values and sexual behaviour are not in any kind of conflict.

The questionnaire also required the respondents to report their sexual experiences and history. Of the 30, 26 of them reported that they have a very sexually active life. For most of them, intercourse defines sex followed by kissing, fondling and oral sex. When asked what they felt after their first sexual experience, several responses were generated. Some reported having experienced fear and surprised. They could not understand what happened and were in a state of confusion. They did not enjoy the experience all that much. Some were shocked as it was a completely new experience. Some find it difficult to explain but were happy because they could satisfy their partner. Many reported that it felt good, was pleasant, enjoyable, felt relaxed and expected it again and again. When asked if they had to participate in any sexual activity without their willingness, although 19 people said they had not, 9 of them said such a situation had happened to them while 2 did not respond at all. In regard to the item dealing with childhood sexual abuse, only one individual revealed having been a victim of it and one person chose to not answer it. A case of sexual violence as an adult was also reported by the same person. The victim elaborated saying she slowly learnt to get over the incident as she grew more mature and slowly started facing it. Many participants asserted that strong action needs to be taken against sensitive issues such as sexual abuse.

When asked to report about the sources and nature of information on puberty, around 1/4th of the respondents reported that they were provided the information by no one in particular and they learnt it by themselves. A few sources that were mentioned were mother, friends, books, cousins, school, siblings etc. Most of the respondents received this information between the age ranges of 11-18. However, 8 members did not provide any information to this question. Following are the observations in the responses received from female participants-

- The onset of menstruation was between 11-14 years, and it was marked by a fear of illness, confusion, pain and physical discomfort.
- Budding of the breasts was noticed between 11-15 years, accompanied by feelings of pain, irritation, fear, embarrassment and even excitement.
- Between the ages 12-14, they noticed the appearance of pubic and auxiliary hair. They felt disturbed, scared and weird.

- 6 females reported their puberty to have had an early onset, while 3 felt that it occurred late. The rest were of the opinion that it began at the right age.

On the other hand, the male participants reported the following observations-

- The appearance of pubic and auxiliary hair occurred between the age range of 10-17 accompanied by mixed feelings.
- Between the ages of 11-16, the males noticed a change in their voice and they felt very good about it.
- Nocturnal emissions were first experienced during 11-18 years of age accompanied by feelings of guilt.
- 4 of them reported that these changes took place early while others felt it was late.

Seven items in the questionnaire correspond to the area of discovering sex for themselves and imparting sex education to their child and 8 questions were pertinent to the critical reflection on sex education. When asked if their family values influenced their sexual behavior, 17 answered in the affirmative. Factors such as monogamy, moral values, forbidden interaction with the opposite sex, restrictions and guilt, taboos, myths and marital expectations were all imbibed from the family. 12 participants however did not believe that family values played a significant role with regard to their sexual behavior, and chose not to elaborate. When asked about parental involvement in one's sex education, 24 participants informed that their parents played no or very little role, while 6 provided no responses. Age range when information was provided was 12-18 years. Questions related to puberty, pregnancy, intercourse, childbirth, and lust were raised, and the answers given were very biologically oriented, and some mentioned that it is inappropriate to discuss this with children. Participants seemed willing to discuss a few topics like pregnancy, menstruation, and intercourse much more openly than other areas such as birth, sex play, and nocturnal emissions, venereal diseases, and homosexuality with their children. 14 respondents reported no difficulty in talking to their children about sex, however 15 parents expressed that there is immense difficulty for them to bring up such open discussions with their children. Eight parents said that they wanted to be solely responsible for their sex education, while the others quoted sources such as the family physician, the psychiatrist, school, books etc. Parents did not reproach the idea of peers providing information to their children, so as long as the information was correct. Participants had mixed reactions towards the sex education that was imparted to them through the different sources. Though they found techniques, advice on moral behaviour and so on very helpful, they believe that it was not sufficient and practical enough. Concepts

were vaguely explained and unhelpful comments and gestures did not permit them openness to raise and clarify doubts. Pornography gave rise to many misconceptions towards sex. They felt that if provided with scientific education in school through experienced educators during adolescence and a confidante would have improved their knowledge on sex education. Most participants reported that they had never attended a sex education program. Of all the parents, 25 agreed that their children must take sex education classes at school and essential issues should be taken up. This would aid them not to make too many mistakes and make responsible choices.

Participants were asked to reflect on the role of parents, school and the government in spreading awareness on sex education. As parents, they felt that it was their duty to inform their children about physiological changes, safe sex, STDs, responsible choices and behaviour, cultural norms and expectations, infatuation etc. Almost every participant stressed on the responsibility of both the parents and the government in regulating sex education.

DROP ANALYSIS

The drop analysis data is very crucial to the study as it reveals discomfort in the participants in answering questions pertaining to various aspects of sex and sex education. The results of the drop analysis are as follows:

- 5 people ignored the question whether they would encourage their children to take sex education courses at school.
- First sexual experience was not reported by 6 participants.
- 6 participants did not respond to the question 'How would you like your children to learn about sex?'
- Sources of information on puberty were not responded to by 8 participants.
- 9 participants did not answer the role of parents, school, religious groups and others in sex education.
- 9 did not provide any recommendations for designing more effective Sex Education programs.
- 12 of them did not respond to what could have improved their sex education experience.
- 14 respondents did not respond to the role of their parents and themselves as parents on discussion of various topics (nocturnal emissions, sex play, homosexuality, venereal diseases etc.)
- Incomplete data by ALL participants on item enquiring about body changes.

IMPLICATIONS OF DROP ANALYSIS

The date recorded in the drop analysis is very crucial for our current

study because it is reflecting the fact that ignorance among educated parents about the seriousness of sex education is not fully established. A survey done with school students reported that students should be trained to disseminate right information on sex and sexuality. 63.06% of students in public schools and 48.80% of students in private schools felt that sex education should be included in the curriculum. About 63.6% of students said they would like to attend sex education program and they rank it as important. (Thanmburaj, Sathish, Edwin, et.al, 2000). Thus, there is a definite need for parents and school authorities to take up the matter of sex education and make it a necessity for all students to be exposed to right knowledge. Like wise, the role played by parents also showed some of the parents in the present study felt embarrassed or never knew what to say or discuss regarding sex with their grown up children. A study done by Payal Mahajan and Neeru Sharma (2005) reflected similar such findings which showed that mothers were reluctant to talk about sex education to their daughters as they found it embarrassing to discuss these issues. Generally, both parents tend to avoid any mention of sex in their day to day relationships with their children reason being sex is still considered as a taboo subject in our Indian Society. Another reason is because parents themselves lack scientific knowledge about it. Further, in a study conducted by Hovell (1994) revealed that conservative maternal attitudes about sex delay the development or sex behavior. Other study was also done by Savara and Sridhar (1992) and they noted that parents and teachers act as a source of providing sex education in only 16.30% of urban educated Indian men.

Looking at the above, it is clear that adolescents have to be provided knowledge regarding sex and related issues. Sex education aims at helping the growth of positive feelings among children about sex imparts to children the truth that one needs love to nourish love, ensure that feelings which interfere with sex and love don't pile up inside their mind.

CONCLUSIONS

Majority of the participants felt that it was the parents' duty to impart sex education to their children, although they might face difficulty in the process.

Insufficient information provided during childhood and adolescence resulted in misconceptions about sex and sex education.

Although participants related strongly with their culture and religion, both did not enhance their ability to enjoy their sexuality.

IMPLICATIONS OF THE STUDY

Not all educated parents are comfortable discussing sexual issues with their children at home. These much-avoided discussions form a very important foundation for building the parent-child bond, especially during a

time of crisis. The willingness of both partners for engaging in sexual activity is most essential for a healthy marital relationship. There is a pre-conceived, irrational notion that mothers are expected to brief their daughters and fathers, their sons. But there comes a time and a place, when both parents, need to come together to explain the right information to their young ones, overcoming all odds. In order to curb the evils of sexual disorders and sexual abuse, sex education is of utmost importance and value. The teachers, parents and the community have a tremendous responsibility to prepare children for normal sex adjustment. Children should be encouraged to grow up in natural friendliness and love. There is a pressing need for providing Family Life Education to all the pre adolescence and adolescence who are almost unaware about the sex knowledge and related issues. A well trained counselor can help in doing the same both to the child, family and the school authorities. Attempt in this direction alone will help parents, teachers and the child to feel empowered and safe. Back in 1993, a survey of 35 sex education projects conducted by the World Health Organization showed that sex education in schools did not encourage young people to have sex at an earlier age or more frequently. Rather importantly, the survey showed that early sex education delays the start of sexual activity, reduces sexual activity among young people and encourages those already sexually active to have safer sex. Furthermore, the WHO published a review of 1,050 scientific articles on sex education programmes. Researchers found "no support for the contention that sex education encourages sexual experimentation or increased activity. If any effect is observed, almost without exception, it is in the direction of postponed initiation of sexual intercourse and or effective use of contraception." Failure to provide appropriate timely information "misses the opportunity of reducing the unwanted outcomes of unintended pregnancy and transmission of STDs, and is therefore, in the disservice of out youth".

As a final word, let the beginning towards right and appropriate sex education beging both at home and at school and continue at all level of an individuals journey of relationship . Sex education should also mean learning to respect a partner, a wife, a husband, a boyfriend, a girlfriend, and a means to respect sexual preferences. It also means to question and understand the existence of assault and sexual violence in our country and to increase gender equality. The lack of understanding about sexual issues is more risky and more likely to lead young people to have unwanted pregnancies, abortions, STDS, relationship problems and sometimes sex related violence. There are so many crucial issues at hand, which could be saved and cured by means of sex education.

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Assessment of emotional intelligence in married educated Indian Women

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The objective of the present study was to assess the emotional intelligence in married educated working and nonworking women of Rewa District. The fifteen dimensions of EQ. namely, emotional self awareness, assertiveness, independence, self-regard, self- actualization empathy, social responsibility, interpersonal relationship, problem-solving, reality-testing, flexibility, stress-tolerance impulse control, happiness, and optimism and total emotional Intelligence were taken into consideration in respect to working and non working women. It was hypothesized that there would be significant differences between the working and nonworking mean scores on the 15 dimension of EI and total EI. The EI scale developed by Ajwani et al was used to assess emotional intelligence. Data was collected on 100 working and 100 nonworking women. All of the women were matched on age, education and class. The results showed that the mean scores for emotional self awareness, self-actualization, independence, empathy, interpersonal-relationship, social responsibility, problem solving, reality testing, flexibility, happiness and optimism subscales were found to be greater in working women than nonworking. The scores for assertiveness, self regard, stress tolerance and impulse control were found to be greater in nonworking women than working women. The t-ratios yielded significant differences for 11 subscales of EI. i.e. self awareness, self actualization, independence, empathy, interpersonal relationship social responsibility, problem solving reality testing flexibility, happiness and optimism and total mean EI scores of working and nonworking women. Hence the results supported the hypothesized predictions.

INTRODUCTION

It all began about 2000 years ago when Plato wrote – "All learning has an emotional base." Since then educators, scientists and philosopher have worked to prove or disprove the importance of feelings. The roots of emotional intelligence in the field of psychology go back to the beginning of the intelligence testing movement. Thorndike (1920) was one of the first to identify the aspect of emotional intelligence and he called it "social intelligence". He said that individuals possess varying amount of different intelligences and social intelligence is the ability to understand and manage people and to act wisely in human relations.

Gardner (1983) had a major hand in discussing the emotional intelligence theory in psychology. The multiple intelligence model included two varieties of personal intelligence: the intrapersonal and interpersonal.

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Intrapersonal intelligence is the capacity to access one's feelings, affects or emotions. Interpersonal intelligence is the ability to read the moods, intentions and desires of others and potentially to act his knowledge.

Bar–On (1988) used the term emotional quotient (EQ) long before it gained widespread popularity. Slavery and Mayer (1997) published their first model of emotional intelligence in terms of an array of emotional and social knowledge and abilities that influence a person's overall ability to effectively cope with environmental demands. This array included: the ability to be aware of, to understand and to express oneself, to understand and to relate to others, to deal with strong emotions and control one's impulses and to adopt to change and to solve problems of a personal or a social nature.

"The EQ map developed was described as multidimensional guide that helps respondents to discover the many facets that make up their personal emotional intelligence and to learn the relationship of emotional intelligence to performance, creativity and success.

Salovey and Mayer (1990) identified emotional intelligence as the "ability to monitor one's own and other's feeling and emotions, to discriminate among them, and to use this information to guide one's thinking and action.

Goleman (1998) refers to emotional intelligence as the capacity for recognizing one's own feeling and those of others, for motivating oneself, and for managing emotion well in oneself and in one's relationship purely cognitive capacity measured by I.Q. Goleman (1998) has adopted Salovey and Mayer's (1990) definition of emotional intelligence and developed a model which includes five basic emotional and social competencies that are self-awareness, self-regulation, motivation, empathy and social–skills.

Goleman (1998) asserts that emotional competence is a learned capability based on emotional intelligence that results in outstanding performance at work.

Cooper and Sawaf (1998) assert that emotional intelligence is the ability to sense, understand and effectively apply the power and acumen of emotions as a source of human energy, information, connection and influence.

Higgs and Dulewicz (1999) define emotional intelligence as a concept that involves achieving one's goals through the ability to manage one's own feeling and emotions , to be sensitive to, and influence other key people and to balance one's motives and drive with conscientious and ethical behaviour.

Boyatzis (1994) in his study of "Emotional Intelligence" among 515 senior executives found that those who were primarily strong in emotional intelligence were most likely to succeed than those who were strongest in either relevant previous experience or intelligent quotient. Margaret Chapman (1994) in his study on "Emotional Intelligence" found that the contribution of emotional intelligence is twice as important as a success factor as intellect

and expertise. Atherya (1995) in his report on "Emotional Intelligence" found that hiring individuals with higher level of emotional intelligence will result in higher financial gains in private sector. Gardner (1996) in his report on "Emotional Intelligence" identifies high emotional intelligence is an indispensable part of high performance leadership. Lord Devader and Alliger (1996) in their report on "Emotional Intelligence" found that the people who have high emotional intelligence will perform well under pressure and also will be a good team player.

Tapia (1999) and Dunn (2002) found that girls scored higher in empathy, social responsibility and interpersonal relationship than boys. They were more sensitive towards their relationship with parents, friends and siblings. All these traits helped them to acquire higher emotional intelligence than boys. Bhosle (1999), King (1999) Sutarso (1999), and Wing & Love (2001) found that girls had higher level of emotional intelligence than boys Dawda & Hart (2000) found no difference between males and females as regards the total EQ scores. Grossman & wood (1993) carried out a study entitled - sex differences in intensity of emotional experience - a social role interpretation. They found no sex differences in emotion self reports Brackett et al (2004) found that women scored significantly higher in emotional intelligence than men. Katetsios (2004) also found that women scored higher than males or emotion perception and the experiential area. Austin et al (2005) in a preliminary study of emotional intelligence on first year medical students found that females scored significantly higher than males on emotional intelligence). Barberry & Greave (2005) also found that women scored higher than men in overall emotional intelligence scores.

HYPOTHESES :

The hypotheses formulated for the present study were :

1) Working women total EQ mean scores would be found to be greater than nonworking women.
2) There would be a significant difference between the mean scores of working and nonworking married women for total emotional intelligence.
3) The mean scores on the fifteen factors of EI would be found to be greater in working women than non working women.
4) There would be a significant difference between the mean scores of working and nonworking married women for fifteen factors of EI.

METHOD

Sample :

The sample of the present study consisted of 100 married. educated working and 100 married nonworking women. The age range of the sample was 25 to 35 years. 100 were house-wives and 100 were working women

who were employed as teacher in colleges and school belonging to middle class family. They were matched on age, gender, socio-economic status, martial status and education.

Test :

a. Information Schedule :

Information schedule was specifically developed for the study covering general questions related to name, age, sex, religion, caste, martial status, education, information regarding to family history, type of home and type of area in which they live, education. occupation of family member.

b. Emotional intelligence scale :

Emotional intelligence scale developed by Dr. J.C. Ajwani at all was used to assess EQ. It is a Self-administering scale and consisted of 75 items. It was used to measured emotional self-awareness, assertiveness, self regard, self-actualization, independence, empathy, interpersonal relationship, social responsibility, problem solving, stress tolerance, impulse-control, happiness and optimism.

Along with personal data sheet, EI, scale was administered on the subjects one by one. The instructions were read aloud by the investigator and the subjects were told to read it again on their own regarding the scales. Data was collected on employed and unemployed married educated women and the subjects were encouraged throughout all the session. In the end subjects were thanked for their cooperation after the completion of the scales.

RESULTS AND DISCUSSION

The data was subjected to statistical analyses. The means, Sx^2 and t values were computed which are presented in Tables.

The statistical facts are provided in table 1.

Table-1 Showing statistical facts of working and non working for total EI.

S. No.	Psychological variables	Working Women	Non working women
1	Emotional Intelligence	N = 100 M = 215.91 EX^2 = 11930.19	N = 100 M- 207.89 EX^2 = 14633.79

By looking at table-1 it is evident that the mean score for total emotional intelligence is found to be greater in working women in comparison to non working women. Thus the hypothesis (H_1) is supported by the results.

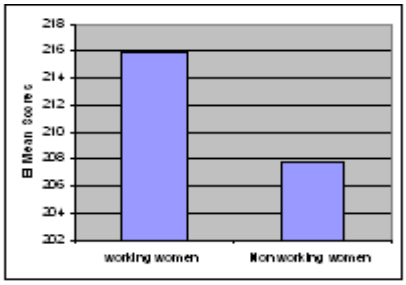
By looking at table 2 it is evident that the mean scores for emotional self- awareness, self actualization, independence, empathy interpersonal relationship, social responsibility, problem solving, reality testing, flexibility, happiness and optimism have found to be greater in working women than

Table 2 Showing the statistical facts of working and non working on the 15 factors of emotional intelligence.

S. No	Factor of Emotional Intelligence	Working Women	Non working women
1	A- Emotional Self – Awareness	M = 14.62 EX^2 = 417.56	M = 13.57 EX^2 = 220.51
2	B – Assertiveness	M = 16.46 EX^2 = 314.84	M = 19.11 EX^2 = 427.79
3	C – Self – Regard	M = 17.05 EX^2 = 1036.75	M = 22.10 EX^2 = 1285
4	D – Self – Actualization	M = 13.82 EX^2 = 310.76	M = 12.68 EX^2 = 693.76
5	E – Independence	M = 17.05 EX^2 = 880.75	M = 15.96 EX^2 = 426.84
6	F – Empathy	M = 13.36 EX^2 = 223.04	M = 10.05 EX^2 = 674.75
7	G – Interpersonal relationship	M = 12.66 EX^2 = 526.44	M = 10.07 EX^2 = 488.51
8	H – Social responsibility	M = 13.92 EX^2 = 533.36	M = 13.58 EX^2 = 576.36
9	I – Problem solving	M = 11.72 EX^2 = 240.16	M = 9.57 EX^2 = 258.51
10	J- Reality –Testing	M = 16.43 EX^2 = 1522.51	M = 16.10 EX^2 = 597
11	K – Flexibility	M = 13.30 EX^2 = 337	M = 10.69 EX^2 = 297.39
12	L- Stress- Tolerance	M = 12.29 EX^2 = 542.59	M = 14.24 EX^2 = 290.24
13	M- Impulse – Control	M = 15.63 EX^2 = 575.31	M = 16.44 EX^2 = 216.64
14	N– Happiness	M = 13.52 EX^2 = 294.96	M = 12.78 EX^2 = 439.16
15	O- Optimism	M = 14.02 EX^2 = 235.96	M = 11.64 EX^2 = 219.04

their counterparts. The mean scores for assertiveness self-regard stress tolerance and impulse controls have been found to be greater in non working women in comparison to working women. The results show that out to the 15 factors of the emotional intelligence 11 factors mean scores stated above reveal higher mean scores for working women and only 4 factors of emotional Intelligence the non working women show higher mean scores (See graph 2)

Graph 1. Showing the mean scores of working and non working women for total EI



Graph 2 : Showing the mean scores of working and non working women of 15 factors of Emotional intelligence

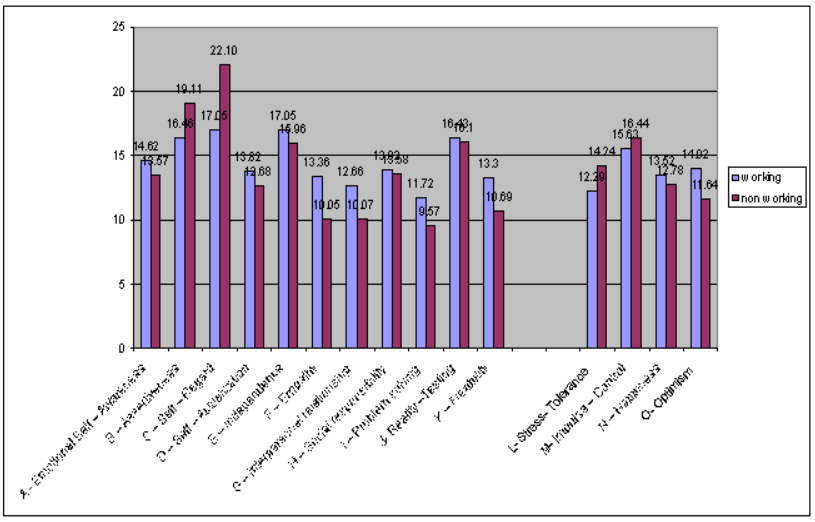


Table 3 : Showing the CR for comparison between working and non working for emotional intelligence.

Factors	Emotional Self Awareness	Mean	SE_{MD}	df	t-Ratio	Significance level
A	Emotional Self Awareness	81.05	0.25	198	4.14	P < .01
B	Assertiveness	2.65	0.274	198	9.67	P < .01
C	Self regard	5.05	0.484	198	10.43	P < .01
D	Self actualization	1.14	0.3185	198	3.58	P < .01
E	Independence	1.09	3.03	198	3.00	P < .01
F	Empathy	3.31	301	198	11.00	P < .01
G	Interpersonal relationship	2.59	0.32	198	8.09	P < .01
H	Social responsibility	0.34	0.3348	198	1.02	P < .05
I	Problem solving	2.15	0.224	198	9.60	P < .01
J	Reality testing	0.33	0.46	198	0.71	P < .05
K	Flexibility	2.61	0.253	198	10.32	P < .01
L	Stress tolerance	1.95	0.29	198	6.72	P < .01
M	Impulse Control	0.81	0.28	198	2.89	P < .05
N	Happiness	0.74	0.2723	198	2.72	P < .01
O	Optimism	2.38	0.214	198	11.12	P < .01
Total E.I.		8.02	1.638	198	4.90	P < .01

Table 3 depicts that t ratio for 12 factors of emotional intelligence viz emotional self awareness assertiveness, self regard, self actualization independence, empathy, interpersonal relationship problem showing, flexibility, stress tolerance, happiness and optimism are highly significant (p<01 level) for working and non working women taken into consideration.

Only for one factor of emotional intelligence, i.e. impulse control the t ratio=2.89 which is significant at .05 level of confidence whereas for two factors viz. social responsibilities and realty testing they show no significant mean differences (p>.05 level). In addition there is a high significant mean difference found between working and non working women for total emotional intelligence.

It has been assumed that working women would exhibit high level of emotional intelligence in comparison to non working women. A perusal of Table-1 shows that average emotional intelligence scores of working women is 215.91 and that of non-working women is 207.89. Significance of difference between the two groups in respect to total emotional intelligence was tested statistically by computing a critical ratio (Table 3) The obtained CR (t=4.90) is significant at .01 level of significance for 198 degrees of freedom which provides sound statistical ground to retain the research hypothesis regarding the difference in emotional intelligence of working and nonworking married educated women and neglecting the null hypothesis in this regard. Hence, it can be concluded that working women possess greater emotional intelligence in comparison to non working women. In other words there exists a genuine relationship with employment specifically between teaching work and emotional intelligence.

In India, the women's participation and achievement in extra familial activities and spheres has proved those psychological traits and their concomitant behaviors patterns are developed by the socialization to attain environmental stimulus and opportunities given to them. Professional employed married women have found to score higher on hardiness (Commitment, control and challenge) (Azar and Vasudeva 2006).

A plausible explanation for working women scoring higher scores on emotional intelligence may be that they have a wider horizon and are capable of getting work done in and outside home. Working women manage their own feelings well and recognize and respond effectively to the feelings of others. Their emotional skills are well-developed and possess greater coping strategies.

