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**MANAGEMENT OF DEPENDENCY IN  
PSYCHOTHERAPY**

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**ABSTRACT**

The present study was conducted to investigate the management of dependency in psychotherapy in Pakistan. Twelve Male and twelve Female clients in the two categories of remainers and terminators, in equal numbers were included in the study. Content Analysis of first two recorded therapeutic sessions of each client was conducted. Highly significant level of Inter-Rater Reliability was obtained.

Sign Test was used to find out the difference between the ratio of approach and avoidance interventions of the therapist. The result revealed that approach interventions used in the first two therapeutic sessions led to an increase in the frequency of the dependency bids of the client, and the client tended to be a remainder, while with avoidance interventions the frequency of dependency bids decreased and the client tended to be a terminator.

## **INTRODUCTION**

There are several definitions of Psychotherapy given by various schools of personality development but the most comprehensive definition is given by Wolberg (1954)

"Psychotherapy is a form of treatment for problems of an emotional nature in which a trained person deliberately establishes a professional relationship with a patient with the objective of removing, modifying or retarding existing symptoms, of mediating disturbed patterns of behavior, and of promoting positive personality growth and development"

According to Davison and Neale (1982) "Any Psychotherapy is a set of procedures by which a mental health specialist uses language to help a person in psychological difficulty. The underlying assumption is that particular kinds of verbal exchanges in a trusting relationship can achieve specific goals, such as reducing anxiety and diminishing self defeating or dangerous behavior".

According to the verbal conditioning model, Psychotherapy is a process in which the therapist reinforces changes in the patient's behavior. Spoken words are viewed at par with action. A verbal response operates on the behavior of another person and the consequences are seen in his or her interpersonal relationships. It is possible to change the class of responses being emitted, change the topics, and extinguish the unhealthy ones or the rate of their emission. Effective therapy involves the manipulation of the verbal behavior of a client through well-placed reinforcements. If the Psychotherapist approaches or approves a certain response class, then there will be further or increased occurrence of that response class. If, on the other

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hand, the therapist avoids, the frequency of occurrence of items of that response class will gradually decrease. This characteristic of the approach or avoidance intervention can be utilized for strengthening the healthy patterns of behavior and reducing or eliminating the unhealthy ones. This may facilitate the expressions of dependency and the patient will not express anxiety on seeking help. (Ahmad & Saabera, 1985)

According to the Social Learning module, which has its roots in verbal conditioning module (Kanfer and Marston, 1964; Krasner, 1965), the therapist is viewed as influencing the client's behavior through the dispensation, either deliberate or unwitting, of reinforcements.

A main assumption of Social Learning theory is that people behave in ways that are likely to produce reinforcement (Atkinson, Atkinson, Smith and Hilgard, 1984, 1985). Bandura (1977) suggested that people observe which behaviors are rewarded and which are punished and that these observations eventually lead them to develop unique performance standards by which they guide their behavior.

The aim of the study is to investigate the effects of rewards and punishments on responses to the verbal expression of dependency by the patients.

Dependency is the need or motive to depend on others, to have someone to look up to, someone to turn to for help, some one to be accepted and loved by. Almost everyone has it in some degree. Others-few-have it to such a degree that they hardly do anything without depending on someone else for help and support (Morgan, 1961).

*Ahmad & Sultana*

All children develop normal dependency. The dependency motive arises in part from training in infancy and childhood. We all come into the world helpless and must depend upon parents throughout the years of infancy, childhood, and adolescence for the satisfaction of many of our primary drives, for decisions about right or wrong and for control of much of our behavior. The infant who has experienced a great deal of frustration with accompanying helplessness is the one who later on turns to others for support (Sears, 1953,1957; Schachter, 1959).

The empirical literature is generally consistent with predictions that dependency is associated with anxious attachment, interpersonal warmth and submissiveness (Zuroff et al. 1999).

Psychotherapy is an interpersonal process (Weiner, 1975; Noyes, 1977; Strupp, 1978; Storr, 1979; Bloch, 1982). Continuance or termination of this relationship has always been the focus of interest for Psychotherapists as well as for the Researchers in this field. In a country, like Pakistan, where Psychotherapy is relatively a new mode of treatment, and the research in this area is just in its infancy, premature termination of therapy may be a problem of greater concern.

Several studies have been conducted to investigate the relationship between the early stages of therapy and the final outcome. An approach-avoidance system was developed by Bandura et al (1960). Approach and Avoidance are generic terms referring to several classes of therapist behavior, which tend to encourage, or discourage, respectively, the discussion of a topic by the client . This relationship was replicated successfully with different classes of responses including aggression, dependency and sex and markedly diverse populations (Bandura, Lipsher and Miller, 1960; Goldman, 1961; Winder, Ahmad, Bandura and Rau, 1962; Kopplin, 1963; Caracena, 1965; Schuldt, 1965).

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Winder, Ahmad, Bandura and Rau (1962) showed empirically, that the therapist's rate of approach to client's dependency expression in the first two sessions was related to continuation as opposed to termination in Psychotherapy. They inferred that the terminators in their sample “make dependency bids which were deemed unapproachable in view of usual psychotherapeutic concepts”. This suggests that successful versus unsuccessful therapy clients may differ in the dependency expressions in the client-therapist interpersonal relationship category (Alexander and Abeles, 1968). It can also be assumed that development of an intense and dependent relationship early in therapy often leads the client to make ever-changing demands, which the therapist is unable to meet. This can lead to early termination (Abeles, 1968). An attempt will be made to verify this assumption. Rice and Greenberg (1984) puts forward the following questions for the in-session process of change research, and this pattern was taken for the current study.

1. What clients-in-therapy performance, or markers, suggest themselves as problem states requiring and ready for interventions?
2. What therapist operations will best facilitate a process of change at this particular marker?
3. What client performance following the markers leads to change?
4. What are the aspects of the client performance that seem to carry the change process, and what the final in-therapy performance of immediate outcome looks like?

The present study would provide an answer to the above-mentioned questions. Dependency bids of the patients followed by approach or avoidance of the therapist resulting in the further expression of dependency or reduction in the expression will be related to the remaining in therapy for a full course or early termination of the therapeutic relationship.

## **Hypotheses**

1. If the dependency bids of the client are approached by the therapist during the therapeutic session, frequency of dependency bids will increase.
2. If the dependency bids of the client are avoided by the therapist during the therapeutic session the frequency of dependency bids will decrease.

## **METHOD**

### **Participants:**

The participants (12 male and 12 female clients) for this study were taken from the Institute of Clinical Psychology, University of Karachi, Pakistan. Recorded therapy sessions of 9 Intern Clinical Psychologists were included in this study. All were females, having equal level of training, supervision, and experience.

### **Procedure of Content Analysis**

To collect the data, content analysis of the first two recorded therapeutic sessions of each participant was done, according to Bandura's scale. This scale was specially designed for this purpose by Bandura, Lipsher, and Miller, (1960).

The manual consist of three sections:

1. Definition of scoring units.
2. Definition of patient response categories.
3. Definition of psychotherapist responses.

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Tape recorded interviews of early two sessions of the male and female patients were analyzed. In order to assess the reliability of the content analysis of the collected data for this study, two raters, A and B, were given the training of coding the response categories of the clients, and the approach and avoidance interventions of the therapist.

Rater A was the investigator herself, while rater B was one of the Ph.D. students of the Institute of Professional Psychology, Bahria University, Pakistan.

Both A and B analyzed a number of therapy sessions of the client independently and the results were then compared. These results were not used for the main data of reliability measurement. When complete agreement was found between the two Raters, the main data for the study were collected. Two sessions from each category were randomly selected and analyzed by rater A and rater B independently.

### **Statistical Analysis:**

1. Sign test was used to find out the difference between dependency and hostility of the clients, and between the ratio of approach and avoidance interventions of the therapist.
2. Inter-rater reliability was determined by computing the ratios in the two raters' scores.
3. The ratio between the therapist's approach following dependency and the therapist's avoidance following dependency were also calculated.

### **DEFINITIONS OF DIFFERENT VARIABLES**

Dependency statements included expressions of the need to depend on other; allowing others to assume the initiative; to be told what to be cured by external sources; description of dependent, approval seeking behavior, dependent agreement and nurturant accepting behavior.

*Ahmad & Sultana*

Therapist's approach responses represented any verbalizations which seems designed to elicit further expression or elaboration of client verbalization. This category included the therapist's endeavors such as reflection, interpretation, support and information giving.

Therapist's avoidance responses included any verbalization, which seems designed to inhibit, discourage or divert further expression of client's statements. Subsumed under this category was therapist's disapproval, topic transition, ignoring a client statement, mislabeling and inappropriate silence.

A client is defined as a person either male or female, who seeks professional help for his or her behavior or adjustment problems.

A psychotherapist is defined as a female psychotherapist of the Institute of Clinical Psychology, University of Karachi, Pakistan.

## RESULTS

### **Hypothesis No.1**

If the dependency bids of the client are approached by the psychotherapist during the therapeutic session, the frequency of dependency bids will increase.

