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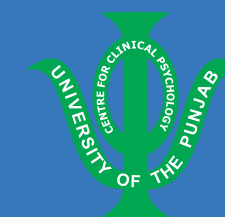
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Abstract should range between 120-150 words for all articles except for book reviews. An abstract is a concise summary of the whole paper, not just the conclusion. It should state the purpose of the study, hypotheses, method, analysis, main findings and conclusion.

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## **Gender Stereotypes and Emotional Self-Disclosure: Predictors of different Emotions in Young Adults**

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This study investigated the relationship between gender stereotypes and emotional self-disclosure in young adults. It was intended to determine the predictors of different emotions. A self-constructed Demographic Questionnaire; Gender Typicality Measure (Patterson, 2012) and Emotional Self Disclosure Scale (Snell, 1990) were administered to measure gender stereotyping and the level of emotional self-disclosure, respectively. The sample comprised of 300 young adults; 150 men and 150 women, ( $M_{age}=21.16$ ,  $SD=1.84$ ) recruited from two different educational institutes of Lahore. Reliability analysis was run to determine the reliability of the scales used in the study. Pearson Product Moment Correlation Coefficient, Multiple hierarchical Regression, independent Sample  $t$  Test and Cohen's  $d$  were computed. Results revealed a significant relationship between gender stereotyping and happiness. Gender, education and gender stereotyping emerged as significant predictors of happiness and fear. Women manifested higher emotional disclosure of happiness and fear. The current findings have implications for educational psychologists and for professionals focusing on gender related factors.

*Keywords:* gender stereotypes; emotional self-disclosure; young adults.

A stereotype is a firm notion, about a certain group in a society, which may not even have a strong factual base but is held as a belief

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by those who are unwilling to explore the matter more deeply (Mcleod, 2008). Men being considered as hypo-emotional and women as hyper-emotional (Barrett, 2009; Diekman & Eagly, 2000; Heesacker, 1999) is an example of a gender stereotype regarding emotional expression, which is also quite prevalent in Pakistani culture. Over the years, researchers (Schafer, 2015; Thompson, 2010) have drawn attention to the cathartic value of expressing built-up tension as being not only good for psychological well-being but also being necessary for maintaining physical health.

Emotional self-disclosure refers to the communication of personal information with another individual, providing a valuable catharsis of the built-in emotions, enhancing the level of intimacy and trust in a relationship (Friedman & Tucker, 1993). It refers to disclosing personal and private aspects of one's personality to another person and consequently improving the quality of interpersonal relationships and fostering trust. Gender stereotypes have been observed to effect the length and depth of emotional self-disclosure, which can be more clearly observed among young adults. The influence of gender stereotyping is not very obvious during adolescence or younger age, however during adulthood it becomes very clear in the form of immense pressure to conform to the various socially held stereotypes (Mcleod, 2008).

Gender stereotypes lay the basis for the traits and attitudes expected from both men and women, one of which is emotion stereotypes. Emotion stereotypes tend to divide the different types of emotions as belonging to men and women, leading to the anticipation of different emotions being more commonly and frequently expressed by either of the gender (Simon & Nath, 2004). Such as, men are expected to express more anger and contempt, while women are expected to express more sadness, fear and sympathy (Johnson & Shulman, 1998). Gender roles and stereotypes can be viewed by taking Alice Eagly's social role theory. This theory helps to understand that both men and women are fundamentally different and this difference has led to their division in a society. Every social role is a sum of the rights, duties, assumptions and actions that the individual is expected to fulfil according to his or her role in the society. Because both men and women are granted different social roles, these differences culminate into the development of different societal expectations from an individual based on his or her gender, and lead to establishing

gender stereotypes. A commonly observed example is that women are expected and stereotyped to take domestic roles and men to take occupational ones (Eagly & Steffan, 1984).

Gender stereotyping of emotions helps to interpret or explain an individual emotional expression, but it also limits the individual growth of a person (Simon & Nath, 2004). Through the stereotyping of emotions, a society sets inherent boundaries for an individual which restricts him or her to explore his or her own personality, express freely the felt emotions, and understand him or herself better. These stereotypes restrain an individual's capacity to establish personal capabilities, follow the professional path of his or her choice or make simple to complex life choices (Shield, 2012). Emotional stereotyping can be damaging for an individual when in a situation he or she feels socially pressurized to express in the stereotype-consistent manner (Plant, 2000), thus curbing individual expression.

The process of self-disclosure involves two steps; at first the individual makes a self-disclosure which is neither overt nor covert, and second this self-disclosure should be received with empathy, respect and care (Schafer, 2015). Self-disclosure tend to be reciprocal, i.e. when one involves himself or herself in emotional self-disclosure the other person responds by emotional self-disclosure of similar nature (Higgin, 2012). Mutual self-disclosures help to build and foster trust, and evenly-paced disclosures help to ensure that the relationship is moving forward at a steady pace (Schafer, 2015). The meaning and importance of self-disclosures can be better understood with the help of the social penetration theory, given by Altman, and Taylor. This theory proposes that while a relationship develops, interpersonal interaction moves from lower levels of intimacy and depth to higher ones. The partners, as the relationship progresses and goes deeper and intimate, feel vulnerable while enhancing their trust and compassion at the same time (Altman & Taylor, 1973).

As emotional self-disclosure makes an individual become vulnerable, it is reinforced only by appropriate active listening, empathy and reciprocity. without these elements, it damages the trust and breaks the relationship (Brody & Hall, 2000). Furthermore, there are certain barriers that makes an individual hesitant in making self-disclosure. Such as, gender, religion, socio-economic status, race, cultural norms, etc. It is important for any two individuals engaging in the process of self-disclosure not only to be compatible and

comfortable but also to approach emotional self-disclosure with non-judgmental thinking (Schafer, 2015).

Gender stereotyping is also visible when emotional self-disclosure is considered. Women are encouraged to express and disclose, and men are encouraged to refrain from it. As the literature points out, Higgins (2012) investigated the gender differences concerning self-conscious emotional experience by conducting a meta-analysis. The emotions studied included guilt, pride, embarrassment and shame, and these were named as the moral emotions. The outcomes of that meta-analysis added to the literature about gender and presented a view that the stereotyping of women as being hyper-emotional was not true.

Under an emotionally charged situation, the pressure to conform to the emotion stereotypes can overwhelm an individual, not only affecting the interpretation and expression of emotions but also limiting the level of emotional self-disclosure (Lopez-Zafra, & Gartzia, 2014; Mcleod, 2008). These societal boundaries regarding when, how much, and to whom a person can self-disclose based on his/her gender is likely to cause unnecessary stress for the individual, and it acts as an added pressure. This can become the root cause for physical and psychological distress for both men and women (Thompson, 2010).

### **Objectives of the Study**

- To Ascertain relationship between gender stereotyping and level of emotional self-disclosure in young adults.
- To explore gender difference in the level of emotional self-disclosure.
- To determine gender, education and gender stereotyping as predictors of depression, jealousy, happiness, calmness, fear, anger, apathy and anxiety in young adults.

### **Hypotheses of the Study**

- There is a significant relationship between gender stereotyping and the level of self-disclosure in young adults.
- There is a significant gender difference in the levels of emotional self-disclosure in young adults.

- Gender, education and gender stereotyping are likely to predict the levels of depression, jealousy, happiness, calmness, fear, anger, apathy and anxiety in young adults.

## Method

### Research Design

Between group research design was used in the present study.

### Sample

The present study included a convenient sample of 300 participants including 150 men and 150 Women ( $M_{age}=21.16$ ,  $SD=1.84$ ). They were recruited from different educational institutions of Lahore. Majority of the participants were in their Bachelors program. As per the inclusion criteria, only young adults were selected. Whereas, those diagnosed with any form of physical or psychological disease were excluded from the study.

### Assessment Measures

**Demographic Questionnaire.** It was devised by researchers to obtain demographic information of the participants such as age, gender, and level of education.

**Gender Typicality Measure (Patterson, 2012).** It is based on the gender typicality model given by Egan and Perry (2001), and was used to measure gender stereotyping. It tends to determine how an individual feels about him/herself and how much he/she is similar to most boys or most girls. The range of possible scores on the gender typicality scale was 1-4, higher score indicated higher level of self-assumed typicality. For this sample, the scale's reliability was 0.59.

**Emotional Self Disclosure Scale (Snell, 1990).** This scale involved 40 items related to various types of feelings and emotions experienced by individuals in their life. Higher the score higher was the level of self-disclosure in each type of emotion. The scale has 8 subscales, each consists 5 different items. These subscales are labelled as different emotions and contain separate items; Depression (1,9,17,25,33); Happiness (2,10,18,26,34); Jealousy (3,11,19,27,35); Anxiety (4,12,20,28,36); Anger (5,13,21,29,37); Calmness (6,14,22,30,38); Apathy (7,15,23,31,39); and Fear (8,16,24,32,40). For



current sample, the scale's reliability was 0.88, and the subscales reliability was depression (0.56), happiness (0.74), jealousy (0.56), anxiety (0.60), anger (0.52), calmness (0.50), apathy (0.53), and fear (0.67).

### Procedure

Permission was taken from the head of the respected universities, and participants. Demographic Questionnaire; Gender Typicality Measure and Emotional Self-Disclosure Scale were administered. One time approach to the participants was made. Total time involved in the administration of tools was 15 to 20 minutes approximately.

### Ethical Considerations

Permission was sought from authors to use assessment measures. Permission was sought from respected institutes to collect data. Participants were informed about the purpose of study and were given informed consent. Participants had full independence to withdraw from the research at any given moment. Furthermore, they were assured that all the data and information gathered from them will be kept confidential and it will be used only for research purpose.

## Results

Table 1

*Psychometric Properties of the Major Study Variables (N =300)*

Measures	<i>K</i>	<i>M</i>	<i>SD</i>	$\alpha$	Skewness
Emotional Self-Disclosure	40	66.37	23.04	0.88	0.17
Depression	5	7.59	4.01	0.56	0.29
Happiness	5	9.65	4.25	0.74	0.04
Jealousy	5	7.42	3.86	0.56	0.64
Anxiety	5	8.40	3.97	0.60	0.29
Anger	5	8.78	3.94	0.52	-0.01
Calmness	5	8.13	3.92	0.50	0.02
Apathy	5	7.23	3.92	0.53	0.36
Fear	5	8.42	4.62	0.67	0.43
Gender Typicality Measure	10	28.00	4.71	0.59	0.12

*Note.* *M*= mean, *SD*= standard deviation, *K*= number of items,  $\alpha$  = alpha value.

Reliability analysis was run to determine the reliability of the scales used in the study. The calculated Cronbach alpha reliability of Emotional Self-Disclosure Scale was high, and all its subscales had

moderate reliability. The Cronbach alpha reliability of Gender Typicality Measure was weak. All variables were normally distributed.

Pearson Product Moment Correlation Coefficient was run to identify the relationship between gender stereotyping, emotional self-disclosure and its subscales. The results in the table 1 show that the relationship between gender stereotyping and happiness is highly significant. The relationship is also significant between emotional self-disclosure and depression, happiness, jealousy, anxiety, anger, calmness, apathy and fear. There is no significant relationship between gender stereotyping and emotional self-disclosure, depression, jealousy, anxiety, anger, calmness, apathy and fear.

Table 2

*Inter-correlations among Gender Typicality Measure, Emotional Self-Disclosure and its Subscales; Depression, Happiness, Jealousy, Anxiety, Anger, Calmness, Apathy and Fear in Young Adults (N =300)*

Measure	1	2	3	4	5	6	7	8	9	10
1.GTM	-	0.06	-0.03	0.16***	-0.03	0.02	0.02	0.07	0.02	0.04
2.ESDS		-	0.73***	0.57***	0.67***	0.74***	0.70***	0.73***	0.71***	0.71***
3.Dep.			-	0.31***	0.40***	0.54***	0.53***	0.46***	0.48***	0.39***
4.Hap.				-	0.36***	0.25***	0.23***	0.32***	0.17***	0.31***
5.Jeal.					-	0.50***	0.32***	0.39***	0.41***	0.37***
6.Anx.						-	0.51***	0.43***	0.46***	0.51***
7.Ang.							-	0.51***	0.47***	0.41***
8.Calm.								-	0.58***	0.44***
9.Apathy									-	0.48***
10.Fear										-
<i>M</i>	28.00	66.44	7.43	11.47	7.41	8.29	8.56	8.00	7.10	8.17
<i>SD</i>	4.70	23.08	3.95	5.25	3.97	3.89	3.94	3.88	3.81	4.52

Note. *M*=mean; *SD* =standard deviations; GTM=Gender Typicality Measure; ESDS = Emotional Self-Disclosure Scale; Hap.=Happiness; Jeal.=Jealousy; Anx.=Anxiety; Ang. = Anger; Calm.=Calmness.

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ .

Table 3 presents the results from Multiple Hierarchical Regression analyses to determine the predictors of depression, happiness, jealousy, anxiety, anger, calmness, apathy and fear. It was run six times separately to identify predictors of sources of emotional disclosure such as depression, happiness, jealousy, anxiety, anger, calmness, apathy and fear in the sample. In block 1, gender and education were entered as control variables (Smith, 2004). In block 2, gender typicality measure was entered as independent variable. Results, in table 3, indicated that only happiness and fear were

significantly predicted by control variables and gender typicality together. It shows that men and women differ in the self-disclosure levels of happiness and fear, and these differences are also influenced by their educational level and gender stereotyping. In model 1, gender and education were added as control variables and the model significantly predicted for happiness,  $R^2 = 0.02$ , indicating 2 % variance,  $F(2, 297) = 3.32$ ,  $p = 0.4$ . In model 2, gender typicality measure was added that doubled the variance and the model still significantly predicted for happiness,  $R^2 = .04$ ,  $F(3, 296) = 4.22$ ,  $p = .006$ . When the effect of control variables was excluded from model 2, the model remained significant,  $R^2 = .02$ ,  $F(1, 296) = 5.91$ ,  $p = .02$ . As far as the contribution of individual predictor is concerned, woman gender and gender typicality measure emerged as significant positive predictor of happiness.