The results supported not all but almost all the hypothesis stating that working women would show high means scores on fifteen factors of emotional intelligence than nonworking women (H_3). The CR (t ratio's) presented in Table 3 revealed that there where significant differences found between the two groups on all the 13 factors and for two viz. Social responsibility and reality testing no significant differences were found. Social responsibility is no doubt the ability to be constructive, cooperative and contributory member of society. Women be employed or unemployed have to behave in a responsible manner and have to obey and perform these

societal norms, rules and law's. Since the sample consisted of educated women, may be this may have affected the results. On the same hand, reality testing is the capacity to see things objectively, the way they are, not the way one wishes. Women in total have to suppress their wishes because of their gender. Therefore no significant differences may have been found. It was also hypothesized that working women mean score would be found to be greater than non working women for the fifteen factors of emotional intelligence (H_4). The results supported the hypothesized predictions regarding emotional self awareness, self actualization, independence, empathy, interpersonal relationship, social responsibility, problem solving, reality testing, flexibility, happiness and optimism i.e. on 11 above stated factors married educated working women mean scores were greater than their counterparts. Whereas for 4 factors of EI viz assertiveness, self regard, stress tolerance and impulse control it was the other way found, non working women mean scores were found to be greater.

There is no doubt that emotions are no longer viewed as disorganized response or acute disturbances but as, adaptive, functional and organizing behaviour. The means scores found greater in working educated women show that they possess the capacity of managing themselves and have the ability to recognize and express their feelings at times appropriately.

The results showed that in comparison to working women, non working mean scores were found to be greater on assertiveness. At times working women at their work place, home place have to become passive and repress their feelings and do not raise their opinion. May be this may be a reason for showing comparatively lower mean scores than their counterparts.

Self-regard is the ability to respect and accept one self as basically good. It generates feelings of security, strength, confidence and adequacy. High scores found in non working women are indicative of these characteristics prevalent in them.

Self-actualization is the ability to live life purposely. The mean scores of working women are found to be greater then non working women. This can be explained in these terms i.e. working women have the ability to realize their potentials and capabilities and maximize their talents. They are better able to strike a balance between the various activities thus showing greater scores on this factor of EI and revealing significant difference between the two means.

The ability to be independent rests on the degree of self-confidence. Women possessing this ability are self reliant in reasoning planning and making important decisions. This is found in working women more because they can lead on independent personality as they are employed. The scores

regarding independence are found to be greater in working women in comparison to non working women, and yield significant difference.

Empathy means reading the emotions of others. It is being sensitive to what how and why people feel and think the way they do. Working class women have more ability to empathize with others; therefore the results support this statement. The means are found to be statistically significant. Working women have good interpersonal relationship skills in comparison to non working women. The results have confirmed the hypothesis by showing the greater mean scores for this interpersonal factor of EI found in working women then their counterpart showing CR significant.

Social responsibility mean scores have been found to be more or less similar in both the groups M=13.92 for working women and M=13.58 for non working. Even for reality testing the means are more or less same M=16.43 for working and M=16.10 for non working. Both are found to be non-significant. Perhaps both these factors are prevalent in women irrespective of their nature of employment.

Problem solving is an important dimension included in the adaptability realm of EI by Bar-On (1997). Working women that too teachers are good problem solvers. They explore their intuitions in a logical and realistic manner. On the contrary non working women are less able to do so. The findings of the present study have come up on these lines working women problem solving mean scores are greater and statistically significant also. In addition flexibility is another dimension of EI which seems to play its role. Flexible people are capable of reacting to change without rigidity. Bouchard (2003) observed that flexible people showed more planful problems solving ability then rigid people. A higher significant difference between the means for working and non working women on flexibility has been found showing high scores for working women than their counterparts.

For stress tolerance and impulse control factors of EI, the results are in opposite direction showing greater mean scores for non working women in comparison to working women through the mean difference are statistically significant.

Impulse control is another vital dimension under the realm of stress management. Stress tolerance involves the capacity to choose various courses of action for dealing with stress. The result show greater scores on these two factors for non working women than working women.

Happiness is an attitude it is an ability to feel satisfied with life, to enjoy oneself and others and to have fun happy people are contented and they enjoy life for the fullest extent. They feel good and at ease at both work and leisure. The mean scores have been found to be greater in working women group than their counterparts and the ratio is found to be significant

thus, indicating working women possess more happiness in comparison to non working women.

Lastly, optimism factor of EI is the ability to look at the brighter side of life and maintain a positive attitude even in the face of adversity. It is a positive attitude to daily living. Working women see obstacles as delaying factor for her success and failure and does not accept defeat. The mean score for optimism is found to be greater in working women as compared to non working women and mean difference is highly significant. They confirm the hypothesis formulated regarding this factor. Ming (2003) revealed that emotional intelligence had a positive relationship with both integrating and compromising styles of conflict resolution. Similar results are observed by Jorden and Troth (2004).

There is no doubt that emotionally high intelligent subjects tend to be more altruistic than low emotional intelligent subjects (Bohnert 2003, Slaski and Susan 2003, Higgs 2004). Though altruistic behaviors was not as certain in the present study but it can se said that women are more altruistic than males (Hoffman 1975, Chawla & Ajawani 1999). On the other hand it is felt by the investigator that working women are strongly committed to humanity ideals. Researchers have found healthcare professional to possess high emotional intelligence and are effective in number of key performance areas including stress management.

Recently emotional and intellectual IQ in women and men was studied by Asher (2009), a probable Jew named Jeffrey Asher. He is a writer, and he wrote an article claiming that women have significantly lower IQs than men.

LIMITATION & SUGGESTIONS :

The sample was restricted to married educated working and non working women of Rewa district ranging from 25 to 35 years. This study could have been done on various age levels and marital status. The demographic variables were not studies which may have affected the results. The study was confined to middle class families. The working status was confined to teaching profession. Nature of work status might have influence the results indirectly. The results of the study can not be generalized for all working women. The present research was based on urban sample. Similar studies should be conducted on rural sample. Such comparisons would show some interesting features especially relevant in the Indian context. The social variables were not taken into account. Only few psychological variables were studied.

Last but not the least; efforts should be made to introduce intervention techniques to enhance emotional intelligence, psychosocial competence and subjective well being of women.

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Teacher's Perception about the Students and Parents

Swaha Bhattacharya*

The aim of the present investigation was to study the teachers' perception about the students of Bengali medium schools of Howrah district of West Bengal in terms of general conduct and also parental attitude towards their children in the existing scenario. Accordingly, a group of 100 female teachers (50 teachers whose duration of service is below ten years and 50 teachers whose duration of service is above ten years) were selected as subjects in this investigation. A General Information Schedule, Perceived General Conduct Questionnaire and Perceived Parental Attitude Questionnaire were administered to them by giving proper instruction. Findings revealed that general conduct of the students is not so good and appropriate as perceived by the teachers of Bengali medium schools whose duration of service is above ten years. Comparatively better opinion was given by the teachers whose duration of service is below ten years. Not only this, both group of teachers have negative opinion regarding the parental attitude towards their children and they expressed that it is not proper and acceptable. This picture is predominant among the senior teachers.

INTRODUCTION

School environment is a thread that connects the multitude of activities on a campus. Impact of academic climate, background and social environment are correlated with students' performance and satisfaction (Kamemera et al., 2003). A sense of connectedness, good communication and perception of adult caring have been shown to be related to a wide range of mental health outcomes (Patton, 2000). The length of teacher's experience and the grade level of the teacher have a significant effect on the rating of student's behaviour (Groeschl and Wetenkamp, 2001). Conducive school climate is positively correlated with academic achievement as it is perceived by teachers (Johnson, et al., 2006). Besides this, parents and teachers' perception of student's general scholastic abilities, parents' form of involvement in their children's education and teachers' form of communication to parents revealed a significant relationship among these factors (Stevens and Patel, 2008).City and suburban teachers are more or less similar on perception of their students' academic competence, personal characteristics, interpersonal relations and family background (Weinberg and Riqby, 1975). Parents identified some factors, viz., opportunities for higher education, children's happiness, high expectations for learning, academic standards, quality of teaching and reputation as highly influencing

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factors regarding the choice of school (Dudka, 2007). Level of emotional and psychological maturity help the students to be more self-directed and self-motivated to achieve their academic goals with directed participation by parents (Wigfield, et al., 2005). Azmitia and Cooper (2002) found the autonomy support from families which was the key to making a successful transition from elementary to middle school. Besides this, Hoover-Dempsey and Sandler (2005) opined that academic achievement directly depends on teachers' skills, knowledge and practice, school curriculum and also on parental involvement. The relation between parenting style and psycho-social success was moderated by locus of control. Emerging adults psychosocial aspects may be affected both directly by their perceptions of the parenting style which they encountered earlier in life and indirectly through locus of control – all these may also be influenced by perceived parenting style (Marsiglia, et al., 2007). Besides this, a wide range of factors have been proposed as antecedents of burnout in teachers, including student behaviour in the classroom. Several studies have shown associations between student misbehaviour and teacher burnout. Findings revealed that potential role of psychological variable such as teacher self-efficiency and coping strategies in explaining how teacher well-being is affected by student behaviour in classroom (Hastings, 2003). Considering all these, the present investigation has been designed to study the general conduct of the students and parental attitude towards their children as perceived by the teachers of Bengali medium schools of Howrah district of West Bengal.

OBJECTIVES :

1. To study the general conduct of the students as perceived by the teachers of Bengali medium schools of Howrah district.
2. To study whether duration of service creates impact on teachers' perception in terms of general conduct of the students.
3. To study parental attitude towards the children as perceived by the teachers of Bengali medium school.
4. To study whether duration of service creates impact on teachers' perception about the parental attitude towards the children.

HYPOTHESES :

Hypothesis – I : General conduct of the students as perceived by the teachers is good and appropriate.

Hypothesis – II : General conduct of the students as perceived by the teachers is differentially associated with duration of service.

Hypothesis – III : Parental attitude towards the children as perceived by the teachers is proper and acceptable.

Hypothesis – IV : Parental attitude towards the children as perceived by the teachers is differentially associated with duration of service.

METHOD

Study Area and Sample :

A group of 100 female teachers (50 teachers whose duration of service is above ten years and 50 teachers whose duration of service is below ten years) were selected as sample from three different Bengali medium schools of Howrah district of West Bengal. The pertinent characteristics of the subjects are as follows :

a) Age : At least 25 years.
b) Education : Both Graduate and Post-Graduate.
c) Duration of service : At least three years.

Tools Used :

1. General Information Schedule :

It consists of items like name, address, age, education, duration of service etc.

2. Perceived General Conduct Questionnaire:

It consists of twenty statements answerable in a five point scale from strongly agree to strongly disagree where high score indicates good and appropriate behaviour of the students as perceived by the teachers and vice-versa. Odd-even split-half reliability is 0.81.

Table A : Item-wise Discrimination Index

Item No.	Discrimination Index	Item No.	Discrimination Index
1.	12.56	11.	15.77
2.	10.78	12.	11.05
3.	15.57	13.	13.99
4.	13.62	14.	15.43
5.	11.84	15.	11.26
6.	15.36	16.	14.81
7.	12.12	17.	10.93
8.	10.76	18.	14.59
9.	14.53	19.	12.66
10.	13.25	20	14.08

3. Perceived Parental Attitude Questionnaire :

It consists of twelve statements answerable in a five point scale from strongly agree to strongly disagree where high score indicates proper and appropriate behaviour of the parents towards their children as perceived by the teacher and vice-versa. Odd-even split-half reliability is 0.78.

Table B : Item-wise Discrimination Index

Item No.	Discrimination Index	Item No.	Discrimination Index
1.	12.79	7.	13.66
2.	14.93	8.	14.92
3.	10.88	9.	11.08
4.	15.74	10.	12.54
5.	16.23	11.	14.76
6.	13.11	12.	10.99

RESULTS AND INTERPRETATION

The general characteristics data inserted in Table – 1 reveals the characteristic features of the subjects under study.

Table 1 : General characteristic features of the female teachers of Bengali medium schools of Howrah district of West Bengal.

General features	Duration of service	Duration of service
	Above ten years (N=50)	Below ten years (N=50)
Age in years (Mode Value)	55.12 years	35.25 years
Education a) Graduate	40.00 %	45.00 %
b) Post-Graduate	60.00 %	55.00 %

Data inserted in Table–2 reveals the students' general conduct as perceived by the teachers of Bengali medium schools of Howrah district whose duration of service is below and above ten years. It can be said from the mean scores that the general conduct of the students is moderate as expressed by the teachers whose duration of service is above ten years, on the other hand, comparatively better perception was observed among those teachers whose duration of service is below ten years. According to the senior teachers, the present students' general conduct is sometimes appropriate and sometimes not. They are energetic, career-oriented, involved in school activities but they are very much calculative. They have an attitude that they know a lot and it is manifested in their general conduct. Sometimes they criticize the teacher without any concrete reason. They also opined that in some situations they recognize the teacher as teacher and sometimes not. According to them it may be due to the change of socio-cultural scenario and impact of parental attitude. On the other hand, young teachers appreciate their more energy level and comparatively less bothered about their general conduct. Thus the Hypothesis – I which postulates, "General conduct of the students as perceived by the teachers is good and appropriate." –is moderately accepted by senior teachers and comparatively better accepted

by junior teachers. On the other hand, the Hypothesis – II which postulates, "General conduct of the students as perceived by the teachers is differentially associated with duration of service" - is accepted in this investigation.

Table 2 : Comparison between the female teachers whose duration of service is below and above ten years in terms of perceived general conduct of the students

Duration of service	Perceived	General	Conduct	Scores
	N	Mean	S.D.	t-value
Below ten years	50	70.72	8.11	6.05*
Above ten years	50	61.52	7.05	

Score range : 20-100, * $p < 0.01$

High score indicates good and appropriate general conduct of the students and vice-versa.

Data inserted in Table–3 reveals the attitude of the parents towards their children as perceived by the teachers of Bengali medium schools of Howrah district of West Bengal. It can be said that parental attitude towards the children is not so proper and acceptable as expressed by both the group but it is more negative as expressed by the teachers of above ten years service than that of the below ten years. Both the group opined that expectation level of parents is not justified and they provide more to their children which is not desirable. Not only this, apparently it seems that the children are self-sufficient but actually it is not. Sometimes parents take care too much which may create problem in their near future. The reasons behind this is more or less same but it varies in degree. Comparative picture reveals significant difference between the two groups of teachers. Thus the Hypothesis – III which postulates, "Parental attitude towards the children as perceived by the teachers is proper and acceptable" – is rejected and the Hypothesis – IV which states, "Parental attitude towards the children as perceived by the teachers is differentially associated with duration of service" – is accepted in this investigation.

Table 3 : Comparison between the female teachers whose duration of service is below and above ten years in terms of perceived parental attitude towards their children

Duration of service	Perceived	Parental	Attitude	Scores
	N	Mean	S.D.	t-value
Below ten years	50	33.48	5.64	3.86*
Above ten years	50	29.16	5.53	

Score range : 12-60, * $p < 0.01$

High score indicates proper and acceptable parental attitude towards their children and vice-versa.

MAJOR FINDINGS OF THE STUDY :

1. General conduct of the students is moderate as perceived by the teachers whose duration of service is above ten years.
2. Present students are energetic, career-oriented, involved in school activities but too much calculative as expressed by the senior teachers.
3. Change of socio-cultural scenario and impact of parental attitude are the significant factors for their general conduct.
4. Comparatively better opinion was given by the junior teachers but it is not so good which is desirable.
5. Comparative picture reveals the significant difference between the two groups.
6. Parental attitude towards their children is not proper and acceptable as perceived by both junior and senior teachers.
7. The more the duration of service the more is the negative attitude.
8. According to the teachers, expectation level of the parents is not justified and parents provide a lot to their children which is not good and healthy at all.
9. Apparently present students are self-sufficient but actually they are not and this is mainly due to parental attitude towards their children.
10. Comparative picture reveals the significant difference between the two groups.

CONCLUDING REMARKS :

Teacher has a significant role for contributing something to students' development, both individually and through working cooperatively with members of the academic community and the community, at large. On the other hand, parents' participation enhances children's self-esteem, improves children's academic achievement and also helps to develop good parent-child relationship. There is also need for good and healthy interaction among the teachers, students and parents. The present findings have revealed some inappropriate and unacceptable happenings in connection with general conduct of the students and also parental attitude towards their children as expressed by the teacher. It may create negative impact upon the society. Teachers' perception, parent-child relationship, teacher-student relationship should be healthy and congenial so that one can expect appropriate and acceptable behaviour from others canceling the negative ones which is maintaining in the existing scenario.

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Violence against Women : A Threat to Mental Health

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Newspapers and periodicals in India often carry reports about violence against women. These include young brides being burnt for bringing insufficient dowry, women ending their lives in abnormal and suspicious circumstances, rape and molestation of young girls etc. In some cases there are public protests by women activist and these protests receive media coverage. Deaths of women are extreme outcome of ill treatment, psychological abuse or physical violence suffered by women. On the other hand domestic violence suffered by women in the form of physical or psychological abuse goes, unreported. Crime against women on the basis of gender disparity, domestic violence, trafficking, female infanticides is a slur on the Indian society. The effects of these cruelties to weaker gender not only affect the physical health of the individual but also hamper her psychologically. This restricts them to enjoy their human rights and fundamental freedom. Voluntary organizations, educational institutions, private and public sector have a major role to raise awareness in promoting nonstereotyped images of woman. This paper suggests the various measures for combating the violence against women. Developing a holistic and multidisciplinary approach to the challenging task of promoting families, communities and states that are free of violence against women is necessary and achievable. The psycho educative programmes are of utmost importance to promote self respect, mutual respect and cooperation between women and men.

INTRODUCTION

All over the world women have played significant roles in their country's development. They have contributed to the economic growth of their country by taking care of their families and working in owning business. Unfortunately, not every society values the role women play and the contribution they make to their country's development. Women's contributions in politics and social services have also been quite significant. We cannot fail to mention the name of Indira Gandhi who shone so brilliantly and radiantly in the firmament of India's politics. She served this country for more than a decade and took India victorious out of Pakistan-war which resulted in the historic creation of a new country, Bangladesh. In the field of social service Indian women have also done some excellent jobs. They have not only served the cause of the suffering humanity but have also brought highest laurels for the country. The name of Mother Teresa cannot but be mentioned. She brought the Nobel Prize for India by her selfless

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services to the poor, destitute and suffering people of our country in particular and the needy and handicapped people of the world in general. In spite of attaining such a citadel dowry deaths, rapes, molestations and a swathe of other crimes against women are common place amongst the socio-economic elite. Indian women especially the rural folk have deep rooted fears about losing their economic support and shelter if they rebel against a violent spouse. There is also a lurking fear of ostracism which makes them put up with their 'destiny'. Although the government has signed a number of laws to assist in improving the lives of women, the implementation of laws seriously takes time. It requires efforts on behalf of the government and by the people. Changes are slow and as result, despite government efforts women still face a number of challenges to gain social political and economic equality with men.

The worth of a civilization can be judged from the position that it gives to its women. Several factors that justify the greatness of India's ancient culture and one of the greatest is the honoured place ascribed to women. Manu, the great law giver, said long ago 'where women are honoured there reside the gods'. According to ancient Hindu scriptures, no religion rites can be performed with perfection by a man without the participation of his wife. Wife's participation is essential to any religious rite. Married men along with their wives are allowed to perform sacred rites on the occasion of various important festivals. Wives are thus befittingly called 'Ardhangini' (better half). They are given not only importance but equal position with men (Altekar, 1962).

India has also been proud of women's extraordinary ventures in the field of welfare, politics, art, literature and sports. These women established their identity due to their special upbringing, push of circumstances, familial factors and motivation of freedom fighters and reformers. The truth, however, which stares us on the face, indicates clearly the pitiable condition of Indian womanhood trapped in the web of socio-cultural factors such as superstitious and blind faith perpetuated by male dominance. The saga of Indian women is riddled with cruel inhuman and pathetic attacks on her physical, emotional, social, political and even spiritual growth. Her struggle for survival continues from the womb to the grave without respite.

In many societies, women have been continuously treated poorly. Modernization is not changing these views nor is it making life easier for women. The poor treatment of women began as early as the Stone Age. In USA the treatment of woman was never as bad as in India or other countries, but women were not seen as true equals until 1920. In Middle East, women were and still forced to stay in the four walls of the house, cannot own land, cannot have a job, and most importantly experience severe

domestic violence from males (Yusuf, 2001). In Indian societies, girls are seen as a burden in their families. During the socialization process, parents often unfavourably discriminate their daughters and unreasonably favour their sons, may be due to cultural stereotypes, economic, social and religious reasons or due to unconscious fears and repressed wishes (Vagrecha, 2004). When it is time for the girls to be married, their families' hatred and resentment towards them can sometimes lead to an unsuitable man for them. One of the 'burdens' a female brings to her family is the dowry. The Hindu dowry system and arranged marriages have taken a gruesome commercial aspect.

The World Health Organization has reported that up to 70% of females murder victims are killed by their male partners. In India according to the National Crime Record Bureau's (NCRB) 2005 crime clock there based on reported and recorded statistics is:

- One crime committed against women every three minutes
- One molestation case every 15 min
- One sexual harassment cases every 53 minutes
- One kidnapping and abduction case every 23 minutes
- One rape case every 29 minutes

What's more :

- Four out of 10 women in India have experienced violence in the home.
- 45% of women have suffered at least one incident of physical or psychologically violence in their lives.
- 26% have experienced at least one moderate form of physical violence
- More than 50% of pregnant women have experienced severe violent physical injuries

From time immemorial the female gender has been victim to violence abuse. On one side we feel proud to say that we treat women as goddess in our country but on the other side it is sad and humiliating story of ill treatment of these goddesses. Why does the land of Mahatmas that has traditionally viewed 'stree' (women) as the embodiment of 'shakti' (power) - ill treat them? Perhaps the answer is embedded deep in the national mindset (Noatay, 2007). Crime against women is the most evocative traumatizing and political subject for discussion in India. It affects women's development; it restricts them from full participation in national developmental efforts (Seth, 2001). The National Crime Record Bureau reported in 1998 that growth rate of crime against women would be higher than the population rate by 2010. Earlier many cases were not reported due to social stigma attached to rape and molestation. In 1997, in a landmark judgement, the Supreme Court of India took a strong stand against sexual harassment of women at work place. The court laid down detailed guidelines for prevention and redressal

of grievances (Lalneihzovi, 2007). The National Commission for Women subsequently elaborated these guidelines into a code of conduct for employers (Times Of India, 1993). The gender bias at work expects female executive to "look like a woman, behave like a lady, think like a man and work like a dog' (Gopalan, 2001).

Violence and its forms

'Violence against women' means any act of gender based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women including threats of such acts, whether occurring in public or private life; it is an extremely a broad concept that encompasses sexual crimes, prostitution, domestic violence and sexual harassment.

Various forms of violence exist today amongst women but the one of the hard pressing form is the domestic violence. Domestic violence gets initiated with mutual disagreement of individuals thought process and results in abuse of weaker gender in various forms including physical and mental ways. Violence is perpetrated on women both inside and outside her home. Domestic violence comprises all acts of intimidation and aggression which forces a woman to seek redressal by breaking the silence imposed on her by patriarchal culture (Menon, Sen and Kumar, 2001). This kind of abuse was also responsible for the spread of HIV amongst women, as abused women were not in a position to demand safe sex (Garcia, Heise, Jansen, Ellsberg and Watts, 2005).

According to National Family Health Survey 111 (NFHS 111) which interviewed 1.25 lakh women in 28 states and the national capital during 2005-06, 41 percent of women justified women beating because they showed disrespect towards their in-laws while 35 percent reported they are OK with being brutally assaulted by their husbands if they neglected household chores or their children. Surprisingly 51 percent of the 75,000 men interviewed did not find anything wrong with assaulting their wives. Bihar was found to be the worst state with abuse rate as high as 59 percent followed by Rajasthan (46.3%), Madhya Pradesh (45.8%), Manipur (43.9%) and Uttar Pradesh (42.4% and West Bengal (40.3%). The incidence of domestic violence is higher among the lower socio economic classes (Martin, Tsui, Mitra and Marinshaw 1998). There are various instances of an inebriated husband beating up the wife leading to severe injuries. It shatters the peaceful image/ atmosphere of the home, the safety that kinship provides. It is nearly always a gender specific crime perpetrated by men against women (Jejeehboy, 1998). After much pressure from women's groups, the Govt.of India introduced the Protection of Women from Domestic Violence Act 2005, which came into force on Oct.26, 2006.