1. The result is presented in Table No.1. The ratio of dependency after approach is more than the ratio of dependency after avoidance. The rate of continuance of dependency bids after approach is higher than the rate of dependency bids after avoidance. The therapist did not avoid the dependency bids in five cases. The ratio reached the highest level of 1.00.

The Sign test is significant at  $p < .001$  level.

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2. A comparison of dependency and aggression units approached by the therapist is presented in Table No.2.

17 of the 24 clients expressed more dependency than aggression during the therapeutic session.

The sign test is significant at  $p < .001$  level.

The hypothesis is proved. When the dependency bids of the client were approached by the therapist during the therapeutic session, the frequency of the dependency bids increased.

### **Hypothesis No.2**

If the dependency bids of the client are avoided by the therapist during the therapeutic session, the frequency of the dependency bids will decrease.

Table No.1 shows the difference between the ratios of the two types of interventions. The result indicates that the rate of continuation of dependency bids of the client after avoidance by the therapist was lower than the rate of dependency bids after approach interventions in each case. In one case the ratio of avoidance to dependency reached to .33, which is a very high rate of avoidance.

The Sign test is significant at  $p < .001$  level.

When dependency bids of the client were avoided by the therapist during the therapeutic session the frequency of the dependency bids decreased.

**TABLE NO 1**

**THERAPISTS RESPONSE CATEGORIES RATIO OF  
DEPENDENCY AFTER APPROACH AND RATIO OF  
DEPENDENCY AFTER AVOIDANCE**

<b>SUBJECT NO.</b>	<b>DEPENDENCY AFTER APPROACH</b>	<b>DEPENDENCY AFTER AVOIDANCE</b>	<b>SIGN</b>
1.	.90	.08	+
2.	.92	.07	+
3.	.98	.01	+
4.	.92	.07	+
5.	.93	.06	+
6.	.98	.06	+
7.	.90	.09	+
8.	.91	.05	+
9.	.96	.09	+
10.	.66	.33	+
11.	1.00	00	+
12.	.91	.08	+
13.	.92	.07	+
14.	.94	.06	+
15.	.97	.02	+
16.	.97	.02	+
17.	.93	.06	+
18.	.96	.03	+
19.	.98	.02	+
20.	.96	.04	+
21.	1.00	00	+
22.	1.00	00	+
23.	1.00	00	+
24.	1.00	00	+

**Sign Test is Significant at P < .001 Level.**

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**TABLE NO 2**

**COMPARISON OF DEPENDENCY AND AGGRESSION UNITS  
APPROACHED BY THE THERAPISTS**

<b>SUBJECT NO.</b>	<b>NO. OF DEPENDENCY UNITS</b>	<b>NO. OF AGGRESSION UNITS</b>	<b>SIGN</b>
1.	04	21	-
2.	06	21	-
3.	08	12	-
4.	10	13	-
5.	10	08	+
6.	10	11	-
7.	15	18	-
8.	15	05	+
9.	17	03	+
10.	18	00	+
11.	19	34	-
12.	21	11	+
13.	23	11	+
14.	23	00	+
15.	24	00	+
16.	30	09	+
17.	31	02	+
18.	34	04	+
19.	39	05	-
20.	47	15	+
21.	58	00	+
22.	78	12	+
23.	80	17	+
24.	88	14	+

**The Sign Test is significant at  $P < 0.001$ .**

**TABLE NO 3**  
**FREQUENCY OF CATEGORIES AND**  
**INTER-RATER AGREEMENT**

<b>RESPONSE CATEGORIES</b>	<b>TOTAL NO. OF RESPONSES SCORED</b>	<b>NO. OF RESPONSES BOTH RATERS AGREED ON</b>	<b>RATIO OF AGREEMENT</b>
<b>Patient Response Categories</b>			
Hostility	57	55	.96
Hostility anxiety	41	40	.97
Sex	28	28	1.00
Sex anxiety	14	13	.92
Over all	140	136	.98
<b>Dependency Categories</b>			
Approval Seeking	22	22	1.00
Information Seeking	15	14	.93
Seeking of initiation	3	3	1.00
Help seeking	56	55	.98
Company seeking	4	4	1.00
Concern about disapproval	32	30	.93
Agreement	34	33	.97
Dependency anxiety	1	1	1.00
Over all	167	162	.96
<b>Other Patient Responses</b>			
Acknowledgment	44	42	.97
Non	257	254	.98.96

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**TABLE NO 3 (Cont'd)**  
**FREQUENCY OF CATEGORIES AND INTER-RATER AGREEMENT**

<b>RESPONSE CATEGORIES</b>	<b>TOTAL NO. OF RESPONSES SCORED</b>	<b>NO. OF RESPONSES BOTH RATERS AGREED ON</b>	<b>RATIO OF AGREEMENT</b>
<b>Over all</b>	356	350	.98
Object Categories			
Therapist	40	38	.95
Spouse	25	25	1.00
Father	44	44	1.00
Mother	68	66	.97
Child	92	90	.97
Self	45	45	1.00
General	228	225	.98
Other	184	181	.98
Over all	726	714	.98
<b>Therapist Response Categories</b>			
<b>Approach Interventions</b>			
Approval Reaction	6	6	1.00
Reflection	82	80	.97
Generalization	31	30	.96
Support	67	66	.98
Probing	352	350	.99
Instigation	53	52	.98
Factual information	20	20	1.00
Over all	625	617	.98
<b>Avoidance Interventions</b>			
Disapproval	9	8	.88
Ignoring	1	1	1.00
Silence	2	2	1.00
Mislabeling	0	0	1.00
Topical Transition	4	4	1.00
Retraction	0	0	1.00
Miscellaneous	1	0	1.00
Over all	26	25	.96

**TABLE NO 4**

**FREQUENCY OF VARIOUS RESPONSE CATEGORIES**

<b>Total Units Scored</b>	4122
<b>Patient Response Categories (bids)</b>	
Hostility	568
Hostility Anxiety	191
Sex	123
Sex Anxiety	120
Dependency Categories	1235
Approval Seeking	80
Information Seeking	107
Seeking for initiation	16
Help seeking	330
Concern about disapproval	308
Agreement	323
Company Seeking	46
Dependency Anxiety	25
<b>Other response categories</b>	
Acknowledgment	184
Non-acceptance	265
Silence	29
Non	2040
<b>Object Categories</b>	
Therapist	349
Spouse	507
Father	192
Mother	352
Child	221
General	1701
Other	1928
Self	232

## **DISCUSSION**

This study is undertaken to investigate "The management of dependency in psychotherapy in Pakistan". Pakistani culture is different from the cultures of other countries. The customs and traditions, the folk-ways, attitudes and expectations, and the living conditions are different. Social, moral, and religious values and gender roles are also different. Psychotherapeutic relationship is always determined by the cultural expectations. The moment the client enters the therapeutic situation he / she is virtually dependent. First two therapeutic sessions have been found important in determining the future course of therapy. In her dissertation study at Stanford, Ahmad (1960) found that when the dependency bids of the client are approached during the first two therapeutic sessions the client tends to continue treatment for a full course of therapy. In the perspective of Pakistani culture, with difference in the expression of dependency, how to manage this dependency in the therapeutic session, in Pakistan, is the basic purpose of this study.

### **HYPOTHESIS NO.1**

#### **Hypothesis No.1 states that:**

"If the dependency bids of the client are approached by the therapist during the therapeutic session, the frequency of dependency bids will increase."

The data support the hypothesis. Table No.1 indicates that the ratio of the dependency bids after approach is higher than the ratio of dependency bids after avoidance. The therapist did not avoid the dependency expressions in five cases at all; the ratio reached a maximum level of 1.00. The Sign test is significant at  $p < .001$ .

*Ahmad & Sultana*

Approach interventions have the effect of positive reinforcement. According to verbal conditioning model, when the therapist approaches or approves a certain response class the frequency of occurrence of that response class increases.

In the present study, when the therapist approached the dependency bids of the client, the frequency of dependency bids increased. Approach or approval by the therapist led the client to continue talking on the topic under consideration.

In a tradition-oriented society, like Pakistan, the authority-figures especially the father, play a very significant role in the society. Obedience, conformity and respect of the elders are admired. Seeking of approval of the elders is considered necessary in all the important matters of life. Approved forms of behavior are reinforced through positive attitudes of the elders.

The therapist also is viewed as an authority figure. Clients expect support and encouragement from the therapist. During the therapeutic session, when the therapist approves, the client will keep on discussing the topic. It increases the sense in the client that the therapist understands his/her problems. This leads to continuation of therapy and will result in the in-session process of change in a positive manner.

In the present study, frequency of certain response categories (table-4) of the client show that the client felt free in seeking help (26.72%), expressing concern about disapproval (24.94%), showing agreement (26.1%) and seeking information (8.66%). Probing and instigation of the therapist encouraged the client for further discussions. The frequency of the approach interventions like probing (62.72%), support (11.2%), and instigation (7.52%)

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indicate that the therapist took interest in the discussions resulting in the continuation of therapy.

Hence, when the dependency bids of the clients were approached by the therapists during the therapeutic session, the frequency of the dependency bids increased.

