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Importance of Organisational Culture For the Success of an Organisation

A Literature Review

Dr. Liaqat Ali

Abstract

Organisational culture plays an important role in the success or effectiveness of an organization. Even a psitive culture which is coherent with business goals, can become dysfunctional if ignored. Organisational culture can be changed or managed if inadequate to meet present or future needs of the organization. Hence, it is important to know what type of culture exists in an organization so that the management can change or improve the culture according to the needs.

Keywords: Organisationa culture, success, resistance to change, effectiveness.

1.0 Introduction

This article provides an overview of organisational culture, and its importance for organisations. Organisational culture, also referred to as corporate culture, is still a relatively new, controversial and little understood concept. Many academic books and papers (for example, Gorman, 1989; Drennan, 1992; Schein, 1992; Brown, 1998; Guillen, 1998; Martin, 1998; Brooks, 1999; Chivers and Darling, 1999; Witte and Muijen, 2000), focus on the concept of organisational culture and many of them claim that culture makes a major difference to organisational effectiveness.

The structure of the article is as follows. Section 2.0 appraises the many definitions of organisational culture given by several authors, and selects a definition which will be adhered to throughout the remainder of the article. Section 3.0 discusses the importance of corporate understanding of organisational culture. Finally, Section 4.0 provides a summary of this article and some concluding remarks.

2.0 Defining Organisational Culture

The term "organisational culture" is defined by many authors (for example, Sethia and Von Glinow, 1985; Scholz, 1987; Denison, 1990; Hofstede, 1991; Vecchio, 1991; Drennan, 1992; Schein, 1992; Williams et al., 1993; Luthans, 1995; Brown, 1998; Brooks, 1999; Greenberg, 1999; Kreitner et al., 1999). The definitions given by these authors appear similar, but on closer inspection each has a slight different emphasis. For example, Denison (1990), Hofstede (1991), Drennan (1992), Williams et al. (1993), Luthans (1995) and Kreitner et al. (1999) are of the opinion that organisational culture exists in an organisation and the employees follow that culture, whereas Sethia and Von Glinow (1985), Scholz (1987), Vecchio (1991), Brown (1998), Brooks (1999), and Greenberg (1999) are of the opinion that organisational culture is developed via the behaviour of the employees. Indirectly they are saying the same thing; that organisational culture comprises the behaviour, attitudes and beliefs of the employees, which leads them to think and act in a certain way. This view is shared and adopted in this article. In this definition, behaviour refers to the way employees act or react, attitudes refer to employees' responding in a consistent manner (favourably or unfavourably) to a particular thing or idea, and beliefs refer to what employees think is or is not true.

Organisational culture exists in all organisations regardless of size (Tayeb, 1988). Each organisation is different in the way it is structured, in the way it operates and in the outputs (products or services) it produces (Brown, 1998; Fidler and Rogerson, 1996;

Wood et al., 1998). Some organisations may have a strong culture and others may have a weak culture (Deal and Kennedy, 1982; Hofstede, 1991; Luthans, 1995; Martin, 1998). Very strong organisational cultures can have disadvantages as well advantages (Gorman, 1989; Brown, 1998; Martin, 1998). A major disadvantage is that they can prove particularly resistant to change. A major benefit of a very strong organisational culture is as a source of competitive advantage: a strong organisational culture promotes consistency, coordination and control, and reduces uncertainty and enhances motivation, and therefore may improve the organisation's chances of being successful in the market place. The strength of the culture depends on sharedness and intensity, where sharedness is the degree to which the employees have the same values and intensity is the degree of commitment of the employees to the values. An ideal working culture is one where employees are satisfied (less tension or pressure) and their contribution (productivity) is at maximum (Norton, 1994).

Organisational culture can be managed and changed (Deal and Kennedy, 1982; Sethia and Von Glinow, 1985; Schein, 1985; Scholz, 1987; Hofstede, 1991; Drennan, 1992; McDonald and Gandz, 1992; Williams et al., 1993; Baron 1994; Luthans, 1995; Greenberg, 1999; Kreitner et al., 1999), but it cannot be changed overnight. Martin and Siehl (1983) and Turner (1986) argue that culture simply exists and can be neither created nor changed. This view is not shared by this author, because there are many examples where organisational culture has been changed successfully (see Section 3.0) even though it takes time and patience. One of the important activities of management in the organisation is to create and manage organisational culture, and an essential talent of management is their ability to work with organisational culture. As Fidler and Rogerson (1996, p.249) have stated, "Andersen Consulting, quite rightly, argues that senior management provides leadership for the organisation and establishes its culture." This view is also supported by Martin (1998) and Greenberg (1999).