Also a strong 'martyr' image associated and the pathos generated by the

suffering underdog prevent battered Indian women from fleeing abusive situations. The consequences are demming as nearly 74.8 percent of abused women, report surveys, are propelled towards committing suicide. But even if they are not driven to such extremity, spousal violence can negatively impact a woman's mental and physical health, triggering off a slow of psychosomatic disorders (Osman, 2004).This is one of the crucial social mechanisms by which women are forced into a sub-ordinate position compared to men. It is a violation of women's right to physical integrity, liberty and all too often to her right to life itself. Domestic violence is manifested through physical abuse, sexual abuse, physiological and economic abuse (Mohan, 1994 and Poonach and Pandey, 2001).

According to a recent World Health Organization (WHO) report, one in six women around the world suffer from domestic violence in the age band of 20 to 40 years and victims of domestic assault were twice as likely to suffer poor health(Kaur and Garg,2008). A woman is violated because being a woman, who means her gender, is the reason why she is being violated. For example, if a woman faces domestic violence because she does not follow the 'traditional' role of a wife. The present scenario presents the image that roles of males and females are equally shared but it is not true, as the female is often burdened with maximum roles and responsibilities. The concept of second rate for a girl child is clearly perceived in the society. A girl is always toned and conditioned that she is not number one. It also becomes visible in very childhood, in upbringing of girls vis-à-vis boys in term of nutrition, health care, opportunities for education, skill formation and household work that the girl child is expected to share (Kishore, 2006).

Psychological violence encompasses various tactics to undermine a woman's self esteem such as yelling, insults, mockery, threats, abusive language, humiliation, harassment, contempt and deliberate deprivation of emotional care or isolation.

Physical violence the most obvious ranges from pushing and shoving to hitting, beating and physical abuse with a weapon, torture, mutilation and murder.

Sexual violence represents any form of non-consensual sexual activity (forced on a person) ranging from harassment, unwanted sexual touching, to rape. This form of violence also includes incest. Earlier many cases were not registered with police due to social stigma attached to rape and molestation cases. There has been a dramatic increase in the number of reported crimes against women. Half of the total 'crimes against women' relate to molestation and harassment at the work place. Eve teasing is a euphemisms used for sexual harassment or molestation of women by men.

In 1987, the Indecent, representation of women act was passed to prohibit indecent representation of women through advertisements in publications, writing, painting, figures or in any other manner. In 1997, in a landmark judgment, the Supreme Court of India took a strong stand against sexual harassment of women in the workplace. The court laid down detailed guidelines for prevention and redressal of grievances (Lalneihzovi, 2007). The National Commission for Women subsequently elaborated these guidelines into a code of conduct for employees.

Financial violence encompasses various tactic for total or partial control of couples finances, inheritance or employment income, may also include preventing a partner from taking employment outside the home or engaging in other activities that would lead to financial independence.

Spiritual abuse works to destroy an individual's cultural or religious beliefs through ridicule or punishment forbidding practice of a personal religion or forcing women or children to adhere to religious practices that are not their own etc.

Dowry deaths are common among newlyweds in India. Violence and murder in India because of insufficient dowries are very common, severe and growing rapidly. One Delhi newlywed was beaten and doused in whisky and set a fire by her husband. This was labeled as a 'dowry death', murder of a newlywed as she did not bring enough money in the marriage. The National Crime Bureau of India (2005) found that there were 6787 dowry deaths in India every year. Many of these murders of women go unreported. In reality there are more deaths than the reported 6787. According to one estimate may around 15,000 deaths occur each year that involve 'dowry-deaths' or another type of abuse. 'Stove bursting' or 'stove burning,' is another common mode of death among newlywed girls. 'Stove burning' is classified as kitchen accident, but in reality they are not accidents at all (Pratap, 2001). The Dowry Act of 1961 (as amended in 1986), was meant to be a deterrent to be the evil custom.

Other Forms of Violence :

• Acts of violence against women also include forced sterilization and forced abortion, coercive forced use of contraceptives, female infanticide and prenatal sex selection.

• Some groups of women such as belonging to minority groups, indigenous women, refugee women, migrant workers, women in poverty living in rural or remote communities, destitute women, women institutions or in detention female children, women with disabilities, elderly women, displaced women, repatriated women, women living in poverty and women in situations of around conflict, foreign occupation, wars of aggression, civil wars, terrorism including hostage taking are also particularly vulnerable to violence.

• Violence against women take place in shape of eve teasing, rape, murder (after rape it is quite common), trafficking etc., both at their place of work and outside it.

According to a report, between 5,000 to 7000 girls are trafficked from their most deprived living environments to exploitative physical and social situations into India from Nepal most of them under 18. Girls as young as 13 are trafficked from Asia as mail order brides. In addition girls are trafficked to India from Bangladesh and from poorer states to more affluent ones. The popular routes are from Nepal via Indian states of Uttaranchal, Uttar Pradesh, Bihar and West Bengal and from Bangladesh to Indian states of West Bengal. They are powerless to protest, thus at the increased risk of further violence, as well as unwanted pregnancy and sexually transmitted infection, including infection with HIV/AIDS (Garcia and Watts, 2000). The use of women in international prostitution has become a major focus of international organized crime (Saran, 2002).

Lastly in cases of wide spread, violence, like communal violence, women are worst suffers. Even if they are not physically harmed during such violence, they are through considerable trauma because their family members are killed and harmed and their property damaged, ransacked and set afire.

Women continued to be subjected under control of father from birth to before marriage, under husband in her married life and under son after demise of her husband. She is discriminated as counterpart of men ever since she opens her eyes in the world. Not only this, in these days of modern technology like ultrasound tests and amniocentesis she is discriminated ever since she exists in the womb of her mother and has to die before birth(Chauhan,2008). As she grows up violence is perpetrated on her making her life even more miserable.

All violence does not have to be blood and gore. It can also be very subtle. A person can make a contemptuous gesture, swear or pass a remark, or obscene gesture with the hands and whistle. Violence against women can take physical, psychological as well as sexual forms— thus the above categories overlap and are not mutually exclusive. It need not always take the form of overt acts of bodily violence but can also be manifested through deprivation, neglect or discrimination.

Psychological impact of violence on women

The effects of these cruelties to women not only affect the physical health of the individual but also hamper her psychologically. The lady of the home takes care of the family, of kids, of in laws, of husband , cooks food, cleans the house and still gets brutally tortured by everyone and still maintains the golden silence upholding the tradition and the culture of the great Indian

heritage of treating husband as God. The poor girl doesn't even get a companion to share the feelings in the new house which she had entered with lots of hopes and aspirations.

Women who live in violent households experience intense feelings of fear, panic and anxiety. Many experience feelings of depression and shame, because they feel guilty about staying in their current situation. Women who are victims of abuse over a prolonged period of time develop feeling of learned helplessness, or in other words they feel powerless to do anything to ameliorate their situation. This feeling of learned helplessness further contributes to a depressed state. Women who are physically abused are also often verbally abused. This verbal abuse includes name calling making one feel worthless, playing mind games, and isolation from one's family and friends. Verbal abuse can be more damaging to a woman's psychological well-being than physical abuse. Wounds of physical abuse heal with time but wounds of verbal abuse are difficult to overcome. Women in abusive relationship feel that they are not their own person and that their life is completely under their husband's control. The results in feeling a loss of power and control over her life and can lead to further feelings of depression and hopelessness. Suicidal ideation is quite common among women who experience domestic violence (Pillai, Andrews and Patel, 2009).

The 2004 General Social Survey (GSS) indicates that among public transit users, 58% of women were worried about their safety after dark, while waiting for or using public transport, compared with 29% of men. Another 16% of women felt unsafe walking alone after dark compared with 6% of men. Even in their homes, 27% of women were worried about their safety alone at night as opposed to 12% of men. The psychological consequences of the assaults in negative terms, including being upset and confused, sleeping problems, feeling of shame, guilt and insecurity, instil fears, anxiety attacks depression and suicidal tendency (Visaria, 2000 and Heise, Ellsberg and Gottmoeller,2002).

Violence has serious consequences on women's mental and physical health, including their reproductive and sexual health. These include injuries, gynaecological problems, temporary or permanent disabilities; depressions which in extreme cases culminate in suicide, This abuse undermine an individual's sense of self esteem and self confidence (Kaur and Garg, 2008).

Another psychological disorder that is typically manifested in victims of domestic violence is posttraumatic stress disorder (PTSD). PTSD results from "exposure to a traumatic event during which one feels fear, helplessness or horror". It is common for domestic violence victims suffering from PTSD to experience flashbacks and nightmares long after they have removed themselves from the abusive situation (Tichy, Becker and Sisco, 2009).

Sometimes one will attempt to avoid the intense feelings associated with PTSD by becoming emotionally numb. Some feel that people who experience domestic violence should be placed in a separate category of PTSD. Besides victims of domestic violence, PTSD is also seen in rape victims and war veterans. While no one is arguing that people in these situations suffer less than domestic violence victims, it is more prolonged abuse patterns. Being abused repeatedly for several years would probably create different effects from someone who suffered abuse for a shorter period of time.

The symptoms of psychological distress experienced after abuse provide some indication of the impact of the incident. Nearly all the women (95%) had experienced some symptom of psychological or emotional disarray after the event. The emotional response to violence abuse include attempted suicides, thought of suicide (Panchanadeswaran and Koverola, 2005 and Pillai, Andrews and Patel, 2009), nightmares, panic attacks, flash back (Campbell, Jones, Dinenemana, Kub, Schallenberger, O'Campo, Gielen and Wynne, 2002), irritability, feeling of anger and severe depression (Campbell, 2002).

Violence against women inflicts a serious psychological impact on victims. These women often feel reluctant to consult government authorities and report to investigative authorities. This not only results in unreported incidents, but also presents a barrier to the protection/relief of the victims and to the proper punishment of the attackers.

Acts of threats of violence, whether occurring within the home or in the community, or perpetrated or condoned by the state, instil fear and insecurity in women's lives and are obstacles to the achievement of equality and for development and peace. The fear of violence including harassment is a permanent constraint on the mobility of women and limits their access to resources and basic activities. High social, health and economic costs to the individual and society are associated with violence against women. Violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared to men.

The recent assault on women in Bangalore pub case is really eye opening experience. The psychology of a wife, a mother, a daughter can have catastrophic effects on the family she is upbringing. Many of them experience the feeling of depression and shame because they feel guilty about the situation in which they are living. Women who become a part of this kind of attitude develop a feeling of helplessness which further deteriorates the state of depression of the individual. Women who live in violent household experience intense feeling of the panic, fear and anxiety. This intense feeling of mental torture often leads to suicidal tendency.

Violence against women is a manifestation of unequal power

relations between men and women which has led to domination and discrimination against women by men and is an obstacle in women's full advancement .Violence against women throughout the life cycle derives essentially from culture patterns, in particular the harmful effects of certain traditional or customary practices and all acts of extremism linked to race, sex, language or religion that perpetuate the lower status accorded to women in the family, the work place, the community and society.

Measures for Combating Violence against Women :

Amidst all these however with due course of time, there has been some changes in the society which is hampering the system which we made to protect women from such abuse. It is important to continue to raise awareness about the impact of violence against women so that more groups, communities and leaders priorities this as a programme of work that deserves attention and resources. Awareness helps break down myths and stereotypes that are sometimes used to justify violence**.**

The Central / State Government should adopt or implement and periodically review and analyze legislation to ensure its effectiveness in eliminating violence against women and adopt laws where necessary and reinforce existing laws that punish police, security forces or any other agents of the State who engage in acts of violence against women. It is necessary to promote an active and visible policy or mainstreaming a gender perspective in all policies and programmes related to violence against women, actively encourage, support and implement measures and programmes aimed at increasing the knowledge and understanding the causes, consequence and mechanisms of violence against women. It should strengthen institutional mechanism so that women and girls can report acts of violence against them in a safe and confidential environment, free from the fear of penalties or retaliation and file charges.

Civil society organizations, educational institutions, the public and private sectors, mass media have a major role to play, to provide well funded shelters and relief support, legal aid and medical aid. Psycho educative programmes are required which intend to address battered women's needs, it including those that focus on building self efficacy, self confidence, self esteem and livelihood skills. The responsibility of media is to raise awareness in promoting non stereo typed images of women and men. These organizations can mount pressure on the officials by reporting the matter to the higher officials or to various bodies constituted for women like National and State Commissions for women. More over the government should come out with women police stations, called Mahila Thanas in major cities of almost all the states of the country. Many organizations are experimenting with innovative methods. They have experimented in forming local women's

collectives. These collectives ensure that the agenda for action is locally determined.

Conclusion

Violence against women is an obstacle to the achievement of the objectives equality, development and peace. Violence against women both violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedoms. The long standing failure to protest and promote those rights and freedoms in the case of violence against women is a matter of concern to all. Knowledge about its causes and consequences, as well as its incidence and measures to combat it, has been extended. The violence towards female society is decreasing everyday with the lady getting more educated and mature and society also providing helping hand with sense of responsibility. However, the mental agony to women in many ways still continues in many parts of the country mostly in remote areas. The fear of own and her children's safety is leading women to stay quiet in most of the cases but this quietness is a sign of upcoming storm and we can avoid it if we put a collateral effort. The mental trauma today under the intense stressful condition is leading the lady into a mental battle ground where she is fighting alone, helpless with no one to care for her, forcing her to take steps which will shape the roots of the family and the purity of rich culture of India.

Developing a holistic and multi-disciplinary approach to the challenging task of promoting families, communities and states that are free of violence against women is necessary and achievable. Equality, partnership between women and men and respect for humanity must permeate all stages of the socialization process.

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Optimism-Pessimism and Emotional competence measures of parents of children with symptoms of autism

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Present study aimed to detect how far the parental pessimistic attitude as well as their emotional competence influence their self perception and affect the confidence level to handle their autistic child. It has also attempted to assess the impact of intervention to find out whether their attitude turn towards optimism and make them feel more competent about handling their own emotion.

Ten clinically diagnosed children with autism of 3 to 7 years of age were selected from Chetna Institute of Mentally Handicapped, Aliganj, Lucknow. DSM IV checklist evaluated the autistic symptoms of such children and other children as well to confirm the diagnosis of autistic group and assess normality of control group. Parents of these two groups autistic (N=10) and non autistic (N=10) groups served the sample of study. Optimistic-pessimistic attitude scale and emotional competence scale were administered on both the groups of parents of children with autism and without autism. Parents of children with autism reported significantly high pessimistic scores than their comparative normal counterparts. The same group also reported significantly low emotional competence in terms of adequate depth of feeling (ADF), adequate expression and control of emotions (AECE), ability to function with emotion (AFE) and ability to cope with problem emotions (ACPE).

Appropriate intervention programme was administered on the parents of children with autism and a pseudo intervention was given on the parents of normal group. Repeat testing of optimism pessimism scale and emotional competence scale reported significant improvement in optimism as well as emotional competence of parents of children with autism.

Key words : Optismemotional competence, intervention

INTRODUCTION

Autism is a neurodevelopmental disorder characterized by three major deficits i.e. 1) impairments in reciprocal social interaction, 2) delay's and deficit in language and communication and 3) presence of restrictive, repetitive and stereotyped behaviors. However social deficits are alone the problem specific to autism and this impairment or deficit affect almost all the aspect of social reciprocity i.e. pragmatic communication deficits, language delays and an assortment of behavioral problems, restricted

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interests, sensory sensitivities and repetitive behaviors (A.P.A., 1994). The early symptoms of autism are generally first detected by parents. At the diagnosis level parental reports are beneficial because parents regularly interact with their children and they are the better judge of the social deficits of their ward. As the parents consult the specialist and finds it a type of disorder, it brings a psychological shock to their aspirations of the child. This often affects the personality of parents which can in turn enhance the severity of symptoms of autism. Bhan, Mehta and Chhaproo (1998) found that irrespective of the economic status of the families of a child with disability intervening factors like mother's personality, optimism and religious support might alleviate the degree of stress. Higgins, Bailey and Pearce (2005) studied the impact of having a child of autism on parental psychological functioning. Investigations reported on uniform and consistent finding that parenting a child with autism spectrum disorder (ASD) is associated with higher levels of stress (Konstantareas, Homatidis & Cesaroni,1995; Sivberg,2002).

The impact of parental attitude on growing children has been well recognized. The children who face unfavorable attitude develop problem behaviors. Parents of children with ASD usually face a unique set of challenges and these challenges have impact on their psychological adjustment. Parents may experience stress related to their children's uneven intellectual development, problem behaviors and absence of social competencies (Baker-Ericzen, Brookman-Frazee & Stahmer, 2005;Davis & Carter, 2008). Parents of children with ASDs demonstrate elevated depressive symptoms and greater levels of stress than do parents of healthy, physically ill or developmentally delayed children who do not have ASDs (Baker-Ericzen, Brookman-Frazee & Stahmer, 2005; Eisenhower, Baker & Blacher, 2005).Parental adjustment and well being of parents is very important for the infant and newly diagnosed children as during this period parents try to adjust with their child with autistic disorder; intervening early again may help to avert patterns that can negatively affect both parent and child over a longer developmental period (Watchel & Carter, 2008).Studies of typically developing children indicate that parental mental health and wellbeing are associated with the ability to sensitively interact with a child(Cohn & Tronick,1989;Cummings & Davies,1994).Guralnick (2004) notes that optimal child development can be influenced by the quality of parent child interaction, family orchestrated child experiences and the health and safety provided by the family, and it is important for optimizing the child'sdevelopment.

Objectives :

1. To detect how far the parental pessimistic attitude as well as their

emotional competence influence their self perception and affect the confidence level to handle their child with autism.

2. To assess the impact of intervention to find out whether their attitude turn towards optimism and make them feel more competent about handling their own emotion.

METHOD

Sample :

A sample of 10 clinically diagnosed children with autism of 3 to 7 years of age was contacted at the Chetna Institute of Mentally Handicapped, Aliganj, Lucknow. Parents of such samples of 10 children with autism served as representative sample of study. A matching sample of parents of normal children of same age group and same socioeconomic status was also contacted and their children were also assessed in terms of autistic symptom checklist. Children with autistic symptoms who were staying with their own parents and under their direct supervision were only included in the sample.

Tools :

i) DSM IV diagnostic checklist for autism (APA,1994). DSM-IV checklist is a tool containing 12 items. It measures behavioral characteristics of 3 major categories i.e. (1) social interaction (2) language (3) repetitive and stereotyped pattern of interest. The inclusion criteria in terms of checklist are considered to be 6 or more behavioral characteristic.

ii) Parasar Optimistic-Pessimistic Attitude Scale (Parasar, 1998). It consists of 40 items to measure optimism-pessimism attitudes of parents. Reliability coefficient of this scale is .74 (test retest).

iii) Emotional competencies scale (Sharma & Bhardwaj, 2007). It consist of 30 items and measure competencies on 5 dimensions namely, adequate depth of feeling (ADF), adequate expression and control of emotion (AEC), ability to function with emotions (AFE), ability to cope with problem emotions (ACPE) and enhancement of positive emotion (EPE).It scale was used to measure emotional competencies of parents of children with autism. Reliability coefficient of this scale is .76 (split half).

Procedure :

The clinical sample with autistic disorder were taken from the Chetna Institute of Mentally Handicapped, Aliganj, Lucknow. The investigator first administered the DSM IV checklist on registered children of the institute to check the inclusion criteria to confirm the diagnosis of autistic disorder and child's status on its three major dimensions namely, social skill deficit, qualitative impairment in communication, and restrictive, repetitive and stereotyped behavior. The parents of such children as well as the trainer at

the institute helped in the administration of the checklist. After that Optimistic-Pessimistic Attitude Scale and Emotional Competencies Scale were administered on each parent of such children. A socioeconomically matched group of normal children of 3 to 7 years of age were also contacted and their autistic symptoms were checked. The two questionnaires i.e. Optimistic-Pessimistic Attitude Scale as well as Emotional Competencies Scale were administered on the parents of the normal sample and the scores of the two groups were compared in terms of optimism pessimism levels and on various dimension of Emotional Competencies Scale.

On the basis of scores on the Optimistic-Pessimistic Attitude Scale and Emotional Competencies Scale as well as on the basis of parental interview and severity of the symptoms of the child intervention program was developed. Firstly parental counseling was done to assess the problem afresh. Parents accepted and realized the reason that why their wards were behaving in a problematic fashion. They also realized the necessity to attend the counseling sessions for effective handling of their child. At the second step parents were involved in the daily routine of school activities of their children. They were trained to use various strategies i.e. regarding prompting and using various educational articles to their child with autism.

At the third step parents were trained to explore the strong points of their children, such as, visual competence or auditory competence and to use the specific.

Fourth session revised the earlier practices and retested the parents in terms of optimism-pessimism attitude and emotional competence.

RESULTS AND DISCUSSION

The results of differential analysis on the measured dimension have been presented in Tables 1, 2, 3 & 4.

Table 1 : Mean, SD and t values of parents of children with autism and normal for all the dimensions of Emotional Competence.

Dimensios of Emotional Competence	Parents of children with autism(N=10)			Parents of normal children (N=10)			
	Mean	SD	SEm	Mean	SD	SEm	t test
Adequate depth of feeling	14.30	2.11	0 .70	22.20	2.78	0.93	6.81**
Adequate expression and control of feeling	16.30	2.21	0 .74	23.10	3.98	1.32	4.50**
Ability to function with emotion	14.30	2.54	0.85	23.70	1.56	0.52	9.49**
Ability to cope with problem emotion	14.70	2.06	0.69	23.30	2.75	0.92	7.54**
Enhancement of positive emotion	21.30	1.95	0.65	22.50	2.91	0.97	1.03NS

**Significant at .01 level
NS Not Significant

Table 2 : Mean, SD and t values of parents of children with autism of pre and post intervention for all the dimensions of emotional competence.

Dimensions of Emotional Competence	Parents of children with Autism (pre intervention)			Parents of children with autism (post intervention)			
	Mean	SD	SEm	Mean	SD	SEm	t test
Adequate depth of feeling	14.30	2.11	0.70	16.70	2.16	0.72	2.38**
Adequate expression and control of feeling	16.30	2.21	0.74	18.90	2.64	0.88	2.26*
Ability to function with emotion	14.30	2.54	0.85	22.00	3.27	1.08	5.62**
Ability to cope with problem emotion	14.70	2.06	0.69	21.60	2.27	0.75	6.70**
Enhancement of positive emotion	21.30	1.95	0.65	23.80	2.10	0.70	2.62*

**Significant at .01 level
\ *Significant at.05 level

Table 3 : Means, SDs and t value of parents of children with autism and normal for optimism-pessimism attitude scale

SAMPLE	MEAN	SD	SEm	t
Parents of children with Autism	19.30	2.06	.69	10.92**
Parents of normal Children	29.30	1.83	.60	

**Significant at .01 level

Table 4 : Means, SDs and t value of parents of children with autism of pre and post intervention for optimism-pessimism attitude .

Optimism-pessimism scores	MEAN	SD	SEm	t
Parents of children with Autism (pre intervention)	19.30	2.06	.69	2.58*
Parents of children with autism (post intervention)	23.10	3.90	1.3	

**Significant at .05 level

Table 1 shows that there are significant differences (p<.01) between parents of children with autism and parents of normal children on four dimensions of emotional competence scale viz adequate depth of feeling, adequate expression and control of feeling, ability to function with emotion and ability to cope with problem emotion. The mean difference however not found significant in terms of enhancement of positive emotion (t=NS).

Repeated administration of E C scale on parents of children with autism after intervention has reported significant improvement in emotional competence measures. Significant t values have been obtained for all the subscales of emotional competence when M scores compared between

pre and post intervention measures (Table 2).

Table 3 shows that the t value is significant ($p<.01$) between parents of children with autism and normal indicating that affected parents have significantly high pessimistic attitude.

Table 4 shows that mean score difference between pre-intervention and post-intervention phase of parents of children with autism on optimism pessimism attitude is significant ($p<.05$) and the parents attitude have turned optimistic.

Parents of children with autism have reported significant lower emotional competence than their normal counterparts. Low level of adequate depth of feeling implies that these parents are less confident or capable with all reality assumptions, they generally make less effective decisions, less involved and are lacking in their personality integration. Significantly low level of adequate expression and control of emotions reveal their lack of control over emotion as well as appropriate expression. The ability to function with emotions of the affected parents indicates difficulty to carry out even routine work and face a highly emotional situation. Certain problem emotions play a destructive role and pose a potential damage to the life orientations of the individual course of life and parents of children with autism also reported significantly poor score in the subscale i.e. their ability to cope with problem emotions. Therefore emotional competence requires an understanding of the role of sensitivity and the detrimental effects of such emotions in the beginning and also a development of the ability to resist their harmful effects thereafter.