### **HYPOTHESIS NO.2:**

This hypothesis states that:

"If the dependency bids of the client are avoided by the therapist, during the therapeutic session, the frequency of the dependency bids will decrease."  
This hypothesis is supported by the data.

The results in Table No 1 indicate that the rate of continuation of dependency bids after avoidance is lower than the rate after approach. In five cases, there was no avoidance, while in one case, the rate of avoidance was very high. The ratio of avoidance of dependency bids reached 0.33.

The hypothesis is proved at  $p < .001$  level of significance of sign test.

When the therapist disapproves the discussion of certain topic, during the therapeutic session, the client feels that the topic was not suitable for discussion. This conveys a sense of discouragement. Avoidance and discouragement are taken as negative reinforcement. If the therapist continues avoiding the dependency bids of the client, it will be taken as punishment. The client will not continue the discussion any further. This will result in the decrease of dependency bids. In the present study also, dependency bids of the client decreased significantly when the therapist avoided discussing them.

*Ahmad & Sultana*

The therapist's avoidance is found in the form of frequent changes in the topics (34.75%) and talking on miscellaneous issues (34.75%).

In Pakistan, it is a common practice of the authority figures, like the father, to express disapproval openly by withholding rewards and imposing mild or severe punishments on disapproved patterns of behavior. During the therapeutic session, the avoidance behavior of the therapist is taken as disapproval of an authority figure. Punishment has the effect of suppressing the behavior . Consequently, the client stops expressing dependency when the therapist avoids such discussions.

When the dependency bids of the client were avoided by the therapist, in the present study, the frequency of the dependency bids decreased to a very low level.

It is a fact that approach interventions have the effect of positive reinforcement. As mentioned earlier, the moment the client enters the therapeutic situation, he/she is virtually dependent on the therapist for the eradication of his/her problems. If the psychotherapist approaches the dependency of the client by probing and instigating the client for the discussion of the topic, and providing support, approval and factual information, the client will feel free to talk about his/her problems.

First two therapeutic sessions have been found important in building rapport and establishing the positive relationship between the client and the therapist. Approach or approval of the therapist provides the support needed at the initial stage. It will help not only in the continuation of the in- session process of change but also pave the way for remaining in therapy for the full course of treatment. Gratification of dependency, at the initial stage, especially

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during the first two sessions is necessary for the continuation of treatment. In the Pakistani culture, dependency on the authority figures is appreciated. In times of distress these authority figures, specially the father, takes the burden of responsibility by helping the youngsters in sailing through the deep sea of troubles. The therapist in the role of an authority figure is also expected to be rewarding and reinforcing. The client who is in great need of help of the therapist, when feels satisfied with the therapeutic situation continues the treatment.

The researcher would like to suggest the following when further research is carried out.

1. The full course of therapy of the terminators should be studied in order to investigate the nature of their dependency bids. It will help in understanding why they are less approached and more avoided by the therapists.
2. Video-tapes should also be included in this type of research in future in order to understand the non-verbal cues of the clients.

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## **APPENDIX-A**

### SCORING MANUAL FOR CONTENT ANALYSIS OUTLINE

#### A. Scoring Units.

1. Scoring Units.
2. Interruptions.

#### B. Patient response categories.

##### 1. Hostility categories.

- a. Hostility.
- b. Hostility anxiety.

##### 2. Sex Categories.

- a. Sex
- b. Sex anxiety.

##### 3. Dependency Categories.

- a. General definition of dependency.
- b. Approval seeking.
- c. Information seeking.
- d. Seeking for initiation.
- e. Help-seeking
- f. Company seeking.
- g. Concern about disapproval.
- h. Agreement.
- i. Dependency anxiety.

##### 4. Other Patient Responses.

- a. Acknowledgement.
- b. Non acceptance.
- c. Silence.
- d. Non.

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### C. Object Categories.

1. Therapist.
2. Spouse.
3. Father.
4. Mother.
5. General.
6. Child.
7. Others.
8. Self.

### D. Therapist Response Categories.

1. Therapist approach responses.
  - a. Approval.
  - b. Reflection.
  - c. Generalization.
  - d. Support.
  - e. Probing.
  - f. Instigation.
  - g. Interpretation.
  - h. Factual Information.
2. Therapist avoidance responses.
  - a. Disapproval.
  - b. Ignoring.
  - c. Silence.
  - d. Mislabelling.
  - e. Topical transition.
3. Retraction.
4. Miscellaneous.



**THE RELATIONSHIP BETWEEN SELF-ESTEEM AND  
COPING RESPONSES OF ADULTS**

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**ABSTRACT**

In the present research the Relationship between Self-Esteem and Coping Responses of Adults was studied. It was hypothesized that individuals with high self esteem will obtain high scores on Logical Analysis and on Problem Solving. In order to find out the level of Self-Esteem among adults Culture Free Self-Esteem Inventory – Adult (CFSEI-2) was administered .In order to find out the Coping Responses in adults the Coping Response Inventory (CRI-A) was administered. The inventories were administered to two hundred participants out of which 100 were males and 100 were females. There were 50 males and 50 females who had high Self-Esteem and 50 females and 50 males who had low Self-Esteem. Chi-Square was computed for the statistical analysis of the data. Both the hypotheses were highly significant at  $P < .001$  level. The results of the present study show that individuals with high Self-Esteem have a feeling of worthiness. They are confident and competent about their abilities. Their feelings of worthiness help them in the process of coping. In response to stress they try to think more logically, rationally and they attempt to solve the problems.

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## **INTRODUCTION**

In daily encounters people are likely to experience multiple conflicting emotional situations. This leads to stress, which also affects their sense of self. Self-esteem is an important component of self. Self is composite of an individual's thoughts, feelings, and beliefs about themselves.

The present research is being conducted in Pakistan to find out the relationship between self-esteem and coping responses of adults. Pakistan is an under developed country. Thus generally in Pakistan, due to low literacy rate, people are not aware about the importance of mental health and significance of self-esteem. The research findings of this thesis will be helpful in educating the society, parents and teachers about the importance of self-esteem.

From the Pakistani psycho-social perspective this research can provide valuable data on this phenomenon. The research finding of this thesis will be helpful in the field of Clinical Psychology. In this context no research has been conducted in Pakistan.

Therefore it is imperative for qualified clinical psychologists to investigate and highlight the relationship between self-esteem and coping responses of adults, so that the mental health of Pakistani nation can be enhanced and improved.

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### **Self:**

According to Battle, (1992) the concept of self, develops and takes shape as the child grows. In the early stages of development, the self is vague and some what poorly integrated phenomenon but becomes increasingly more differentiated as the youngster matures and interacts with significant individuals in his life.

### **Self-concept And Self-esteem**

Self-concept and self esteem are related to each other and generally they are often used interchangeably.

Markus, (1977) suggested that Self-concept is a cognitive structure and self-esteem is an affective reaction, the self-concept refers to what we believe about ourselves and self-esteem is related to how we feel about or evaluate ourselves.

Battle, (1992) defined self-esteem as a fundamental human need at all stages of development, that affects one's level of achievement, ability to adjust to the environmental demands and general state of well being.

Kazdin,(2000) defined Self esteem as a global evaluation reflecting our view, our accomplishment, and capabilities, our values, our bodies, other's responses to us, and even on occasion our possessions.

According to Branden, (2001) self-esteem is the disposition to experience oneself as being competent to cope with the basic challenges of life and being worthy of happiness.

### **Nature of Self-esteem**

The term self-esteem has been approached from several different perspectives.

According to Reasoner, (1992) the term self-esteem includes cognitive, affective and behavioral elements. It is cognitive as one consciously thinks about oneself, as one considers the discrepancy between ones ideal self, the person one wishes to be, and the perceived self or the realistic appraisal of how one sees oneself. The affective element refers to the feelings or emotions that one has when considering that discrepancy. The behavioral aspects of self-esteem are manifested in such behaviors as assertiveness, resilience, being decisive and respectful of others.

### **Impact of Culture on Self-esteem**

According to Markus & Kitayaman, (1991) Culture plays a powerful role in the formation of the Self-Concept, the perception one forms of the others, and the extent to which others may influence the development of one's Self-Concept.

They emphasized that American & other western cultures often emphasize the uniqueness of the individual and appreciation of being different from others. In contrast Eastern cultures often emphasize paying attention to others and the relationship with individual and others.

Markus & Kitayaman, (1991) also conceptualized two construal of the self that reflect such cultural differences. The independent construal emphasizes the uniqueness of the self, its autonomy from others and self-reliance.

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Although other people have an influence on a person's behavior, a person's self-concept is largely defined independently of others.

The Interdependent Construal emphasizes the interconnectedness of people and the role that others play in developing an individual's self concept. In the interdependent construal, what others think of the individual or do to the individual matter. The person is extremely sensitive to others and strives to form strong social bonds with them.

They also suggested that in the western cultures, others are important as source of comparison. In Eastern cultures one's relationships with others helps to define the self. In Western cultures self esteem is associated with being able to express one's internal convictions being a "winner" and validating internal attributes. In Eastern cultures, one is self "satisfied" to the extent that one can fit in and harmonize with the social context.