3.0 The Importance of Organisational Culture

Many commentators, for example, McKinsey (Guest, 1992), have incorporated an organisational review as part of their "formulae for organisational success", which has had great appeal to businesses. This idea of organisational review came on the realisation that organisations in different countries were structured and behaved differently (Brown, 1995).

The remarkable success of Japan in the 1980s in matching and exceeding the levels of productivity, quality, innovation and service attained in western economies has emphasised the importance of the values shared by Japanese management and workers. These shared values determined the success of Japanese business at that time (Gorman, 1989; Guillen, 1998). They resulted in behavioural norms that demonstrated a commitment to quality, problem solving and cooperative efforts to a greater degree than in comparable organisations outside Japan. Ouchi (1981) suggests that it is possible to adopt some of the Japanese management practices and to change the culture of individual organisations.

Some organisations have to change their culture in order to remain competitive or to survive (McDonald and Gandz, 1992; Luthans, 1995; Kreitner et al., 1999). This is because the environment may have changed and therefore, previous cultural values are now not in accordance with those needed for survival. For example, the culture of Apple Computer was creative and innovative in the 1980's. However, as they began broadening and trying to appeal to both the educational and the business markets, the firm began to run into trouble. Its culture was not able to compete in an increasingly cut-throat market, and it began to lose money. Hence, a change was necessary for Apple Computer to survive (Luthans, 1995). It was also the case with the Pepsi-Cola Company (Scholz, 1987). Sethia and Von Glinow (1985, p.401) state "to become a successful challenger to the Coca-Cola Company, the Pepsi-Cola Company had to systematically change the emphasis of its culture from passivity to aggressiveness." From these examples, it can be seen that an examination of cultural issues at the organisational level is essential for a basic understanding of what goes on in organisations, and how they are run and how they

can be improved (Schein, 1985). Therefore, it is important that managers are aware of the organisational culture so that they can facilitate working to attain productivity, quality and novelty.

As an organisation changes and grows, its culture needs to change as well to meet new realities, if current culture is inadequate to meet present and future needs (Banner, 1995, Brooks, 1999). An adequate culture is one which helps to achieve those needs of the organisation. Even a positive culture (coherent with business goals) can become dysfunctional if ignored. For example, in a software company there was a practice of process ordering. The analysts first analysed the situation and then they handed over their report to the programmers for coding. During the programming, programmers used to contact the analysts many times for further explanations. In this way there was always a delay in the completion of the software. The management quickly realised this and changed the process ordering into job or project ordering. Now the analysts and programmers work together and hence a lot of time is saved. In this way, the process culture of the organisation was changed to one based on jobs or projects, which more appropriately reflected the present and future needs of the organisation.

Another example of a change of culture is the case of British Airways. After its denationalization, its culture was transformed from one which was described as bureaucratic and militaristic to one that may now be described as service-oriented and market-driven (Brown, 1998; Kreitner et al., 1999). The success of this cultural change is evident from its healthy share price, and its cargo and passenger revenues in the early 1990's.

From the above, it is clear that organisational culture plays an important role in the success of the organisation. Hence it is important to know one's organisational culture so that it can be change (if inadequate to meet present or future needs) according to the needs of the organisation.

4.0 Summary

This article has provided an overview of organisational culture and its importance. There are many examples where organisational cultures were changed for the effectiveness of the organisation. Even a positive culture which is coherent with business goals, can become dysfunctional if ignored. Indeed, organisational culture has a strong impact on the success of an organisation. As an organisation changes and expands, its culture needs to adapt so as to meet new realities. Hence, it is important to know what type of culture exists in an organisation so that the management can change or improve the culture according to its needs.

References:

BANNER, D. K. (1995). **Designing Effective Organisations:**Traditional and Transformational View. London, SAGE Publications.

BARON, A. (1994). **The Culture Factor:** Corporate and International Perspective. London, Institute of Personnel Development.

BROOKS, I. (1999). Organisational Behaviour. Individuals, Groups and the Organisation, London, Pitman Publishing.

BROWN, A. (1998). Organisational Culture, 2nd Edition, London, Pitman Publishing.

CHIVERS, W. AND DARLING, P. (1999). 360-Degree Feedback and Organisational Culture: Issues in People Management, London, Institute of Personnel and Development.

DEAL AND KENNEDY, (1982). Corporate Culture: The Rites and Rituals of Corporate Life. London, Penguin Group.

DENISON, D. (1990). Corporate Culture and Organisational Effectiveness. New York, John Wiley.