According to Pianta and Marvin (1993) successful resolution of diagnosis involves accepting the diagnosis, incorporating the diagnosis in one's reality and resisting self blame. Observed parenting interaction style among parents raising a child with autism and the impact of diagnosis of autism is the less explored area. Research on mothers of children with cerebral palsy and epilepsy suggests a positive association between resolutions of diagnosis and parent child attachment status. Later Marvin and Pianta explain it probably due to the parents' difficulty in interacting optimally with their children. According to the authors, parents who have not resolved their grief and/or other distressing emotions and cognition that emerged in response to the child's diagnosis find it harder to be attuned and responsive to their child's cues. Thus lack of resolution can interfere with sensitive parenting which is known to be associated with secure child attachment status (Stams, Juffer & Van Ijzeendoorn, 2002). Fenning and associates (2007) note that parental emotional expressiveness particularly high expressed frequencies of negative effect especially anger can act to inhibit empathic responding , reduce levels of emotional understanding and

increase the probability of prolonged and continuing behavioural problems in the child. It is well known fact that etiology of autism is neurobiological in nature but parenting behavior play a role in the subsequent development of children with autism (Carter, Grossman & Wachtel, 2007; Siller & Sigman, 2002). So it is important to affect the attitudes of parents of children with autism and parents have shown pessimistic attitude in comparison to parents of normal children. In intervention program counseling of parents were the first step to modify their attitude and their thinking pattern to look after their autistic children and their involvement in intervention in active form. When parents involved in implementation of strategies designed for their child, they developed better understanding towards the needs and leisure time and developed competence for resolving child's problem. The same parents scored better in emotional competence for resolving their specific problems after they received intervention. The same parents scored better when Emotional competence scale was re-administered and significant differences were found in all dimensions. Another study of Mahoney and Mcdonald (2007) also revealed that interventions that help parents to be more responsive to their children with autism and other developmental disabilities have been associated with increase in cognitive development as well as expressive and receptive language. Thus with the changing attitude of the parents towards their autistic child will avoid the cumulative effect of long term parenting in adverse circumstance. Watchel and Carter (2008) suggested that emotional resolution appears to be unique construct distinct from maternal health or well being.

Present study thus attempted to convert parents' attitude from pessimism to optimism and enhance the emotional competence by providing effective intervention strategies to support the innocent children with autism to serve them the best possible environment to flourish.

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Personality, Adjustment Factors and Locus of Control of High And Low Achievers

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The present study was conducted to investigate significance difference in personality factors, adjustment & locus of control between high and low achievers, when they belonging same level of intelligence. The sample consisted 408, XI grade Junior college students, in which 204 students were high achievers (102 male &102 female) and 204 students were low achievers. The tools used to collect data were Standard Progressive Matrices, High School Personality Questionnaire, Bells Adjustment Inventory & Levenson'S locus of Control Scale and Academic achievement scores were taken from school records. It was revealed that high achievers were more intelligent, emotionally stable, conscientious, calm and quit, self sufficient, controlled and relaxed than low achievers. Low achievers were more affected by feelings, obedient, expedient, anxious, group dependent, undisciplined self- conflict, and tense than high achievers. High achievers had better home adjustment, social adjustment & emotional adjustment than low achievers. High achievers had more individual control (Internal Locus of Control) than low achievers, and low achievers have more powerful others. (External Locus of Control) and chance control than high achievers.

INTRODUCTION

Academic achievement is generally referred as the attainment in any subject area. Achievement is a very complex phenomenon and is dependent on a number of factors. It is affected by all type of traits within the individual, and the environment.

According to warren's Dictionary of Psychology (1934) "Achievement is Proficiency of performance generally measured by standard task or test ''

Achievement is related to academic achievement or performance. Academic achievement in children has been found to be dependent on several psychological, sociological and environmental factors which interact with the learning process of students.

According to good's Dictionary of Education (1973), "Academic achievement means knowledge attained or skills developed in the school

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subjects, usually designated by test scores or marks assigned by teachers or by both.

Achievement in the school situation is otherwise called scholastic achievement and it is concerned to a great extent with the development of knowledge and acquisition skills. But actually in our educational system much stress is laid on the intellectual pursuits.

Intellectual ability is an important factor in determining the academic performance of the students. But it has been observed by parents, teachers and educationist that although the uniform classroom instructions were given to the students with similar intelligence level, wide range of differences were seen in the academic achievement of students.

Therefore, the intelligence ability is not a single factor in determining the poor or high academic performance of the students. The present emphasis on the importance of non-intellectual factors in the determination of academic achievement focused the attention on the personality factors, adjustment factors and locus of control of the students.

Personality patterns refer to unified multidimensional structure into which are integrated many patterns of response tendencies, known as traits. These traits integrate habits, attitudes and skills into larger tough feeling, action patterns etc. Different factors of personality also play an important role in academic achievement.

Academic achievement has to be affected by the adjustment process of the students. The present study focused the importance of home, social, and emotional adjustment in the academic achievement.

Some people tends to see the things that happen to them as primarily under their own control. Such people are referred to as, "internals". In other words, their perceived locus of control is internal or within themselves.

In contrast, other person may tend to see their achievement as largely outside their own control. They believe that events one controlled by many other factors such as luck, chance or help of the teacher, friend or relatives. Such people have an external locus of control and referred as 'external' People with external locus of control are also more likely to experience anxiety since they believe that they are not in control of their lives (Fergusson, 1987)

With this theoretical concepts in mind and against the general trend suggested in literature this study sought to examine, whether high and low achievers would differ in personality factors, home, social and emotional adjustment, and locus of control, when both high and low achiever students were from the same intelligent grade.

Objectives of the study :

The objectives of the study were as follows

1. To study the differences in high achievers and low achievers on personality factors.
2. To study the differences in high achievers and low achievers on home, social and emotional adjustments.
3. To study the differences in high achievers and low achievers on locus of control.
4. To explore the gender differences in personality factors, adjustment factors and locus of control.

METHOD

Sample :

The sample included in this study was 408 higher secondary 11th grade students from the Junior Colleges in the Ahmednagar district. In the total 408 students, 204students were high achievers (102 Males and 102 Females) and 204 students were low achievers (102 Males and 102 Females.)

To decide 'high achievers' and 'low achievers'reseaecher has collected the total marks obtained by each student in his or her last three examinations i.e. 8th, 9th and 10th (S.S.C.) Classes, from students, as well as if needed from the office records of respective institutions. The total marks scored in three classes by each student had been converted in mean or average of marks. On the basis of average percentage of marks, students who were on or bellow 50% of marks and percentile score between 50 to 75 on SPM (Grade III) were considered as a low achievers and students who were on or above 80% of Marks and percentile score between 50 to 75 on SPM (Grade III) were considered as a high achievers.

Tools :

The following tools were used in this study.

1. Standard Progressive Matrices (SPM) (J. Raven; J.C Raven and J.H. court., 2000)
2. High School Personality Questionnaire- From A (HSPQ From –A), (S.D.Kapoor, R. B.Shiirvastava; and G.N.P.Shirvastava, 1991)
3. Bell's Adjustment Inventory, (Dr.R.K. Ojha., 1994)
4. Levenson's locus of control Scale, (Sanjay Vhora., 1992)

Procedure :

The Student information from and the tests for the measurement of the variables (intelligence, personality factors, and locus of control) were administered in classrooms as group tests, under proper supervision and strickly adhering to the standardized directions and procedures.

RESULTS AND DISCUSSION

The data were analysed using SPSS. Two-way (2x2) analysis of variance and subsequent multiple unvariate analysis of variance were carried out. Cohen's 'd" (measure of effect size) had been calculated only where

Table 1 : Summary of the 2 x 2 MANOVA with Achievement Level and Gender as the Independent Variables and the 14 Personality Variables as the Dependent Variables.

Source of Variation	Wilks' Λ	F	Hypothesis df	Error df	P
Achievement Level (A)	0.700	11.941	14	391	< .001
Gender (B)	0.783	7.745	14	391	< .001
Interaction (A x B)	0.965	1.019	14	391	-

Table 2 : Summary of the 2 x 2 Univariate ANOVA with Achievement Level and Gender as the Independent Variables

Source of variation	'F' value of Personality Variables						
	A	B	C	D	E	F	G
ACL	2.34	66.21	45.64	14.20	3.73	0.33	53.14
GEN	11.44	10.86	2.07	2.03	10.21	1.69	9.82
ACL X GEN	2.56	0.37	0.58	1.77	0.03	0.00	0.08

Source of variation	'F' value of Personality Variables						
	H	I	J	O	Q2	Q3	Q4
ACL	3.18	6.43	0.14	20.16	9.05	14.22	22.93
GEN	9.41	52.99	0.34	2.62	2.14	3.92	1.97
ACL X GEN	2.74	0.64	0.09	0.39	1.39	0.06	0.14

Table 3 : Summary of the 2 x 2 MANOVA with Achievement Level and Gender as the Independent Variables and the Three Adjustment Variables as the Dependent Variables

Source of Variation	Wilks' Λ	F	Hypothesis df	Error df	P
Achievement Level (A)	0.851	23.525	3	402	< .001
Gender (B)	0.888	16.918	3	402	< .001
Interaction (A x B)	0.971	3.963	3	402	< .01

Table 4 : Summary of the 2 x 2 Univariate ANOVA with Achievement Level and Gender as the Independent Variables

Source of variation	'F' value of Adjustment Variables		
	Home Adjustment	Social Adjustment	Emotional Adjustment
ACL	65.69	25.99	39.21
GEN	15.33	0.33	6.68
ACL X GEN	0.93	0.18	6.06

Table 5 : Summary of the 2 x 2 MANOVA with Achievement Level and Gender as the Independent Variables and the three Locus of Control Subscales as the Dependent Variables

Source of Variation	Wilks' Λ	F	Hypothesis df	Error df	P
Achievement Level (A)	0.836	26.349	3	402	< .001
Gender (B)	0.996	0.509	3	402	-
Interaction (A x B)	0.994	0.837	3	402	-

Table 6 : Summary of the 2 x 2 Univariate ANOVA with Achievement Level and Gender as the Independent Variables

Source of variation	'F' value of Locus of Control Variables		
	Powerful Others	Chance Control	Individual Control
ACL	16.86	28.61	37.32
GEN	0.46	0.66	0.001
ACL X GEN	0.11	2.51	0.00

the univariate ANOVA was significant. Summary of the analysis has been presented in Tables 1, 2, 3, 4, 5 & 6.

The analysis of personality domain indicates the main effects of Achievement level and Gender are highly significant. The multivariate eta square associated with the main effect of the Achievement Level is 0.300 ($F=11.941$, $df=14, 391$, $P<0.001$). The multivariate eta square of Gender is 0.217 ($F=7.745$, $df= 14$, error $df =39$, $P<0.001$)

Results of the analysis of personality domain variables of B, C, D, E, G, I, O, Q2, Q_3 and Q_4 showed significant difference between high achievers and low achievers. Cohen's d suggests that the difference between high achievers and low achievers in large on B(0.141),medium on C (0.101), and

G(0.116), and small to medium on D(0.034), I (0.016), E (0.009), O(0.048),Q_2 (0.022), Q_3(0.034)and Q_4(0.054). High achievers have scored significantly higher on personality factors B, C, E, I, $Q_2$and Q_3 than low achievers. The high achievers have scored significantly less on factors D,O and Q_4 than low achievers.

Analysis of adjustment domain indicates the main effects of Achievement Level and Gender, as well as Achievement Level x Gender interaction are significant. The multivariate eta square associated with the main effect of the Achievement Level is 0.149(F=23.525, df=3,402, P<0.001)The multivariate eta square associated with the main effect of gender is 0.112 (F =116.918, df=3, 402, P<0.001)

Adjustment domain variables of home, social and emotional showed significant difference between high achievers and low achievers. Cohen's d suggests that the difference between high achievers and low achievers large on home adjustment (0.140), medium to large on social adjustment (0.060), and emotional adjustment (0.088). High achiever have scored significantly less on home adjustment, social adjustment and emotional adjustment sub-scales. However as per test manual (Ojha, 1994), lower score on these sub-scales suggest better adjustment.

The locus of control domain indicates that the main effect of Achievement level is highly significant. The main effect of Gender and the Achievement Level x Gender interaction are insignificant. The multivariate eta square associated with the main effect of the Achievement Level is 0.164 (F =26.349, df=3, 402, P<0.001).

Analysis of locus of control domain variables of powerful others, chance control, and individual control showed significant difference between high achievers and low achievers. Cohen's d suggest that the difference between high achievers and low achiever small to medium on powerful other (0.040), and medium to large on chance control (0.066), and individual control (0.085). The high achievers scored significantly higher on individual control and significantly lower on control by powerful others and chance.

The above results have revealed that as compared to low achievers high achievers are more intelligent (Higher scholastic mental capacity), conscientious, emotionally stable, relaxed, self-assured and placid, controlled, undemonstrative, self-sufficient, tender-minded, and assertive. On the contrary as compared to high achievers, low achievers are less intelligent, expedient (weaker super-ego strength), affected by feelings (emotionally less stable), tense, apprehensive, have undisciplined self-conflict, excitable, group-dependent, tough – minded, and obedient (submissive). In the line of the results of present study the Khurshid and Fatima (1984) also got the similar results in their studies. Their results of HSPQ revealed that high

achievers were more intelligent, conscientious, self-sufficient and self-controlled than low achievers.A similar result also reported by Jyothi (1984). In an additional study Aluja – Fabregat and Blanch (2004).

The above results support that, high achievers have better home adjustment, social adjustment, and emotional adjustment than low achievers. In the line of the results of present study the Sharan (1988), Patel and Joshi (1977) and Sewani (2000) also got the similar result in their studies.

The results also indicates that as compared to low achievers the high achievers scored significantly higher on "Individual Control" and significantly lower on control by "Powerful others" and "chance".In the line of the results of present study the Ross and Taylor (2006) Bansal, Thind, and Jaswal (2006)

CONCLUSIONS :

On the basis of data analysis and results of the study, the following conclusions were obtained.

1. High achievers are more intelligent, abstract thinking, bright and of higher scholastic mental capacity, whereas low achievers are less intelligent concrete thinking and of lower scholastic mental capacity
2. High achievers are more emotionally stable, mature, face reality, clam, and of higher ego strength, whereas low achievers are effected by feeling, emotionally less stable, easily upset, and lower ego strength.
3. High achievers are assertive, competitive, aggressive and dominant, whereas low achievers are obedient, mild accommodating and submissive.
4. High achievers are conscientious, persistent, moralistic, staid, and has stronger super ego strength, whereas low achievers are expedient, evades rules, feels few obligations, and has weaker superego strength.
5. High Achiever students are calm and quiet, less anxious, and confidence in himself, on the contrary, low achiever students are depressed and anxious.
6. High achievers are self- sufficient, prefers own decisions, and resourceful, while low achievers are group dependent, a 'joiner' and sound follower.
7. High achievers are controlled, socially precise, self-disciplined, and compulsive, whereas low achievers are undisciplined self – conflict, follows own urgers, and careless of social rules.
8. High achievers are relaxed, tranquil, torpid, unfrustrated and composed, while low achievers are tense, frustrated, driven, fretful and overwrought.
9. High achievers have better home adjustment, social adjustment, and emotional adjustment than low achievers.
10. High achievers have more individual control (Internal locus of control) than low achievers, and low achievers have more powerful others

(External locus of control)and chance control than high achievers

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Self-efficacy and mental health measures of adolescents with depression 'at risk' and vulnerable depressives

Shatrupa Chattopadhyay* and Anjana Mukhopadhyay**

In an attempt to study the depression sensitive adolescents, Depression Symptom Checklist and Beck Depression Inventory were administered on 400 school going adolescents of age ranging 14-18 years. Twenty adolescents were screened on the basis of M+1SD, the criteria to determine the group of depression 'at risk'. A second group of vulnerable adolescents (N=20) was selected from the same sample in terms of BDI (M-1SD) along with low impulse control. Test of self-efficacy and Mental Health Inventory was then administered to assess the level of self-efficacy and mental health of both the groups. Results obtained from t test revealed that mean differences of self-efficacy and mental health dimensions between depression 'at risk' and vulnerable adolescents are not statistically significant. Low mental health and efficacy level proposed the necessity of early detection and need for a comprehensive dynamic model of intervention for both the groups. A 5 session short term intervention programme was then given to 5 subjects each of both the groups. Cognitive Restructuring and progressive Muscle Relaxation was practiced in two of the five intervention sessions for the improvement of depressive symptoms though the obtained mean differences in the sub areas of mental health could not reach the level of statistical significance. A significant difference has been found in total mental health scores for depression 'at risk' group between pre and post mental health scores. Pre and post intervention scores of the vulnerable group on mental health also could not statistically differentiate, though a trend of improvement has been reported for both the groups.

Key words : Adolescents, self-efficacy, mental health, intervention.

Adolescents are characterized by strong and demanding opinions, hard to deal with and craving for recognition at home, school and at work places and possess adult like behaviours (Reddy & Reddy, 2003).

Urbanization and changing nature of human relationships and value system in the society slowly has increased the rate of depression, violence, delinquency and suicide. Depressive disorders in adolescents are among the most common and more disabling mental health problems. Depression has been reported to be a major factor in adolescent suicide, substance

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abuse and a common cause of school failure and school dropout. With the enhanced problems faced by today's adolescents they are in need of proper guidance and support system.

All adolescents experience the plethora of changes during this phase. The effects of these changes are not uniform for all. Psychosocial development during adolescence is a product of the interplay between a set of very basic and universal changes and the context in which these changes are experienced. Family is one of the main contexts that affect the development and behaviour of young people. Conflict in the family may make adolescents vulnerable towards diffusion, directionlessness and aimlessness (Tung & Sandhu, 2008). Most mental health problems diagnosed in adulthood begin in adolescence. Half of lifetime diagnosable mental health disorders starts by age 14, this number increases to three fourths by age 24 (Kessler, et al, 2005). Mental health is the successful performance of mental functioning resulting in productive activities, fulfilling relationships with other people and the ability to change and to cope with adversity.

Self-efficacy plays highly important role in physical and mental health of an individual by influencing his affective processes. Self-efficacy is a belief or characteristic found to be protective against depressive symptoms. Annesi (2004) studied both boys and girls who completed measures of self-efficacy, tension and depression are inversely related to each other. People with low self-efficacy may believe that the things are tougher than they seems to be, a belief that fosters anxiety, stress, depression and a pessimistic view of how best to solve a problem (Pajares, 2002).

Psychological treatments such as, cognitive-behavioral therapy and interpersonal psychotherapy, targeting modifiable risk factors (e.g. depressive symptoms, dysfunctional thinking and low social support) reduce the risk of initial incidence of depression or recurrence (Clark, Hornbrook, Lynch, Polen , Gale & Beardslee, 2001).

Multiple studies in the United States and Canada have reported that physical activity can reduce symptoms of depression (Penedo & Dahn, 2005). Relaxation Technique is one of them which involves systematically tensing and relaxing various muscle groups, have been used for management and reduction of stress. Increased control of one's reactions is an important outcome reported by individuals who have successfully completed training.

Objectives :

- To assess the mental health status of adolescents who are operationally defined 'at risk' of developing depression.
- To measure the mental health status of adolescents who are operationally defined vulnerable towards depression as the manifestation of such symptoms is absent.

- To examine the level of self-efficacy of depression 'at risk' and vulnerable groups.
- To compare the mental health status in terms of positive self evaluation, perception of reality, integration of personality, autonomy, group oriented attitude and environmental mastery between the two groups.
- To provide appropriate intervention strategies for both the groups.

METHOD

Sample :

A total sample of 400 adolescents both males and females in the age group of 14-18 years of moderate socio economic status were included in the initial sample of general population. Depression Symptom Checklist and Beck Depression Inventory were administered on the adolescent population. All the subjects were residents of Varanasi, studying in class IX and class XI, staying together with both of their parents. The criteria to determine the group of depression 'at risk' was determined as M+1SD on both the measures of DSC and BDI. Twenty such adolescents were screened from the population for the 'at risk' category. A second group of vulnerable adolescents (N=20) were also selected from the sample (M-1SD) on the basis of DSC and BDI with the additional measure of Impulse Control Scale. Operational definition of the groups in the present study is as follows. Depression 'at risk' group of adolescents have enhanced probability of developing depression disorder while experiencing an increasing complexity of stressful problems but no assumptions are made about the causal factor making them prone towards depression.

'Vulnerable' towards depression are adolescents who are not showing depressive symptoms even when the situation demands. Thus it is hypothesized that they are sensitive towards the mechanism, hence a denial is practiced.

Tools :

The following tools were used for the collection of relevant data :

(1) Depression Symptom Checklist (WHO,2007)

The checklist contains 12 items of depressive symptoms. Answering positively to 6 and more than 6 indicate susceptibility towards depression.

(2) Beck Depression Inventory Hindi version, (Arora & Enright, 1988)

It consists of 20 "symptoms attitude categories" which were clinically derived and judged by Beck and his associates as symptoms of depression. The inventory measures cognitive, behavioural, affective and somatic aspects of depression. Reliability coefficient determined by Cronbach's alpha is reported to be 0.86.

(3) Impulse Control Scale (Srivastava & Naidu, 1983)

It is a five point rating scale of 65 items and yielded 4 clusters,

negative affect index I, negative affect index II, positive and undifferentiated emotions index and endeavour and persistence index. The scale reported the test retest reliability of 0.76 and split half reliability of 0.73.

(4) Mental Health Inventory (Jagdish & Srivastava, 1983)

The inventory measures mental health (positive) of normal individuals containing 56 items (32 false keyed and 24 true keyed) depicting six dimensions of mental health viz. positive self-evaluation, perception of reality, integration of personality, autonomy, group oriented attitudes and environmental competence. The responses are made on a four-point scale from always (4) to never (1). Overall reliability coefficient was found to be 0.73.

(5) General Self – Efficacy Scale (Jerusalem & Schwarzer, 1993)

The scale contains 10 items. Responses are made on a four - point scale from not at all true (1) to exactly true (4). Each item refers to successful coping and implies an internal stable attribution of success.Cronbach's alpha measured to establish reliability was found in a range of 0.76 to 0.90.

Procedure:

The final sample comprised of 40 adolescents who fulfilled the criteria decided on the basis of Depression Symptom Checklist and Beck Depression Inventory. Twenty subjects were designated as 'vulnerables' who attained low scores (M-1SD) on impulse control ability. The students who had discrepancy of scores on DSC and BDI were excluded from the sample.

A five session short term intervention programme was scheduled once a weak for one hour. Five subjects were taken from both the groups for administering intervention programme.

Session-1:

Rapport was established with the selected adolescents and the two inventories namely, General Self-efficacy and Mental Health inventory were administered.

Session-2 :

Feedbacks of both the scales were provided and clarified the meaning of different emotions and linking emotions and moods with behaviour.

Session-3:

Third session was an attempt of cognitive restructuring of the participants. Adolescents were facilitated to distinguish between internal and external effects on mood and were asked to recall examples of events that usually precipitate their depressed mood. Adolescents were also motivated to discriminate between justified and less justified anger or anxiety. They were introduced with anger/anxiety management coping strategies.

Session-4 :

Progressive muscle relaxation technique was introduced to the

subjects. They were taught to systematically tense and relax various muscle groups as an alternative physiological response to stressful situations.

Session-5 :

Mental Health Inventory was re-administered to make a comparison. The children are helped to develop a belief that events and mood may be influenced in a positive way by an individual. The child is asked to give examples of 'causes and consequences' of events or cognitions that influence his mood in order to establish some sense of self control.

RESULTS AND DISCUSSION

Table 1 : Means, SD and t-values for the scores of Mental Health Inventory and General Self-Efficacy of Depression 'at risk' and Vulnerable adolescents.