Wylie (1974) suggested that presence of high self-esteem is associated with desire for control, hope, achievement, motivation and self determination. On the other hand low self-esteem is associated with depression, aggression and anxiety.

Self-esteem also regulates the individuals coping responses in stressful circumstances. The various definitions of coping have been given by different scholars of Psychology.

### **Definitions of Coping**

Lazarus and Folkman, (1984) defined coping as "constantly changing cognitive and behavioral efforts to manage specific external and / or internal demands that are appraised as taxing or exceeding the resource of the person".

Baron and Byrne, (1997) described coping as “responding to stress in a way that reduces the threat and its effects, includes what a person does, feels or thinks in order to master, tolerate or decrease the negative effects of the stressful situation”.

In the light of above definitions it could be concluded that coping is an attempt to manage stress in some effective way. It consists not of one single act but is a process that allows the individuals to deal effectively with various stressors.

Zeidner and Endler, (1995) suggested that the concept of coping refers to the various ways in which people try either to meet these demands or deal with the emotions that are created by the pressure of these demands.

Therefore it includes those actions and thoughts that enable individuals to handle difficult situations.

### **Problem Focused Coping**

Lazarus defined, (1966) that Problem Focused coping means the cognitive style used in stress by individuals who face their trouble and try to solve them.

Problem focused coping is direct; it consists of reducing, modifying, or eliminating the source of stress itself. According to Billings & Moos, (1984) problem focused coping include strategies that deal directly with the situation or the stressors in ways that will eventually decrease or eliminate it. These strategies consist of identifying stressful problems, generating possible solutions, selecting appropriate solutions and applying the solution to the problems, thereby eliminating the stress.

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In problem focused strategies person can change something about himself. Changing levels of aspirations, finding alternative sources of gratification and learning new skills are examples. People who use problem focused coping in stressful situations show lower levels of depression both during and after the stressful situation.

In problem focused coping or task oriented approach the adult makes direct effort to alleviate the source of stress e.g. couples who have marital problems approach for marriage counseling, instead of blaming each other. A person having financial problem gets at additional part time job to earn extra money. In this way stress can provide an opportunity for growth.

Coping with a stressful event is a dynamic process which requires identifying and eliminating the source of stress. To cope with stress, the person's appraisal of the situation plays an important role. In the process of coping, the person first defines stress, evaluates its severity and then determines the best ways to respond. So in the process of coping, cognition plays an important role.

### **Cognitive Appraisal**

Although several theories of coping have been proposed, the one that is employed most widely is that proposed by Lazarus, (1966) and elaborated upon by Lazarus & Folkman, (1984). The theory is sometimes termed as Cognitive Appraisal Model and sometime termed as Transactional Model.

Lazarus, (1976) defined the cognitive appraisal as “the process of recognizing a stressor, assessing the demands it makes, and identifying resources available to deal with it.”

Lazarus distinguished two stages in cognitive appraisal. He uses the term Primary Appraisal and Secondary Appraisal.

**Primary Appraisal:**

Primary appraisal is an evaluation of the meaning and significance of a situation; whether its effect on one's well being is positive or negative.

According to Folkman & Lazarus, (1988) the relationship between emotions and coping in stressful encounters is bi-directional, with each affecting the other. The behavioral flow begins with a transaction that is appraised as harmful, beneficial, threatening or challenging.

The appraisal process generates emotion. The appraisal and its attended emotions influence the coping process, which in turn change the person environment relationship. The altered person environment is reappraised, and the reappraisal leads to a change in emotion quality and intensity.

According to Folkman, (1984) when people appraise a situation as involving harm, loss or threat, they experience negative emotions such as anxiety, fear, anger or resentment. On the other hand a challenge appraisal, is usually accompanied by positive emotions such as excitement, hopefulness, and eagerness.

**Secondary Appraisal**

According to Lazarus, (1976) the individual evaluates the available personal & social resources for dealing with the stressful circumstance and considers what action to take.

According to Folkman, (1984) during secondary appraisal, if people

judge the situation to be within their control, they make an evaluation of available coping resources – physical (health, energy, stamina), social (support network), psychological (skills, morale, self-esteem), material (money, tools, equipment) and time.

### **Personality Characteristics and Style of Coping**

Most of us cope with stress in a characteristic manner, employing a specific “coping style”. This represents our general tendency to deal with stress in a specific way. Some people have a stronger tendency towards using certain coping responses as compared to other people. Some people find it easy to cope with major life stresses, while others find it hard to deal with even minor problems. Several factors determine whether they find a particular situation stressful. A person who is self confident, feels capable of coping with life events, is less likely to find a given situation stressful than someone who lacks self-assurance. For example people who have handled job changes well in the past are likely to find a new change less stressful than those who have had great difficulty adjusting to previous job changes.

Preston and Mansfield, (1984) suggested that the stressed person believes that his or her own behavior makes a difference in the outcome of a stressful situation and then takes charge is pursuing an effective way of coping with stress.

Researchers also identified that some individuals approach stress in an optimistic manner and take direct actions. Thus their positive expectations make them more stress resistant than pessimists. In a study of college students, Scheier & Carver, (1985) found that at the end of the semester, optimistic students reported fewer physical symptoms than those who were pessimistic.

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Another study Scheier et al, (1989) of patients who had undergone coronary bypass surgery revealed that optimists recovered faster during hospitalization and were able to resume their normal activities sooner after discharge than pessimists.

According to Scheier & Carver, (1992) optimists and pessimists seem to adopt different tactics for coping. Optimists concentrate on problem focused coping, making and enacting specific plans for dealing with sources of stress. They also seek and obtain social support. In contrast, pessimists tend to adopt different strategies, such as giving up the goal with which stress is interfering or denying that the stress exists.

On the basis of above theoretical explanation and researches, it could be inferred that several factors such as sense of control, positive thinking and problem focused coping can help individual to cope with stress. Along with these factors researchers also suggested a close relation between level of self-esteem and styles of coping. Several theorists suggested that self-esteem is often increased when individuals face a problem and try to cope with it rather than avoid it.

In the light of these researches the following hypotheses were formulated:

**Hypotheses**

1. Individuals obtaining high scores on Self-Esteem will obtain high scores on Logical Analysis.
2. Individuals obtaining high scores on Self-Esteem will obtain high scores on Problem Solving.

## **METHOD**

This study was conducted to assess the relationship between Self-Esteem and Coping Responses of Adults. In order to analyze it scientifically, individuals with high self-esteem were compared with individuals with low self-esteem.

### **Participants**

A total of two hundred participants were selected for the study; hundred males and hundred females, out of which fifty males and fifty females with high self-esteem, fifty males and fifty females with low self-esteem. The individuals were selected from the different institutions and colleges of Karachi. The ages of these individuals ranged from 18 to 30 years.

### **Measures**

Culture Free Self-Esteem Inventory Adult (CFSEI-2 ADULT) by Battle, (1992) was administered in order to assess the different level of self-esteem. Coping Response Inventory Adult (CRI-ADULT) by Moos, (1988) was administered in order to assess the different forms of coping responses.

#### **Culture Free Self –Esteem Inventory (CFSEI-2)**

The Culture Free Self Esteem Inventory is a self report inventory developed by James Battle, in 1992 in the course of several years of work with students and clients. The inventory which is intended to measure an individual's perception of self, have been proven to be of value in offering greater insight into client's subjective feelings.

Battle, (1992) defined self-esteem as the perception the individual possesses of his or her own worth. An individual's perception develops

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gradually and becomes more differentiated as he or she matures and interacts with significant others. Perception of self worth, once established, tends to be fairly stable and is resistant to change.

The inventory can be administered to individuals or groups, and actually requires only 15 to 20 minutes for administration. Responses are of the forced choice variety. The individual checks each item as either YES or NO.

The items in the instrument are divided into two groups: those that indicate High self-esteem and those that indicate Low self-esteem.

## **DEFINITIONS OF KEY TERMS**

### **High Self-Esteem**

Individuals who obtain a score of 27 or more on Culture Free Self-Esteem Inventory were marked as High self esteem individuals.

### **Low Self-Esteem**

Individuals who obtain a score of 14 or less on Culture Free Self-Esteem Inventory were marked as Low self-esteem individuals.

### **Coping Responses Inventory –Adult (CRI-A)**

The Coping Response Inventory-Adult (CRI-A) is suitable for assessing the coping responses of adults. The inventory considers the orientation or focus of coping and divides coping responses into Approach and Avoidance. The CRI-A can be used to assess an individual's relative reliance on Approach compared to Avoidance coping. These responses are Logical Analysis (LA) and Problem Solving (PS),

**DEFINITIONS OF KEY TERMS**

**Logical Analysis**

Cognitive attempts to understand and prepare mentally for a stressor and its consequences.

**Problem Solving**

Behavioral attempts to take action to deal directly with the problem.

**Procedure**

The Culture Free Self-Esteem Inventory-Adult (CFSEI-A) and the Coping Response Inventory-Adult (CRI-A) inventories were administered separately to the participants. Inventories were administered in group settings. Participants were appreciated for their cooperation and contribution in research. They were assured of confidentiality of their results. After that the following demographic information was collected from each participant.