DRENNAN, D. (1992). Transforming Company Culture, London, McGraw-Hill

FIDLER, C. AND ROGERSON, S. (1996). Strategic Management Support Systems. London, Pitman Publishing.

GORMAN, L. (1989). Corporate Culture, Management Decision, Vol. 27, No. 1

GREENBERG, J. (1999). Managing Behaviour in Organisations. 2nd Edition, New Jersey, Prentice-Hall.

GUEST, D. E. (1992). Right Enough to be Dangerously Wrong: An Analysis of the In Search of Excellence Phenomenon. In: SALAMAN, G., (editor), Human Resources Strategies, London, SAGE Publications.

GUILLEN, M. F. (1998). International Management and the Circulation of Ideas. In: COOPEER, C. L. AND ROUSSEAU, D. M. (editors). Trends in Organisational Behavior, New York, John Wiley & Sons.

HOFSTEDE, G. (1991). Cultures and Organisations: Software of the Mind, Intercultural Cooperation and its Importance for Survival. London, McGraw-Hill.

KREITNER, R.; KINICKI, A. AND BUELENS, M. (1999). Organisational Behaviour. First European Edition, London, McGraw-Hill.

LUTHANS, F. (1995). Organisational Behaviour. 7th Edition, London, McGraw-Hill. MARTIN, J. (1998). Organisational Behaviour. London. International Thomson Business Press.

MARTIN, J. M. AND SIEHL C. (1983). Organisational Culture and Counterculture: An Uneasy Symbiosis. Organisational Dynamics, Vol. 12, No. 2, pp. 52-64.

MCDONALD, P. And GANDZ, J. (1992). Getting Value From Shared Values. Organisational Dynamics, Winter, pp. 64-77.

NORTON, B. (1994). Organisational Cultures and Their Relevance to the Information Organisation. Aslib Proceedings, Vol. 46, No. 6, pp. 173-176.

OUCHI, W. (1981). Theory Z: How American Business Can Meet the Japanese Challenge. Addison-Wesley.

SCHEIN, E. H. (1992). Organisational Culture and Leadership.
2nd Edition, California, Jossey-Bass Inc.

SCHOLZ, C. (1987). Corporate Culture and Strategy: The Problem of Strategic Fit. Long Range Planning, Vol. 20, No. 4, pp. 78-87.

SETHIA, N. K. AND VON GLINOW, M. A. (1985). Arriving at Four Cultures by Managing the Reward System. In: KILMANN, R. H., SAXTON, M. J. AND SERPA, R. (editors). Gaining Control of the Corporate Culture, London, Jossey-Bass Publishers, pp. 400-420.

TAYEB, M (1988). Organisations and National Culture: A Comparative Analysis. London, SAGE Publications.

TURNER, B. A. (1986). Sociological Aspects of Organisational symbolism. **Organisational Studies**, Vol. 7, pp. 101-115.

VECCHIO, R. P. (1991). Organizational Behavior. 2nd Edition, London. The Dryden Press. WILLIAMS, A., DOBSON, P. AND WALTERS, M. (1993). Changing Culture: New Organisational Approaches. 2nd Edition, London, Institute of Personnel Management.

WITTE, K. D. AND MUIJEN, J. V. (2000). Organizational Culture (Special issue of European Journal of Work and Organisational Psychology). Editors, Hova, Psychology Press.

WOOD, J., WALLANCE, J., ZEFFANE, R. M., KENNEDY, D. J., SCHERMERHORN, J. R. JR., HUNT, J. G. (JERRY) AND OSBORN, R. N. (1998). Organisational Behaviour: An Asia-Pacific Perspective, Singapore, John Wiley & Sons.

DILEMA OF CORPORAL PUNISHMENT AND 21st CENTURY

Dr. Mahr Muhammad Saeed Akhtar

'Spare the rod and spoil the child' has been a philosophy of child rearing strongly held by both professionals and laymen. Kennedy (1995) reported that both parents and teachers use corporal punishment for the purpose of discipline. It has been reflected from many studies that corporal punishment has been still being used at home as well as educational institutions. A heavy majority of 83% parents were reported spanking their children (Cryan, 1987), and 75% of teachers were in favor to using corporal punishment in classroom if needed (Brown & Payne, 1988). Corporal punishment is an intentional infliction of physical pain subsequent to misconduct for the purpose of deferring future misconduct. It involves pinching, paddling (with or without an instrument), strapping, slapping, pushing, wrestling holds, ear pulling, cracking fingers with ruler, arm twisting and shaking. Despite large scale condemnation, it has been practiced in schools of many countries legally, such as United States, Pakistan, Singapore, United Kingdom, India, Bangladesh, Australia, and many others (Kennedy, 1995; Essex, 1989; Rose, 1989; Cryan, 1987; Freeman, 1966). Countries like Japan, Canada, France, Israel, Sweden, Denmark, Norway, Poland, Luxembourg, Holland, Austria, Finland, Belgium, Philippine, Portugal and all the communist Block have abolished such punishment long ago (Awender and Plantus, 1983).