Measures		**Groups**		
Areas of mental health		Depression 'at risk'(N=20)	(N=20)	t-value
Positive self-evaluation	**M**	**26.15**	**26.80**	0.49
	SD	3.94	4.74	
Perception of reality	**M**	**21.50**	**21.85**	0.30
	SD	3.72	3.58	
Integration of personality	**M**	**28.45**	**31.35**	1.71
	SD	5.10	5.63	
Autonomy	**M**	**15.05**	**15.15**	0.11
	SD	2.86	2.85	
Group oriented attitude	**M**	**26.75**	**28.90**	1.29
	SD	3.82	3.59	
Environmental mastery	**M**	**24.65**	**23.70**	0.79
	SD	3.32	4.26	
Total	**M**	**142.55**	**147.95**	1.29
	SD	14.70	11.43	
General Self-Efficacy	**M**	**29.55**	**30.10**	0.45
	SD	4.02	3.55	

Table 1 show the mean scores and standard deviations of all the dimensions mental health and self-efficacy measures of adolescents of both the groups. The t-values reveal that mean differeences between depression 'at risk' and vulnerable group in all the areas of mental health and general self-efficacy are notstatisticallys significant.

Table 2 shows that the mean difference of total mental health scores of depression 'at risk' group is found to be statistically significant when the assessment of pre and post intervention sessions was compared. Result also reveals that there is no significant difference in mean difference scores in all the six areas of mental health for depression 'at risk' and vulnerable

Table 2 : Summary table of mean difference and critical ratio of Mental Health Inventory of depression 'at risk' (N=5) and vulnerables (N=5) before and after intervention.

Areas of mental health	Mean differences of pre and post intervention	Critical Ratio	Mean differences of pre and post intervention	Critical Ratio
Positive self-evaluation(PSE)	3.60	0.67	0.60	0.40
Perception of reality (PR)	2.20	1.20	2.20	1.07
Integration of personality(IP)	2.60	0.73	0.50	0.74
Autonomy(AU)	0.40	0.80	1.80	0.48
Group oriented attitude(GOA)	2.80	0.97	1.40	0.49
Environmental mastery(EM)	0.20	0.37	1.20	0.80
Total	14.40	3.70*	9.20	1.56

*p<.05

group between pre and post intervention phase.

Discussion :

The results revealed that clinically screened adolescents of depression 'at risk' and vulnerable groups are equally poor in terms of mental health and self-efficacy measures. The obtained results thus support the hypotheses that there will be a similarity of scores in mental health and self-efficacy measures between the two groups. Low mental health and self-efficacy levels proposed the necessity of early detection and need for a comprehensive dynamic model of intervention for both the groups.

Self-efficacy plays an important role in determining the level of depression. In the present study the findings are corroborated by the results obtained by Tabassum and Rehman (2005) on fortytwo physically handicapped adolescents of age ranging 13-17 years. Their results revealed an inverse correlation between the scores of self-efficacy and depression. Substantial investigations (Annesi, 2004; Bandura, 1999; Jennings & Abrew, 2004) have found the connection between self-efficacy and depression prospectively.

Other research findings indicate that adolescent depression substantially elevates the risk of a later disorder (Harrington, 1992). Further, there lies a link between mental health and other indices of adolescent health status. Viren, et al. (2007) investigated the associations between life satisfaction, loneliness, general health and depression. Life satisfaction was found to be negatively and significantly correlated with suicidal attitudes,

loneliness and depression and positively with mental health.

In the present study efficacy of the programme was supported by improvement in total mental health scores of depression 'at risk' group between pre and post intervention sessions. Curry and Reinecke (2003) have highlighted the importance of interventions to relieve the suffering and functional impairment associated with depression.

Reynolds and Coats (1986) also found both cognitive behavioural therapy and relaxation therapy to have significant effects on depressive ratings compared to the adolescents who had not received therapy. Nathawat and Kumar (1999) found Jacobson's Progressive Muscular Relaxation (JPMR) and three major meditational techniques to be effective in reducing psychological dysfunction as well as enhancing mental health. Asarnaw, et al. (2005) evaluated the effectiveness of intervention patients compared with usual care patients, reported significantly fewer depressive symptoms, and improved mental health-related quality of life and greater satisfaction with mental health care. Though a small sample was taken for administering intervention in the present study and the limited follow up was done after one month, a positive trend has been reported of improvement in total mental health after intervention for the depression 'at risk' group.

It is noteworthy that pre and post intervention scores of vulnerable group on mental health could not differentiate statistically, though a positive trend of improvement has been reported for the vulnerable group as well.

Thus a conclusion may be drawn that suitable intervention strategies at the appropriate time may improve the mental health of the 'at risk' and vulnerable adolescents and the possibility of mental disorder may be averted.

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Role of Parent-Child Relationship in Creativity of Adolescent Boys and Girls

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The present study intended to find out the role of parent-child relationship in the verbal and non-verbal creativity of adolescent boys and girls. The sample consisted of 300 adolescent subjects (150 girls and 150 boys). Parent-Child Relationship Scale (PCRS) by Rao (1989) and Verbal and Nonverbal test of Creativity by Baquer Mehdi (1985) were administered to the subjects. Overall results revealed that positive parent-child interaction promoted creativity, while negative relationship decreased creativity in adolescent boys and girls.

INTRODUCTION

Creativity is the ability to produce work that is both novel (i.e., original, unexpected) and appropriate (i.e., useful, adaptive concerning task constraints) (Lubart 1994, Ochse 1990, Sternberg 1988, Sternberg and Lubart 1991, 1995, 1996). When acting creatively, individuals attend to their "inner voices" (Treffinger, Young, Selby and Shepardson 2002), their personal beliefs about what is right rather than being influenced by contrary views. Creativity is a lifestyle: a way of appreciating and questioning ourselves and the world, sensitivity in connecting with the web of life, and a profound sense of hope and optimism.

Factors of creativity used in this research are fluency, flexibility, originality and elaboration, which reflect divergent thinking.

a) Fluency- It can be described as production or answering some words, ideas rapidly. Fluency tests determine the quantity of production within a limited time. b) Flexibility – It means production of new ideas that are different and unusual. Quality of an idea is very important in this case. c) Originality – It means that the response, which is produced, should be a novel response, which is a rare response to occur. d) Elaboration – It means apart from the primary details of stimulus responses some additional details to the creative work.

A second concept used in this study is the parent-child relationship. It starts with the development of attachment between the caregiver and the new born child and this attachment is a strong predictor of the child's subsequent emotional relation and personality. With time, the early attachment behaviour is processed to generate a two way relationship between the child and the mother or the father. For the present study this parent-child

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relationship may be operationally defined as the cognitive and affective bond and evaluation, existing between the offspring and its parents, developing dynamically from birth of the child and gradually flourishing from a provider-dependent pattern to an equal status pattern by the time the child reaches adulthood.

The quality of parent-child relationship reaches a very crucial stage when a youngster reaches adolescence. The conflict between parental control and independence, the confusion over emerging identity, that creates a change in the pattern of intergenerational relationship. The family atmosphere, sensitive and balanced parenting is crucial for the resolution of this conflict (Amato 1989).

In describing socio-cultural systems like the family, theorists have proposed that there are two types of family systems. Firstly, Morphogenetic which is characterized by a family system that is open to change and growth. It provides the family system with constructive enhancing behaviours that enhance the system to create and innovate. Secondly, Morphostatic which is a closed system and it has the capacity to maintain its status quo. A combination of morphogenetic and morphostatic behaviour results in a mutually assertive style of communication, democratic leadership, successful negotiation, role sharing, role making and rule making with few implicit rules. Because family systems theory regards that if anything happens to any family member it has an impact on everyone else in the family, so there is theoretical reason to associate parenting styles with family functioning.

Family values, tradition and expectations have a predominant effect on the development of children's talent and personality and on their creative productiveness as adults (Olszewski-Kubilius 2000, 2002). Research has shown that mothers and fathers are different in a variety of their parenting characteristics. In general, fathers spend less time taking care of their children and adolescents relative to mothers (Lewis and Lamb 2003; Renk et al. 2003).

Objectives :

The following are the main objectives for the research :

- To determine the role of father-child (Adolescent Boys and Girls) relationship in verbal and non-verbal creativity.
- To determine the role of mother-child (Adolescent Boys and Girls) relationship in verbal and non-verbal creativity.

Hypotheses:

The following hypotheses were constructed for the current research work;

(1) The protecting factor of parent-child relationship for fathers and mothers is significantly correlated with creativity factor (verbal) – (a)

fluency, (b) flexibility, (c) originality, (d) elaboration and creativity (non-verbal) factors – (e) originality, (f) elaboration of adolescent males and females.

(2) The symbolic punishment factor of parent-child relationship for fathers and mothers is significantly correlated with creativity factor (verbal) – (a) fluency, (b) flexibility, (c) originality, (d) elaboration and creativity (non-verbal) factors – (e) originality, (f) elaboration of adolescent males and females.

(3) The rejecting factor of parent-child relationship for fathers and mothers is significantly correlated with creativity factor (verbal) – (a) fluency, (b) flexibility, (c) originality, (d) elaboration and creativity (non-verbal) factors – (e) originality, (f) elaboration of adolescent males and females.

(4) The object punishment factor of parent-child relationship for fathers and mothers is significantly correlated with creativity factor (verbal) – (a) fluency, (b) flexibility, (c) originality, (d) elaboration and creativity (non-verbal) factors – (e) originality, (f) elaboration of adolescent males and females.

(5) The demanding factor of parent-child relationship for fathers and mothers is significantly correlated with creativity factor (verbal) – (a) fluency, (b) flexibility, (c) originality, (d) elaboration and creativity (non-verbal) factors – (e) originality, (f) elaboration of adolescent males and females.

(6) The indifferent factor of parent-child relationship for fathers and mothers is significantly correlated with creativity factor (verbal) – (a) fluency, (b) flexibility, (c) originality, (d) elaboration and creativity (non-verbal) factors – (e) originality, (f) elaboration of adolescent males and females.

(7) The symbolic reward factor of parent-child relationship for fathers and mothers is significantly correlated with creativity factor (verbal) – (a) fluency, (b) flexibility, (c) originality, (d) elaboration and creativity (non-verbal) factors – (e) originality, (f) elaboration of adolescent males and females.

(8) The loving factor of parent-child relationship for fathers and mothers is significantly correlated with creativity factor (verbal) – (a) fluency, (b) flexibility, (c) originality, (d) elaboration and creativity (non-verbal) factors – (e) originality, (f) elaboration of adolescent males and females.

(9) The object reward factor of parent-child relationship for fathers and mother is significantly correlated with creativity factor (verbal) – (a) fluency, (b) flexibility, (c) originality, (d) elaboration and creativity (non-verbal) factors – (e) originality, (f) elaboration of adolescent males and females.

(10) The neglect factor of parent-child relationship for fathers and mothers is significantly correlated with creativity factor (verbal) – (a) fluency, (b) flexibility, (c) originality, (d) elaboration and creativity (non-verbal) factors – (e) originality, (f) elaboration of adolescent males and females.

METHOD

Sample :

The study is confined to the population of girls and boys in the age group of 14 to 16 years. The sample consists of 300 adolescent boys and girls i.e. 150 males and 150 females.

General Inclusion Criteria

a) Age of the students = 13-14 years
b) Age of the father = 40 to 50 years
c) Age of the mother = 35 to 45 years
d) Educational level of father = at least graduate
e) Educational level of mother = at least class XII
f) Educational level of student = Class- VII- VIII
g) Occupation of father-Service holder
h) Occupation of mother-Housewife
i) Income of the family = Rs.20, 000/- to Rs.40, 000/-
j) Family Type-Nuclear or Semi Nuclear
k) Upper Middle Class
l) Residing in Kolkata

Measures used in the study :

(1) The Detailed Information Schedule

The Information Schedule was designed for the subjects to match the sample according to the inclusion criteria made for the present research.

2) The Parent-Child Relationship Scale (PCRS) by Rao (1989):

This scale has been developed by Rao (1989). The tool contains 100 items, categorized into 10 dimensions of children's experience of family interaction with the two parents. These 10 dimensions are protecting, symbolic punishment, rejecting, object punishment, demanding, indifferent, symbolic reward, loving, object reward and neglecting.Higher score on this scale indicates better parent child relationship.

3) Verbal and Non-Verbal test of Creative Thinking by Baquer Mehdi (1985):

3a) Verbal Test of Creative Thinking :

The verbal test of creativity includes four sub-tests, namely consequences test, unusual uses test, similarity test and product improvement test. There is no right or wrong responses for the test, so care was exercised at the time of scoring. Each item is to be scored for fluency, flexibility, originality and elaboration.

3b) Non-verbal Test of Creative Thinking :

The non-verbal test of creative thinking is intended to measure the individual's ability to deal with figural content in a creative manner. Three types of activity are used for this purpose, viz., picture construction, picture completion, and triangles and ellipses. As there are no right or wrong responses for the test, so care was exercised at the time of scoring. Each item is to be scored for elaboration and originality. Scoring of the title too is to be scored for elaboration and originality. In both verbal and non-verbal test of creative thinking high score indicates increased creativity in an individual and low score indicates decreased creativity.

Procedure :

The students of Class VIII and Class IX were given the questionnaires which consisted of Parent-Child Relationship Scale, Verbal Test of Creative Thinking and Non-Verbal Test of creative thinking were distributed to the subjects.

RESULTS

Means and Standard Deviations of all the variables were calculated. The Pearson's Product Moment Correlation Coefficients, t-test, Regression and ANOVA were calculated to determine the association of creativity with parent-child relationship. The results were presented in Tables 1 to 14.

As per the mean values, of the parent-child relationship (fathers), females perceived their fathers as more protecting, rewarding (symbolic), loving than their male counterparts. On the other hand, males perceived their fathers as punishing (symbolic and object), rejecting and demanding. As per the mean values of the parent-child relationship (mothers), females perceived their mothers as more protecting, rewarding (symbolic and object) and loving than their male counterparts. On the other hand, males perceived their mothers as punishing (symbolic and object), rejecting, demanding, indifferent, and neglecting.

As per the mean values of the creativity (verbal), females are more creative in verbal fluency, verbal flexibility, verbal originality and verbal elaboration than their male counterparts.

As per the mean values of the creativity (non verbal), females are more creative in non verbal originality and non verbal elaboration than their male counterparts.

It may be stated that 23% of the total variance in Verbal Fluency might be explained by 3 factors taken together i.e. Object punishment (father), Neglect (mother) and Rejection (mother). The coefficient of non-determination (K^2) was 77%. R^2 is significant above 0.01 level.

Table 1 : Results of the mean and standard deviation of Parent-Child Relationship Scores of adolescent boys, girls, and both the groups.

Factors	Female (N=150)		Male (N=150)		Both (N=300)	
	Mean	S.D.	Mean	S.D.	Mean	S.D.
PCRS-Fathers						
1. Protecting	38.84	6.49	35.35	6.41	37.10	6.67
2. Symbolic Punishment	28.13	6.72	31.24	6.72	29.689	6.89
3. Rejection	20.08	6.97	24.84	7.60	22.46	7.69
4. Object Punishment	19.86	7.28	27.80	8.99	23.83	9.08
5. Demanding	28.74	7.82	31.93	7.01	30.34	7.58
6. Indifferent	25.63	6.20	27.73	6.30	26.68	6.33
7. Symbolic Reward	36.13	7.85	32.70	8.45	34.42	8.32
8. Loving	36.52	8.52	34.27	7.67	35.39	8.17
9. Object Reward	31.37	9.12	31.49	8.09	31.43	81.61
10. Neglect	21.63	6.49	25.20	7.06	23.42	7.01
PCRS-Mothers						
1. Protecting	39.13	6.00	35.85	6.39	37.49	6.40
2. Symbolic Punishment	30.25	7.96	31.33	8.20	30.79	8.08
3. Rejection	20.20	7.12	24.35	7.97	22.27	7.83
4. Object Punishment	22.21	7.93	27.49	9.05	24.85	8.90
5. Demanding	29.77	8.54	30.21	7.92	29.99	8.22
5. Indifferent	25.39	6.77	27.31	6.28	26.35	6.59
6. Symbolic Reward	34.24	8.87	32.49	8.85	33.36	8.89
8. Loving	34.07	10.47	32.69	9.07	33.38	9.80
9. Object Reward	31.17	8.73	29.56	7.83	30.37	8.32
10. Neglect	22.17	7.05	24.56	7.67	23.36	7.45

Table 2 : Results of the mean and standard deviation of Creativity Scores (Verbal and Non-verbal) of adolescent boys, girls, and both the groups.

Factors	Female (N=150)		Male (N=150)		Both (N=300)	
	Mean	S.D.	Mean	S.D.	Mean	S.D.
Verbal Creativity						
Fluency	25.93	11.42	19.95	11.35	22.95	11.75
Flexibility	19.79	6.94	16.21	8.24	18.00	7.81
Originality	12.17	9.98	9.58	10.63	10.88	10.37
Elaboration	24.98	6.87	21.73	8.43	23.36	7.84
Non-verbal Creativity						
Originality	18.80	8.42	18.66	11.87	18.73	10.27
Elaboration	28.57	10.48	24.28	8.81	26.43	9.90

Table 3 : Results Of Multiple Regression Analysis And Multiple Correlation Coefficients With Verbal Fluency (Dimension Of Creativity) As Dependent Variable And 20 Factors Of Parent-child Relationship As Independent Variables For Adolescent Boys And Girls (N=300).

Independent Variable	Standard Error	Beta Coefficients	t	Multiple R	Adjusted/ Squared Multiple R (R^2)	Standard Error of Estimate	F ratio
Constant	2.31		19.03	0.49	0.23/ 0.24	55.23	30.35**
Object Punishment (father)	0.07	-0.27	-4.75**				
Neglect (mother)	0.09	-0.20	-3.47**				
Rejection (mother)	0.09	-0.16	-2.64				

**p<0.01

It may be stated that 24% of the total variance in Verbal Flexibility might be explained by 5 factors taken together i.e. Object punishment (father), Neglect (mother), Rejection (mother), Indifferent (father) and Indifferent (mother). The coefficient of non-determination (K^2) was 78%. R^2 is significant above 0.01 level.

It may be stated that 17% of the total variance in Verbal Originality might be explained by 4 factors taken together i.e. Object punishment (father), Neglect (mother), Indifferent (mother) and Indifferent (father). The coefficient of non-determination (K^2) was 83%. R^2 is significant above 0.01 level.

Table 4 : Results Of Multiple Regression Analysis And Multiple Correlation Coefficients With Verbal Flexibility (Dimension Of Creativity) As Dependent Variable And 20 Factors Of Parent-child Relationship As Independent Variables For Adolescent Boys And Girls (N=300).

Independent Variable	Standard Error	Beta Coefficients	t	Multiple R	Adjusted/ Squared Multiple R (R^2)	Standard Error of Estimate	F ratio
Constant	2.15		14.32	0.50	0.24/ 0.25	36.45	19.55**
Object punishment (father)	0.05	-0.29	-5.14**				
Neglect (mother)	0.06	-0.20	-3.51**				
Rejection (mother)	0.06	-0.14	-2.28				
Indifferent (father)	0.07	0.18	3.00				
Indifferent (mother)	0.07	-0.14	-2.46				

**p<0.01

Table 5 : Results Of Multiple Regression Analysis And Multiple Correlation Coefficients With Verbal Originality (Dimension Of Creativity) As Dependent Variable And 20 Factors Of Parent-child Relationship As Independent Variables For Adolescent Boys And Girls (N=300).

Independent Variable	Standard Error	Beta Coefficient	t	Multiple R	Adjusted/ Squared Multiple R (R^2)	Standard Error of Estimate	F ratio
Constant	2.95		8.46	0.43	0.17/ 0.18	50.07	16.62**
Object Punishment (father)	0.06	-0.29	-5.12**				
Neglect (mother)	0.08	-0.21	-3.78**				
Indifferent (mother)	0.09	-0.19	-3.23**				
Indifferent (father)	0.10	0.19	3.18				

**p<0.01

Table 6 : Results of Multiple Regression Analysis and Multiple Correlation Coefficients with Verbal Elaboration (dimension of creativity) as dependent variable and 20 factors of Parent-Child Relationship as independent variables for adolescent boys and girls (N=300).

Independent Variable	Standard Error	Beta Coefficient	t	Multiple R	Adjusted/ Squared Multiple R ($R^{2)}$	Standard Error of Estimate	F ratio
Constant	3.04		8.43	0.36	0.11/ 0.13	39.17	8.70**
Rejection (mother)	0.06	-0.17	-2.63				
Object Punishment (father)	0.05	-0.18	-2.85				
Loving (mother)	0.05	0.21	3.09				
Symbolic Reward (mother)	0.06	-0.14	-2.16				
Indifferent (father)	0.07	0.12	2.02				

**p<0.01

It may be stated that 11% of the total variance in Verbal Elaboration might be explained by 5 factors taken together i.e. Rejection (mother), Object Punishment (father), Loving (mother), Symbolic Reward (mother) and Indifferent (father). The coefficient of non-determination (K^2) was 89%. R^2 is significant above 0.01 level.

Table 7 : Results of Multiple Regression Analysis and Multiple Correlation Coefficients with Non-Verbal Originality (dimension of non verbal creativity) as dependent variable and 20 factors of Parent-Child Relationship as independent variables for adolescent boys and girls (N=300).

Independent Variable	Standard Error	Beta Coefficient	t	Multiple R	Adjusted/ Squared Multiple R ($R^{2)}$	Standard Error of Estimate	F ratio
Constant	1.61		15.64**	0.24	0.06/ 0.06	53.52	18.71**
Object Punishment (father)	0.06	-0.24	-4.33**				

**p<0.01

It may be stated that 6% of the total variance in Non- Verbal Originality might be explained by 1 factor i.e. Object Punishment (father). The coefficient of non-determination (K^2) was 94%. R^2 is significant above 0.01 level.

Table 8 : Results of multiple regression analysis and multiple correlation coefficients with non-verbal elaboration (dimension of non verbal creativity) as dependent variable and 20 factors of parent-child relationship as independent variables for adolescent boys and girls (n=300).

Independent Variable	Standard Error	Beta Coefficients	t	Multiple R	Adjusted/ Squared Multiple R ($R^{2)}$	Standard Error of Estimate	F ratio
Constant	3.45		10.84	0.35	0.11/ 0.12	49.81	10.24**
Object Punishment (father)	0.06	-0.18	-3.10				
Neglect (mother)	0.08	-0.16	-2.77				
Symbolic Reward (mother)	0.07	-0.21	-3.31**				
Loving (mother)	0.07	0.20	2.95				

**p<0.01

It may be stated that 11% of the total variance in Non- Verbal Elaboration might be explained by 4 factors taken together i.e. Object Punishment (father), Neglect (mother), Symbolic Reward (mother) and Loving (mother). The coefficient of non-determination (K^2) was 89%. R^2 is significant above 0.01 level.

Table 9 : Results Of Multiple Regression Analysis And Multiple Correlation Coefficients With Verbal Fluency (Dimension Of Creativity) As Dependent Variable And 20 Factors Of Parent-child Relationship As Independent Variables For Adolescent Boys (N=150) Separately And Adolescent Girls (N=150) Separately.

Independent variable	Standard Error	Beta Coefficients	t	Multiple R	Adjusted/ Squared Multiple R ($R^{2)}$	Standard Error of Estimate	F ratio
BOYS: Constant	6.86		5.03	0.47	0.20/ 0.22	53.74	10.01**
Rejection (mother)	0.12	-0.18	-2.00				
Neglect (mother)	0.13	-0.24	-2.81				
Demanding (father)	0.12	-0.18	-2.35				
Loving (father)	0.12	0.18	2.27				
GIRLS: Constant	3.12		14.03	0.47	0.21/ 0.22	55.15	20.50**
Object Punishment (father)	0.12	-0.39	- 5.02**				
Neglect (mother)	0.13	-0.17	-2.18				

**p<0.01

It may be stated that 20% of the total variance in Verbal Fluency taking adolescent boys as sample might be explained by 4 factors taken together i.e. Rejection (mother), Neglect (mother), Demanding (father) and Loving (father). The coefficient of non-determination (K^2) was 80%. R^2 is significant above 0.01 level.

It may be stated that 21% of the total variance in Verbal Fluency taking adolescent girls as sample might be explained by 2 factors taken together i.e. Object punishment (father) and Neglect (mother). The coefficient of non-determination (K^2) was 79%. R^2 is significant above 0.01 level.

Table 10 : Results of multiple regression analysis and multiple correlation coefficients with verbal flexibility (dimension of creativity) as dependent variable and 20 factors of parent-child relationship as independent variables for adolescent boys (n=150) separately and adolescent girls (n=150) separately.