1.Age

2. Sex

3. Marital Status

4.Education

5. Residence Area

**TABLE NO 1**  
**LEVEL OF LOGICAL ANALYSIS AS COMPARED WITH LEVEL OF SELF-ESTEEM**

LEVEL OF LOGICAL ANALYSIS

LEVEL OF SELF-ESTEEM

	High	Low	Total
High	59	45	104
Low	41	55	96
Total	100	100	200

$$\chi^2 = \frac{\sum(F_o - F_e)^2}{F_e}$$

$$\chi^2 = 3.92$$

$$df = 1$$

Significant at P < 0.001

**Level of Logical Analysis As Compared with Level of Self-Esteem**

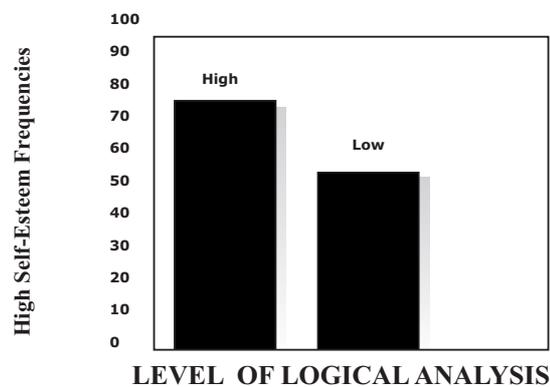


TABLE NO 2  
LEVEL OF PROBLEM SOLVING COMPARED WITH LEVEL OF SELF-ESTEEM

		LEVEL OF SELF-ESTEEM		
		High	Low	Total
LEVEL OF PROBLEM SOLVING	High	65	40	105
	Low	35	60	59
	Total	100	100	200

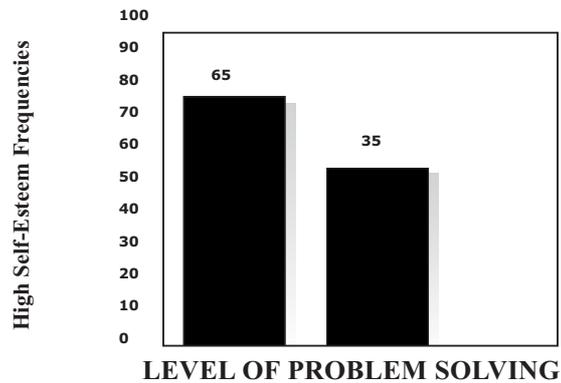
$$\chi^2 = \frac{\sum(F_o - F_e)^2}{F_e}$$

$$\chi^2 = 12.5$$

$$df = 1$$

Significant at  $p < 0.001$

Level of Problem Solving As Compared with Level of Self-Esteem



## **DISCUSSION**

The purpose of the present study is to assess the relationship between Self-Esteem and Coping Responses of Adults.

Self-esteem includes the feelings and beliefs that individuals have about their abilities to make a positive difference, to confront rather than retreat from challenges, to learn from both success and failure. It influences individuals' thoughts, ideas and decisions. Having self-esteem would help with many social problems. A person with high self-esteem is confident, has the ability to think, learn, choose and make appropriate decisions.

Another important aspect of high self esteem is being competent to cope with basic challenges of life. Self esteem provides a resistance and strength to handle the stresses. On the other hand low self esteem is associated with varieties of abnormalities, e.g. shyness, depression, anxiety, lack of participation in life , not able to face the challenges of life and trying to avoid them.

### **Hypothesis No. 1**

The hypothesis is supported by the results and is highly significant at  $p < 0.001$ . The results are shown in Table No. 1 and Graph -1. It is obvious that there is a significant difference in the two groups. The individuals with high self esteem have high scores on Logical Analysis.

Self-esteem is defined as having confidence and satisfaction in oneself. Self-esteem is considered to be the overall value that one places on oneself as a person.

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Self-esteem is an important force against distress, dependency and irrational thinking. It is an important variable that significantly influences the process of coping in managing stress. It is noted that individuals who are self confident, have belief about their abilities, and have a feeling of worthiness, and try to think logically about the situation in the process of coping. Moos, (1988) defined Logical Analysis as “cognitive attempts to understand and prepare mentally for a stressor and its consequences”.

In order to think logically, individuals see beyond what is directly observable and reason in terms of what might be possible. With this ability the individuals are able to plan ahead, are able to see the future consequences of an action, and are able to provide alternative explanations of events.

It is noted that perception of self-esteem effects thoughts ideas and reasoning abilities. Those who form a positive view are more confident, independent and optimistic. Their feelings of worthiness help them in the process of thinking that involves analyzing, evaluating and interpreting the consequences of the situation. Their belief about their abilities helps them to deal directly with the situations or stressors in a way that will eventually decrease the stressors.

It has been seen from the results that individuals who have positive perceptions of themselves are capable to deal with the problems directly, try to think logically and rationally.

### **Hypothesis No. 2**

The Hypothesis states that: Individuals obtaining high scores on Self –Esteem will obtain high scores on Problem Solving.

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This hypothesis is supported by the data and is significant at  $p < 0.001$ . The results are shown in Table No 2 and Graph -2. It is obvious that there is a significant difference in the two groups. The individuals with high Self-Esteem have high scores on Problem Solving.

Moos, (1988) defined the problem solving as “behavioral attempts to take action, to deal directly with the problem”.

Problems are inevitable in all realms of life. Hence all human beings face problems which require immediate solution.

These problems can be solved effectively with some effort. Problem solving is a basic part of our every day existence. Individuals constantly encounter problems that require solutions. This understanding allows the individuals to get on with the problem solving process. It has been seen that feeling good about one self is important in the process of problem solving. Feeling that one has a good ability to solve problems gives a sense of control and enables one to pursue goals.

It has been noted that those who have fair degree of confidence and commitment and have no doubts in their abilities address problems effectively by accepting them. Individuals with this ability examine the problem carefully, devise a strategy, and try various solutions for that particular problem.

High Self-Esteem has been associated with the ability to perform competently and successfully in whatever they attempt. It is noted that people with this perception approach situations or problems confidently, set high goals and persist in their efforts. It is noted that individuals who have confidence in their abilities and have a sense of worth are better able to cope

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effectively with the given situation by using a problem solving approach.

Individuals with positive perception try to identify or discover the opportunities that decreases stress and enhance their problem solving abilities.

It has been seen from the results that individuals who have feelings of worthiness and confidence are able to deal directly with the stressors. Hence it is important for the clinical psychologist to help the individuals enhance their self esteem. Therefore people with high self-esteem see problems as challenges and even as opportunities for positive change. So in response to stress they are able to regulate their actions and deal effectively.

**APPENDIX - B**

**CRI-ADULT ANSWER SHEET**

Name \_\_\_\_\_

Date \_\_\_\_\_

Gender Age \_\_\_\_\_

Marital Status \_\_\_\_\_

Residential \_\_\_\_\_ Area Education \_\_\_\_\_

College \_\_\_\_\_

**Instructions for Part 1**

This booklet contains questions about how you manage important problems that come up in your life. Please think about the most important problem or stressful event you have experienced in the last 12 months (e.g. troubles with a relative or friend, the illness or death of a relative or friend, an accident or illness, financial or work problem). Briefly describe the problem in the space provided in Part 1 of the answer sheet. If you have not experienced a major problem, list a minor problem that you have had to deal with.

**Part 1**

Describe the problem or solution

\_\_\_\_\_

**Part 2**

Read each item carefully and indicate how often you engaged in that behavior in connection with the problem you described in Part 1. Circle the appropriate response on the answer sheet:

- Circle "N" if your response is NO, Not at all.  N  O  S  F
- Circle "O" if your response is YES, Once or Twice.  N  O  S  F
- Circle "S" if your response is YES, Sometimes.  N  O  S  F
- Circle "F" if your response is YES, Fairly often.  N  O  S  F

There are 48 items in Part 2. Remember to mark all your answers on the answer sheet. Please answer each item as accurately as you can. (All your answers are strictly confidential). If you do not wish to answer an item, please circle the number of that item on the answer sheet to indicate that you have decided to skip it. If an item does not apply to you, please write NA (Not Applicable) in the box to the right of the number for that item. (If you wish to change an answer, make an X through your original answer and circle the new answer). Note that answers are numbered across in rows on part 2 of the answer sheet.

1. Did you think of different ways to deal with the problem?
2. Did you tell yourself things to make yourself feel better?
3. Did you talk with your spouse or other relative about the problem?
4. Did you make a plan of action and follow it?
5. Did you try to forget the whole thing?
6. Did you feel that time would make a difference-that the only thing to do was wait?