Every morning we receive news from the entire world over through both electronic as well as print media, about the discipline problem in educational institutions; students are not following the procedures determined by the education/ school authorities. Therefore, the purpose of this article is to once again bring out this issue in front of the professionals and invite them to start 21st century with a possible solution.

HISTORY OF CORPORAL PUNISHMENT:

The history of corporal punishment began hundreds, or even thousands of years ago, in the times of barbarians and the Greeks and Romans (Neal, 1720). One of the earliest recorded statements related to the practice of corporal punishment, according to Fall (1941) is found in the Bible. The words of Solomon were, "Foolishness is bound up in the heart of a child but the rod of correction shall drive it far from him" (Fall, 1941). Fall also reported the use of corporal punishment by a teacher Ezekial Cheever (1614-1708) in school, using a rod on a student because the student was not getting the lesson competently.

In United States corporal punishment was used when American education began (Rose, 1989; Alexander, K. and Alexander, M.D., 1985; Manning, 1979; Bolmeier, 1976; Williams, 1973; Freeman, 1966). Essex (1989) summarized the other writers and reported in this regard:

The use of corporal punishment in this country as a use of means of disciplining school children dates back to the colonial period. It has survived the transformation of primary and secondary education from the colonials' reliance on optional private arrangements to our present system of compulsory education and dependence on public schools (Essex, 1989).

PURPOSES OF CORPORAL PUNISHMENT:

With the broad definition that has been offered, there has been a long list of the purposes to be gained from the use of corporal punishment which surface from the literature on the subject are to:

- a) Compel students to behave in a responsible way.
- Force students to learn by memory religious prayers or course work materials etc.
- c) Maintain discipline within the classroom.
- d) Stop violation of rules in school.
- e) Terminate an unpleasant behavior.
- Decrease certain behavior by removing a pleasant or reinforcing stimulus.
- g) Increase the probability of a response.
- h) Use as a technique to ameliorate negative behavior.
- Remind the student what not to do. (Fox, 1993; Demo, 1988; Scott, 1951; Fall, 1941)

THE ORIGIN OF SCHOOL CORPORAL PUNISHMENT:

The schools apparently adapted the use of corporal punishment under the influence of religious and political practices. Throughout history for the fulfillment of religious commandments and teaching or mandating of political doctrine *IN LOCO PARENTIS* employed to authorize the use of corporal punishment especially with the statutory provisions of compulsory school attendance for maintaining discipline (Bolmeir, 1976; Hyman, McDonwell and Raines, 1973).

DILEMMA OF CORPORAL PUNISHMENT:

For over a century and a half American courts have been important centers regarding making determinations relative to corporal punishment. A variety of court decisions can be found in literature and law books. Most of these were decided in favor of both teachers and schools, and on less frequent occasions they were found in favor of students and parents. Through the study of these cases and decisions it was found that an impasse existed in the following cases:

- a) Whether corporal punishment can be given or not by law,
- b) Under what circumstances corporal punishment can be given,
- c) To what extent it becomes positive, but have leading of the

- d) To what extent it becomes negative,
- e) What type of corporal punishment teachers can give?
- How much corporal punishment can teacher give legally (how many strokes of the rods or paddles or slaps),
- g) Whether equal punishment is given to a habitual and to a mild mannered student on a single mistake.

Constitutional theory has not become clear as to whether public schools were authorized for corporal punishment or other such treatment. Counsel Murphy (quoted in Kerrigan, 1971) observed that standards regulating the administration of corporal punishment were arbitrary, vague and overboard. Lunenburg and Ornstein (1996) further pointed out the situation of lack of clarity as "although the Supreme Court has held that the Federal Constitution does not prohibit corporal punishment in schools. Its use may conflict with state constitutions, state statues, or local school policies... some states authorize it; others forbid it. Still others are silent on the matter, but implication allows it". Harris and Field (1977) summarized the overall situation:

Consideration of these cases was hampered by the fact that no nuclear national decision on this issue existed in case laws. Until 1975 the legal frame work of the issue consisted of a list of questions that had gone unanswered through the hodge- podge of conflicting state law and lower court decisions dating back over 100 years (Harris and Field, 1977).