Moreover, in model 1, gender and education were added as control variables and the model significantly predicted for fear,  $R^2 = 0.03$ , indicating 3 % variance,  $F(2, 297) = 4.81$ ,  $p = 0.01$ . In model 2, gender typicality measure was added that doubled the variance and the model still significantly predicted for fear,  $R^2 = .02$ ,  $F(3, 296) = 3.24$ ,  $p = .02$ . When the effect of control variables was excluded from model 2, the model became insignificant,  $R^2 = .00$ ,  $F(1, 296) = 0.13$ ,  $p = .72$ . Thus, only women gender positively predicted the level of fear.

Table 3

*Multiple Hierarchical Linear Regression Analyses Predicting Depression, Happiness, Jealousy, Anxiety, Anger, Calmness, Apathy and Fear from Gender, Education and Gender Typicality Measure (N=300)*

Predictor	Source of Emotional Self-Disclosure															
	Dep.		Hap.		Jeal.		Anx.		Anger		Calmn.		Apathy		Fear	
	$\Delta R^2$	$B$	$\Delta R^2$	$\beta$	$\Delta R^2$	$\beta$	$\Delta R^2$	$\beta$	$\Delta R^2$	$\beta$	$\Delta R^2$	$\beta$	$\Delta R^2$	$\beta$	$\Delta R^2$	$\beta$
Step 1	.01		.02*		.00		.00		.01		.01		.01		.03**	
Gender <sup>a</sup>		.05		.12*		.06		.04		.10		.08		.04		.16**
Edu		.09		.02		.05		-.03		-.03		-.04		-.06		-.04
Step 2	.00		.02*		.00		.00		.00		.00		.00		0.00	
GTM		-.05		.14*		-.05		.02		.01		.06		.02		.02
Total $R^2$	.01		.04**		.00		.00		.01		.02		.01		.03*	

Note.<sup>a</sup> = coding for gender (men = 1 ; women = 2); Dep.= depression, Hap.= happiness, Jeal.= jealousy, Anx. = anxiety, Calmn.= calmness, GTM = Gender Typicality Measure.

Furthermore, Independent Sample *t* test was run and table 4 shows that there is a significant gender difference in gender stereotyping, emotional self-disclosure, particularly in the expression of happiness and fear, with women showing higher difference.

Table 4

*Gender Differences in Gender Typicality Measure, Emotional Self-Disclosure Scale and its subscales; Depression, Happiness, Jealousy, Anxiety, Anger, Calmness, Apathy and Fear in Young Adults (N =300)*

Variable	Men		Women		<i>t</i> ( <i>df</i> )	<i>P</i>	95% CI		Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			<i>LL</i>	<i>UL</i>	
1.GTM	27.18	3.95	28.82	5.24	-3.04(276)	0.00	-2.68	-0.57	-0.35
2.ESDS	63.41	22.72	69.46	23.12	-2.28(298)	0.02	-11.2	-0.84	-0.26
3.Dep	7.32	3.90	7.54	4.00	-0.48(298)	0.63	-1.11	0.67	-
4.Hap.	10.72	5.22	12.22	5.20	-2.50(298)	0.01	-2.69	-0.32	-0.28
5.Jeal.	7.24	3.67	7.58	4.26	-0.74(298)	0.46	-1.24	0.56	-
6.Anx.	8.10	3.73	8.48	4.05	-0.84(298)	0.40	-1.26	0.50	-
7.Ang.	8.14	4.09	8.97	3.65	-1.82(298)	0.06	-1.71	0.06	-
8.Calm.	7.61	3.97	8.39	3.77	-1.74(298)	0.08	-1.66	0.10	-
9.Apathy	6.88	3.60	7.32	4.02	-0.98(298)	0.32	-1.30	0.43	-
10.Fear	7.38	4.12	8.95	4.76	-3.04(292)	0.00	-2.58	-0.55	-0.35

*Note.* *M*=mean; *SD*=standard deviations; *df*=degrees of freedom; *CI*=confidence interval; *LL*=lower limit; *UL*=upper limit.

### Discussion

Present research focused on the relationship between gender stereotypes and the level of emotional self-disclosure among young adults. It further explored gender stereotyping and demographic variables as predictors of different emotional expressions.

The results showed that gender and gender stereotyping are significantly related to the level of happiness expressed. This can be attributed to gender stereotyping which leads to an individual behaving in a stereotype-consistent manner in order to gain social acceptance

and approval. Therefore as a typical man or a woman, an individual expressing emotional disclosure of happiness is viewed more favorably. The method used included self-report measures of emotional expression, which could have impacted the objectivity of the obtained information as researches show that the self-report measures of emotional expression, based on general questions that do not specify the kind or duration of any particular emotion, are more susceptible to social desirability (Shields 2002; Kelly & Hutson-Coemau, 1999). Additionally, it was found that emotional self-disclosure has a significant relationship with happiness, depression, jealousy, anxiety, anger, calmness, apathy and fear. This can be because all these emotions were used as the subscales of the actual scale, and they had high inter-reliability. These findings are in line with different researches (Higgins, 2012; Simon & Nath, 2004) that found similar relationship.

Furthermore, the results indicated that only happiness and fear were significantly predicted by gender, educational level and gender stereotyping together. It shows that men and women differ in the self-disclosure levels of happiness and fear, and these differences are also influenced by their educational level and gender stereotyping. This can be because both men and women are given different roles in a society, the educational opportunities and environments vary, and this is likely to lead to the differences in their social and affective behaviors. These findings are also supported by various researchers (Briton & Hall, 1995; Smith, 2004; Scott, 2014).

As far as individual variables are concerned, woman gender emerged as significant positive predictor of happiness and fear, and gender stereotyping alone of happiness. It means that individuals who conform to the expectations linked with their gender (i.e. are typical men or women) are more likely to disclose happiness and fear, particularly women. This can be because the social roles that are mostly associated with women in a society, such as a housewife or a mother, require a more frequent expression of soft emotions such as happiness and fear. Therefore, women can be better predictors of these emotions. This is supported by researchers (Brody & Hall, 2000; Smith, 2004; Vogel, 2003) who state that men are more likely to express the power-oriented emotions, such as anger, pride, etc. whereas women express 'soft' emotions (happiness, sadness, fear, etc.) more frequently.

Moreover, the results presented significant gender differences in the levels of emotional self-disclosure, particularly in happiness and fear. One of the main reasons for these differences can be that emotions expressed by both men and women are given different interpretations and are also attributed differently. As a result, they are expected to express certain emotions more freely than others. Especially in Pakistani culture, social roles given to men and women differ on every aspect of the society, where women are mostly given family-oriented nurturing roles and men are viewed as the breadwinners of the family. This social division can lead to different expectations linked with individuals, based on their gender, and emotional expectations are no exception. The results can be supported by the studies conducted by researchers (Adams, & Kleck, 2010; Barret, 2009; Briton & Hall, 1995; Hess, Thibault, Kelly & Hutson-Comeaux, 1999; Khan & Amin, 2013; Sultan & Chaudhry, 2008) who reported that men and women differ in their levels of emotional self-disclosure.

Additionally, these gender differences can also be supported by Eagly's social role theory which postulates that both men and women are fundamentally different (Fabes & Martin, 1991; Simon & Nath, 2004) and these differences lead to different expectations of the society from an individual based on his or her gender, consequently developing gender stereotypes. These stereotypes as a result can affect the levels of emotions expressed by people, based on their gender (Mirowsky & Ross, 1995).

The emotional expressions of men and women are mostly interpreted in a stereotype-consistent manner and this is likely to have wide implications for active social interactions and the preservation and continuation of emotional gender stereotypes (Plant, 2000). When a person's expressions are interpreted in the light of gender stereotypes linked with emotion, he or she is viewed to be conforming to these stereotypes. As a result, this conformity increases the interpreter's belief in the existence of gender differences in the expression of emotions (Brody & Hall, 2000). Furthermore, gender differences in emotional expression, that is an overt and observable aspect of deeply internal emotional understanding, may strengthen, preserve, and eventually replicate cultural views about emotions and gender (Pollack, 1995). This is a significant issue, not only for the researchers focused on gender and emotions but also for sociologists more

commonly, since cultural views about the emotional expression of both men and women may continue to be referred to when trying to explain the gender inequality in different social settings, such as family, society, workplace, etc. (Kelly & Hutson-Comeaux, 1999; Sheilds, 2002).

### **Implications of the Study**

The present study adds to the mounting literature on emotions, both overall and when associated with gender, especially in Asian culture. The findings have significant implications for the study of social relations, the route of active interactions and the communication of emotional expression. These can be used by educational psychologists who can work to initiate efforts to provide similar opportunities and experiences to both men and women students in order to reduce the effect of gender stereotypes on their behavior. Social psychologists can use the current study to raise awareness regarding the need and importance of appropriate emotional self-disclosure in order to benefit both physical and mental health. The study can become a part of a meta-analysis studying the gender stereotypes prevalent in Asian culture and how these stereotypes affect an individual's emotional behavior.

The current study can also be used by Gender specialists who work for gender equality and develop programs that foster awareness about the factors that add to gender inequality in a variety of social settings. Moreover, sociologists of gender and emotion can use the findings of the current study in order to thoroughly determine the various ways in which modern social settings, involving the people's structural ranks, gender role experiences as well the cultural views and norms regarding gender and emotion, influence the affective behavior and experiences. However, there is still a lot to be determined about the complex relationship between gender and emotion.

### **Limitations and Suggestions**

Future researches in this field should determine the social contexts that evoke emotions in men and women, and also identify the goals and psychological results of these emotions and their expression. These should involve emotion specific self-report measures of emotional expression based on particular time frames. Similarly, as emotional experiences and expressions are overt aspects of one's

personality, observational information should also be considered in future researches. Furthermore, if a longitudinal approach is taken for the current study, it can help to determine the changes in the levels of emotional self-disclosure overtime.

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## **Language of Cyberbullying: Implications for Mental Health on Pakistani University Women Students: Reasons and Preventions**

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The present study explores the language of Cyberbullying (henceforth CB), its consequences, reasons and preventions from the perspectives of women university students. A questionnaire was administered among 378 women university students to look for: (a) commonly emerging linguistic patterns which were exploited by aggressors to victimize the participants, (b) the mental health outcomes of CB attacks (c) the reasons which made the participants vulnerable to CB, and (d) the prevention measures based on the experiences of the participants. The data unveiled that the aggressor used socially and culturally disapproved linguistic expressions and semiotic resources (e.g., images, graphic illustrations and videos) to victimize the participants. The participants admitted that because of the social norms and a fear of family restrictions in attending university, they failed to share CB experiences with their parents, guardians and peers. Eventually, they accumulated depression, which culminated into problems in eating and sleeping, poor academic performance and trust deficits. The data further revealed that the participants were victimized for moral disengagement of the aggressors. Moreover, reporting the concerned authority, blocking aggressor and seeking help from family and friends proved to be more effective ways for victims to shield against CB assaults. The study demands attention by parents, educational institutes and governments to ensure a safe virtual space for young people.

*Keywords:* language of cyberbullying, mental health outcomes, reasons and prevention program, Pakistan

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Unlike face-to-face communication, participants in Computer-Mediated Communication (CMC) interact by means of written utterances e.g., by typing a message on a keyboard or keypad that is read by others on their computers or mobile phone screens, either immediately (synchronous) or at some later point in time (asynchronous). Around twenty-five years ago, this activity was largely unknown outside a few organizations in Pakistan. Today, CMC with its various manifestations (e.g., Facebook, Twitter, WhatsApp and so on) is proliferating ubiquitously in the lives of most people. According to Lewis (2009) CMC is a variety (or more accurately, a set of specific linguistic varieties operating independently in its own right) in itself. A variety is defined here as a system of linguistic expressions whose use is governed by situational factors, such as tenor (relationship between a texter and a receiver), mode (exchange of written utterances through keyboard or keypad) and domain (the subject matter). This medium has made people realize that their established knowledge, which has enabled them to survive and succeed in spoken and written encounters up until now, seems no longer enough to guarantee survival and success on the internet.

CMC per se has become an important vehicle for embodying interpersonal relations via different internet situations, e.g., Email, SMS, Chat, Facebook, Twitter, WhatsApp, Instagram, Blog, Skype, Viber, Snapchat, Flickr, MeetMe, Meetup, TikTok and some others may emerge by the time this study is published. Seemingly, these genres form a massive discourse (converging previously media technologies e.g., telegram, telephone, fax and linking users across space and time) which serves to create awareness, co-ordinate people's beliefs, and bring them together. Turkle (2011) expresses that digitalism embodies an inspirational life 'the second life' which promises avatar of socialization. Rafi (2017) argues that cyber-communication has made possible even for a young woman wearing the traditional Muslim head covering and who has to adhere to traditional Islamic barriers, such as limits on mixed-gender interaction, to communicate with their counterparts. We know that for most people, internet use enhances, extends and supplements what they do offline (Rainie, 2004).

While internet communication is proliferating in the lives of women students who have fewer opportunities for mixed gender communication in Pakistani culture and their parents demand from

them to be in contact when they are away from home. Needless to say, surfing the internet has both opportunities and consequences. Sometimes, peers or strangers for various reasons involve into cyberstalking assuming that they are not seen or perhaps may not be caught. As reported in the past studies mentioned in this study and mostly in Pakistani daily newspapers (such as *The Nation* and *The News*) that events of CB are becoming frequent. However, the scholarly research available in Pakistani context to investigate the linguistic repertoire of CB, its consequences and reasons is very scarce. The ultimate goal of the present study is to make women university students aware of how to prevent cyber victimization.