Independent Variable	Standard Error	Beta Coefficients	t	Multiple R	Adjusted/ Squared Multiple R (R^2)	Standard Error of Estimate	F ratio
BOYS: Constant	5.03		5.08	0.45	0.18/ 0.20	39.41	9.09**
Rejection (mother)	0.09	-0.17	-1.93				
Neglect (mother)	0.09	-0.23	-2.63				
Loving (father)	0.09	0.18	2.26				
Demanding (father)	0.09	-0.16	-2.07				
GIRLS: Constant	1.89		16.61	0.49	0.23/ 0.24	33.14	23.43**
Object Punishment (father)	0.07	-0.39	-4.99**				
Neglect (father)	0.08	-0.18	-2.32				

**p<0.01

It may be stated that 18% of the total variance in Verbal Flexibility taking adolescent boys as sample might be explained by 4 factors taken together i.e. Rejection (mother), Neglect (mother), Loving (father) and Demanding (father). The coefficient of non-determination (K^2) was 82%. R^2 is significant above 0.01 level.

It may be stated that 23% of the total variance in Verbal Flexibility taking adolescent girls as sample might be explained by 2 factors taken together i.e. Object punishment (father) and Neglect (father). The coefficient of non-determination (K^2) was 77%. R^2 is significant above 0.01 level.

Table 11 : Results Of Multiple Regression Analysis And Multiple Correlation Coefficients With Verbal Originality (Dimension Of Creativity) As Dependent Variable And 20 Factors Of Parent-child Relationship As Independent Variables For Adolescent Boys (N=150) Separately And Adolescent Girls (N=150) Separately.

Independent Variable	Standard Error	Beta Coefficient	t	Multiple R	Adjusted/ Squared Multiple R (R^2)	Standard Error of Estimate	F ratio
BOYS: Constant	6.76		2.38	0.56	0.29/ 0.32	47.24	11.02**
Object Punishment (father)	0.09	-0.17	-2.11				
Protecting (mother)	0.14	0.26	3.15				
Object Reward (father)	0.10	-0.24	-3.03				
Demanding (father)	0.12	-0.19	-2.40				
Neglect (mother)	0.11	-0.21	-2.86				
Loving (father)	0.12	0.19	2.25				
GIRLS: Constant	2.26		8.36	0.26	0.06/ 0.07	51.88	10.44*
Object Punishment (father)	0.11	-0.26	-3.23				

**p<0.01

It may be stated that 29% of the total variance in Verbal Originality taking adolescent boys as sample might be explained by 6 factor taken together i.e. Object Punishment (father), Protecting (mother), Object Reward (father), Demanding (father), Neglect (mother) and Loving (father). The coefficient of non-determination (K^2) was 71%. R^2 is significant above 0.01 level.

It may be stated that 6% of the total variance in Verbal Originality taking adolescent girls as sample might be explained by 1 factor i.e. Object punishment (father). The coefficient of non-determination (K^2) was 94%. R^2 is significant above 0.05 level.

It may be stated that 16% of the total variance in Verbal Elaboration taking adolescent boys as sample might be explained by 3 factors taken together i.e. Object Punishment (mother), Loving (mother) and Symbolic Reward (mother). The coefficient of non-determination (K^2) was 84%. R^2 is significant above 0.01 level.

It may be stated that 7% of the total variance in Verbal Elaboration taking adolescent girls as sample might be explained by 2 factors taken

together i.e. Loving (father) and Object punishment (father) . The coefficient of non-determination (K^2) was 93%. R^2 is significant at 0.01 level.

Table 12 : Results of multiple regression analysis and multiple correlation coefficients with verbal elaboration (dimension of creativity) as dependent variable and 20 factors of parent-child relationship as independent variables for adolescent boys (n=150) separately and adolescent girls (n=150) separately.

Independent Variable	Standard Error	Beta Coefficient	t	Multiple R	Adjusted/ Squared Multiple R (R^2)	Standard Error of Estimate	F ratio
BOYS: Constant	3.48		7.03	0.42	0.16/ 0.18	40.87	10.25**
Object Punishment (mother)	0.07	-0.27	-3.52**				
Loving (mother)	0.08	0.33	3.71**				
Symbolic Reward (mother)	0.08	-0.18	-2.04				
GIRLS: Constant	3.00		7.30	0.29	0.07/ 0.09	35.54	6.83**
Loving (father)	0.06	0.21	2.62				
Object Punishment (father)	0.07	-0.17	-2.12				

**p<0.01

Table 13 : Results Of Multiple Regression Analysis And Multiple Correlation Coefficients With Non-verbal Originality (Dimension Of Non-verbal Creativity) As Dependent Variable And 20 Factors Of Parent-child Relationship As Independent Variables For Adolescent Boys (N=150) Separately And Adolescent Girls (N=150) Separately.

Independent Variable	Standard Error	Beta Coefficient	t	Multiple R	Adjusted/ Squared Multiple R (R^2)	Standard Error of Estimate	F ratio
BOYS: Constant	3.66		9.35	0.34	0.10/ 0.12	60.43	9.60**
Object Punishment (father)	0.11	-0.22	-2.69				
Rejection (mother)	0.12	-0.21	-2.56				
GIRLS: Constant	1.90		12.99	0.27	0.07/ 0.07	43.43	11.55**
Object Punishment (father)	0.09	-0.27	-3.40**				

**p<0.01

It may be stated that 10% of the total variance in Non-Verbal Originality taking adolescent boys as sample might be explained by 2 factors taken together i.e. Loving (father) and Object Punishment (father) . The coefficient of non-determination (K^2) was 90%. R^2 is significant above 0.01 level.

It may be stated that 7% of the total variance in Non-Verbal Originality taking adolescent girls as sample might be explained by 1 factor Object punishment (father) . The coefficient of non-determination (K^2) was 93%. R^2 is significant at 0.01 level.

Table 14 : Results of multiple regression analysis and multiple correlation coefficients with non-verbal elaboration (dimension of non-verbal creativity) as dependent variable and 20 factors of parent-child relationship as independent variables for adolescent boys (n=150) separately and adolescent girls (n=150) separately.

Independent Variable	Standard Error	Beta Coefficient	t	Multiple R	Adjusted/ Squared Multiple R (R^2)	Standard Error of Estimate	F ratio
BOYS: Constant	2.28		13.71	0.26	0.06/ 0.07	45.59	10.27
Object Punishment (mother)	0.08	-0.26	-3.20				
GIRLS: Constant	2.71		13.20	0.23	0.05/ 0.05	54.76	8.20*
Neglect (mother)	0.12	-0.23	-2.86				

**p<0.01

It may be stated that 6% of the total variance in Non-Verbal Elaboration taking adolescent boys as sample might be explained by 1 factor Object Punishment (mother). The coefficient of non-determination (K^2) was 94%. R^2 is significant at 0.02 level.

It may be stated that 5% of the total variance in Non-Verbal Elaboration taking adolescent girls as sample might be explained by 1 factor Neglect (mother). The coefficient of non-determination (K^2) was 95%. R^2 is significant at 0.05 level.

SUMMARY OF RESULT :

1) It is observed that when adolescent boys and girls perceived their father as punishing (object) and mother as Neglecting and Indifferent, their Verbal Creativity (Fluency, Flexibility and Originality) decreased.
2) Similarly when adolescent boys and girls perceived their father as punishing (object) and mother as Rewarding (symbolic), their Non-Verbal Creativity (Originality and Elaboration) decreased.
3) It is observed that when boys (N=150) perceived their mother as Punishing (object), their Verbal Elaboration decreased and when they

perceived their mother as Loving their Verbal Elaboration enhanced. The other dimensions of Creativity were not significantly affected by the factors of parent-child relationship in the case of boys.

4) It is observed that when girls (N=150) perceived their father as Punishing (object) their Verbal Fluency, Flexibility and Non-verbal Originality decreased. Apart from this no other factor of parent-child relationship was significant with the dimensions of Creativity.

DISCUSSION :

As per the results obtained after the statistical analysis, it can be concluded that if parents exert negative pattern of rearing then it will affect the child's creativity negatively but if there exists a positive pattern of rearing then the child's creativity enhances.

In the case of both boys and girls (N=300) when they perceived their father as Punishing (object) then their Verbal Fluency, Flexibility, Originality and Non-Verbal Originality decreased. Verbal fluency means relevant and unrepeated ideas which the subject gives and verbal flexibility means different thought trends or different approaches to a specific problem given by the subject. Originality is the novel or appropriate responses. As Gardner's (1983, 1993) revealed it experiments that, the creative individuals as kids were well attended and their needs were given importance and fulfilled. But if fathers are perceived as practicing Object punishment as a child rearing procedure, a normal practice in India, it is quite evident that the child's needs for independence and autonomy would not be catered and that in turn might affect their creativity. As fathers played a provider-role(as mothers were housewives) and children were dependent on their fathers for financial and objective needs, the punishing image of the father created a constant fear in the child and could not share his ideas or experiences with father. This way a child might have developed a stereotyped view of the world and in turn, an absence of divergent thinking and presence of functional fixedness resulted. This might lead to view things within a specified limit which decreased their creativity to a great extent. When a child creates something novel, he/she seeks for an appreciation from parents. But if parents instead of encouragement provide punishment then this might develop as a negative association with the task and that may curb down the adolescents ability to create. If a child feels a constant fear of being beaten up by father for expressing their views, then they eventually subsides in their own shell and that affect their creativity. This constant fear might lead on to stress and it had been established that stress reliably decreased creativity (especially Originality factor).

It has been observed that if mothers were perceived as Neglecting and Indifferent then creativity factors like- Verbal Fluency, Flexibility and

Originality decreased. Research has shown that mothers and fathers are different in a variety of their parenting characteristics. A more contemporary Role Theory described differences in parenting across mothers and fathers (Hosley & Montemayor 1997). This theory states that the mother role has been traditionally defined as that of caregiver, thus women become socialized to provide warmth and care for their children. But if mothers are perceived as neglecting and indifferent then the child might develop insecurity and anxiety which might curb down the ability to think and act purposefully. Anxiety results in being too much aroused and that decreased their potentiality to perform adequately.

If adolescent perceived mother as Rewarding (symbolic) their Non-Verbal Elaboration decreased. Sometimes mothers provide their children with reward against some task. By providing reward mothers want to arouse or increase the child's interest on the task. This method of arousal and reward is used quite often in Indian families and is also very well accepted in Indian culture. It had been found that the arousal caused by rewards seemed to decreased creativity (Amabile 1983).

Results also revealed that in the case of boys (N=150) the only factor responsible for inhibition of creativity- Verbal Elaboration is Object Punishment by mother. It has been experimentally found that adolescent sons who perceived their mothers as warm and supportive, report higher levels of self-esteem (Phares 1999). When sons perceived their mothers as lacking in warmth, they experienced poor adjustment (Bosco et al 2003). The punishing image of the mother might have inhibited the child to express him spontaneously and that might decrease their creativity (Martindale, 1989; & Eysenck, 1995); have argued that creativity is a disinhibition syndrome. Therefore, if an adolescent gets inhibited to express his ideas that will eventually curb down their creativity. On the other hand, if the mother was perceived as loving, warm and supportive then verbal creativity of boys increased. As observed, from experimental evidence that if mothers were warm and supportive that increased the self-esteem of the boys. Increment of self-esteem in turn builds on the confidence and motivation, which helped them to create. Some investigators of creativity believe that motivation counts a great deal (Amabile 1983).

It has been observed that adolescent girl's creativity i.e. verbal fluency, flexibility and non-verbal originality decreased if they perceived their fathers as punishing (object). It has been experimentally established that adolescent girls who perceived their fathers as being warm and supportive reported higher levels of self-esteem than do their peers (Phares 1999). On the other hand, when daughters perceived their fathers as lacking in warmth they tended to have poorer adjustment (Bosco et al 2003). Due

to punishment from father a girl child might not be emotionally and cognitively too strong to comprehend the situations. Due to constant fear of father, an individual might always be in an aroused state and that in turn decreased the creativity. According to Martindale & Hines (1975), for any task involving mental effort, there is an increase in cortical activation. However, due to fear of punishment a blockage might occur which might create a hindrance in the creative process.

CONCLUSION :

It can be concluded that when adolescent boys and girls perceived their fathers as Punishing (object) and mothers as Neglecting, Indifferent and Rewarding (symbolic) their creativity (verbal fluency, flexibility and originality and non-verbal originality and elaboration) decreased. On the other hand, when boys perceived their mothers as Loving, it increased creativity (verbal elaboration). For girls; presence of a punishing father can decrease their creativity.

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Work-life balance, Health, job involvement and conflict management as a function of level, tenure and marital status

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The aim of the present investigation was to study the impact of level, tenure and marital status on work- life balance, health, job involvement, and conflict management style of the employees. Based on sample size of 90 results depicted that Married and unmarried employees differ on work-life balance, total health, behavioral health, job involvement (questionnaire), Conflict management style (compromise and negotiation).Tenure of the employee significantly affects the work-life balance, health and its dimensions, job involvement (questionnaire & picture task) and conflict management (compromise & negotiation).Managerial level significantly affects the work-life balance, health and its dimensions, job involvement (questionnaire & picture task) and conflict management (negotiation). Male and female employees differ on work-life balance, total health, beahvioural health, emotional health. The findings have implications for managing and implementing work-Life balance policies and programmes.

INTRODUCTION

Work is central to our lives. It provides us with a sense of achievement, recognition and above all a means of income to fulfill our basic and material needs. As we move in the 21st century, both work and life are changing along multiple dimensions. Today's workforce brings expectations that create a demand for job in which people can succeed in all aspects of their lives. The pressures of work have intensified in recent decades. Factors such as the advance in information technology and information load, the need of speed for response, the importance attached to quality of customer service and its implication for constant availability and pace of change with its resultant upheavals and adjustment, all demand our time and can be sources of pressure. Employees can be adversely affected both physically and emotionally resulting in increased health care cost, higher divorce rates, and employees' burnout.

For both private and public sectors to stay competitive in today's global market, an effort must be made to address work-life balance. Challenges such as work schedules, children and adult care, time concerns, work gaining administrative support, meeting family needs, and work expectations are becoming increasingly more complex for employees in the private sector throughout the world.

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Traditional Perspectives on Work-Life Balance :

Zedeck and Mosier (1990) and more recently O'Driscoll (1996) note that there are typically five main models used to explain the relationship between work and life outside work. The segmentation model hypothesizes that work and non-work are two distinct domains of life that are lived quite separately and have no influence on each other. This appears to be offered as a theoretical possibility rather than a model with empirical support. In contrast, a spillover model hypothesizes that one world can influence the other in either a positive or negative way. There is, of course, ample research to support this but as a proposition it is specified in such a general way as to have little value. We therefore need more detailed propositions about the nature, causes and consequences of spillover. The third model is a compensation model which proposes that what may be lacking in one sphere, in terms of demands or satisfactions can be made up in the other. For example work may be routine and undemanding but this is compensated for by a major role in local community activities outside work. A fourth model is an instrumental model whereby activities in one sphere facilitate success in the other. The traditional example is the instrumental worker who will seek to maximize earnings, even at the price of undertaking a routine job and working long hours, to allow the purchase of a home or a car for a young family. The final model is a conflict model which proposes that with high levels of demand in all spheres of life, some difficult choices have to be made and some conflicts and possibly some significant overload on an individual occur. The five models listed above are essentially descriptive models. To be of value they need to incorporate an analysis of their causes and consequences. Research will also benefit from a richer array of frameworks for the analysis of the boundary between work and the rest of life. From over workers who may also work long hours but who have little choice in the matter and who do not believe that the returns they receive justify the long hours.

What Is Work-Life Balance?

The problems in analyzing work-life balance only begin with the concept of balance. We also need to consider work and life. Work can be initially defined as paid employment. But this soon breaks down when we begin to take into account extra unpaid hours, the time taken to travel to and from work. At the very least, the definition of work in the analysis of work-life balance is problematic with the spillover of work into family life. However family life is only one aspect of life outside work. Leisure analysts draw a distinction between free time and leisure time. Others have explored committed time and free time. Work/ Organisation (W/O) psychologists and others have examined the amount of time outside and away from formal work that is spent on work-related activities. In other words, there are

many ways in which we can study and conceptualize life outside work and many studies of work-life balance are conveniently and partly inevitably imprecise in specifying what they mean. Ideally, we should define work and life carefully. In simple terms, "work" is normally conceived of in this context as including paid employment while "life" includes activities outside work. Life outside work also includes free time. This is normally conceived as time when there are no commitments determined by others. It can be distinguished from leisure, which is normally considered to be the pursuit of specific activity. Utopian writers and commentators have sought to address the complexity of definition and boundary by setting out what they believe to be an appropriate balance. Wuthnow (1996) has argued that societal cohesion depends on the re-discovery of a more appropriate balance between the competing demands that individuals face. In the face of these challenges, we need to find ways of operationalising and measuring work-life balance. An initial definition might take the form of "sufficient time to meet commitments at both home and work". This seeks to integrate objective and subjective definitions but cannot easily accommodate those who are under-utilised at both home and work. By implication, all believe that work has become too dominant. A subjective definition then simply becomes "a perceived balance between work and the rest of life". This subjective balance can come in a variety of guises. For some the preference may be to spend long hours at work, perhaps because of career stage, perhaps, because of a limited life outside work. For others, the opposite may apply and balance is perceived to exist where some work takes place but it is subordinated to the demands of home. Imbalance can also occur because of an absence of work. Subjective perceptions of balance are central to any analysis of this issue have led to legislative and social attempts to define balance more objectively. These definitions risk conflating outcomes of balance with the measure of balance; for example, Clark (2000) defines balance as "satisfaction and good functioning at work and at home with a minimum of role conflict". In practice, therefore, definitions have focused on time and role enactment. European legislation defines 48 working hours a week as an appropriate maximum and reviews of the literature on working hours and health (Sparks, Cooper, Fried & Shirom, 1997) provide some indication that when people work much beyond these hours, their health and performance begin to deteriorate. The "objective" definition implied by this is that those who regularly work more than 48 hours a week will have an imbalance between work and rest of life. Whether the "new man" is contributing to a range of household chores (all the evidence suggests not) or whether women still come home to what Hochschild (Hochschild & Machung, 1989) has termed "the second shift". Not surprisingly, much of

the work by W/O psychologists and others combines subjective and objective measures of balance.

Determinants of Work-Life Balance

The determinants of work-life balance are located in the work and home contexts. At work, the demands of work may be either too low or too high; and what is termed the culture of work reflects the organizational culture and may support balance through policies and practices designed to facilitate balance, such as occasional time off work and flexible hours, or may strictly limit these. Alternatively, it may demand and expect long and irregular hours and be intolerant of taking time off to deal with family emergencies. In the family, the demands, for example for someone who is young and single, may be very low while for those with dependent children or elderly parents, they may be very high. The culture of home refers to the expectations of those in the home environment about commitments and obligations. This can include the allocation of family duties, such as childcare and care of elderly relatives, and judgements about whether these should be undertaken by family members of contracted out.

Individual factors affecting perceptions of work-life balance include orientation to work and in particular the extent to which work (or home) is a central life interest and aspects of personality including need for achievement and propensity for work involvement. Energy levels are often ignored but in the context of high demand need to be taken explicitly into account. They may be linked to issues of personal control, including locus of control and capacity for coping with pressures of competing demands. Finally, gender will often be a factor, with higher demands placed on women in the home, and age, life-stage and career-stage issues will influence willingness to tolerate certain kinds of demand at work and at home. Although they are not explicitly included in the framework, W/O psychologists may wish to incorporate social information processing, cognitive resource and dissonance theories to help to explain why some people perceive imbalance while others do not.

Main determinants of work-life balance are as follows:

The number of hours you work :

If you reduce work hours, you may reduce conflict, but you also may reduce the family-related benefits of employment as well as some of the possible net gains" in outcomes such as physical health and marital satisfaction

Job autonomy :

Clark (2001) found that flexibility of the work itself was associated with increased work satisfaction and increased family well-being. Flexibility of work times was unassociated with any work or personal outcome.

Supportive supervision was associated only with increased employee citizenship

"In being able to take control at work, you learn some skills that you can apply in your family domain and you have the flexibility to be able to meet the needs of family responsibilities," explains Grzywacz(2000).

In addition, new research in Psychosomatic Medicine (Vol. 64, No. 3) reports that workers who have high-decision latitude on the job have longer life spans than employees with few decision-making powers—even if the job with decision latitude is high stress.

Social relationships :

Friedman and Greenhaus(2000) also report that people who engaged in extensive networking on the job were more satisfied with their family life and child-care arrangements, and had children who did better in school and were healthier.

Similarly, Grzywacz(2000) has found that employees who have more social support at work are less likely to report that family interferes with work and more likely to say their family life benefits their job.

Moreover, those who decrease their social involvement outside of work to meet family demands experience more work-family conflict than couples who either increase their emotional resources or prioritize their work and family responsibilities.

Family :

Not surprisingly, workers who are married or have children report more family-to-work conflict than their unmarried or childless counterparts. However, they also report that their family life has far more positive effects on work (Grzywacz & Marks, 2000). For example, participants with spouses or children were more likely to report that talking with someone at home helps them deal with work problems and that support at home makes them feel confident about themselves at work.

Gender :

While most studies have found that men and women report about the same levels of work-family conflict and positive spillover, there is one caveat: Women still spend significantly more time caring for family. Women were also more likely to make certain work accommodations for family, such as reducing the number of hours they work or taking more flexible jobs.

Setting work-family boundaries :

Especially for professions such as psychology—in which home offices, e-mail, and thoughts about clients or students, paper drafts and grant proposals can blur the line between work and home—it's important for workers to understand how to walk that fine line.

Occupation :

Occupation can be a major source of WLB. Different occupations vary in their stress level. For example the job of Police officer, aeroplane pilot, construction worker, doctor ,sales manager, etc are highly stressful. On the other hand, the jobs of teacher, government officer , HR manager etc. are less stressful. Thus the occupational choice by people entails WLB for them.

Dual Career vs. single career :

In Indian context, among dual career couple men experience greater stress compared to their single career counterparts. Working women are better able to cope up with multiple roles compared to men. It seems that dual career women derive self – esteem by performing multiple roles. Singh and Sehgal (1995) found that overall men with double career had maximum level of stress; followed by single women with career ;followed by women with no career and minimum level of stress was found in the category with men whose wives wee homemakers.

Consequences of Work-Life Balance

There has been a much larger body of research on the consequences of forms of work-life imbalance and in particular various manifestations of work spillover and conflict. O'Driscoll (1996) identified research on work and life satisfaction, well-being, mental health and physical health and individual performance in organizations. For example, there is a large body of research on women's careers that explores the consequences of various types of family commitment. Similarly, there is extensive research on dual career families. Such studies usually take into account the demands and rewards in both the workplace and the home. most of the stressors spilled over into marital satisfaction via job exhaustion and its impact on psychosomatic health. Work-family conflict and time pressure had a stronger effect than other stressors such as leader relations and job insecurity. However, this affected each partner independently and did not spill over into the marital satisfaction of the other partner. In other words the women partner may have experienced work-family conflict; this had an impact on exhaustion and health which in turn had a negative impact on her marital satisfaction but despite this work spillover, the study detected no marital spillover from the satisfaction of one partner to the other.

Another typical example is the research of Vinokur, Pierce and Buck (1999) who examined the impact of work and family stressors and conflicts on the mental health and functioning of women in the US Air force. This goes a step further than the Finnish study by incorporating family as well as work stressors in the analysis. Both job and marital distress and family-work conflict had adverse effects on mental health. High involvement

in job and family had a beneficial impact on distress but a negative impact on work-family conflict.

Employee health – both physical and mental is vital to the successful functioning of an organization. Healthy employees contribute to increased productivity and reduced medical costs in the workplace.However, employees are often too busy worrying about their work to worry about their health. The irony is that one needs to be healthy to be able to work effectively in the first place.

Stress and ill health in employees result in abusiveness and intolerance, and employees seem less able to engage in complex intellectual tasks, requiring creativity and open ended thinking, as well as reasoning abilities. They may often assume a dictatorial supervisory style, leaving the employees with a sense of dissatisfaction, and a dampened teamwork spirit. Wellness is more than the absence of illness. Health has been defined as a position on a continuum, from illness and premature death on one end to wellness, or optimal health, on the other (O'Donnell, 1986). Wellness is multi-dimensional and involves a person's entire lifestyle. Research has shown that lifestyle choices affect the quality of health and well-being and, thus, where one is on the health continuum (Girdano, 1986; Selleck, Sirles, & Newman, 1989; and Sloan, Gruman, & Allegrante, 1987). Wellness programs focus on positive health behaviors that enable people to move from their current state of health to a higher level of well-being. Recognizing the relationship between health and productivity, many employers in the U.S. now provide wellness programs for their employees. A 1992 national survey of worksites with 50 or more employees found that 81% offer one or more health promotion activities (U.S. Department of Health and Human Services, 1993).