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7. Did you try to help others deal with a similar problem?
8. Did you take it out on other people when you felt angry or depressed?
9. Did you try to step back from the solution and be more objective?
10. Did you remind yourself how much worse things could be?
11. Did you talk with a friend about the problem?
12. Did you know what had to be done and try hard to make things work?
13. Did you try not to think about the problem?
14. Did you realize that you had no control over the problem?
15. Did you get involved in new activities?
16. Did you take a chance and do something risky?
17. Did you go over in your mind what you would say or do?
18. Did you try to see the good side of the situation?
19. Did you talk with a professional person (e.g., Doctor, Lawyer, Clergy)?
20. Did you decide what you wanted and try hard to get it?
21. Did you daydream or imagine a better time or place than the one you were in?
22. Did you think that the outcome would be decided by fate?
23. Did you try to make new friends?
24. Did you keep away from people in general?
25. Did you try to anticipate how things would turn out?
26. Did you think about how you were much better off than other people with similar problems?
27. Did you seek help from persons or groups with the same type of problem?
28. Did you try at least two different ways to solve the problem?
29. Did you try to put off thinking about the situation, even though you knew you would have to at some point?
30. Did you accept it; nothing could be done?
31. Did you read more often as a source of enjoyment?
32. Did you yell or shout to let off steam?
33. Did you try to find some personal meaning from the situation?
34. Did you try to tell yourself that things would get better?
35. Did you try to find out more about the situation?
36. Did you try learn to do more things on your own?
37. Did you wish the problem would go away or somehow be over with?
38. Did you expect the worst possible outcome?
39. Did you spend more time in recreational activities?
40. Did you cry to let your feelings out?
41. Did you try to anticipate the new demands that would be placed on you?
42. Did you think about how this event could change your life in a positive way?
43. Did you pay for guidance and/or strength?
44. Did you take things a day at a time, one step at a time?
45. Did you try to deny how serious the problem was?
46. Did you lose hope that things would ever be the same?
47. Did you turn to work or do other activities to help you manage things?
48. Did you do something that you didn't think would work, but at least you were doing something?

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**APPENDIX - B**

**CFSEI-2**

Name \_\_\_\_\_

Date \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_

Marital Status \_\_\_\_\_

Residential Area \_\_\_\_\_ Education \_\_\_\_\_

College \_\_\_\_\_

**Instruction:**

There are 30 items. These items indicate what you generally do and feel about your self. There is no right or wrong answer. Mark your answer by a 'tick' in Column of 'Yes' or 'No'.

**Sr. # Question**

**(Yes or No)**

1. Do you have only a few friends?
2. Are you happy most of the time?
3. Can you do most things as well as others?
4. Do you like everyone you know?
5. Do you spend most of your free time alone?
6. Do you like being a male / Do you like being a female?
7. Do most people you know like you?
8. Are you usually successful when you attempt important tasks or assignments?
9. Have you ever taken anything that did not belong to you?
10. Are you as intelligent as most people?
11. Do you feel you are as important as most people?
12. Are you easily depressed?
13. Would you change many things about yourself if you could?
14. Do you always tell the truth?
15. Are you as nice looking as most people?
16. Do many people dislike you?
17. Are you usually tense or anxious?
18. Are you lacking in self-confidence?
19. Do you gossip at times?
20. Do you often feel that you are no good at all?
21. Are you as strong and healthy as most people?
22. Are your feelings easily hurt?
23. Is it difficult for you to express your views or feelings?
24. Do you ever get angry?
25. Do you often feel ashamed of yourself?

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26. Are other people generally more successful than you are?
27. Do you feel uneasy much of the time without knowing why?
28. Would you like to be as happy as others appear to be?
29. Are you ever shy?
30. Are you a failure?
31. Do people like your ideas?
32. Is it hard for you to meet new people?
33. Do you ever lie?
34. Are you often upset about something?
35. Do most people respect your views?
36. Are you more sensitive than most people?
37. Are you as happy as most people?
38. Are you ever sad?
39. Are you definitely lacking in initiative?
40. Do you worry a lot?

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**A COMPARATIVE STUDY BETWEEN WHITE-COLLAR  
AND BLUE-COLLAR PROFESSIONALS  
AND JOB STRESS LEVELS**

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**ABSTRACT**

The aim of the present research was to assess the levels of job stress among white-collar and blue-collar professionals. It was hypothesized that blue-collar professionals would have high level of job stress as compared to white-collar professionals.

A total number of eighty professionals, including forty white-collar and forty blue-collar professionals participated in the study. In order to assess the level of stress among the white-collar and blue-collar professionals “The Professional Life Stress Scale” was administered.

The t-test and other Descriptive Statistics were computed for the statistical analysis of the data. The research findings suggest the evidence that blue-collar professionals have high level of job stress as compared to white-collar professionals ( $t= 3.817$ ,  $df = 78$ ,  $p < .05$ ).

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## INTRODUCTION

Stress is the condition that results from a person's response to physical, emotional or environmental factors. It can be referred to mental tension and arousal of the bodily responses to different demands. Stress has been proven beyond doubt to make people ill and evidence suggests that it can cause a number of ailments and diseases. Stress is usually thought of in negative terms. It is thought to be caused by something bad. In other words stress is experienced when a need is not met. Imagine a biomechanical thermostat, whenever an individual experiences hunger, he or she actually receives an error signal in the brain telling them that their blood sugar level is low and they need to top it up. The same is true for other needs. When we are unable to meet a need, we seek fulfillment elsewhere by changing our environment.

It isn't easy to find a generally acceptable definition of 'stress.' Doctors, Engineers, Psychologists, Management Consultants, Linguists and Laypersons all use the word in distinct ways. A useful definition is that stress is a demand made upon the adaptive capacities of the mind and body. If these capacities can enjoy the demands made on them and deal with the stimulation involved, then stress is welcomed and is helpful. If they can't and find the demand debilitating, then stress is unwelcomed and unhelpful. This definition is useful in three ways; (1) stress can be both good and bad, (2) the number of events does not determine whether we're stressed or not, it is our reactions to them, and (3) the definition tells us that stress is a demand made upon the body's capacities. If the capacities are good enough, the individual responds well. If they aren't, they would give way (Fontana, 1989).

Stress can lead to distress and crises in life. Stress can affect a person's well being much more than ones mood or mental state. It can make people

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moody, anxious and unable to cope with emotional demands. Stress can be caused by various factors known as stressors. Stressors can be internal and external. Internal stressors are physical ailments such as infections or psychological problems such as worrying about something. External stressors are physical conditions such as heat or cold or a stressful environment such as harsh working conditions or abusive relationships. The work can be the source of both internal and external stressors. Stressors are also described as either short term (acute) or long term (chronic). The working environment or job can generate both acute and chronic stressors but is more likely to be a source of chronic stressors. (Terry, 1986).

Ivancevich and Matteson (1993) define stress simply as “the interaction of the individual with the environment” but they go on to give a more detailed working definition, as follows:

“An adaptive response mediated by individual differences and / or psychological processes that is a consequence of any external (environmental) action, situation or event that places excessive psychological and / or physical demands upon a person”.

Beehr and Newman (1978) defines job stress as “a condition arising from the interaction of people and their jobs and characterized by changes within people that force them to deviate from their normal functioning”. Simply stress is defined as an adaptive response to an external situation that results in physical, psychological and / or behavioral deviations from organizational participants.

Stress at the work place reduces productivity, increases management pressures and makes people ill in many ways. Stress at work also provides

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a serious risk for all employees and organizations carrying significant liabilities for damages and loss of production. The stress faced by professional workers is substantial. For many professionals, it is intrinsic to the job itself, where competing demands and pressures cannot be escaped. The sheer volume of work can also be overwhelming at times, whether one is a Social Worker, Teacher, Doctor or Manager. People in such kinds of jobs know, either from their own direct experiences or from observing colleagues, that stress can have very serious consequences. It can develop into a living nightmare of running faster and faster to stay in the same place, feeling undervalued, feeling unable to say 'no' to any demand but not working productively on anything. The signs of stress can include sleeplessness, aches and pains and sometimes physical symptoms of anxiety about going to work. What is more, people who are chronically stressed are no fun to work with. They may be irritable, miserable, lacking in energy and commitment, self-absorbed. They may find it hard to concentrate on any one task and cannot be relied on to do their share.

Common job stressors such as perceived low rewards, a hostile work environment, and long hours can also accelerate the onset of different diseases including the likelihood of heart attacks, depression and anxiety etc.

This is particularly true for blue-collar and manual workers. Studies suggest that because these employees tend to have little control over their work environments, they are more likely to develop cardiovascular diseases than those in traditional “white-collar” jobs. As far as blue-collar jobs are concerned, these refer to manual or technical labor, such as in a factory or in technical maintenance “trades.” Workers are members of the working class who perform manual labor and earn an hourly wage. They may be skilled or unskilled, and may involve factory work, building and construction

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trades, law enforcement, mechanical work, maintenance or technical installations. The term blue-collar is normally associated to the dignity of labor and hard work ethics.

A white-collar job refers to a salaried professional or a person whose job is clerical in nature, typically what you call a “desk job”. White-collar workers are usually salaried professionals who do work that is expectedly less “laborous” but typically more highly paid than blue-collar workers. White-collar posts are seen in the medical, legal, administrative or clerical fields. The name comes from the use of traditional white, formal shirts that workers wear in offices or places of work.

Dr. Rosenzweig, Head of the Westchester Counseling Center in White Plains, works closely with Employee-Assistance Programs within area companies in treating employees with work-related stress problems. Dr. Rosenzweig (2007) said. "Yet blue-collar workers are often in high-risk jobs, and when they're under stress they become accident-prone and a threat to themselves and others working with them."