Past researches (See e.g., Antoniadou, Kokkinos & Markos, 2016; Donner, 2016; Mishna, Khoury-Kassabri, Gadalla & Daciuk, 2012 and those cited therein) show that neither men nor women students are safe from CB but perhaps due to the prevailing social and cultural norms in Pakistan, the percentage of CB attacks on women students is relatively higher than their counter parts (Rafi, 2019). According to a survey report by Digital Rights Foundation, Pakistan, the number of total cases of CB was 1551, from December 2016 to November 2017, and the gender breakdown shows that 67% were women victims. Ringrose et al. (2012) argue that technology doesn't remain unbiased all the time, it facilitates the user according to the purpose that may cause the objectification of women through manipulating images. Misusing or magnifying women's images troubles women seriously such as slut shaming (Ringrose & Renold, 2012). Most families are not really warm and expressive and maintain a communication gap that causes insecurity and hold women back, not letting them voice their problems. There are several negative effects of CB victimization, which have been documented by the past studies (such as Cassidy, Faucher & Jackson, 2013; Copeland, Wolke, Angold & Costello, 2013; McHugh & Howard, 2017; Menesini & Salmivalli, 2017) that CB victims face extremely horrible mental and physical health consequences such as anxiety, sadness, sleeping disorder, eating disorder, isolation, decreasing or increasing physical activity, random mood swings, lack of motivation and less focus on academics, low self-esteem, use of drugs, anti-social thoughts, suicidal ideations, and all kinds of severe depression.

It is observed that women students generally don't share CB experiences with anyone due to the fear of losing their reputation,

inviting restrictions on their free mobility and in the worst cases ban on their education as argued by Magsi, Agha and Magsi (2017) that mostly women students suffer in silence and they do not share CB incidents with their families because of a fear of being labelled as immoral. It is not uncommon to degrade women in so many ways in a university setting. They face a harrowing amount of offline bullying in the form of body shaming and stalking. It is important to note that women contribute over 50% population of Pakistan. The increasing percentage of CB among young women is alarming and demands scholarly study to investigate its outcomes, reasons and prevention measures.

### **Objectives of the Study**

The main objective of this study is to raise awareness among university women students about cyberbullying, its consequences and preventions measures. In a way, the study aims to provide guidelines to CB victims, parents, educational institutes and the concerned governmental and non-governmental departments regarding how to ensure safe virtual space for women students.

### **Research Questions of the Study**

- What are commonly emerging linguistic patterns which are exploited by aggressors to victimize women university students?
- What are mental health consequences of CB among women university students?
- Why are women university students vulnerable to CB?
- How can CB be prevented?

## **Method**

### **Research Design**

The present study was a mixed method research. Both the qualitative and quantitative information was collected from the participants with the help of a questionnaire to answer the research questions.

### **Sample**

Table 1 shows that the data was originally drawn from 378 undergraduate women students of various socio-economic backgrounds of four universities located in the city of Lahore. Only the students who had an experience of cyberbullying were purposely selected as the potential participants of the study. Hence, of 378 participants, 209, acknowledged that they had CB experience. The students who claimed that they never experienced CB were excluded from the main study. The data reveals that 55% of women students had all kinds of CB experiences. This signifies that every second woman student becomes a victim of CB. The participants who were between 18-20 years of age experienced more CB more than any other age group as showcased in table 1; however, those who belonged to age group 27 and above had the least likelihood of being cyber victim. The individuals who were older than 27 years were not part of this study.

The participants who were new to university education appeared to be more vulnerable to CB. Contrary to them, the final year participants were relatively less prone to CB attacks. This does verify that young woman participants received relatively more CB attacks than any other age group. We can also think that the first two years are most probably the settling time for women students to understand the dynamics of co-education in a university setting. This is the stage when they are supposed to make their decisions independently in most of the academic and non-academic matters. They do not share their university life with parents and guardians, or in some cases, parents do not show interest in knowing the university life of their children. Eventually, they become vulnerable targets of the aggressors who look for persons with no or low parental and peer interaction. This is more or less a picture of the urbanized culture where parents are so much engaged in their professional and social life that they do not have time for their children. Apart from 5% of the participants, 95% of them were residents of Urban areas who had 24/7 access to the internet. It is important to note that the participants who were using the internet minimum for 1-hour were considered as the sample of this study.

### **Assessment Measures**

A questionnaire including both open and close ended items was administered to elicit the data from the participants who could speak Punjabi (the regional language), Urdu (the national language) and

English (academic and de facto national language). It was however quite natural for them to codeswitch their linguistic repertoire for communication. The data was mainly in English, Romanized Urdu, mixed English, Urdu and Punjabi. The excerpts, which were other than in English, were demonstrated within mathematical symbols (such as,  $\langle \rangle$  see appendix B), however their transliteration was presented while interpreting the results. In addition to some demographic information, the participants were inquired about their experiences of CB and linguistic resources (both signs and text) which were exploited by the aggressors to victimize them. Moreover, implications of CB particularly on their mental health, reasons of being bullied and how did they manage and prevent CB attacks were also explored. Hence, the study was backed up by a large corpus covering qualitative and quantitative data sets.

### **Procedure**

The study considered certain ethical measures while collecting and handling the data. The researchers respected cultural affiliations and opinions of the participants. They were never asked for information that might offend them or might have adverse consequences. The faculty in the sample institutes was informed about the survey and the academic calendar of the participants were strictly followed to ensure no interruption in their regular academic activities. Furthermore, the faculty was requested to support the researchers and to encourage students to participate in the study. In order to establish a rapport, the researchers introduced to the participants the purpose and significance of the study. They were requested to participate and informed that the personal queries were not part of the questionnaire. They were assured that the information they provided would be used only for this study and would not be used elsewhere. Since the data comprised free conversation between the aggressors and victims, the researchers could not forbid the use of racist and sexist language, and other contentious and provocative material.

### **Results**

Firstly, demographics were assessed. The table 1 shows that out of 378 participants, 209 acknowledged that they were bullied online. The remaining 169 women university students claimed that they had no experience of CB. The data reveals that 55% women students had



all kinds of CB experiences. This signifies that every second women student becomes a victim of CB. We can fairly conclude from this that the younger the participants the more chances of CB are. When they reached to the age of 27 and above, they might have learned from their experiences of being bullied once how to avoid or manage CB attacks.

The participants who were new to university education appeared to be more vulnerable to CB. Contrary to them, the final year participants were relatively less prone to CB attacks. This does verify that young women participants received relatively more CB attacks than any other age group. We can also think that the first two years are most probably the settling time for women students to understand the dynamics of co-education in a university setting. This is the stage when they are supposed to make their decisions independently in most of the academic and non-academic matters. They do not share their university life with parents and guardians or in some cases parents do not show interest in knowing the university life of their children. Eventually, they become vulnerable targets of the aggressors who look for the persons with no or low parental and peer interaction. This is more or less a picture of the urbanized culture where parents are so much engaged in their professional and social life that they do not have time for their children. Apart from 5% of the participants, 95% of them were residents of Urban areas who had 24/7 access to the internet. The participants who spent 3-4 hours on average in a day on social media were victimized the most. The participants who were from public sector universities faced CB (58%) more than the students of private sector universities.

The participants expressed that the aggressors were known and unknown men and women internet users. Figure 1 shows that known and unknown men were overwhelmingly involved in CB activities than any other group. The involvement of men in CB attempts can be linked with socio-cultural nuances because as compared to women, men enjoy a freedom of socialization and power in Pakistani society. The feeling that there is no check on them or/and they will not be caught encourages them to involve into CB. In some cases, they believe that they have all rights to control women's life or/and to make it miserable – purely a patriarchal mind set. The data shows very less percentage of both known and unknown women who have bullied others.

Table 1  
*Demographic Information of Participants Who Were/Weren't Victimized in the Cyberspace*

Participants		Victim	Not a victim
		209	169
Age	18-20	126	118
	21-22	63	45
	23-24	16	03
	25-26	02	01
	27>	02	02
Education	1 <sup>st</sup> year	81	50
	2 <sup>nd</sup> year	108	116
	3 <sup>rd</sup> year	16	03
	4 <sup>th</sup> year	04	0
Residence	Urban	198	11
	Rural	158	11
Time Spent	1 -2 hr	49	60
	3 -4 hr	85	72
	5 -6 hr	37	26
	7+ hr	38	11
University	Public	121	51
	Private	88	118

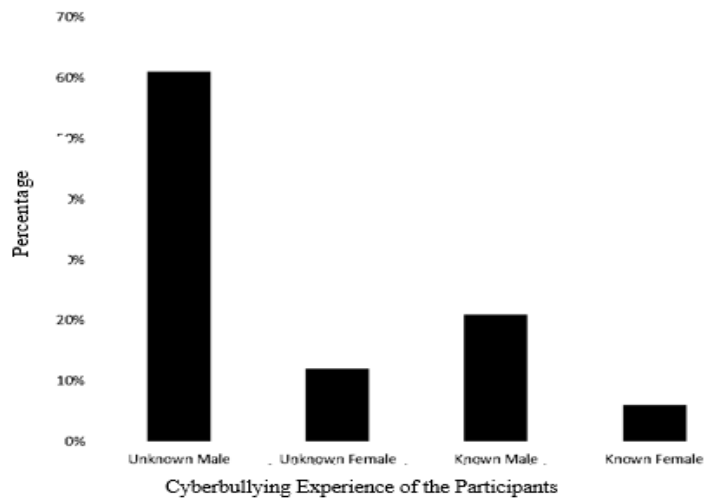


Figure 1. Demographics of Aggressors

The analysis was carried out at two phases. At the first phase, the analysis of the data involved careful reading and rereading of the text along with the semiotics (e.g., signs, images and emojis) as meaning making resource. Descriptive Interpretative Method was used in the study. The focus of the analysis was the text along with signs and symbols to gain better understating of their implications on the mental health of the victims. The analysis was not reading for the gist but rather a reading to investigate what was said to victimize the participants and how and why they were victimized. The second phase of the analysis involved an in-depth analysis of the data. The analytical perspectives were taken and reviewed after the process of cross-referencing, integration of the participants' responses and discursive reading of the extracts drawn to explicate the language of CB and its consequences, reasons as well as prevention program. In what follows two phases were presented and discussed by quantifying commonly emerging patterns in the data.

### Language of CB

It is quite paradoxical that although both the aggressors and victims were predominantly from Punjabi speech community, there was an increasing trend of communicating in Urdu, English and mixed Urdu & English. As it is evident from table 1, the data comprised 40% Urdu, 27% English, 25% mixed Urdu and English and 8% Punjabi messages. The Punjabi language was used the least for CB. In addition to the use of multilingual repertoire, aggressors also exploited visual resources (such as emojis, images and videos) to amplify the messages.

Table 2

*Percentage of Linguistic and Semiotic Resources Used in CB*

Type of language				Semiotic resources		
Urdu	English	Punjabi	Mixed Urdu/English/Punjabi	Emoji	Picture message	Video message
40	27	8	25	40	39	21

The participants admitted that the Urdu language was used mainly by aggressors to victimize them. Of 300 CB messages, 121 were in the Urdu language. A translation of some of these messages is

presented here to support the finding. The messages in the Roman Urdu are enlisted in appendix B. One plausible reason for carrying out CB in the Urdu language was the level of ease and familiarity for using expletives and colloquial expressions to exert deleterious effects on the victims. It was observed that the aggressors chose the English language to dub popular dialogues of Hollywood and Bollywood films. Although Punjabi is considered a strong language both in a formal and informal communication by the Punjabi speech community, it was however less exploited by the aggressors. The finding reveals somehow a level of comfort or preference by aggressors for choosing a code. The aggressors used flowery tone in the selected excerpts in [1] perhaps to flirt with the participants. The participants admitted when the aggressors were not responded to, they turned out to be violent and insulting. As it is evident from [2], they used strong language to threaten them.

[1]

- a. I love you a lot sweetie
  - b. Will you be the mother of my kids?
  - c. Never get married to someone else, I will be really hurt
- As noted in [2] and in other selected experts too that the use of

‘I’ pronoun and its variations (e.g., *Main, Meray, Mera and Mujhay*) in the Roman Urdu reflects a typical patriarchal mind set of the aggressors. The choice of words such as sexy and beautiful in [2] shows how a women’s body was exploited by the unknown men aggressors. This finding is constant with Olenik-Shemesh and Heiman (2017) and Rafi (2019) who reveal that the appearance-related bullying is the most prevalent victimization among youth. However, we may not rule out its possible links with offline discourses in our cultures. The participants responded that the aggressors used purely unethical means to empower them however when they failed to get their desired response for an offer to friendship or/and physical relationship they turned out to be insulting. The purpose of this reaction was to provoke the victims to respond. The excerpts in [2] and [3] also reflect a kind of linguistic repertoire used by the aggressors to victimize women in the digital discourses.

[2]

- a. Will you stay with me in a hotel?

- b. God has willed you to be beautiful, come and meet me at night we will talk in good mood, listen to me once else I will die, I am mad about your sister f\*\*\*\*\*, you are responding

The aggressor used a counter-discourse in [3] by taunting to the victim that she was not so pretty then why she deterred to respond to his inquiries. The text in [3] is used to hit directly the victim's personality. He used words (such as arrogant, fake and attitude) to denigrate her. The excerpts in [3] imply that the aggressor has other options if he is not responded in positive by the victim. It is observed that the aggressors used such expressions mostly as the last resort to seek the victims' attention. The participants reported that a rejection of friendship, relationship or proposal invariably made aggressors agitated to switch to abusive codes such as S\*\*\*t", "B\*\*ch, wh\*re and c\*\*t and to show them inferior with morally disapproved and disgusting expressions ( e.g., M\*\*\*\*\*d, g\*\*\*\*\*i, h\*\*\*\*\*i, and k\*\*\*\*\*i) in the Urdu language.














[3]

- a. You are not so pretty, you are just arrogant and fake  
 b. I thought you had a good heart but you are so arrogant and have no heart. You are not that pretty that you show so much attitude.  
 c. What is your problem? What do you think of yourself? I need your cell phone number.