Parsuram & Simmers (2001), examined the impact of work and family role characteristics on work-life conflict; and indicators of psychological well being among self employed, and organizationally employed men and women. Results revealed that employee type and gender have independent main effects on several of the study variables. Self employed people enjoy greater autonomy schedule flexibility at work, and report greater levels of job satisfaction and involvement than those employed in organizations. However, they also experience greater levels of work - family conflict, and decreased family satisfaction than an organizations employees. The findings suggest that there are tradeoffs between the costs and benefits of self employed, and that business ownership is not a panacea for balancing work and family role responsibilities.

Barling (1984) showed that despite persistent suggestions that excessive work involvement or negative work related experience would

have an adverse influence on the marital relationship; no conclusive empirical data supports this assumption. The assumption between 50 husbands work related experience (job involvement, job satisfaction, and perception of climate) and their wives marital satisfaction was assessed. Multiple regression analysis revealed that husbands perception of the organizations climate and their job satisfaction was related to their spouse's marital satisfaction; is significant, positive and in a linear fashion.

Higgins, Duxbury and Johnson (1999) reported that the differential response of women to part time work as opposed to a career may be a function of motivational and work context differences between career and non career women. Part time work was associated with lower work to family interference. Better time management ability and greater life satisfaction for women in both career and earner type positions. Role overload, family to work interference and family time management, however were dependent on job type, with beneficial effects for earners, but not for career women.Job type also played a role, whereby, career women reported greater life satisfaction and lower depressed mood than in women in earner positions.

Major, et al., (2002) conducted a study on "Work time, work interference with family and psychological distress. They concluded that long hours at work increase work-family conflict and that this conflict is in turn related to depression and other stress-related health problems.

Based on above review in the present investigation an attempt has been made to the impact of level, tenure, gender and marital status on work-life balance, health, job involvement, and conflict management style of the employees.

Objectives of the Study

1. To investigate the difference between male and female employees on work-life balance, health, job involvement and conflict management.
2. To find out the difference between married and unmarried employees on work-life balance, health, job involvement and conflict management.
3. To study the difference among two tenure (0-15 years and 15 & above) of employees on work-life balance, health, job involvement and conflict management.
4. To examine the difference between manager and executives employees on work-life balance, health, job involvement and conflict management.

METHOD

Sample :

The present study attempts to examine the work-life balance. The total sample of the study included 90 employees. The sample id divided in manager and executives and also in different tenure, marital status, and

different age groups. The sample was selected on the basis of non-probability incidental sampling technique, i.e. collecting data from the first available individual of the population.

Tools :

Work-life balance :

The present questionnaire has been designed by the investigators with an attempt to understand the importance of balance between an individual professional and personal life .the important sources of inspiration are the work-life questionnaire designed by Bohen, Viveros Long (1981); Kopelman, Greenhaus and Connelly (1983) along with a website: www.od_online.com. The questions have been adapted from the aforesaid sources.

The questions have been clubbed under two main categories.

1) life(10 items) a. person (5 items) b. environment(5 items) 2) work (10 items)

Job Involvement Scale

For the purpose of obtaining distinct measures of job involvement Kanungo (1981) designed scales with three different formats namely; questionnaire and graphic techniques. The questionnaire items directly reflected a cognitive state of psychological identification with ones work. The semantic differential scale made use of the key words that reflected clearly the notion of psychological identification with the job.The internal consistency and test-retest reliability co-efficient ranged from 0.67 to 0.89. Concurrent validity was found to be 0.80. By comparison the semantic differential scales showed a moderate to weak correlation of 0.33

Employee Health checklist: This check list was developed by the investigators on the basis of pilot study in two organizations for the study which conceptualized in terms of Physical, Behavioral and Emotional well being.

The Physical health dimension consists of 9 questions, behavioural health consists of 13 questions and emotional health consists of 10 questions.

Conflict Management Styles

The tool used in the research is an Opinion Survey of Organizational Conflicts by Udai Pareek(2002). The test has 24 Questions, three for each of the eight styles of conflict management, four avoidance styles & four approach styles. The respondent has to read each statement and indicate how strongly he agrees with it using a 5-point scale. Test-retest reliability of test was found to be.89

RESULTS AND DISCUSSION

Table 1 Shows that male and female employees differ on work-life balance, total health, beahvioural health, emotional health ($p<.01$). The first objective of the study is to investigate the difference between male and

Table 1 : Comparison between male and female employees' work-life balance, health, job involvement and conflict management.

Variables	Gender	N	Mean	Std. Deviation	t Values
Work-life Balance	Male	50	64.1400	5.12700	6.529**
	Female	40	56.0000	6.70247	
Total Health	Male	50	19.5600	3.71516	2.210**
	Female	40	17.6750	4.37585	
Total Physical Health	Male	50	6.3800	1.52382	.944
	Female	40	6.0250	2.04422	
Total Behavioral Health	Male	50	6.5600	1.60560	2.047**
	Female	40	5.8250	1.79583	
Total Emotional Health	Male	50	5.6800	1.36187	2.751**
	Female	40	4.8500	1.49443	
Job Involvement (Questionnaire)	Male	50	52.7600	11.06670	.330
	Female	40	53.5250	10.77268	
Job Involvement (Samentic Differential)	Male	50	16.1400	4.79375	1.088
	Female	40	15.0750	4.38171	
Job Involvement (Picture Task)	Male	50	8.4000	2.64961	.582
	Female	40	8.0750	2.60559	
Conflict Management Style (Resignation)	Male	50	7.0400	2.13771	.877
	Female	40	6.6500	2.04501	
Conflict Management Style (Withdrawal)	Male	50	9.7000	2.20621	.249
	Female	40	9.5750	2.55089	
Conflict Management Style (Diffusion)	Male	50	8.8000	2.16654	.053
	Female	40	8.8250	2.28583	
Conflict Management Style (Appeasement)	Male	50	9.4600	2.51696	.380
	Female	40	9.6750	2.84999	
Conflict Management Style (Confrontation)	Male	50	9.7600	3.37796	.955
	Female	40	9.1000	3.10335	
Conflict Management Style(Compromise)	Male	50	12.3400	1.89101	1.310
	Female	40	11.7500	2.38317	
Conflict Management Style (Arbitration)	Male	50	10.4200	1.70342	.141
	Female	40	10.4750	1.99984	
Conflict Management Style (Negotiation)	Male	50	13.1200	1.96542	1.137
	Female	40	12.6000	2.37292	

**p<.01, *p<.05

female employees on work-life balance, health, job involvement and conflict management. Results of the study show that male and female employees differ on work-life balance, total health, behavioral health, emotional health. Mean values shows that male employees have higher work-life balance as compare to female employees. This may be due the fact that male employee

have less responsibility as compare to female employee, because women employee look after the home responsibility, like children responsibility and other household work. While most studies have found that men and women report about the same levels of work-family conflict and positive spillover, there is one caveat: Women still spend significantly more time caring for family. Women were also more likely to make certain work accommodations for family, such as reducing the number of hours they work or taking more flexible jobs. On the other hand mean values shows that women have good health as compare to male employees. This may be due the fact that women get more support at work as compare to male which in turn affect her health. Sparks, Cooper, Fried and Shirom,(1997) provide some indication that when people work much beyond these hours, their health and performance begins to deteriorate. Women also have good mental health as compare to men. The successful performance of mental functions results in productive activities at work, fulfilling relationships with co workers and superiors, and the ability to adapt to change and to cope with adversity; mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self esteem- all crucial to an employees efficiency. Emotional health of women retirees is also better than male retirees. This may be due to the fact that women are more emotionally strong than men because of their child rearing practices. Emotion plays a vital role in determining human health and quality if life. A finding of one of the recent studies shows that there exists a positive relationship among emotional literacy, quality of life and human health (Pradhan and Mathur, 2001).Therefore, it can concluded that health of employee is the important aspect in making work-life balance which differ in male and female.

Table 2 shows that married and unmarried employees differ on work-life balance, total health, behavioral health, job involvement (questionnaire), Conflict management style (compromise and negotiation).

The second objective of the study is to find out the difference between married and unmarried employees on work-life balance, health, job involvement and conflict management. The findings of the study shows that married and unmarried employees differ on work-life balance, total health, behavioural health, job involvement (questionnaire), Conflict management style (compromise and negotiation). Mean score shows that unmarried employee have better work-life balance as compare to female employee. This may due the fact that unmarried employee have less responsibility of family as compare to married which affects their work-life balance. Workers who are married or have children report more family-to-work conflict than their unmarried or childless counterparts. However, they also report that their family life has far more positive effects on work

Table 2 : Comparison between married and unmarried employees on work-life balance, health, job involvement and conflict management.

Variables	Marital Status (1= Unmarried, 2=Married)	N	Mean	Std. Deviation	t Values
Work-life Balance	Unmarried	49	64.3878	6.02016	6.977**
	Married	41	55.9024	5.39817	
Total Health	Unmarried	49	20.2245	3.90654	4.119**
	Married	41	16.9268	3.62898	
Total Physical Health	Unmarried	49	6.5102	1.72146	1.703
	Married	41	5.8780	1.79158	
Total Behavioural Health	Unmarried	49	6.8163	1.49546	3.760**
	Married	41	5.5366	1.73346	
Total Emotional Health	Unmarried	49	5.3878	1.48347	.537
	Married	41	5.2195	1.47499	
Job Involvement (Questionnaire)	Unmarried	49	49.3469	11.01807	3.844**
	Married	41	57.5854	8.94141	
Job Involvement (Samentic Differential)	Unmarried	49	15.6531	5.00646	.030
	Married	41	15.6829	4.17396	
Job Involvement (Picture Task)	Unmarried	49	8.3673	2.92043	.440
	Married	41	8.1220	2.23825	
Conflict Management Style (Resignation)	Unmarried	49	7.1633	2.14425	1.478
	Married	41	6.5122	2.00152	
Conflict Management Style (Withdrawal)	Unmarried	49	9.5714	2.24537	.320
	Married	41	9.7317	2.50024	
Conflict Management Style (Diffusion)	Unmarried	49	8.8163	1.85600	.024
	Married	41	8.8049	2.59056	
Conflict Management Style (Appeasement)	Unmarried	49	9.6735	2.46971	.458
	Married	41	9.4146	2.88943	
Conflict Management Style (Confrontation)	Unmarried	49	9.5510	3.33580	.267
	Married	41	9.3659	3.19966	
Conflict Management Style(Compromise)	Unmarried	49	12.6327	1.72836	2.801**
	Married	41	11.4146	2.38721	
Conflict Management Style (Arbitration)	Unmarried	49	10.4490	1.58195	.026
	Married	41	10.4390	2.11008	
Conflict Management Style (Negotiation)	Unmarried	49	13.3265	1.94066	2.144*
	Married	41	12.3659	2.31037	

**p<.01, *p<.05

(Grzywacz & Marks, 2000). For example, participants with spouses or children were more likely to report that talking with someone at home helps them deal with work problems and that support at home makes them feel confident about themselves at work. Mean score shows that married employees have significantly better health as compare to unmarried employees. This may be due to the fact that after marriage the employees have more satisfaction regarding the family, on the other hand unmarried employee have more struggle for family setting, therefore, this affect their health. Mean score also indicate that married employee have significantly more job involvement as compare to unmarried this may due to the fact that

they have more responsibility, so they keep themselves involve in the job. Mean score also indicate that unmarried employees have significantly higher conflict management style (compromise and negotiation) as compare to married employees. This may be due to the fact that unmarried employees are junior and they have use compromise and negotiation management style for adjustment with their senior and organization.

Table 3 : Comparison between 0-15 year and 15 & above tenure of employee on work-life balance, health, job involvement and conflict management.

Variables	Tenure	N	Mean	Std. Deviation	t Values
Work-life Balance	0-15 years	56	57.7500	6.63369	3.637**
	15 & above years	34	63.4412	7.12737	
Total Health	0-15 years	56	15.9318	2.30669	7.577**
	15 & above years	34	21.0294	3.61382	
Total Physical Health	0-15 years	56	5.6364	1.55655	2.602*
	15 & above years	34	6.6471	1.87297	
Total Behavioural Health	0-15 years	56	5.4091	1.61847	4.147**
	15 & above years	34	6.8235	1.31358	
Total Emotional Health	0-15 years	56	4.7500	1.31406	3.059**
	15 & above years	34	5.6765	1.34211	
Job Involvement (Questionnaire)	0-15 years	56	58.6591	6.38291	4.620**
	15 & above years	34	48.9706	11.88196	
Job Involvement (Samentic Differential)	0-15 years	56	16.1136	4.08181	.135
	15 & above years	34	15.9706	5.28855	
Job Involvement (Picture Task)	0-15 years	56	7.5000	1.24825	2.467*
	15 & above years	34	8.7647	3.09505	
Conflict Management Style (Resignation)	0-15 years	56	6.6136	2.04844	.799
	15 & above years	34	7.0000	2.20193	
Conflict Management Style (Withdrawal)	0-15 years	56	9.2273	2.73533	1.532
	15 & above years	34	10.0588	1.80808	
Conflict Management Style (Diffusion)	0-15 years	56	8.6591	2.42988	.023
	15 & above years	34	8.6471	1.99822	
Conflict Management Style (Appeasement)	0-15 years	56	9.6818	2.54972	.392
	15 & above years	34	9.4412	2.85181	
Conflict Management Style (Confrontation)	0-15 years	56	9.9091	3.04095	.933
	15 & above years	34	9.2059	3.60790	
Conflict Management Style(Compromise)	0-15 years	56	11.3409	2.55127	2.977**
	15 & above years	34	12.7941	1.43082	
Conflict Management Style (Arbitration)	0-15 years	56	10.6591	2.05668	.893
	15 & above years	34	10.2647	1.76341	
Conflict Management Style (Negotiation)	0-15 years	56	11.9773	2.24633	3.678**
	15 & above years	34	13.7059	1.78426	

**p<.01, *p<.05

Table 3 shows significant difference between 0-15 years and 15 & above years tenure on work-life balance, health and its dimensions, job involvement (questionnaire & picture task) and conflict management (compromise & negotiation). Third objective of the study is to study the difference among three tenure (0-10 years, 11-20 years and 30 and above) of employees on work-life balance, health, job involvement and conflict management. Result of the study indicate that significant difference between 0-15 years and 15 & above years tenure on work-life balance, health and its dimensions, job involvement (questionnaire & picture task) and conflict management (compromise & negotiation). The mean values shows that 15 & above tenure employees have better work-life balance as compare to below 15 years tenure employees. This can be, because of more experience enhances the work-life balance of the employee and adjustment in the family and work setting. Mean score also indicate that poor health for 15 and above year tenure employees than below 15 years. Health deteriorates with the age and person faces several kinds of problems in the old age. Job involvement is also higher for higher tenure employees because of their more experience. And they have better conflict management because of their more periods in the organization.

Table 4 shows significant difference between manager and executive on work-life balance, health and its dimensions, job involvement (questionnaire & picture task) and conflict management (negotiation).Fourth objective of the study is to examine the difference among three socio-economic status (low, middle and upper) employees on work-life balance, health, job involvement and conflict management. Result of the study shows significant difference between manager and executive on work-life balance, health and its dimensions, job involvement (questionnaire & picture task) and conflict management (negotiation). Mean value shows manager have better work-life balance than executives. This may be due to the fact they have spent more time, more freedom and more power as compare to executives which helps them to have better work-life balance. On the other hand executives have better health as compare to manger this may be because of their youngness and more health consciousness. Executives have more job involvement as compare to manager because they strive for position and promotion in the organization. On the other hand managers have better conflict management style (negotiation) as compare to executive. This may be due to the fact that their position in the organization and they manage whole employee so they use the negotiation conflict management style.

Table 4 : Comparison between managers and executives on work-life balance, health, job involvement and conflict management.

Variables	Designation	N	Mean	Std. Deviation	t Values
Work-life Balance	Manager	50	64.7400	5.90334	8.243**
	Executive	40	55.2821	4.59375	
Total Health	Manager	50	20.4400	4.14611	4.843**
	Executive	40	16.6667	2.87762	
Total Physical Health	Manager	50	6.6600	1.73335	2.633*
	Executive	40	5.6923	1.70377	
Total Behavioural Health	Manager	50	6.7000	1.58114	2.859**
	Executive	40	5.6923	1.73439	
Total Emotional Health	Manager	50	5.6400	1.39620	2.331*
	Executive	40	4.9231	1.49358	
Job Involvement (Questionnaire)	Manager	50	49.8800	11.55049	3.147**
	Executive	40	56.7949	8.37659	
Job Involvement (Samentic Differential)	Manager	50	15.9200	4.93567	.563
	Executive	40	15.3590	4.28883	
Job Involvement (Picture Task)	Manager	50	8.7800	3.18984	2.208*
	Executive	40	7.5641	1.44723	
Conflict Management Style (Resignation)	Manager	50	6.9200	2.24826	.051
	Executive	40	6.8974	1.83238	
Conflict Management Style (Withdrawal)	Manager	50	9.5600	2.34877	.751
	Executive	40	9.9231	2.14457	
Conflict Management Style (Diffusion)	Manager	50	8.7600	1.84678	.458
	Executive	40	8.9744	2.56994	
Conflict Management Style (Appeasement)	Manager	50	9.2800	2.61893	1.129
	Executive	40	9.9231	2.72787	
Conflict Management Style (Confrontation)	Manager	50	9.4600	3.39393	.071
	Executive	40	9.4103	3.13485	
Conflict Management Style(Compromise)	Manager	50	12.6000	1.78429	2.423
	Executive	40	11.5897	2.14866	
Conflict Management Style (Arbitration)	Manager	50	10.4000	1.77281	.156
	Executive	40	10.4615	1.93100	
Conflict Management Style (Negotiation)	Manager	50	13.4600	1.88669	2.686*
	Executive	40	12.3077	2.15399	

**p<.01, *p<.05

The present study is an attempt to understand work-life balance in context of health, job involvement, and conflict management style of the employee. Work-life balance policies in India largely seems to be targeted at potential recruits rather than being a tool to further the entry and progress of women into the work place as elsewhere in the world. Employers have a mixed feeling in terms of relative importance of work-life balance policies years ago as compared to today. Most believe that people did practice the balancing concept in the past but it was not as structured or formalized as it is now. There were not as many women in the work force and male employees left their offices in time to be with their families but today's environment is characterized by a 'deteriorating tilt towards works" which has been creating

the imbalance and has brought these issues into focus.Indian employers are recognizing the fact that work-life balance policies would create a healthier more productive and motivated workforce, help position the organization as employers of choice and give employees more time to spend at home thus giving women a respite from family work. Among the Indian organization the first to answer the call of work-life balance was the IT industry, with companies like Cadence Design System, IBM, and NIIT offering attractive work-life balance programmes.

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Does Student's Emotional Intelligence Play Role in their Suicidal Ideation?

Sadhan Dasgupta* and Soma Hazra**

Considering the increasing trend of suicide in the students' community all over the country, the present study is an attempt to investigate the correlation between emotional intelligence and suicidal ideation in a group of 200 under graduate college students (in equal number of male and female) from different colleges in and around Kolkata, India. Results indicates that students with less in emotional intelligence having more suicidal ideation. Future research needed to aim to enhancing emotional intelligence in students would result in better stress coping skills. One of the implications of these findings is that computing curricula might need to be redesigned to include emotional intelligence training, which is a learnable skill.

Key Words: suicide, suicidal ideation, emotional intelligence

INTRODUCTION

Suicide has been defined by Comer (2002) "Self inflicted death in which one makes an intentional, direct and conscious effort to end ones own life". Suicide is the term used for the deliberate self destruction of a human being, by causing their body to cease life function. Such actions are typically characterized as being made out of despair, or attributed to some underlying causes (Hawton K, van Heeringen K., 2009). In a study conducted in Finland, 22% of the suicides examined had discussed suicidal intent with a health care professional in their last office visit (Halgin, Richard P.; Susan W., 2006) that means before committing suicide individuals having thought or ideations about suicide which they may express in various ways. Many people experience suicidal thoughts at some time in their lives. A recent cross-sectional study by Arun & Chahan (2009) has reported 6% suicidal ideation, of their school children sample and 0.39% suicidal attempt. Suicidal ideation is a common medical term for thoughts about suicide, which may be as detailed as a formulated plan, without the suicidal act itself. Research evidence suggests that a significant minority of young people may have suicidal thoughts and ideas, with the majority not acting upon these ideas (Coggan et al, 1995; Horwood & Fergusson, 1998). Although most people who experience suicidal ideation do not commit suicide, only some of them go on to make suicide attempts (Gliatto, Michael F.; Rai, Anil K., 1999). The range of suicidal ideation varies greatly from fleeting to detailed planning, role playing and unsuccessful attempts, which may be deliberately

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constructed to fail or be discovered, or may be fully intended to succeed.

A number of factors are associated with suicide ideation: mental illness, substance abuse, drug addiction, and socioeconomic factors such as unemployment, poverty, homelessness, and discrimination may trigger suicidal thoughts (Qin P, Agerbo E, Mortensen PB 2003). Some external circumstances, such as a traumatic event, may trigger suicide ideation but it does not seem to be an independent cause. Financial difficulties, interpersonal relationships and other undesirable situations also play a significant role. Thus suicidal ideations are more likely to occur during periods of socioeconomic, familial and individual crisis. Psychological theories of suicide suggest that people engage in suicidal behaviours due to an inability to tolerate or modulate the experience of negative affect (Lynch T.R. et.al., 2004; Zlotnick C., et.al., 1997). In this context several pervious studies have tried to assess the role of depression and hopelessness in prediction of suicidal behavior in a verity of sample in multiple settings. But very few scientific studies has yet been reported which have tried to explore the role of a mediator variables i.e. capacity to manage and regulate ones emotion which seems to be the core factor behind the development of all negative emotion which intern ultimately produces the desire to say to 'good bye' to life.

Emotional intelligence (EI) is a set of psychological abilities that relates to life success. It is defined as ability to perceive, assess, and positively influence personal and others emotions (Mayer & Salovey, 1995). It is the ability to monitor one's own and others emotions and feelings, to discriminate among them, and to use this information to guide one's thinking and actions (Bar-On, 1997; Goleman, 1995). Study findings suggest that lower emotional intelligence is related to involvement in self-destructive behavior (Rubin, 1999) where as with high EI have been linked with higher subjective well being such as greater satisfaction with life and increased happiness (Gardner, K., & Qualter, P., 2009) leading to positive outcomes in life (Salovey et al., 2001). A student who is quite efficient to manage his/ her own emotion as well as others' would not have pessimistic and hopeless thought which ultimately leads to suicidal ideation.

Students complete their education with a single objective in mind that is success. To achieve maximum in minimum time in this highly competitive environment of education is the ultimate endeavor of all students and this achievement encompasses student's ability and performance. College experience involves a diverse range of experiences – increased independence from one's family, successes and failures in the academic domain, beginnings and endings romantic, shifting life goals, and the establishment of lifelong friendships amidst all these changing life circumstances (Robins et al., 2001). The present growth in the information

technology, computer and communication system and management proficiencies have placed higher demands and expectations from today's youth. It is being assumed that young educated people will automatically be socially and emotionally competent. They are expected to behave in a socially desirable and emotionally intelligent manner. However, college students may experience a significant degree of stress as the result of these same developmental opportunities. Previous research has shown that college students report a higher rate of suicidal ideation than non-college students; therefore, becoming knowledgeable about the topic of suicide is essential when working with college students (James R., Oelschlager, Robyn C.). Incidentally to be mentioned that mass media coverage of suicide attempts by teenagers and young adults may also contribute to the rise in the suicide rate among the young (Grossman & Kruesi, 2000). Infact it seems as a model for young people. It is beyond doubt that emotions play a pivotal role in our cognitive and behavioral functions. It strongly appears that Emotional Intelligence has implications for the ways in which individuals tackle daily problems, as preventive activity in physical and mental health (Goleman, 2001).

Suicide is the second leading cause of death among college students (Silver, 1984). Various studies indicated that beside emotional intelligence personality and other psychosocial factors collectively influence suicide ideation of students. Present study intended with an assumption of low emotional intelligence may be one of the factors of suicide ideation.