According to Austrian Mikrozensus survey (1999), blue-collar workers face different job-related stress factors at work than the white-collar workers, the most reported factor is accident risk (54%). More than half (51%) are working under time pressure, and 45% of blue-collar workers are confronted with other forms of heavy physical workloads.

According to Wlodarski (2005) blue-collar jobs are nearly three times as likely to be subject to very high stress levels as Senior Managers (24.6%, compared with 8.6%). On the other hand it was found that stress on the job is not confined to white-collar workers; it is equally prevalent among blue-

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collar workers (Singer, 1986).

As far as level of stress in Pakistani community is concerned, there are many factors related to this issue like low socio-economic status, lack of education, less job opportunities, less health awareness, large family system, incorporation of labor laws are the major cause of stress at the working and non working environment. Most of the Pakistani population is working in small industries, factories and performs manual work, where the work load and health risk factors are very common as well as the job insecurity is the major source of stress. That is why, researchers developed an interest to explore this issue. So on the basis of literature review, the following hypothesis is formulated:

“Blue-collar professionals would have high level of job stress as compared to white-collar professionals.”

## **METHOD**

### **Sample:**

The sample for the present research was collected from different areas of Karachi like Malir, Khokrapar, Nazimabad, Nishter road, Gulshan-e-Iqbal, Mangopir and Jaffar Tayyar Society. From these areas different educational and other organizations were selected for data collection. The rationale behind selecting these areas was the generalizability of results.

### **Participants:**

The sample of the present research consisted of eighty (80) white-collar and blue-collar professionals belonging to different areas of Karachi. They all have eight to twelve years of experience and their age range is between

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35 to 45 years. They belong to lower to middle class socio-economic status. The educational level of blue-collar professionals was None to Primary and while the white-collar professionals had completed their Masters' degrees.

### **Participant's selection:**

Some inquiry questions were asked for selecting the target sample following which the researcher provided them with a demographic form which was focused on the participant's name, gender, age, education, marital status, socio-economic status and occupation. An equal number of white-collar and blue-collar professionals participated from the same educational institutes and organizations.

### **Procedure:**

The Heads of the different educational institutes and organizations were approached for the consent of data collection. Then researcher approached the participants. The introductory information, purpose of the research and the matter of confidentiality were assured to them. The sample was selected on the basis of inquiry questions and then the demographic form and the Professional Life Stress Scale were administered to the selected participants.

### **Statistical analysis:**

The t-test and other Descriptive Statistics were performed for analyzing the data. All the statistics was computed on SPSS (version 11.0) and MS Excel.

### **Measures:**

1. Demographic form measures the participant's name, gender, age, education, marital status, socio-economic status and occupation.
2. The Professional Life Stress Scale was used for assessing the level of

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stress of white-collar and blue-collar professionals. The Professional Life Stress Scale was developed by Fontana in 1989 for assessing the professional life stress.

**Operational definitions:**

**Blue-collar professionals** are males and females belonging to lower middle class socio- economic status and their income ranges from 4000 to 7000 rupees per month. Their working grade was 1 to 5. Their education level was none to Primary schooling. Their work experience was eight to twelve years. They performed highly demanding manual work but had low decision making power.

**White-collar professionals** are males and females belonging to middle class socio-economic status and their income ranges from 15,000 to 20,000 rupees per month and their working grade is 17. Their education level was Masters. Their work experience was eight to twelve years. They performed less laborous work and had decision making power in their capacity of being Lecturers or Doctors.

RESULTS

Table 1

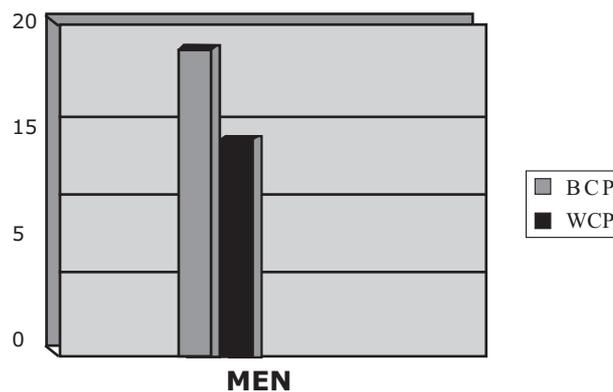
Table showing the Mean, Standard Error and t value of the job stress scores of blue-collar and the white-collar professionals

Groups	N	Mean	St. error	t-value	Table value	Significant level
White-collar professionals	40	12.025	1.298	3.813	1.658	0.05
Blue-collar professionals	40	17.4755				

The table indicates that there is a statistically significant difference in the level of job stress of the white-collar professionals and the blue-collar professionals ( $t = 3.813$ ,  $df = 78$ ,  $p < .05$ ).

Graph

Graph showing the mean scores of the job stress of white-collar professionals and the blue-collar professionals.



BCP = Blue-collar professionals

WCP = White-collar professionals

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## DISCUSSION

Jobs and careers are an important part of an individual's life. Along with providing a source of income, it helps to fulfill personal aims, build social networks and also serve professions or communities. They are also a major source of emotional stress. On the basis of literature review, it was hypothesized:

**“Blue-collar professionals would have high level of job stress as compared to white-collar professionals.”**

The result indicates that there is a statistically significant difference existing in the level of job stress among blue-collar professionals and white-collar professionals ( $t = 3.817$ ,  $df = 78$ ,  $p < .05$ ). It is evident by table 1 and the graph that blue-collar professionals have a higher level of job stress as compared to white-collar professionals. It may be concluded that the blue-collar professionals suffer more because of their nature of job and low decision latitude as compared to the white-collar professionals. The main contributing factors could be their lack of education, low salary, working conditions, work load, job insecurity and no appreciation and recognition.

The people who are involved in blue-collar professions face more difficulties because of their low job status. They usually don't get the chance to talk about their difficulties to the authorities which makes the situation even worse for them, so they become the victim of job stress. Although the blue-collar professionals do manual work which is essential for any organization and without this any organization can not work properly / perfectly. So the blue-collar professionals are the basic elements of any

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organization but there is no recognition and no appreciation for them, even no rewards as well as no chance of promotion that itself is an important reason of higher level of stress among blue-collar professionals.

Peterson (1999) discusses stress among blue-collar professionals because of job insecurity, less promotion chances and putting in lots of efforts in their jobs. When blue-collar workers feel emotional pain it is because they feel they do not hold jobs that give meaning to their lives and because of a drift from management or tied to bad management, they feel out of control. Their self esteem can be low, but not as low as the homeless, unemployed and very low skilled. In 1979, Karasek found that workers whose jobs rated high in job demands yet low in employee control (as measured by latitude over decisions) reported significantly more exhaustion after work, trouble awakening in the morning, depression, nervousness, anxiety, and insomnia or disturbed sleep than other workers.

As far as Pakistani community is concerned, stress is common over here among blue-collar professionals and the causes are low socio-economic status, lack of education, less job opportunities, less health facilities, large family system, working conditions and labor laws. It is believed that the work related tasks and health related risk factors are faced mostly by blue-collar professionals.

The most stress in society as a whole is experienced at opposite ends of the socio-economic spectrum: the poor / unemployed and blue-collar professionals on the one hand, and the independently wealthy on the other. In the middle are the white-collar and managerial social groups – those who are generally perceived to suffer the most stress because they are tied to mortgages, work

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deadlines and a host of responsibilities. But when it comes to experiencing stress, or lack of meaning in their lives, they in fact suffer the least. Deadlines and long hours at work may still be felt, but their results are not as debilitating to health as being poor, a blue-collar worker or exceptionally affluent. Looking at the bigger picture, the society itself, attitudes need to change here as well and governments have let them down on several fronts. Giving meaning to life – which equates to removing ‘stress’ from it - does not come from health campaigns but it can come from addressing the issues that drive the poor and the rich into feeling the most ‘stressed’. And for that we should look to government and/or the voluntary sector. As far as the government is concerned, the omens so far are not good. The initiative is with business to make changes in the workplace that can make a real difference.

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**A GENDER COMPARATIVE STUDY OF EMOTIONAL  
INTELLIGENCE IN EMPLOYEES OF MULTINATIONAL  
COMPANIES OF KARACHI**

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**ABSTRACT**

The present study investigates the difference between the emotional intelligence of males and females. The sample consisted of 50 individuals divided into two groups of 25 males and 25 females respectively, employed with five multinational organizations in Karachi, Pakistan; designated at the higher and middle management levels. It was predicted that men will score higher on emotional intelligence (EI) scale than women. For quantitative analysis, the t-test was applied. Findings did not reveal any significant difference in the mean comparative scores of the two groups.

## **INTRODUCTION**

People endowed with emotional skills excel in life, perhaps more than those with high intelligence (IQ). In other words, it takes more than traditional cognitive intelligence to be successful at work. The higher people move up in the company the more crucial emotional intelligence becomes and the real value of the growing work on emotional intelligence is its implications for workplace training (Goleman, 1995).