In addition to the textual commentary, the aggressors employed semiotic resources such as Emoji's and symbols to make the victims' life miserable. They employed different types of semiotics (e.g., manipulating, flirting, dirty, threatening and abusive) as demonstrated with their connotative meanings in table 3. These semiotic resources have cultural connotations and they might not signify the same meanings in other than Pakistani and Indian culture. The participants reported that they were harassed with repulsive video messages (e.g., showing men genitals) and even of naked girls for arousing sexual impulses. The finding is also supported by Korenis and Billick (2014) that dirty Emoji and symbols carrying abusive and insulting expressions are coupled with the verbal messages by aggressors to amplify CB attempts. The participants admitted that they were allured

by sweet followed by flirtatious signs. When the aggressors were repeatedly ignored or rejected, they unleashed their frustration by threatening and abusive signs to belittle them.

Table 3  
*Semiotic Resources Used by Aggressors to Victimize the Participants*

Description	Semiotics	Connotative meanings
Manipulating/sweet		Offering friendship to victims by sending a winking face.
		Trapping victims by raising expectations and making them emotionally attached.
		Seducing victims by sending the kissing lips.
		Sending broken heart to show false emotions and to gain the attention.
Flirting/dirty		Sending smirking face to give sexual hints.
		Express sexual activities.
		Portraying an intensive physical relation.
Threatening/abusing		Calling for revenge or/and violence.
		Offending and/or for body shame.
		Expressing frustration.
		Threatening
		Insulting
		Disrespecting and hitting self-esteem.

### **Mental Health Consequences**

Figure 2 highlights the most commonly emerging mental health issues that the participants suffered from. The figure demonstrates that they suffered from acute depression, aggression, sleeping and eating disorders that caused low academic performance and social isolation as revealed by Camelford and Ebrahim (2016). The participants also acknowledged that CB had a profound impact on their mental health, daily routine life, relationships, and performance in studies. A large number of participants (59%) disclosed that they lost trust of their friends after having experienced CB which damaged their socialization badly. They started nurturing indiscriminately hateful feelings against all men, which perpetuated unhealthy ethos in their social circle. Eventually, they had an invariable feeling of irritation and depression, which further discouraged them to socialize.

Some of the respondents (45%) disclosed that when they had depression attacks though they were not experiencing CB anymore, there was a kind of fear in them for being victimized again. They chose to ignore or not to face especially their male peers. 18% of the participants admitted that they had problem with their academic performance. They revealed that they had a great loss in their studies and some of them failed the exams or had low grades. One of the participants disclosed that she was so much disturbed after being bullied that she failed in the first-year exams and she had to take break from her study in order to recover completely.

The participants expressed that they had unpleasant ideations as argued by Kim (2017) that CB victims have suicidal ideations. Studies (Kowalski, Limber & Agatston, 2016; Murshid, 2017; Barzilay et al., 2017) have also linked victimization to suicidal ideation. The feeling to seek revenge to ease insult and pain made 40% of the participants' aggressors. The participants apprised that they felt disgusting when aggressors used inappropriate words and sent vulgar pictures, videos and unethical GIF (Graphic Interchange Format) images with a bunch full of revolting abuses as demonstrated in [4] and table 3. Partly, it is due to insulting phrases and abuses which are always unacceptable to anyone especially to women, may sometime trigger an ideation of anger and revenge. The participants expressed that the following abusive phrases were quite horrifying for them. Since, in most of the cases, they were not empowered socially and there was no authority in their institutions to report CB complaints,

they eventually developed a feeling of helplessness and thought to commit suicide.

[4]

a. *S\*\*\*t*”, “*B\*\*ch, wh\*re, c\*\*t*

b. *M\*\*\*\*\*d, g\*\*\*\*i, g\*\*\*\*ikibachi, bc, lpc, h\*\*\*\*\*i, k\*\*\*\*iterimaa ka ye and wo*

c. Uncultured person, I will vilify you so badly that you won't be able to face anyone around.

The participants shared that they suffered from low self-esteem due to insulting and hurtful moments as supported by Jan, Soomro and Ahmad (2017). They had lost all interest in developing any kind of relationship due to trust issues. They mentioned that they were so disturbed by the threatening messages that they did not find positive feelings in them for others anymore due to their disturbed psychological condition. The participants (33%) stated that they suffered from problems related to sleeping and eating. Around 19% of the participants chose to remain isolated due to uncomfortable and insecure feelings and did not want their peers to talk about them as noted by Ferreira et al. (2016) also. 19% of the participants mentioned that they faced some other problems such as, anxiety, moodiness and irritation. Several scholarly studies (such as Kim, 2017; Kokkinos, Antoniadou & Markos, 2014; Menesini & Salmivalli, 2017; Munawar et al., 2014; Murshid, 2017) from different countries found a positive correlation between CB and the victim's physical, psychological, relational and general wellbeing.

### **Reasons of Cyber Victimization**

Many participants had no idea why they were victimized but some of them expressed that being a woman was perhaps the main reason for men to victimize them (e.g., see excerpts in [6]). Since in Pakistani culture men and women don't freely interact with each other maybe that's why men are emotionally inclined towards the opposite sex and tend to develop intimate relationship. The excerpts in [5] indicate how the aggressor used discursive temptation to victimize the participants. The aggressor tried to express how much charming and important the victim was for him. The phrases imply that the aggressor could not live without the victim and both of them would have a wonderful life together. Women are usually postulated offenders



mostly in such cases and are never supported in the matter of sharing such relationships with their families. So, they always keep it hidden. On the other hand, aggressors enjoy this biased social freedom and exploit women through culturally unacceptable content. McHugh and Howard (2017) argue that the aggressor looks for a socially isolated and vulnerable target to victimize. Olenik-Shemesh and Heiman (2017) find that cyber victimization is significantly correlated with low social support.

[5]

- a. I saw you at terminal (bus station), and I want to do friendship with you.
- b. I saw you in front of college. You are so beautiful.
- c. Excuse me? You be friends with me? You are so beautiful. I know you.

Most of the participants claimed to be victimized after ignoring or rejecting friendship or relationship proposals by the aggressors. They thought that they were victimized due to their alluring beauty. Some participants disclosed that they were harassed with their personal picture which the aggressors accessed through their online profile accounts. Some of them gave the reason that they over-trusted friends who turned out to be the aggressors. Many participants experienced CB through public posts for being a women as noted by the victim in the following example. Some of them reported that an excessive use of social media put them in vulnerable situation. A few of them admitted that they had low information about security settings on social media which made the aggressors hack their social accounts as supported by Navarro et al. (2015).

[6]

- a. You are a girl. You have no knowledge so shut your mouth"
- b. What do you think of yourself? A scholar? Who just be reading two books think have whole knowledge. You piece of shit. Extremist."

The participants noted that they were victimized by their peers because of break ups, rejections, betraying friends (victims) by passing on their contact numbers and personal information to other male friends. One of the participants while sharing her experience said that one of my friends ditched me and gave access of my contact detail to some unknown person. He blackmailed her and demanded to have

friendship. The text in [7] shows jealousy and enmity between the participants. One of the participants (known woman) threatened the victim to stay away from her boyfriend or to wait for the consequences.

[7]

- a. I will kill you and your friend. You better stay away from each other.
- b. You are the reason behind. That all was mine what you have.

### **Suggestions to Prevent CB**

The experiences of victimization empowered the participants to propose various anti-bullying measures. They brought up several suggestions ranging from individual action to the involvement of parents, social institutions (especially, education, media and police) and adherence with religious and cultural values. It is generally observed that CB and its impact on the mental health of young people is usually overlooked both by parents and teachers in Pakistan. The participants proposed that the social institutions must play an effective role to raise awareness at all public platforms to reduce bullying behaviours. We agree with the suggestion by Farrington and Ttofi (2009) that teachers should clearly communicate their antibullying attitude to students as concluded by Rey et al., (2016). Camelford and Ebrahim (2016) argue that the psycho-educational intervention is quite helpful in increasing an understanding of CB and empathy towards other students. They recommended that teachers can use this intervention strategy by playing short YouTube video clips and role-play scenarios in their classrooms.

The participants stated that, while using internet, they pay no attention to cyberstalking to keep the aggressor at bay. Most of them chose to be silent and kept ignoring when they had CB experiences as they thought that a reaction would feed a sick minded aggressor. Eventually, he would be disappointed and seize to carry out CB cycle. Some of them feared that fighting against the aggressor without the support of police, parents, peers and university might aggravate the situation and lead to their character assassination and academic failures.

The participants mentioned that blocking the aggressor could stop CB because involving family could be risky and even troublesome as afterwards parents might impose some restrictions on

them. The participants in the study of Slonje and Smith (2008) also recommended blocking and avoiding messages from the aggressor as the best coping strategy. The participants wished that they would like reporting cybercrime authority if this facility was available within the online applications and the authority was ready to take a prompt action. Some participants favoured involving family and to report police with an evidence to penalize the aggressors. However, according to Carter (2013) a high percentage of CB goes unreported. In addition to this, some of them suggested establishing an online system which could filter offensive material as proposed by Ptaszynski et al., (2016) an automatic acquisition and filtering software to provide a safe cyberspace to users. They recommended having complete knowledge of security settings of online accounts to mask personal information from unknown users.

Many participants envisaged an increase in anxiety and stress among them due to invariably offline and online bullying experiences. They said it was so usual to be stared by unknown men or/and to receive unwanted comments on them when they were particularly alone. They suggested that parents should be aware of their children's activities and marry them when there is suitable time to shield them against illegal affairs, which mostly if not always perpetuate into bullying behaviours. Furthermore, they said worshipping and regular prayer help them to be in the right direction and weed out CB effects. The participants, however, complained about receiving negative and judgmental attitude by their family, friends and society when they were bullied (see e.g., Charteris et al., 2018). The participants said when they were given confidence and protected by their parents, peers and teachers against the aggressors that helped them cope with CB and its consequences. Carter (2013) also suggested seeking peer social support and direction can be invaluable in discharging deleterious effects of CB. In the same vein, Hood and Duffy (2018) concluded in their study that greater parental monitoring and support weakened the impact of CB.

### **Discussion**

Pakistan is a nation of about 220 million people with over 50% women population, whereas only 25% of them have access to higher education and half of them face CB according to the present study. Needless to say, no nation can develop if a considerable proportion of

its population is ignored or/and receive an indifferent treatment especially when they chose to seek university education. The participants who were not computer savvy and failed to make CB public were relatively more vulnerable. The aggressors were mostly unknown men who chose to victimize women students for certain socio-cultural and psychological reasons. They used numerous linguistic expressions (both textual and semiotic) to tempt and harass the victims. CB attacks affected the mental health of the participants which perpetuated into terrible consequences such as depression, trust deficit, sleeping, eating disorder, poor academic performance and social isolation. The study suggests that the best way to prevent CB is to share it with parents and seek the support of friends and teachers. The study also suggests universities to challenge cultural nuances that disempower women and let them suffer in silence.

Regarding demographic characteristics, past studies (c.f., Rafi, 2017 and those cited therein) highlight that the sociocultural dynamics in the remote and rural areas of Pakistan limit women's education away from their home. Those who are allowed to seek higher education spend their life with some do's and don'ts. One of them is mixed gender interaction either face-to-face or via social media or cell phone. They have limited or maybe no opportunities to use social media for communication. Hence, there would be eventually a less probability for being a cyber-victim. Unlike the rural folks, the participants who were from urban areas present diametrically opposite side of the picture. They are more or less encouraged for further education and to be in contact with their parents and friends via social media. The participants who spent from 3-4 hours on average in a day on social media were victimized the most. They may be ranked as moderate or naive users of the internet for socialization. The participants who were from public sector universities faced CB (58%) more than the students of private sector universities. This indicates that more restrictions may cause curiosity for a mixed gender interaction that sometime leads to CB.

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## Appendix A

[1]

- a. <jaan, main bohat pyar kerta hu tumse>
- b. <Mairay bachon ki maa bano gi>
- c. <Na na shadi na krna 'mera dil toot jay ga>

[2]

- a. <Mere sath hotel mai check-in karogi I will give you relation>
- b. <Ma Sha Allah you are so sexy kabhi ao milny,raat ko karygy baat mood bnake ,aik bar sun lo bat wrna mein mar jaoga ,tumhry peachy pagal hu bhain chood! Tum muh nai lagarhi mujy>

[3]

- a. <Etni pyari ho ni jitney nakhry han total fashion ha bus>
- b. <Itni bhi pyari nahi ho jitna attitude hai, smjhti kia ho khud ko.
- c. <App ko kya takleef ha? App khud ko kya samjhtii ho? Mujoy tumhra number cahiya>

[4]

- a. <S\*\*\*\*", "B\*\*ch, wh\*re, c\*\*t>
- b. < "M\*\*\*\*\*d, g\*\*\*\*i,g\*\*\*\*ikibachi, bc, lpc, h\*\*\*\*\*i, k\*\*\*\*iterimaa ka ye and wo>
- c. <Beghairatinsantujayitnababnaamkrunga k kisi ko muudikhnay k kabilnairhygi>

[5]

- a. <Main ny app ko terminal par dekha main app ko dost bnanachahtahun>

## **Childhood Trauma, Irrational Beliefs and Self-Esteem Among Adult Individuals with Conversion Disorder**

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The present study explored the relationship between childhood trauma, irrational beliefs and self-esteem among adult individuals with Conversion Disorder receiving treatment ( $N=100$ ) at public institutes of Lahore. Childhood Trauma Questionnaire (Bernstein, Ahluvalia, Pogge, & Handelsman, 1997) Irrational Beliefs Inventory (Ellis, 1962), and Rosenberg Self Esteem Scale (Rosenberg, 1965) were used. Correlational research design was used. Independent sample t test, multiple linear regression, and Multi Variate Analysis of Variance (MANOVA) were applied. Results highlighted childhood trauma as a significant predictor of Conversion Disorder. Childhood trauma had significant negative relationship with self-esteem. Childhood trauma pertaining to parental rejection was a negative predictor of low self-esteem. Independent sample t-test showed that the individuals with childhood trauma had higher scores on irrational beliefs inventory than the general population. Individuals with childhood trauma scored high on worrying, problem avoidance, rigidity, demand for approval and emotional irresponsibility than individuals who did not report any experience of trauma. Childhood trauma was a significant predictor of Conversion Disorder in adulthood. Individuals with a history of trauma in early childhood reported low self-esteem. Individuals with childhood trauma scored high on worry subscale of irrational beliefs inventory.