METHOD

200 (in equal number of male and female) undergraduate students from different colleges in and around Kolkata, India were selected purposively and assessed cross-sectionally using Emotional Intelligence Test (N.K. Chadha & Dalip Singh, 2003) can measure emotional competency, emotional sensitively and emotional maturity and Adult Suicidal Ideation Questionnaire (Reynolds W.M., 1987) with their written informed consent. Students with any mental illness, major physical illness and history of major hospitalization, in last two years were excluded. Students who already attempted suicide, having family history of suicide and any family history of suicide attempt in the family were also excluded from the study.

The level of emotional intelligence of students and its relationship with suicidal ideation were studied.

RESULTS AND DISCUSSIONS

Socio-Demographic Characteristics

In Table 1 Socio-demographic characteristics of the subjects has been presented.

Table 1 : Socio-demographic Variables

Variables		Total Mean ± SD / n
Age (in years) (Range 17 - 23)		18.90 ± 1.08
Religion:	Hindu	189 (94.5)
	Others	11 (5.5)
Marital Status:	Unmarried	185 (92.5)
	Married	15 (7.5)
Residence Area:	Rural	51 (25.5)
	Urban	149 (74.5)
Family Income: (Monthly in Rs.)	< 5000	54 (27.0)
	5000-10000	65 (32.5)
	> 10000	81 (40.5)
Stream:	Arts	87 (43.5)
	Science	93 (46.5)
	Commerce	20 (10.0)

It can be seen from table 1 that Mean age of students was 18.90 ± 1.08 between age range of 17 and 23 years which is a normal range of age in this population. Majority of respondents were Hindu (94.5%), this could be because of normal character of the community where Hindus are major also it could be due to the rate of education in deferent religious communities. Unmarried (92.5%), and belong to the urban area (74.5%) these are obvious for this study group. 40.5% students were having above Rs. 10000 per month family income followed by 32.5% 5000 – 10000 and 27% below 5000. 46.5% were from science stream followed by 43.5% arts and 10% commerce.

Suicidal Ideation and its Relationship with Socio-Demographic Variables & EI :

Suicidal ideation of 200 undergraduate students assessed through Adult Suicidal Ideation Questionnaire, 28 (14%) were score 31 or more that means they were having pathological level of suicide ideation**.** Further relationship between suicidal ideation and socio-demographic variables and emotional intelligence were explore through cross tabulation which reveals that there is a significant difference of age and family income of undergraduate students having pathological level of suicide ideation and those who have not pathological level of suicide ideation. Advanced aged (19.29±1.24) students were having more suicidal ideation then lower (18.83±1.04). It could be because students with advance age have more expose to socioeconomic, familial and individual crisis. Majority of the stu-

Table 2 : Suicidal Indeation across Socio-Demographic and EI

Variables		Pathological Suicide Ideas Mean ± SD / n (%)		χ^2/t	df	p
		No	**Yes**			
Age (in years): (Range 17 - 23)		18.83±1.04	19.29±1.24	-2.088	198	.038*
Religion:	Hindu	161 (80.5)	28 (14)	1.895	1	.169
	Others	11 (5.5)	0 (0)			
Sex :	Male	85 (42.5)	15 (7.5)	.166	1	.684
	Female	87 (43.5)	13 (6.5)			
Marital Status:	Unmarried	157 (78.5)	28 (14)	2.640	1	.104
	Married	15 (7.5)	0 (0)			
Residence Area:	Rural	42 (21)	9 (4.5)	.756	1	.385
	Urban	130 (65)	19 (9.5)			
Family Income:	< 5000	4 (2)	13 (6.5)	6.259	2	.044*
(Monthly in Rs.)	5000-10000	58 (29)	7 (3.5)			
	> 10000	73 (36.5)	8 (4)			
Stream:	Arts	77 (38.5)	10 (5)	1.137	2	.566
	Science	79 (3.95)	14 (7)			
	Commerce	16 (8)	4 (2)			
EIQ Total Score		196.60±36.10	166.96±36.73	4.018	198	.000***
SIQ Total Score		7.01±7.57	68.75±31.37	-22.360	198	.000***
EI Percentile:	High	7	0	14.866	3	.002**
	Moderate	83	4			
	Low	67	18			
	Extremely Low	15	6			

* p < .05 level (2-tailed) ** p < .01 level (2-tailed) *** p < .001 level (2-tailed)

dents having pathological level of suicide ideation were from families with less then Rs 10000 monthly income. Socioeconomic factors are well known association with suicidal ideation (Qin P, Agerbo E, Mortensen PB 2003). So, economic factor could be a reason in this study group. Other socio-demographic variables do not emerged statistically significant.

There is statistically significant difference in EIQ total score among undergraduate students having pathological level of suicide ideation (166.96±36.73) and those who have not pathological level of suicide ideation (196.60±36.10). Further majority of the students having pathological level of suicide ideation scored either extremely low or low in EIQ. Some prior research has linked problems with EI and the experience of clinical behaviour problems. For instance, several aspects of self-reported EI similar to Experiential (e.g., perceiving emotions) and Strategic (e.g., managing others' emotions) have been reported to moderate the relation between stress and the outcomes of hopelessness, depression, and suicidal ideation (Ciarrochi J, Deane FP, Anderson S., 2002).

Correlation between Emotional Intelligence and Suicidal Ideation

A significant negative correlation (r = -.295) at the < 0.01 level was found between emotional intelligence and suicidal ideation. It indicates that students with less emotional intelligence having more suicidal ideation. This finding is consistent with the finding of a study which reveals that low emo-

tional intelligence is associated with depression, loneliness, low self esteem, suicidal feelings, aggressive behaviour, poor impulsive control etc. In contrast, people with high EI. Emotional intelligence has been linked with subjective well being such as greater satisfaction with life and increased happiness (Rogers, 2006). Pau et. al. (2007) investigated the relationship between emotional intelligence and perceived stress among a cohort of dental undergraduate students, he concluded that dental students with greater degrees of emotional intelligence may be more adept at coping and dealing with academic and non-academic stressful situations, and that reducing perceived stress may improve academic performance as well as life satisfaction. The authors emphasize that modalities for improving emotional intelligence of dental students might also argue stress coping mechanisms. This study was limited by its cross-sectional design, which involved a convenience sample of a single academic institution.

Conclusion and Implication

It can be said that there is a negative relationship in emotional intelligence and suicidal ideation. Future research needed to enhance emotional intelligence in students would result in better stress coping skills.

One of the implications of these findings is that computing curricula might need to be redesigned to include emotional intelligence training, which is a learnable skill. For example, computing students could be trained on the development of important relationships with other students, which could help them function better in groups. Limitation of this study is its cross-sectional design, which involved a purposive sample and less sample size. Further more it is based mainly on corelational design rather than experimental design.

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Dental Anxiety : A review

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Dental anxiety is a serious, often paralyzing fear for seeking dental care; unfortunately, people who suffer from dental anxiety often fail to visit the dentist for routine dental treatment. When they finally consult the dentist, often a small preventable problem has turned into a problem which now requires major intervention. People with dental anxiety usually visit the dentist only when forced to do so by extreme pain.

This article discusses dental anxiety; here an attempt is made by us to highlight important facts like incidence, etiology, symptoms, and treatment for dental anxiety from previous published literature. The importance of clinical psychology is highlighted in this article which can be of great help to dentists while dealing with such dental anxiety patients.

Keywords : Dental anxiety + Dentistry.

INTRODUCTION

Many patients affected by dental anxiety suffer from severe dental phobia and they find it horrifying to go for dental treatment. Dental anxiety partially limits, or completely prevents, utilisation of oral health care services [1,2]. It increases the prevalence of dental disease [2,3]. Such people avoid seeing dentists or avoid dental appointments because they are terrified as well as panic-stricken. Anxious persons present more damaged or missing teeth and less restored teeth, infected gums [4]. Many dentally fearful people will only seek dental care when they have a dental emergency, such as a toothache or dental abscess. All these things could lead to halitosis or unattractive smile which will make them lose self-confidence and make them feel insecure[5].

INCIDENCE :

The prevalence of dental anxiety has been shown to range between 4 and 20% in the general population of industrialised countries [6, 7]. Women demonstrated higher dental anxiety than men [8, 9]. Females showed more fear of injections than males[8] .younger people tend to report being more dentally fearful than older individuals[10]. Anxiety patients are more fearful to invasive procedure like extraction, removal of wisdom tooth, oral surgical

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procedure rather than cleaning of teeth [9]. Women in their mid-thirties to mid-forties and men in their twenties expressed the highest DAS scores.[11]

Factors that promote Dental anxiety :

Examination of oral cavity with sharp instruments , Lack of confidence in the painless treatment, Fear of injection[12], Sight of Blood, Blood oozing out of mouth, Multiple extraction[9], Filling a dental cavity with a noisy vibrating like drill.[9, 12], Removal of calculus or stone with a sharp, noisy instrument[9], Surgical removal of wisdom tooth[13]

Shriek, cry heard from other patient who is undergoing treatment.

Reason for dental Anxiety :

1. **Fear of Pain.** Research has shown that the largest cause of this fear is pain. They fear that at some time during their dental care treatment they are going to be hurt.
2. **Bad or traumatic previous experience** : Anyone who has had pain or discomfort / traumatic experience during previous dental procedures is likely to be more anxious the next time around[14].
3. **Self conscious :** Many people are self-conscious about how their teeth look and odor that emits from their mouth making them socially unacceptable, find it embarrassing when the dentist peeps inside their mouth.
4. **Uncaring/ unempathatic dentist :** If the dentist is uncaring the psychological pain inflicted on the patient is much more than that of a caring dentist[12, 15].
5. **Secondary learning (transference fear) –** a person could be affected by secondary learning e.g. children could become scared of dentists in case their parents are scared to visit dentists[16].
6. **Vicarious learning** : People can also be affected if they hear horror stories about going to a dentist[16]. Dental fear may develop as people hear about others' traumatic experiences or negative views of dentistry[16].
7. **Stimulus Generalization** : Fear developed due to previous trauma not related to dentistry such bad hospital environment, bad experience with doctors, bad hospital, white aprons of the doctors, formaldehyde smell, antiseptic smell, and smell of eugenol felt in dental clinics[17].
8. People who have been sexually, physically or emotionally abused may also find the dental situation threatening.
9. **Feelings of helplessness and loss of control**. It's common for people to feel these emotions considering the situation – sitting in a dental chair with your mouth wide open, unable to see what's going on.
10. **Embarrassment and loss of personal space (Proximics):** Many people feel uncomfortable about the physical closeness of the dentist or hygienist to their face. Others may feel self-conscious about the

appearance of their teeth or possible mouth odors.

11. **Mass Media:** Negative picture regarding dentistry and dentist in media is also a reason for developing dental anxiety.

Symptoms : Might become tense or find difficulty in sleeping in the night prior to dental checkup, Become terribly nervous in the doctor's waiting room prior to dental checkup, Increase in anxiety by seeing dental instruments or dental professionals, Become physically sick even with the thought of visiting a dentist, During the dental examination patient might panic or find it difficult to breathe when an object is inserted inside the mouth.

How can a dentist evaluate anxiety of a patient?

History taking and physical examination, Corah's Dental Anxiety Scale (DAS)[18], Modified Dental Anxiety Scale (MDAS).

Treatment for Dental Anxiety patients :

It's been seen in patients with high level of dental anxiety tend to require longer surgery duration and these patients have poorer postoperative recovery.

Specialized dental clinics are coming up where these anxiety patients are treated by both psychologist and a dentist. Treatments for dental fear often include a combination of pharmacological and behavioral techniques. It is important to remember that it only takes one bad experience to deter an anxious patient from returning for dental treatment. It is up to the dentist and his or her staff to ensure that the patient not only receives exceptional dental care, but compassionate care as well.

Pharmacological :

For many people, taking injection inside the mouth is the most uncomfortable part of the entire dental appointment. The injectable local anaesthetics, used by dentists provide complete pain control about 100% of the time. The duration of the numbness varies from drug to drug. Some providing short durations, while others provide pain control for up to 12 hours. For many people, taking injection inside the mouth is the most uncomfortable part of the entire dental appointment.

1) Pain Control :

Fear of pain is the main reason for people not seeking dental treatment on time. A number of medications and techniques have come up in the recent years which either reduce or eliminate the pain from most of the dental procedures.

2) Topical anesthetics :

Are applied to numb an area of the gum or mouth before injecting the local anesthetic.

3) Laser drills :

Are approved by FDA and causes less pain than mechanical drills. Useful for preparing cavities for fillings.

4) Intravenous sedation :

Is given to patients who undergo lots of dental procedures. The dentist injects a tranquilizer into a vein in the arm or hand.

5) General anesthesia :

In this the patient is put to sleep for the period of the dental procedure. This requires the necessary equipments and staff and is normally carried out in a hospital environment and hence this should be resorted to only when all other methods fail.

Behavioral techniques:

If relaxation techniques and compassionate dentistry when used along with local anaesthesia, most of the patients can be easily treated with no additional medication is required. There are several behavioural, non-pharmacologic techniques available for reducing a patient's anxiety or fear of dental treatment. Dental anxiety is a learned behaviour (due to various factors) and it can be unlearned by behavioural and cognitive treatments. Behavioral treatments include relaxation techniques such as diaphragmatic breathing and progressive muscle relaxation. Cognitive techniques include cognitive restructuring and guided imagery.

Research has shown relaxation technique like diaphragmatic breathing when used with cognitive restructuring technique has been useful in reducing dental anxiety patients[19]. In tensed moment body releases adrenaline which give rise to various physical responses such as muscle tightening and faster breathing, it also makes the pain receptors in the brain more sensitive. All these reactions cause anxiety and fear. Diaphragmatic breathing helps to relax the body. Progressive relaxation is another technique where in the patient is asked to consciously relax his body starting from the toes and moving all the way to the head. This reduces the muscular tension and helps in pain reduction. Cognitive restructuring is the process of learning to refute fundamental faulty thinking with the goal of replacing one's irrational, counter-factual beliefs with more accurate and beneficial ones.

Another commonly used technique used by dentist and psychologist is guided imagery technique, where in the patient is asked to imagine having pleasant experience, this will occupy the mind completely and patient will not be aware of pain during dental procedure. Distraction is another method used during dental appointment, wherein the mind is diverted to something pleasant experience like music. Music therapy has become common practise while treating anxiety patient. Nowadays, dentists use virtual-reality goggles which provide lifelike images and sounds. This will provide necessary

distraction during treatment. Psychologist commonly use "systematic desensitization" technique also called as graduated exposure therapy for anxiety disorders[20], in this technique the patient is gradually exposed to the feared object until the patient has overcome the fear, this technique has shown to be useful in dental anxiety patients who have fear of injections[21].

Conclusion :

The management of patients with dental anxiety requires psycho-behavioural procedures. Dentists need specialised training in Clinical Psychology for better management of the patients with dental anxiety. These techniques, however, are not sufficiently included in undergraduate or postgraduate teaching in India. Dentist should be trained to use a limited and focussed form of Cognitive Behavioural therapy that would be of great benefit to the patients.

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A Comparative Study of Mental Health and Depression Among Pharmacy and Polytechnic Students

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The main purpose of this research was to compare the mental health and depression among pharmacy and polytechnic students. The total sample consisted of 120 among which 60 were pharmacy & other 60 were polytechnic students. Bhatt & Gida's mental health questionnaire and Lonard R. & Deragretis's depression questionnaire were respectively used to measure mental Health and Depression. 2x2 ANOVA and r were applied to analyse the data. Result shows that there was no significant difference in Mental Health among Pharmacy & Polytechnic Students. As well as there was no significant difference in depression among Pharmacy & Polytechnic Students. The correlation between Pharmacy & Polytechnic Students in mental health and depression was 0.23 which iss very low.

INTRODUCTION

In the modern age, every body has to earn money, is essential to get happiness from various sources. When a person fails in it depression is going to start. Depression is starting by various aspects like ability of person, responsibility & Education. Due to depression the mental health of the person is going to disturb. In another side it is also seen that the person who has better mental health has less depression. The person will experience depression or not, is depend on mental health.

At present age Pharmacy courses are very important for the health of people. Production, selling and research and development of medicines Pharmacy education is essential. Pharmacy is also called as paramedical course. The students of Four year Degree course has taken part in this research.

In this Technology age the Engineering course are one of the basic needs for the Infrastructure development. Three Year Diploma course in various faculty like Civil, Mechanical, Electrical, Electronics & Communication, Computer, Chemical are most popular courses at present in Polytechnic colleges. The students of Three year Diploma course in various faculty has taken part in this research.

Mental health is an absence of a mental disorder and Depression means a common mental disorder. When we seen a meanings of Mental health and Depression we can say that generally when a person have high mental health, person's depression level seems law but when a person have high depression, person's mental health seems law.

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Mental health is a term used to describe either a level of cognitive or emotional well-being or an absence of a mental disorder.

From perspectives of the discipline of positive psychology or holism mental health may include an individuals ability to enjoy lie and procure a balance between life activities and efforts to achieve psychological resilience.

The world health organization defines mental health as " a state of well-being in which the individual realize his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.

It was previously stated that there was no one " official " definition of mental health, cultural differences subjective assessments and competing professional theories all effects how "mental health" is defined.

Depression is a common mental disorder that presents with depressed mood, loss of interest of pleasure, feeling of guilt or low self-worth, disturbed sleep or appetite, low energy and poor concentration. These problems can become chronic or recurrent and load to substantial impairments in an individual's ability to take care of his or her everyday responsibilities. At its worst, depression can lead to suicide, a tragic fatality associated with the loss of about 850000 thousand lives every year.

Depression is the leading cause of disability as measured by YLDs and the 4th leading contributor to the global burden of disease(DALY6) in 2000, by the year 2020, depression is projected to reach 2nd place of the ranking of DALYs calculated for all ages, both sexes. Today, depression is already the 2nd cause of DALYs in the age CA begory 15-44 years for both sexes combined.

Depression occurs in persons of all genders, ages and backgrounds. Studies of mental health Adolescent mental health literacy: Young people's knowledge of depression and help seeking The mental health literacy of a group of adolescents, with particular reference to their ability to recognize symptoms of depression in their peers is presented. Respondents showed a mixed ability to correctly recognize and label depression, although they were able to differentiate depressed and non-depressed scenarios in terms of severity and expected recovery time.

Mental health symptoms in relation to socio-economic conditions and lifestyle factors – a population-based study in Sweden

The study is based on a postal survey questionnaire sent to a random sample of men and women aged 18–84 years in 2004. The overall response rate was 64%. The area investigated covers 55 municipalities with about one million inhabitants in central part of Sweden. The study population includes 42,448 respondents. Mental health was measured with self-reported symptoms of anxiety/depression (EQ-5D, 5th question). The association

between socio-economic conditions, lifestyle factors and mental health symptoms was investigated using multivariate multinomial logistic regression models.

About 40% of women and 30% of men reported that they were moderately or extremely anxious or depressed. Younger subjects reported poorer mental health than older subjects, the best mental health was found at ages 65–74 years.

Factors that were strongly and independently related to mental health symptoms were poor social support, experiences of being belittled, employment status (receiving a disability pension and unemployment), economic hardship, critical life events, and functional disability. A strong association was also found between how burdensome domestic work was experienced and anxiety/depression. This was true for both men and women. Educational level was not associated with mental health symptoms.

Of lifestyle factors, physical inactivity, underweight and risk consumption of alcohol were independently associated with mental health symptoms.

Our results support the notion that a ground for good mental health includes balance in social relations, in domestic work and in employment as well as in personal economy both among men and women. In addition, physical inactivity, underweight and risk consumption of alcohol are associated with mental health symptoms independent of socio-economic factors.

Mental health issues in unaccompanied refugee minors

Previous studies about unaccompanied refugee minors (URMs) showed that they are a highly vulnerable group who have greater psychiatric morbidity than the general population. This review focuses on mental health issues among URMs. Articles in databases PsycINFO, Medline and PubMed from 1998 to 2008 addressing this topic were reviewed. The literature had a considerable emphasis on the assessment of PTSD symptoms. Results revealed higher levels of PTSD symptoms in comparison to the norm populations and accompanied refugee minors. In several studies, age and female gender predicted or influenced PTSD symptoms. The existing literature only permits limited conclusions on this very hard to reach population. Future research should include the analysis of long-term outcomes, stress management and a more thorough analysis of the whole range of psychopathology. Additionally, the development of culturally sensitive norms and standardized measures for diverse ethnic groups is of great importance.

Studies of depression

Depression Fatigues Brain Reward Systems

A new study suggests depressed patients appear to exhaust the brain areas related to positive emotions.

Marriage cuts down risk of anxiety, depression :

The study was based on a survey of 34,493 people from 15 countries. Conversely, ending marriage through separation, divorce or being widowed, is associated with much higher risks of mental disorders in both genders; particularly substance abuse for women and depression for men. By IANS December 15th, 2009. How a Healthy Diet Can Prevent Depression

The World Health Organization predicts that depression will become the second highest cause of the global disease burden by 2020. Why is this? Many people consume a diet high in bad fats, fried, refined and sugary foods. Studies show that such a diet can certainly increase the risk of depression. When that happens, an individual will usually make an appointment to see a doctor who typically ends up prescribing anti-depressants, resulting in potential long term mental and physical health problems. It is a fact that a diet high in vegetables, fruits, and fish helps toprevent depression.

Problem :

A Comparative Study of Mental Health & Depression among Pharmacy & Polytechnic Students.

METHOD

Sample :

The total sample consisted of 120, 30 male and 30 female students were from pharmacy faculty & 30 male and 30 female students were from polytechnic faculty.

Tools :

- **Mental Health questionnaire**

Dr. D.J.Bhatt & Miss Gita R. Gida has prepared a Gujarati Mental Health questionnaire in 1992. This questionnaire used to measure Mental Health among. 40 predicate in this questionnaire which measured Mental Health. This is a 0.3 Scale questionnaire. This questionnaire's reliability is 0.94 & validity is 0.63.

- **Depression questionnaire**

The Gujarati translation of Lonard R. & Deragratis's depression questionnaire was used. 23 predicate in this questionnaire which measured depression.

RESULTS AND DISCUSSION

The result of ANOVA and conventional analysis has been presented in Tables 1, 2 and 3.

Table 1 : 2 x 2 ANOVA for Mental Health among Pharmacy and Polytechnic Students

Variables	SSs	df	SSms	F	Sig.
Sex	195.07	1	195.07	0.53	NS
Education Faculty	735.07	1	735.07	2.00	NS
Interaction of Sex and Education Faculty	134.41	1	134.41	0.36	NS
WSS	42717.04	116	368.25		
TSS	43781.59	119			

Table 2 : 2 x 2 ANOVA for Depression among Pharmacy and Polytechnic Students

Variables	SSs	df	SSms	F	Sig.
Sex	360.54	1	360.54	2.33	NS
Education Faculty	53.34	1	53.34	0.34	NS
Interaction of Sex and Education Faculty	16.12	1	16.12	0.10	NS
WSS	17982.47	116	155.02		
TSS	18412.47	119			

df 119 Value = 0.05 = 3.91 0.01 = 6.81

Table 3 : Correlation in Mental Health and Depression among Pharmacy & Polytechnic Students.

Variable	N	M	r
Mental Health	120	98	0.23
Depression	120	19	

Main Effect

The Purpose of present study was to study Mental Health & Depression among Pharmacy & Polytechnic Students.

F value of Mental Health of Male & Female is 0.53 which is not significant and F value of Mental Health of Pharmacy & Polytechnic faculty is also not significant. These insignificant F-ratios show that the mental health of males and females and well as that of Pharmacy and Polytechnic students are similar.

F value of Depression of Male & Female is 2.33 which is not significant. F value for Depression of Pharmacy & Polytechnic faculty is 0.34 which is also not significant. Therefore it is revealed that on depression the male and female as well as pharmacy and polytechnic students do not differ significantly.

The F value for Mental Health of Male & Female of Pharmacy & Polytechnic faculty is 0.36, which is not significant. Therefore it is revealed that the male and female of Pharmacy as well as Polytechnic do not differ significantly.

The F value for Depression of Male & Female of Pharmacy & Polytechnic faculty is 0.10. Therefore it is revealed that there is no significant

difference in depression scores of male and female pharmacy and polytechnic students.

Conclusion :

The main purpose of this research was to compare the mental health and depression among pharmacy and polytechnic students. There is no difference among means of Mental Health and Depression among Girls & Boys as well as Pharmacy & Polytechnic faculty. Therefore, Null Hypothesis is accepted. In case of this result we can say that higher education in both faculty, most of student comes from good academicaly sound family or economical sound family, and both faculty are famous. Thus, it can be said that both faculty students have balanced Mental health and Depression.

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