Emotional intelligence as characterized by Salovey and Mayer (1990) is a cognitive ability which “involves the abilities to perceive, appraise and express emotions; the ability to access and or generate feelings when they facilitate thought; the ability to understand emotion and emotional knowledge; and the ability to regulate emotions to promote emotional and intellectual growth. Thus it entails four aspects: (1) perceive or sense emotions (2) Use emotions to assist thought (3) Understand emotions (4) Manage emotions. This model is considered to be the first model of emotional intelligence and the theory holds that social and emotional skills are a form of intelligence just as academic skills.

Usefulness of emotional intelligence in industrial setting is evident from the research of Langley (2000). It had comparisons of emotional intelligence competencies in senior and middle managers, which showed that senior managers scored significantly higher in the personal competencies of emotional awareness, innovation, commitment and the social competencies of political awareness, leadership, change catalyst and team work.

Moreover, seventy-six (76) leading CEOs in Ontario belonging to Innovators Alliances, a CEO knowledge network of innovative, accelerated

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growth firms, were assessed using EQ-i. Overall, the group scored slightly higher than average on total EQ. In order from most above the norm to least, the group scored above average on independence, assertiveness, optimism, self actualization, and self regard. Below average scores were obtained for interpersonal relationships and impulse control. The results of the same study suggest that there are gender differences in emotional intelligence as well. Female CEOs scored significantly higher than their male counter parts on the interpersonal skills. However, men outperform women on stress tolerance and self-confidence measures. In other words, women and men are equally as intelligent emotionally, but they are strong in different areas (Stein, 2002).

It is a commonly held belief that men and women treat their emotions in different ways. Men are thought of as less emotional than women and more inclined to use logic and reason when dealing with daily stresses. However, a growing body of research has demonstrated that it is not quite this simple. Fischer (2000) proposed that stereotypes about individual emotions are gender-specific. The emotions of happiness, sadness and fear are believed to be more characteristic of women, whereas anger has been found to be more characteristic of men (Birnbaum & Noasonchuk , 1980; Briton & Hall, 1995; Fabes & Martin, 1991; Grossman & Wood, 1993; Kelly & Hutson-Comeaux, 1999). Thus, the difference between males and females is magnified by the stereotypes of differing gender roles that men and women play in the culture. Researches also suggest that men prefer a problem-focused, rather than emotion-focused approach to stressful situations they encounter (Ptacek, Smith & Dodge, 1984; Ben-Zur & Zeidner, 1996; Twenge, 1997).

In a study by Petride & Furnham (2000) differences in measured and self-estimated trait emotional intelligence. Two hundred and sixty

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predominantly white participants completed a measure of trait emotional intelligence (EI) and estimated their scores on 15 EI facets on a normal distribution with 100 points as the mean and 15 points as a standard deviation. Females scored higher than males on the "social skills" factor of measured trait EI. However, when the 15 facets of self-estimated EI were combined into a single reliable scale and the participants's measured trait EI scores were held constant, it was demonstrated that males believed they had higher emotional intelligence (EI) than females. Most of the correlations between measured and self-estimated scores were significant and positive, thereby indicating that people have some insight into their EI. Correlations between measured and self-estimated scores were generally higher for males than females, and a regression analysis indicated that gender was a significant predictor of self-estimated emotional intelligence (EI).

As far as studies of emotional intelligence in Pakistan are concern, so far there are few published articles on emotional intelligence (EI) in the psychological journals. A study conducted by Shafi & Farooq (2003) indicates that there is no gender gap between girls with low emotional intelligence whose performance is parallel to boys who have low emotional intelligence, whereas, girls with high emotional intelligence perform similar to boys who possess high emotional intelligence. One more research on relationship between emotional intelligence and self esteem among adolescents suggests the same idea that no significant difference exist in the overall emotional intelligence scores of both the genders. (Khan, Iqbal, Tariq & Zadeh, 2006)

The purpose of the present study is to establish a comparative understanding of Emotional intelligence (EI) in men and women employees. In recent years there has been a great influx of female business and management graduates in multinational companies of Karachi. Females at the work have

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to take dual pressures from house as well as job and also have to deal with gender specific stereotypes about individual emotions at work place. Hence it would be interesting to compare the emotional intelligence of both the genders working at multinational companies in Karachi and find the answer to the question that; is there any significant difference observed in both the genders when it comes to emotional processing at work place?

Considering Pakistani culture and literature review it was hypothesized that “men will score higher on emotional intelligence scale as compared to women”; as this was the most plausible explanation of a male dominated society, where men have worked at a professional level for longer and far more consistently than women.

## METHOD

### **Participants:**

Sample consisted of 50 individuals divided into two groups of 25 participants from each gender from five Multinational Organizations designated at the higher and middle management levels, in the respective organizations. Educational level of the employees was Graduation and Post Graduation.

### **Measures:**

#### ***Emotional Intelligence Scale:***

For the purpose of measuring emotional intelligence a 33 items emotional intelligence scale as developed by Schutte, Malouff, Hall, Haggerty, Cooper, Golden, and Dornheim (1998) was used (see Appendix A). The author of this questionnaire carried out a variety of studies in establishing the 33 items scale. This short scale measures all 4 aspects of EI, i.e.; (1) to

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perceive or sense emotions (2) use emotions to assist thought (3) understand emotions (4) manage emotions. The questionnaire contains a 5 point rating scale (**strongly disagree, disagree, undecided, agree and strongly agree**) with higher scores indicating a higher level of emotional intelligence.

A Cronbach's alpha of .87 was found for internal consistency of the scale. Also, a two week test retest showed reliability of .78. The scale also showed evidence of validity as scores on the scale are shown to be related to eight of nine measures predicted to be related to emotional intelligence (Schutte et al., 1998).

**Procedure:**

For the study sample, individuals designated at the upper and middle management level were contacted personally through the Human Resource Department. They were briefed about the nature of the study. They were assured of the confidentiality of their response. For the purpose of quantitative analysis t-test was applied.

## RESULTS

**Table. No. 1**  
**Gender Comparison of Emotional Intelligence in Employees of Multinational Companies**

	Mean	N	Std. Deviation	df	t	P >0.05
Males	124.920	25	9.344	48	-0.073	Not Significant
Females	125.840	25	11.592			

## DISCUSSION

It was hypothesized that men will score higher on emotional intelligence (EI) scale than women. The statistical analysis as shown in table No. 1 reveals that the two genders do not differ significantly in term of emotional intelligence ( $t = -.073$ ,  $df= 48$ ,  $p >.05$ ).

These findings tend to support previous research findings by Goleman (1998) who suggested that there is no significant difference observed in the overall emotional intelligence of both the genders. However, males and females vary only in the way they manage and express their emotions.

Furthermore, Table No. 1 also indicates that the difference between the mean scores of emotional intelligence of men (124.92) and women (125.84) as indicated by this study is not in expected direction despite of gender specific stereotypes about individual emotions prevailing in Pakistani culture. The results of this study also suggest that women have a standard deviation of 11 in turn increasing their average range, whereas men have a

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standard deviation of 9 suggesting their average range is more or less consistent in that multinational company. This shows that women express their emotions in a larger variety.

It can be safely concluded from the findings of the present research that women are equally, endowed in this area of professionalism, they too can manage emotions, use them to assist thought, understand, perceive and sense them equally, effectively as men in this arena. In this culture where women have other roles to play with a demanding household influences it is enlightening to see that females are able to manage their professional role effectively.

For more conclusive results, it is recommended that in future the topic should be studied with larger sample size.

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**APPENDIX 'A'**

1. I know when to speak about my personal problems
2. When I am faced with obstacles, I remember times I faced similar obstacles and overcome them.
3. I expect that I will do on most things I try
4. Other people find it easy to confide in me
5. I find it hard to understand the non verbal messages of other people
6. Some of the major events in my life have led me to reevaluate what is important and not important
7. When my mood changes, I see new possibilities.
8. Emotions are one of the things that make my life worth growing
9. I am aware of my emotions as I experience them.
10. I expect good things to happen
11. I like to share my emotions with others.
12. When I experience a positive emotion I know how to make it last.
13. I arrange events other enjoy
14. I seek out activities that make me happy
15. I am aware of the non verbal messages I send to others
16. I present myself in a way that makes good impression on others.
17. When I am in positive mood, solving problems is easy for me.
18. By looking at their facial expression, I recognize the emotions people are experiencing
19. I know why emotions change.
20. When I am in positive mood, I am able to come up with new ideas.
21. I have control over my emotions.
22. I easily recognize my emotions as I experience them.
23. I motivate myself by imaging a good outcome to tasks I take on.
24. I compliment others when they have done something well.
25. I am aware of the non verbal messages other people sent.
26. When another person tells me about an important event in his or her life, I almost feel as though I have experienced this event myself.
27. When I feel change in emotions, I tend to come up with new ideas.
28. When I am faced with challenges, I give up because I believe I will fail.
29. I know what other people are feeling just by looking at them
30. I help other people feel better when they are down.
31. I use good mood to help myself keep trying in the face of obstacles.
32. I can tell how people are feeling by listening to the tone of their voice.
33. It is difficult for me to understand why people feel the way they do.

(Scoring key: sum of all items (item 5, 28 and 33 reversed scored)

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