*Keywords:* Childhood Trauma, Irrational Beliefs, Self-Esteem, Conversion Disorder

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Exposure to stressful situations has detrimental effects on the personality of an individual. Childhood trauma (CT) can be defined as an unwanted negative event that was experienced with emotional pain and had its manifestations in the childhood, it included the child neglect, sexual harassment, physical abuse and violence (Goodwin & Stein, 2004). Common causes of CT can include death of a close relative, divorce of parents at an early age and experience of abuse: a) physical/sexual (e.g. sodomy, molestation and rape), b) emotional abuse (e.g. verbal threats, threat of being killed). Such experiences are known to have a detrimental impact on the development of one's self and leave long-lasting negative impact on the person as well as it affected the later life of the child who had faced any kind of childhood trauma (Wiersma et al., 2009). Researches highlighted the impact of CT in terms of sabotaging the healthy development of one's self by the repressed feelings and negative emotions that developed because of the traumatic experiences in the past life. Such experiences also laid the foundation of irrational beliefs as the affected individual would have some cognitive errors and started to think irrationally about oneself. It has been seen that those individuals who had developed the emotions like guilt, started blaming themselves for every bad happening around them. The common complaints were the sense of shame, anger and isolation from the society, which lead the individuals towards developing symptoms of conversion disorder. As when a person sees oneself from the spectacles of others and when the person faced social rejection or some sort of conflicts from the society then it might sabotage the self-esteem of that person (Watson & Sell, 2007).

Conversion Disorder (Functional Neurological Symptom Disorder) is commonly known as "Hysteria". The symptoms of this disorder could not have any neurological explanation not even by medical conditions. According to psychoanalytic theories, Conversion Disorder is an expression of repressed psychological disturbance. On conducting the medical evaluation, no medical explanation can be provided for the symptoms being presented. People who perceive the individuals with these symptoms as fooling them usually consider this problem irrational but the fact is that the individuals with Conversion disorder cannot have any control over the symptoms. In other words, people with conversion disorder don't have free will when it comes to the symptoms they presented. (Roelof & Keijsers, 2002).

The physical symptoms of a person with conversion disorder are usually the representation of unresolved conflicts and the treatment of such presentations has been viewed to occur through seeking resolutions of the unresolved conflicts (Breuer & Freud, 1895). Common symptoms of this disorder include Paralysis, Blindness, Tunnel vision, Seizures (non-epileptic seizures), Loss of sensation, Disturbance in coordinated movements such as walking, Numbness, Tremors, Abdominal pain, Speech impairment (Aphonic). Autonomic nervous system and endocrine glands are responsible for the physical symptoms of the conversion disorder. (Goldberg, 2016). Symptoms appears after stressful events as emotional and physical trauma and it happens at cellular, structural and metabolic levels (Legg, 2018). Freud has described that all the unresolved conflicts lie in the unconscious mind and when the person repressed his/her emotional conflicts it would result into conversion disorder which would get externalized in symptoms, as the person tries to get attention, sympathy and support, through secondary sources (Vailant, 1992).

Childhood trauma is any event that causes distressful and painful for the person to experience and even to recall but with an optimal support the person could recover from the emotional pain (Cloitre et al., 2009). Childhood trauma includes all types of traumas faced and experienced by the child such as physical abuse, emotional abuse, sexual abuse and neglect. People might recover from the situations that were experienced in early childhood but when they get triggers from the environment in adulthood it would most likely lead them to develop conversion disorder. (Şar, Akyüz, Kundakçı, Kızıltan, & Doğan, 2004)

Irrational beliefs are the illogical thoughts of an individual that would have damaging effects on the personality of that individual (Pams, 2013). Irrational beliefs are the cognitions that a person has about himself and for others (Rusch, Morris & Allen, 2001).

Ellis (1962) has given his theory on the irrational beliefs as these are the baseless cognitions, which an individual holds for the things or events and which are not explained by some rational thoughts. That is why the individual makes irrational beliefs in order luto justify the event. He has given 12 irrational beliefs, which are the most commonly prevailing among people.

Self-esteem is a positive or negative orientation towards oneself, an overall evaluation of one's worth or value. Rosenberg

(1965) has defined self-esteem as "totality of the individual's thoughts and feelings with reference to himself as an object." Rosenberg's theory of self-esteem deals with the cognitions which a person holds about himself/herself and how it effects a person's self-image. Mruk (2006) conducted a research on competence and worthiness model of self-esteem. This includes skills training and capitalizing that improves self-esteem. It involves training in problem solving skills, assertiveness skills, academic skills, work related skills, on people of low competence. (Roelof & keijsers, 2002).

### **Rationale of the study**

The current study was carried out to explore the relationship between these variables and to uncover the effects of these variables on Conversion Disorder. It is an indigenous study to understand the causative agents of Conversion Disorder, it will help the psychologists in understanding the factors that could lead the person towards Conversion Disorder and also assessment could be easier and the management of the symptoms could become more precise due to the contribution of the study.

### **Objectives**

- To explore the relationship between childhood trauma, irrational beliefs and self-esteem in adult individuals of conversion disorder.
- To determine the impact of childhood trauma on irrational beliefs and self-esteem in adult individuals of conversion disorder.
- To investigate the gender differences in terms of childhood trauma, irrational beliefs and self-esteem.

### **Hypotheses**

- There is likely to be a significant relationship between childhood trauma, irrational beliefs and self-esteem.
- Childhood trauma and irrational beliefs would significantly predict self-esteem.
- There is likely to be a significant impact of childhood trauma on irrational beliefs and self-esteem in adult individuals of conversion disorder.

- There would be a significant gender differences in terms of irrational beliefs and self-esteem in adult individual with conversion disorder.

## Method

### Research Design

Correlational research design was used to find out the relationship between childhood trauma, irrational beliefs and self-esteem among individuals with conversion disorder.

### Sample

A purposive Sample consisting of 100 participants including both the men and women patients with a distribution of 14 men and 86 women was drawn from the hospitals. The age range of the patients was 18-45 years. The data has been collected from different institutes i.e., Fountain House, Services Hospital, Ittafaq Hospital, Aziz Bhatti Hospital (Gujrat), and DHQ Hospital (Gujranwala).

### Measures

**Demographic Questionnaire.** The demographics involved the age, gender (men or women), socio economic status (low or high), education level (matric, intermediate, bachelors, masters) and family system (nuclear or joint) of the participant of research.

**Childhood Trauma Questionnaire (Bernstein, Ahluvalia, Pogge, & Handelsman, 1997).** It is a self-report measure to quantify the childhood trauma experienced by patients of conversion disorder in early life. This questionnaire measured two type of childhood trauma that is parental loss and sexual abuse. This scale take the subjective ratings from the participants on parental loss and the other type of trauma is sexual abuse to quantify the experience. The participant had to rate on it, the rating scale is from 1-10, whereas 1 is for the least intensity and 10 is the maximum of intensity experienced by the participant.

**Irrational Beliefs Inventory (Ellis, 1962).** It is a 50 items scale inventory to check the irrational beliefs and their effect on psychopathology. English version of this test was used in this research

to measure irrational beliefs among patients of conversion disorder. Sub Scales of irrational beliefs inventory include worrying, rigidity, problem avoidance, demand for approval, emotional irresponsibility. It is a likert type scale, participant responded on a scale 1 to 5. The reliability for the current study was .71.

**Rosenberg Self-esteem Scale (Rosenberg, 1965).** The Rosenberg self-esteem scale (RSES) was developed by Rosenberg in 1965. English version of this scale was used. It consisted of 10 items with 4-point Likert scale (0-3) rated from strongly agree=3 to strongly disagree=0, item number 2, 5, 6, 8, and 9 were reverse items. The maximum score on this scale is 30. The higher score shows higher self-esteem. The reliability of Rosenberg scale ranges from .50 to .90 in different cultural context (Rosenberg, 1965).

### **Procedure**

Permission was obtained from the concerned authorities to draw the data. Childhood Trauma, Irrational Beliefs and Self-esteem were measured through standardized instruments. Each scale is open to the public and available online. A purposive sample of 100 patients with conversion disorder was drawn from Fountain House and Services 100 patients with conversion disorder was drawn from Fountain House and Services Hospital, Ittafaq Hospital, Aziz Bhatti Hospital(Gujrat), DHQ (Gujranwala). Oral administration was done. After the collection of data, scores were analyzed by using scoring key. The confidentiality of the data was assured to the concerned authorities.

### **Ethical considerations**

The ethics of the research has given very much importance the data of the individuals are kept confidential and would not be revealed and shared anywhere. Permission was obtained from the concerned authorities to draw the data. Childhood Trauma, Irrational Beliefs and Self-esteem were measured through standardized instruments. Each scale is open to the public and available online. A purposive sample of 100 individuals with conversion disorder was drawn from different hospitals. After the collection of data, scores were analyzed by using scoring key. The confidentiality of the data was assured to the concerned authorities.



## Results

Table 1

*Pearson Product Moment Correlation among the variables of the study (N= 100).*

Variables	1	2	3	4	5	6	7	8	<i>M</i>	<i>SD</i>
1. Childhood trauma	-	.08	-.14	-.07	-.41	-.02	-.08	-.25*	12.45	3.52
2. Worrying		-	.18	.35**	.44**	.45**	.70**	.06	51.87	3.26
3. Rigidity			-	-.12	.12	.16	.66**	.30**	60.25	6.27
4. Problem avoidance				-	.54**	.01	.49**	-.24*	41.97	3.52
5. Demand for approval					-	.25**	.65**	-.12	28.80	2.33
6. Emotional irresponsibility						-	.64**	.00	29.42	1.77
7. total IBI							-	.09	213.31	10.56
8. total RSS								-	16.92	5.30

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

Results show moderate significant negative relationship between childhood trauma and parental loss while parental rejection has significant negative relationship with self-esteem. Moreover, worrying has weak significant positive correlation with problem avoidance, demand for approval, emotional irresponsibility and high significant positive correlation with irrational beliefs. Rigidity has moderate positive significant relationship with irrational beliefs and weak positive and significant self-esteem. Furthermore, problem avoidance has moderate positive significant correlation with demand for approval and emotional irresponsibility but weak negative significant correlation with self-esteem. Demands for approval have weak significant positive correlation with emotional irresponsibility and moderate positive significant correlation with irrational beliefs. Lastly, irrational beliefs also have moderate significant positive correlation with emotional irresponsibility.

Table 2

*Simple Linear Regression to Predict Worrying from Childhood Trauma pertaining to Parental Loss and Sexual Abuse (N=100)*

	<i>B</i>	<i>SE</i>	$\beta$	<i>T</i>	<i>p</i>
Constant	49.59	1.27		38.87	.001
Parental loss	.12	.099	.16	1.25	.213
Sexual Abuse	.41	.208	.26	1.99	.049

*Note.*  $F = 1.99$ ,  $p = ns$

Result of simple linear regression indicated that childhood trauma pertaining to parental loss and sexual abuse is not a significant predictor of worrying.

Table 3

*Simple Linear Regression to Predict Rigidity from Childhood Trauma pertaining to Parental Loss and Sexual Abuse (N=100)*

	<i>B</i>	<i>SE</i>	$\beta$	<i>T</i>	<i>p</i>
Constant	62.06	2.45		25.25	.001
Parental loss	-.28	.190	-.193	-1.47	.144
Sexual Abuse	-.04	.40	-.016	-.21	.904

*Note.*  $F = 1.69, p = ns$

Result indicated that childhood trauma pertaining to parental loss and sexual abuse is not a significant predictor of rigidity.

Table 4

*Simple Linear Regression to Predict Rigidity from Childhood Trauma pertaining to Parental Loss and Sexual Abuse (N=100)*

	<i>B</i>	<i>SE</i>	$\beta$	<i>T</i>	<i>p</i>
Constant	62.06	2.45		25.25	.001
Parental loss	-.28	.190	-.193	-1.47	.144
Sexual Abuse	-.04	.40	-.016	-.21	.904

*Note.*  $F = 1.69, p = ns$

Result indicated that childhood trauma pertaining to parental loss and sexual abuse is not a significant predictor of rigidity.

Table 4

*Simple Linear Regression to Predict Problem Avoidance from Childhood Trauma pertaining to Parental Loss and Sexual Abuse (N=100)*

	<i>B</i>	<i>SE</i>	<i>B</i>	<i>T</i>	<i>p</i>
Constant	41.86	1.40		29.84	.001
Parental loss	-.02	.108	-.031	-.23	.816
Sexual Abuse	.06	.228	.040	.30	.764

*Note.*  $F = .204, p = ns$

Result indicated that childhood trauma pertaining to parental loss and sexual abuse is not a significant predictor of problem avoidance.

Table 5

*Simple Linear Regression to Predict Demand for Approval from Childhood Trauma pertaining to Parental Loss and Sexual Abuse (N=100)*

	<i>B</i>	<i>SE</i>	<i>B</i>	<i>T</i>	<i>p</i>
Constant	29.20	.92		31.47	.00
Parental loss	.69	.07	.12	.96	.33
Sexual Abuse	.05	.15	.04	.34	.73

*Note.*  $F = 1.69, p = ns$

Result indicated that childhood trauma pertaining to parental loss and sexual abuse is not a significant predictor of demand for approval.

Table 6

*Simple Linear Regression to Predict Emotional Irresponsibility from Childhood Trauma pertaining to Parental Loss and Sexual Abuse (N=100)*

	<i>B</i>	<i>SE</i>	<i>B</i>	<i>T</i>	<i>P</i>
Constant	27.76	.68		40.61	.00
Parental loss	.106	.05	.25	2.0	.04
Sexual Abuse	.27	.11	.32	2.4	.01

*Note.*  $F = 3.1, p < .05$

Result indicated that childhood trauma pertaining to parental loss and sexual abuse is a significant predictor of emotional irresponsibility.  $R^2$  indicated 62% variance in emotional irresponsibility accounted by childhood trauma. Regression coefficient further indicated that 1 standard deviation unit increase in childhood trauma pertaining to parental loss would result in .25 increase in emotional irresponsibility while 1 standard deviation unit increase in childhood trauma related to sexual abuse would result in .32-unit increase in emotional irresponsibility.

Multivariate analysis of variance of carried out to explore the effect of type of childhood trauma on different irrational believes that

is worrying, rigidity, problem avoidance, demand for approval and emotional irresponsibility. The results are as follow:

Table 7

*Multivariate Analysis of Variance to measure effect of types of Childhood Trauma on Irrational Beliefs (N=100)*

Effect	$\lambda$	<i>F</i>	Hypothesis df	Error df	<i>P</i>	$\eta^2$	Observed Power
Parental loss	.42	2.1	36.00	358.45	.00*	.134	.99
Sexual Abuse	.84	1.19	12.00	162.00	.29	.08	.66
Parental loss*Sexual Abuse	.80	.61	30.00	326.00	.94	.043	.46

*Note. p < .05*

Results of MANOVA (Wilks Lambda) indicated significant main effect of parental loss on Irrational believes. Partial eta squared indicated 13% variance in irrational believes as accounted by parental loss. There was no other significant main effect or interaction effect. Results of Between Subject effect to explore the effect of parental loss on irrational believes are as follow.

Table 8

*Multivariate Analysis of Variance to measure effect of Parental Loss on Irrational Beliefs*

Source	Dependent Variable	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>	$\eta^2$	Observed Power
Parental Loss	Worrying	76.76	6	12.79	1.27	.28	.08	.47
	Rigidity	223.31	6	37.21	.89	.50	.05	.33
	Problem Avoidance	103.1	6	17.19	1.41	.21	.09	.52
	Demand for approval	17.00	6	2.83	.49	.81	.03	.18
	Emotional Irresponsibility	26.45	6	4.40	1.38	.22	.08	.51

Results indicated no significant main effect of parental loss on any of the irrational belief.

### **Discussion**

Childhood trauma is a significant predictor of conversion disorder. Individuals who have experienced childhood trauma in their early childhood have more irrational beliefs, as the result show highly significant relationship of childhood trauma with worrying component of irrational beliefs inventory. However, the individuals who have experienced childhood trauma has scored more on worrying, rigidity, problem avoidance, demand for approval, emotional irresponsibility as compared to the individuals who have not experienced any trauma. Likewise, victimized individuals would significantly predict low self-esteem as compared to the individuals who have not experienced any trauma. The type of childhood trauma experienced by the child also played a significant role in onset of the conversion disorder. Both the genders have faced the same intensity of trauma as it was previously believed that women faced more sexual harassment as they are the easy victim but results show both faced equal and same kind of trauma. Individuals with conversion disorder would have relatively low self-esteem as compared to the individuals who have not experienced any trauma in their early childhood and they have more irrational beliefs than individuals without histories of childhood trauma.

### **Limitations**

This research is only done in the areas of Lahore (private and public institutes), researchers could explore the current research in many other domains as well and take it on the national and provincial level. This study has only quantitative approach it could be further explored by using qualitative and mixed method research techniques.

### **Conclusion**

Childhood trauma is a significant predictor of high irrational beliefs and low self-esteem among individuals with conversion disorder. Individuals with conversion disorder would rate high on worrying, rigidity, problem avoidance, demand for approval and emotional irresponsibility as compared to the individual who do not have experienced any type of childhood trauma.

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## **Teachers' Perception about Terrorism in Swat: A Qualitative Study**

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This qualitative study explored the perceptions of teachers about the causes and consequences of terrorism in Swat, Pakistan. Pakistan in general and Swat in particular have witnessed terrorism on a large scale during the recent decades. Education has been a consistent target of terrorist attacks in Pakistan in recent years. Teachers are one of the most important elements in the education sector, therefore this study explored teachers' perceptions regarding the issue. Data were collected from 20 teachers (10 men, 10 women) from district Swat. The sample was selected through purposive sampling technique. Semi-structured interviews were conducted with the respondents to collect data. Thematic analysis method was used to analyze the data. Findings indicate that lack of education, lack of good governance, flawed security policies, corruption in the society, poverty and unemployment, religious extremism, economic inequality, weak judicial system, social injustice and lack of tolerance were major causes of terrorism in the area. The main consequences of terrorism included fear, insecurity, economic hardships and psychological problems among the populace. The study has important implications for policy makers, educational leaders, academics in Pakistan and elsewhere.

*Keywords:* education, terrorism, teachers, perceptions, Swat, Pakistan

Terrorism has become a significant topic of academic interest during recent decades (Silke, 2001). There are different theories about the causes of terrorism. Researchers have attributed terrorism to

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poverty, economic deprivation, unemployment and inequality (Haider, Heredero, Ahmad & Dustgeer, 2015). Jones (2006) found that that one of the major cause of terrorism is religious extremism. Other researches have attributed it to cultural, strategic and institutional causes (Boylan, 2012; Pape, 2003; Sen, 2008).

Research also indicates that the factors responsible for extremism and the resultant terrorism could be termed as 'push factors' and 'pull factors' as well. Push factors are environmental factors that actually push individually in thinking extremist thinking and terrorism. These factors include poverty, unemployment, deprivation, social and political marginalization, oppression, lack of good governance and access to justice. Besides, corruption and lack of an environment of fair play are also indicated as push factors that has the potential to push individuals into acts of desperation and extremism (Denoeux & Carter, 2009). The 'pull' factors are factors that attract people towards extremists thinking and ultimately to involvement in acts of terror. These factors include incentives to get involved in acts of terrorism including monetary incentives, promise of power, social prestige, and promise of particular religious incentives, to name a few.

A study conducted by Chachar, Mangi, Abbasi and Ahmad (2013) examined the impact of terrorism on working women. 100 women were included in the study. The study revealed that working A study conducted by Chachar, Mangi, Abbasi and Ahmad (2013) examined the impact of terrorism on working women. 100 women were included in the study. The study revealed that working women in Pakistan are afraid because of sudden suicide bomb attacks, assassinations, and planned armed robberies. A research was also conducted on psychological terror at work and cardiovascular diseases among teachers (Malinauskiene, Obelenis & Dopagiene, 2005). They found that psychological terror at work and cardiovascular diseases among teacher have a significant relation-ship with each other. Terrorism and fear are strongly interconnected, terrorist spread fear through different sources such as by media and by messages (Borgeson & Valeri, 2009). Various researches that have been done after 9/11 attacks found that terrorism has long term adverse psychological impact (Helgeson, 2015). Post-Traumatic Stress Disorder (PTSD), Major Depressive Disorder and anxiety disorders are the noticeable disorders that appear during or after the terrorism.

Studies also indicate that many psychopathological disorders are caused by terrorism (Salguero, Fernández-Berrocal, Iruarrizaga, Cano-Vindel, & Galea, 2011). Moreover, psychological problems like Acute Stress Disorder has been associated with terrorist acts. Studies also indicate that psychological symptoms mostly appear during or after terrorism and may remain intact for long periods of time (Kinman & Jones, 2006). Although there has been adequate research on causes and consequences of terrorism around the world, limited research has been conducted on school teachers' perceptions regarding the issue in Pakistan (Cinar, 2009). This study, therefore, aims to fill this research gap. This study, therefore, aimed to explore answer to the research questions including: What are school teachers' perceptions regarding the causes and consequences of terrorism in Swat? The aim was to explore this significant issue from the perspectives of these teachers who were in one way or another direct affectees of this phenomenon.

## **Method**

### **Research Design**

This study adopted qualitative, exploratory research design. Qualitative research has a range of research designs but this study adopted the more accessible 'generic qualitative research design' (Kahlke, 2014) that is quite useful in conducting qualitative research studies on an issue of social import.

### **Sample of the Study**

The target population consisted of teachers of 5 schools of District Swat. A sample of 20 teachers was selected out of which 10 were men and 10 were women teachers. This small size was in line with the requirements of qualitative studies which aim at depth rather than breadth in terms of exploring the issue. Purposive sampling technique was used and data was collected with the help of Semi-structured interviews. The sample respondents belonged to district Swat (Kozabandai, Nengolai, Kanjo, Matta and Mingora). Most of the teachers were qualified and trained. Men' age range was between 20 and 50 years and women teachers' age ranged between 20 and 40 years.

### **Data Collection and Analysis**

Semi-structured interviews were used for data collection from the respondents. Semi-structured interview is regarded as a very useful data collection tool in qualitative, perceptions based studies as this interview helps in accessing respondents' perceptions in detail. Initially a pilot study was conducted with two teachers. The pilot interview process and the subsequent analysis of the data so obtained resulted in the overall improvement of the interview schedule. This was followed by the main data collection process from the respondents. A voice recorder was used to record the interviews. During interviews, the respondents were allowed to answer the questions in a language of their choice: Pashto, Urdu, English and Torwali. All the interviews for data collection took a total of 3 months between December 2015 and February 2016.

Data was analyzed using thematic analysis. Thematic analysis was done in light of the six phases suggested by (Braun & Clarke, 2006) to produce meaningful patterns. These phases are as follows.

- Familiarization with data
- generating initial codes
- searching for themes among codes
- reviewing themes
- defining and naming themes
- producing the final report

First interview data was transcribed. After the transcription, the data was arranged and analyzed through coding. Coding is a process which structures the data into analyzable form. The codes were mainly developed in the light of the main questions in the interview schedule which were developed in line with the research question and objectives of the study. Themes were thus mainly based on the interview questions, however, some inductive themes also came out as a result of the data analysis process.

Ethical considerations such as informed consent and anonymity were taken care of and validity of the data was established through peer review process and piloting.

## Results

### Major Causes of Terrorism

A number of factors were identified as causes of terrorism. These included 'lack of education', 'misinterpretation of religious education', 'unemployment' and 'lack of socio-economic justice', 'insecurity and bad governance'.

**Lack of education.** Respondents argued that lack of education has been one of the major causes of terrorism. It was pointed out that many people in Pakistan, especially in Swat, were illiterate and lacked the ability to differentiate between what is right and what is wrong when it comes to their understanding of religious concepts.

One male respondent said:

*Lack of true Islamic as well as modern education is the major cause of terrorism in Pakistan. Moreover, lawlessness, nepotism, corruption and marginalization also give birth to terrorism in a community. Ignorance and lack of quality education and lack of knowledge about the true spirit of religion (MR4)*

Another respondent pointed out,

*In my point of view, due to illiteracy in the area, people are not aware regarding their rights and duties to live in a society on the peaceful coexistence. In our area terrorism took place due to misunderstanding of the people regarding the concept of religion" (MR8)*

Illiteracy and lack of quality education were consistently associated with narrow-mindedness, prejudice and hate. The above statement seems to indicate this intricate relationship between these phenomena. This also indicate the respondents who were teachers, had an insight into the issue that lack of quality education can lead people have misconceptions and to misperceive social and religious phenomena.

**Lack of Socio-economic Justice and unemployment.** Push factors such as lack of socio-economic justice in the area and rampant

unemployment among the people, especially among young people was associated with the phenomenon of terrorism. As one respondent argued:

*In my point of view, when there is a big difference between rich and poor in the society then people feel deprived. Only the upper class and rich people are happy and the lower and the middle class are suffering. This difference in society results in terrorism. Poverty can lead people to desperation and they can commit acts of terrorism. (MR10)*

Another woman respondent perceived that unemployment as one of the major causes of terrorism. She said,

*In my point of view, unemployment is a source of terrorism. Unemployment leads the youth to acts of desperation and terrorism. Unemployment creates crimes and criminals. (FR7)*

**Bad governance and insecurity.** Respondents expressed that bad governance and insecurity were the major causes of terrorism. A male respondent said,

*The unsuccessful implementation of rules and laws of government for securing the country and country resources are the causes of terrorism. Failure of government leads to terrorism. (MR4)*

Another woman respondent also highlighted that due to lack of proper security apparatus, terrorists have opportunities to spread terrorism. She argued,

*In my point of view there is a great security problem in our country. Our institutions have security problems and there is lack of proper security arrangements. We have suffered great losses due to insecurity. This often leads to acts of terrorism. (FR-3)*

Most of the causes identified by respondents could be categorized into the 'push factors' including unemployment, lack of

proper governance, lack of security, desperation among people regarding their access to socio-economic justice and lack of an education system that develop people's thinking on a more rational basis. However, there seemed to be a lack of awareness among respondents regarding the 'pull factors' as possible contributors to the phenomenon of terrorism in the society.

### **Consequences of Terrorism**

Terrorism was associated with a number of consequences. Major consequences are discussed in this section.

**Psychological consequences.** Most respondents identified psychological consequences such as fearfulness and lack of mental wellbeing as possible consequences of terrorism in the area.

***Fearfulness.*** Respondents argued that terrorism spread fear among people and lead to lack of peace of mind. Sleeplessness, insomnia and restlessness were some of the consequences associated with this fear of terrorism. One respondent, for instance argued:

*“Our area was safe before terrorism. With the arrival of terrorism people have lost their peace of mind. Incidents of terror and killings added to the fear of the people. The same fear is still lingering in our mind, as a result we fear to send our children to religious institutions and government institution as well in the present situation. Fear has greatly affected our minds. We find it difficult even to sleep well at night. (MR8)*

Other respondents also identified fear as one of the outcomes of terrorism.

*During terrorism time I was very disturbed. My concentration was diverted towards terrorism and related issues. I was continuously worried about what will happen if someone attacks us. We had fears about our security and safety. Every time thinking of killing and suicide etc. Terrorism like situation made me nervous, was we experienced in Swat (FR10)*

Similarly,

*“In my point of view people including teachers suffered a lot. Many people became victims of collateral damages. I often got upset whenever there were security issues and threats. I got nervous when I would see my students frightened due to terrorism in the area” (FR5).*

***Worry and confusion and financial issues.*** Respondents identified that teachers and parents would have constant worry about their students and children. Respondents also argued that there was a prevalence of confusion because they did not understand why all of this was happening in their society. The following quotes represent such concerns:

*In my point of view teachers and parents are always worried about the safety of their children. We have become psychological patients due to terrorism. Our children are unwilling go to schools. We are psychologically highly affected by terrorism. (MR10)*

*We felt helplessness because of mistrust and confusion as who is against whom. There are questions as to why security forces find it so difficult to curb the terrorists despite being well organized and equipped. (FR1).*

Other respondents too expressed these mixed feelings of worry, helplessness and confusion about the where, how and why of terrorism. Concern for security was one of the most significant issues that came to the fore during interviews. Feelings of insecurity, fear of extremist attacks, fear of bomb blasts, kidnapping and extortion were highlighted as very serious issues in the area the respondents belonged to. Another respondent argued:

*In my point of view, the major problems of teachers are the security issues. Teachers feel insecure at schools. They fail to attract the attention of students towards education. Every day there is a fear of attack. They want the schools to be safe. Beside heavy life losses and economic losses the education*

*system in our area suffered highly due to insurgent attacks. The education system has been highly shattered because of insurgency as so many schools were destroyed and many had been closed in other areas. A high number of women teachers lost their jobs and thousands of students were unfortunately deprived of education (FR 5)*

Similarly, one respondent said:

*We were feeling insecurity of life and honor. We were also feeling insecurity of our belief and ideology. We were uncertain about the life of our students and their safety. Though there were very rare instances of attacks on teachers but the rumors were spread in a sense of insecurity and fear. During terrorism I was unwilling to teach due to insecurity of my school and students. (FR1)*

### **Terrorism and its impact on teachers' professional life.**

Respondents reported that their performance as teachers was affected badly and they suffered professionally. They found it difficult to focus on their professional responsibilities. The following quotes indicate some of these issues:

*Terrorism has affected us badly. Despite security around, we are fearful and this has decreased our performance because we are psychologically not ready to teach or to concentrate on our very important work(MR-6).*

Another respondent also expressed her opinion

*In my point of view terrorism impacts every aspect of my life especially teaching because we are always tense due to terrorism. Being a teacher it has affected me a lot but I believe in Allah and that death and life is in Allah's hand (WR7).*

But despite the solace of their faith fear of violence had an effect on the mental wellbeing and hence professional efficiency of teachers.



Interestingly, most of the respondents seemed to have sought peace and courage in their belief in God and in their faith in the predestination.

However, despite this some of the respondents reported that they wanted to resign from the school because there was no peace in the schools as the following quotes indicate this:

*According to my point of view our performance was restricted and limited. I could not give full attention and time to the teaching-learning process, as there is always a fear of being victim of terrorism. My performance as a teacher has been severely impacted by it. We became disheartened and all of our enthusiasm in teaching learning process vanished away. Its impact was manifold. Moreover, the students were most of the time worried about their well-being and security which in turn hampers their focus on education and learning(WR9).*

Overall teachers' professional life was severely affected by terrorism in Swat:

*In my point of view teachers were mentally disturbed and it was difficult for them to focus on their teaching in such a frightful environment. A fear of bomb blasts and unpleasant environment did not let them to teach the students. It greatly affected the teaching and learning process of the teachers in the schools. Major psychological problems among teachers were fear, and the resultant lack of interest in teaching and learning process (MR-9)*

*When we go out for job we have fear and cannot perform our duties well and everyone in homes are not relaxed and have feeling of stress. Undoubtedly, I have been worried and anxious about my family and the whole society. To make myself strong, I said to myself that we have to die once. Our life and death is only decided by God. God is the supreme power and protect his creatures (FR4)*

### **Discussion**

This study revealed a range of causes for terrorism in Swat. These included illiteracy and lack of education which was subsequently associated with acts of extremism and terrorism. This finding is consistent with Butler et al. (2009) who found that illiteracy is a major reason of terrorism.

Unemployment and the consequent financial desperation came out as other important cause of terrorism. It is understandable that these factors lead to desperation in the youth and they are pushed towards desperate acts of extremism. Besides, other factors associated with terrorism included bad governance and security issues. Attanayake et al. (2011) have also found that unemployment and poverty leads to frustration which then becomes the causes of terrorism. Weiler and Widom (1996) and Amjad and Misbah (1998) also found that bad governance and security issues are the major causes of terrorism. Interestingly most factors identified in this study that were associated with terrorism could be recognized as the 'push factors' as indicated in the introduction section of this study. Respondents seemed to have little awareness regarding the pull factors as possible causes of people getting involved in terrorist groups and ideologies.

The consequences of terrorism included mental, psychological, economic and physical implications. The current study found that teachers were badly affected psychologically by terrorism. This seems to be in congruence with previous researches (Comrey & Lee, 2013; Day & Leitch 2001; Sinclair & LoCicero, 2006) which found that terrorism impacts the psychological well-being and causes anxiety, stress and depression. Studies conducted by (Cole & Maxwell, 2003; Duckworth & Quinn, 2009; Gillham et al., 2007) also support these findings. The consequences of terrorism as identified in this study are serious enough to be taken notice of. There seems to be a significantly negative and debilitating effect on the normal working life of individuals and the result was desperation, a sense of hopelessness and frustration.

### **Conclusion and Implications**

This study concludes that the major causes of terrorism are lack of education, bad governance, weak governance, lack of justice in the society, poverty and unemployment, and religious extremism, The

main consequences of terrorism included fearfulness, feelings of insecurity, financial constraints, disruption of normal life, and desperation and disappointment on an individual and social level.

This study indicates that terrorism has significant impact on the mental and physical well-being and performance of teachers in the terrorism affected areas. It is therefore important that steps are taken for rooting out terrorism in all its forms and manifestations. It is also important that teachers and other stakeholders in educational institutions are provided with training and facilities to deal with terrorism related issues and problems. This will have useful impact on their psychological well-being and ultimately on their professional performance. This study also implies that this issue needs to be explored further in similar contexts and areas as the issue has not been substantially explored in other terrorism affected areas. The study indicated mainly the 'push' factors responsible for the phenomenon of terrorism. This might be due to possible lack of rigor in the study to explore the 'pull factors' as well as in their association with terrorism. We would, therefore, suggest this as a possible limitation of the study, and would suggest further studies, that are explore the issue in more detail, analyzing terrorism both in terms of the 'push factors' and the 'pull factors'. The issue might also be explored on a broader, quantitative scale for greater generalization and possible consolidation of the findings of the current study.

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## **Worrying about Worry: A Generalized Anxiety Disorder Case Study**

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Mr. X, was 28 years old. The patient came with complaints of excessive worry and not being able to control it, apprehensiveness that his mind would go blank and that he would lose his mind if kept worrying, fear of being inadequate at work, unable to concentrate on work, anxiety and tiredness. He also reported disturbed sleep and muscle tension. He was diagnosed as having Generalized Anxiety Disorder and his case was conceptualized using the Well's Cognitive Model of Generalized Anxiety Disorder. Management was also done on the CBT model. Treatment goals were achieved by the use of various verbal challenging exercises such as questioning the evidence, evidence for and against, challenging uncontrollability appraisals and by providing education in order to normalize the worry. Various behavioral exercises such as controlled worry periods, challenging uncontrollability beliefs, loss of control experiments, pushing worry limits in situ and abandoning thought control were also done for disconfirming the beliefs related to Type II worry. The patient showed significant improvement in his condition by the termination of the therapy which was evident through his post assessment ratings.

*Key Words:*generalized anxiety disorder; cognitive behavior therapy; verbal challenging; behavioral experiments

Among other anxiety disorders such as Panic Disorder, Obsessive Compulsive Disorder etc, Generalized Anxiety Disorder is also very common among adults. It has been estimated that up to 20%

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of adults suffer from either one form of anxiety in their lives (Munir & Takov, 2019). Generalized Anxiety Disorder (GAD) is characterized by persistent, excessive and unrealistic worry about different matters ranging from personal life, academic or occupational life. The worry is excessive and difficult to control and leads to many psychological and physical symptoms (American Psychiatric Association, 2015).

Apart from excessive worry, Diagnostic Statistical Manual for Mental Disorders (DSM-5) has also stated that this excessive worry is difficult to control and should have at least three or more physiological and cognitive symptoms such as restlessness, easily fatigued, difficulty concentrating, muscle tension, sleep disturbance, and irritability (American Psychiatric Association, 2015). Stress in one's life, physical conditions such as diabetes or stress, genetic factors, environmental factors such as child abuse and substance dependency are all important etiological factors of GAD (Munir & Takov, 2019).

### **Treatment**

Cognitive Behavior Therapy is one of the most effective way of treating various disorders such as depression and anxiety. It has been indicated that CBT and its exposure based modalities are effective to treat anxiety disorders such as GAD (Olatunji, Cisler, & Deacon, 2010). Cognitive Behavior Therapy includes techniques like verbal challenging for cognitive restructuring and behavior experiments. In addition, relaxation exercises are also used to treat symptoms like fatigue and tiredness (Otte, 2011).

During the initial sessions, psycho-education was done to develop an insight about the disorder as well as the etiological and maintaining factors. Further, verbal challenging exercises were done which mainly include techniques like questioning the evidence, cost benefit analysis, questioning the mechanism, selling the meta-worry and challenging uncontrolled appraisals. Whereas, behavioral experiments include suppression experiments, controlled worry periods, loss of control worry experiments, and pushing worry limits in situ (Wells, 1997).

Various studies have established the effectiveness of CBT for various anxiety disorders such as GAD. However, it has been suggested that the techniques of CBT are specific for each disorder (as cited in Otte, 2011). Therefore, the purpose of this study is to examine the effectiveness of CBT in treating GAD, which would help the future



clinicians and practitioners to treat such disorders by modifying the therapeutic techniques according to client needs.

### **Objective of the Study**

The objective of the study was to check the efficacy of Cognitive Behavior Therapy for treating Generalized Anxiety Disorder.

### **Hypotheses of the Study**

Cognitive Behavior Therapy will significantly reduce patient's presenting complaints such as excessive worry about his performance at work, anxiety related to not be able to read properly if said so, and apprehensiveness of his mind going blank due to worrisome thoughts. Furthermore, CBT will reduce disturbed sleep patterns, fatigue, difficulty concentrating at work, and irritability.

## **Method**

### **Research Design**

An ABA research design was used in the study to check the efficacy of CBT in treating GAD. In this research design assessment is done prior to the treatment and after the treatment is given.

### **Sample**

The sample consisted of a 28 years old man who had done bachelors in Commerce and was the second last born among five siblings.

### **Case Description**

In 2009, the patient's problems became evident after his father's death. The patient felt extremely distressed as he was much close to his father. The patient reported that after few days of his father's death, he remained worried. He was uneducated and jobless which made him worry about him and his family's future. Mr. X, was unable to control the worry and he felt that if he wouldn't stopped worrying, he would lose his mind. This caused a decrease in his sleep and he started experiencing muscle tension especially pain in his shoulders. Mr. X, reported that while worrying he would make plans how to stop himself from worrying. In order to overcome his worries, he tried finding new jobs but was unable to find any reasonable job

because of lack of adequate education. The patient reported that it was because of his worrisome thoughts, he decided to study for which he took admission in a government college in I.Com.

While Mr. X was preparing for his exams he was worried that he would not be able to perform in exams and his mind would go blank after seeing the paper. He reported that he became extremely worried that these thoughts would make him go crazy and would affect his performance. He also felt that his mother would be utterly disappointed. The patient felt that these thoughts were overwhelming for him and he found it extremely difficult to control them. He remained worried about the future and that he wouldn't be able to get a reasonable job. He felt that he would lose his mind if he continued studying. These thoughts led him to leave his studies and he got appointed as a peon at a private firm in the latter part of the year 2009. The patient felt that the job however, was below his status but he was happy with it as he had to write and read nothing and was only there to do sweeping and some cleanliness tasks. He felt that during this job, no one would ask him whether he could read or write. During his job, he sometimes became worried and anxious regarding his performance. He had worried thoughts that the money would not be enough and he would be left behind his peers.

In the year 2012, the manager who he befriended and knew that Mr. X had some educational background offered him the job of cooperate coordinator. The patient was elated and he took the job. At first, he faced no difficulty. After a year in 2013, the patient used to become anxious whenever assigned the new task and this led him to worry about the outcome. He became worried of his own performance and what if he was unable to deliver what was demanded of him. He had thoughts related to people knowing that he knew nothing which was a cause of great distress for him. He reported that he knew most of the work he did there still he felt great distress regarding the job. He often had thoughts as to why was he worrying when he knew everything. These thoughts were so overwhelming for him that he decided to quit his job in 2014.

While Mr. X was jobless, in 2015, his mother kept talking to him about getting married. The patient reported that for no apparent reason, he started worrying that he had no job and his marriage would fail thus, in order to prevent that from happening he should be able to find a job with reasonable salary. The patient reported, though he was

not getting married any time soon still it got him stressed out thinking about it. The patient thought that his worrying was uncontrollable and was making him crazy.

After 3 months of him looking for the job in December 2015, the patient got a job at an AC repairing workshop. At the present job, the patient worried that his boss was not satisfied with his job and he would be jobless very soon which would cause problems for his family. The patient consulted a general physician who advised him to see a psychotherapist to deal with his problem. Mr. X, came with the complaints that he was constantly worried about the future for no apparent reason. He felt that the worrying was uncontrollable and was controlling his mind. He also worried that he would end up losing control and if he wouldn't stop worrying and he would go crazy. This pattern of worrying made the patient to concentrate less on work and restless. He also reported disturbed sleep patterns as he was unable to sleep properly.

Patient's family had no history of any psychiatric history. Written consent was taken from the patient in order to ensure his willing participation. He was further ensured of confidentiality and informed that he can withdraw anytime he wanted.

### **Assessment Measures**

**Generalized Anxiety Disorder Scale (GADS) (Wells, 1995).** Generalized Anxiety Disorder Scale was administered in order to find out the severity of the problem and to evaluate therapy outcome. It also revealed the patient's coping strategies in order to deal with the worry and the avoidance behaviors associated with it. The profile of the patient revealed that he often tried to control the worry but it was below the moderate level. The profile also gives an indication that the patient often displayed the efforts in order to cope with the worry by distracting him, looking for evidence, and planning to cope with the worries if they would come true. He also became cautious and tried to control his worry. See table 1 for pre and post assessment.

**Anxious Thought Inventory (AnTI) (Wells, 1995).** The scores on the first scale of AnTI, Social was 32 and the patient scored high on items like he felt he was a failure, he was unable to live up to expectations of the people and thoughts as if he would do something

wrong. The patient had also been worried with thoughts of being a failure, inability to cope like others, and worry of making a fool of himself. The score on the second subscale was 20 which indicates that patient had also been worried about his health. Whereas, the patient got the score of 25 on the third scale Meta. The items on this scale indicate that patient often thought about his future negatively than positive, and find himself difficulty in clearing his mind. See table 2 for pre and post assessment.

On the basis of the formal and informal assessment, MR. X was given the diagnosis of 300.02 (F41.1) Generalized Anxiety Disorder according to DSM-5.

## **Procedure**

**Case conceptualization.** The present case was conceptualized on the meta-cognitive model of GAD (Wells, 1995). The model explains the cognitive factors which helps in the development and maintenance of the disorder. The model helps in distinguishing the type 1 worry from the type 2 worry. Type 1 is the basic type of everyday worry whereas type 2 worry is worry about worry. The patients with GAD negatively appraise the worry known as type 2 worries which are the beliefs held by the patient about worrying. These beliefs about worrying often produce negative effects in the form of emotions, behaviors and thought control. These three factors are often found to be involved in the escalation and maintenance of the problem.

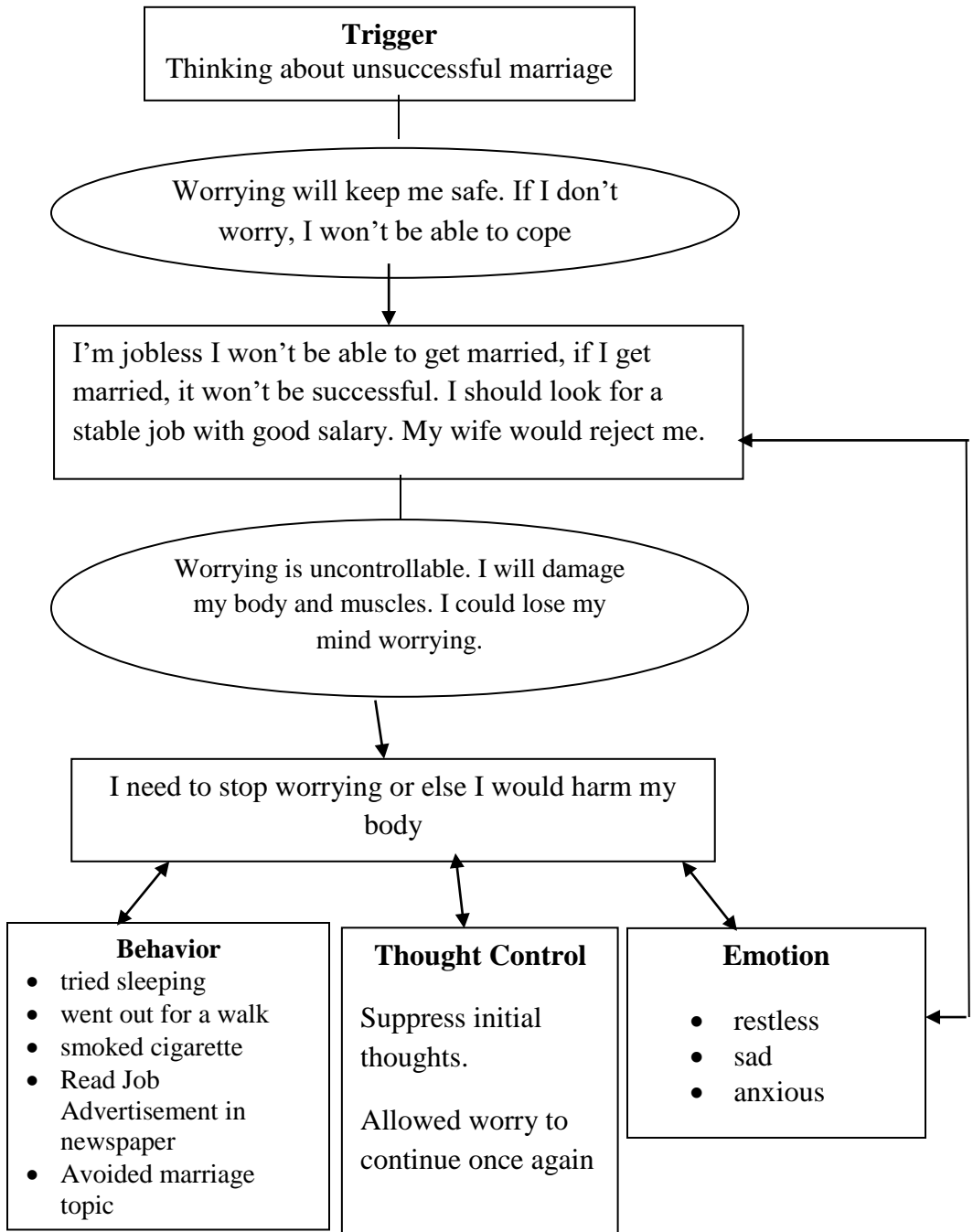


Figure 1. Case Conceptualization on Meta-Cognitive Model of GAD

## Intervention

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<p>Session 1</p> <ul style="list-style-type: none"> <li>• Presenting complaints</li> <li>• History of Presenting illness</li> <li>• Mental Status Examination</li> <li>• Rapport Building</li> <li>• Education</li> </ul>	<p>Session 2</p> <ul style="list-style-type: none"> <li>• Completion of the history</li> <li>• Assessment of the problem</li> <li>• Differential Diagnosis</li> <li>• Finalizing the diagnosis</li> <li>• Breathing retraining</li> <li>• Worry Thought Record (WTR) and breathing retraining as homework</li> </ul>
<p>Session 3</p> <ul style="list-style-type: none"> <li>• Homework was reviewed</li> <li>• Agenda Setting</li> <li>• Eliciting Type 2 worries               <ul style="list-style-type: none"> <li>➤ Guided questioning</li> <li>➤ advantages and disadvantages analysis</li> <li>➤ Identifying control behaviors</li> </ul> </li> <li>• Applied Relaxation (1<sup>st</sup> session)</li> <li>• WTR Home work was given</li> </ul>	<p>Session 4</p> <ul style="list-style-type: none"> <li>• Homework was reviewed</li> <li>• Agenda setting</li> <li>• Idiosyncratic case conceptualization</li> <li>• Socialization experiments               <ul style="list-style-type: none"> <li>➤ Thought suppression</li> <li>➤ what if experiment</li> <li>➤ Applied Relaxation (2<sup>nd</sup> session)</li> </ul> </li> </ul>
<p>Session 5-6</p> <ul style="list-style-type: none"> <li>• Agenda setting</li> <li>• Modifying the negative beliefs about meta worry through verbal reattribution               <ul style="list-style-type: none"> <li>➤ questioning the evidence</li> <li>➤ questioning the mechanism</li> <li>➤ challenging uncontrollability appraisals</li> <li>➤ education</li> </ul> </li> </ul>	<p>Session 7-8</p> <ul style="list-style-type: none"> <li>• Agenda Setting</li> <li>• Homework was reviewed</li> <li>• Behavioral Experiments in order to disconfirm the negative beliefs related to worry               <ul style="list-style-type: none"> <li>➤ Controlled worry periods</li> <li>➤ Challenging uncontrollability beliefs</li> <li>➤ Loss of control experiments</li> </ul> </li> </ul>

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(normalizing worry)	• Surveys was given as homework
• Applied Relaxation (3 <sup>rd</sup> and 4 <sup>th</sup> session)	
• Mini survey to normalize worry was given as a homework	
Session 9-10	Session 11-12
• Homework was reviewed	• Agenda Setting
• Agenda setting	• Relapse prevention
• Modification of positive beliefs about worry	
➤ Verbal Reattribution	
• Worry abandonment experiments as homework	

### Results

After management of the patient's complaints, post-assessment was done. The results of the post-assessment are provided in tables.

Table 1

*Subjective Ratings of the GADS at the pre-treatment and post treatment level.*

Areas	Pre-assessment Ratings (8 point scale)	Post-assessment Ratings (8 point scale)
Distressing worries over the last week	05	02
Effort to control the worry	03	01
Tried to cope with worry	06	01
Avoidance	06	01

Table 2

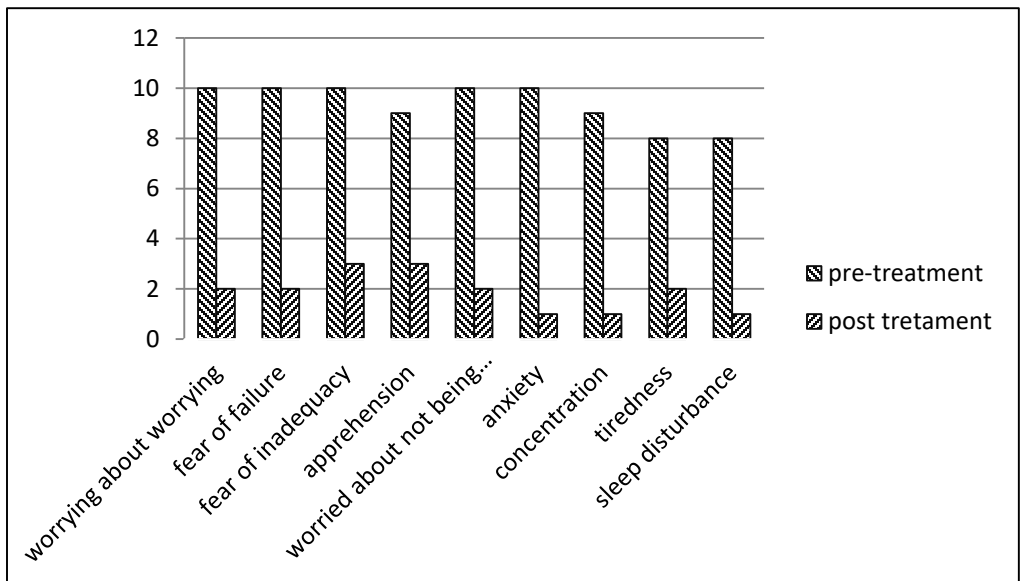
*AnTI scales and their total scores.*

Scales	Pre-assessment Scores	Post-assessment Scores
Social	32	11
Health	20	08
Meta	25	09
Total	77	28

Table 3

*Pre and Post treatment ratings on a 10-point rating scale as reported by the patient*

Symptoms	Pre-treatment Ratings	Post-Treatment Ratings
Excessive worry about being worried most of the time	10	02
Fear of failure	10	02
Fear of being inadequate at work	10	03
Apprehensions about future	09	03
Excessive worrisome thoughts that he won't be able to read or write or perform	10	02
Anxiety	10	01
Lack of concentration	09	01
Tiredness	08	02
Sleep disturbance	08	01





### **Discussion**

The patient in the present case displayed apprehension related to future, and the fear of performance in some of the settings such as job, worried about not being able to earn enough money and fear that he would lose control and would run away from the place. The patient often remained restless, slept more than the usual, feeling tensed, fatigued and pre occupied with the worrisome thoughts. The patient had also been found to be indulged in safety behaviors such as listening to songs and avoidance behaviors such as not showing up for work and not wanting to think about those thoughts. The following symptoms were consistent with the Generalized Anxiety Disorder diagnosis according to DSM-5. According to DSM-5 (APA, 2013) a person becoming excessively worried and apprehended most of the time for at least 6 months and not being able to control the worry despite trying would give an indication of the diagnosis of Generalized Anxiety Disorder. The patient should also experience three or more of the associated symptoms such as fatigue, feeling easily keyed up, sleep problems etc most of the day for the diagnosis of GAD. Moreover, the symptoms should be severe enough to cause significant impairment in social and occupational functioning of the patient. All these symptoms helped in formulating the diagnosis of the current patient.

Beck (1985) suggested that people with GAD are always uncertain and hold certain assumptions that (for example, “A situation or a person is unsafe until proven to be safe” or “It is always best to assume the worst”) that imply they are in imminent danger (as cited in Comer, 2012). This could be one assumption held by the patient thus helped in the development and maintenance of the patient’s disorder.

Salkovski’s (1991) proposed a cognitive model describing the relationships between the threat belief and safety seeking behavior. He proposes that for any individual safety seeking is linked with the perception of serious threat. This relationship between the two would most likely maintain the anxiety and panic attacks. In the current case the patient often used various avoidance behaviors like not going to the same route. This could be one of the probable explanations of why the patient has maintained the disorder.

### **Limitations of the Study**

Most of the behavioral experiments conducted were between sessions which could have affected the validity of the experiments if

the experiments not conducted right. Moreover, self-report measures used in the study may be vulnerable to social desirability and demand characteristics that cannot allow the conclusion that independent observers would verify that actual anxiety was altered.

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