Being a sensitive issue, corporal punishment has gotten the full attention of the scholars, teachers, diplomats, parents, administrators, researchers and the government officials. Much research has been conducted in the field of corporal punishment over the past four-or-five decades of this century. The writer reviewed the research and identified the main points in favor and against the use of corporal punishment.

The use of corporal punishment in schools is a major pedagogical, legal, and emotional issue. Questions about the usefulness and constitutionality of this approach have become the focus of discussion and litigation at local, state and national level (McNamara, 1981; Hess, 1985). In recent years, the use of corporal punishment in schools has been a widespread concern. Being a sensitive issue it got much attention, and a lot of research was conducted in various parts of the world. Corporal punishment was advocated and condemned. It has been the cause of numerous controversies based on ethics, morality, legality, and efficacy of its use, as a means of disciplining school children. (Hess, 1985; Maurer, 1982; Elrod, 1983; Raichle, 1977-78; Owens and Straus, 1975)

Despite being a highly controversial issue, corporal punishment is practiced in most states of the United States and many other countries such as United Kingdom, Singapore, Japan, Saudi Arabia, Pakistan, Canada, Australia, India, Bangladesh, Germany. The studies reveal that there are many persons both in favor of and against corporal punishment. The Deskbook Encyclopedia of American school law (1989) indicates that: most states in America have allowed the use of reasonable physical force to correct unacceptable behavior and to maintain the order necessary to conduct an educational program, however, some states prohibited corporal punishment, where state law permitted. Richardson and Evans (1994) noted that corporal punishment, was legal in schools in twenty-three states and illegal in twenty-seven states, but even with these legal restrictions the actual position about the practice was not clear. Some other states banned corporal punishment after 1994; for example Michigan State banned it in 1996.

PROPONENTS OF CORPORAL PUNISHMENT:

Proponents of corporal punishment have promoted the concept that corporal punishment is useful when given carefully. Moreover they have indicated that it has:

- a) Provided rapid reduction or elimination of misbehavior,
- b) Facilitated learning,
- c) Taught respect for rule and authority,

- d) Deterred similar misbehavior,
- e) Helped in building character.
 (Dubanoski, Inaba and Gerkewicz, 1983; Reinholz, 1979)

In the United States, many have accepted that decisions of the Supreme Court as a disciplinary procedure and not a violation of one's constitutional rights support corporal punishment. Furthermore, many others have promoted the concept that the Eighth Amendment's ban on cruel and unusual punishment did not apply to corporal punishment in public schools (Richards and Evans, 1994; Lunenburg and Ornstein, 1996). In 1845, the Massachusetts Teachers Federation offered support for teachers who enforced the "wholesome restraints of the rod when necessary". The Federation, in its opening meeting, supported schoolroom corporal punishment for the overall purpose of school reform (Student Rights Litigation Packet, 1972).

Proponents have argued that corporal punishment has an immediate and measurable impact. They have contended that the practice had generated short-term change in behavior and deterred criminal activity (Reinholz, 1977; Hess, 1985). It was revealed from the study of Rose (1989) that use of corporal punishment, (spanking with paddle and spanking with hands) gave very positive results in stopping student from fighting and misbehaving. Further, she found that principals also considered corporal punishment useful. They observed that it helped them to decrease and occasionally abolish the fighting problems in their schools. Similarly, it helped with a wide range of disobedience. Many other researches have revealed that corporal punishment has been effective in decreasing harassment, race, sexual, and emotional problems (Agnew, 1983; Welsh, 1978; Essex, 1989).

In the United States common law did not protect students against all corporal punishment, the administration of which was governed in many jurisdictions by state statues or school board regulations except in few states (Remmlein and Ware, 1970). United State's courts have allowed the use of corporal punishment. Many parents have also supported the use of corporal punishment

but have suggested that it be administered carefully. In the court case of State V. Pendrgrass a useful citation was given which stated: corporal punishment must be administered without malice, be reasonable in light of the age, sex, size, and physical strength of the child; be proportional to the gravity of the offence, and be performed to enforce reasonable rules, not producing degradation and psychological reaction (Kerrigan, 1971).

Essex (1989) enlarged upon rules to govern administration and identified the items to be considered in administering corporal punishment which might reduce the risk of lawsuits or criminal charges. He suggested such items as under:

- When the corporal punishment is administered for offenses that, clearly does not warrant physical force.
- When students are not informed in advance that certain infraction would result in corporal punishment.
- When age, sex, size and physical conditions of the child are totally ignored.
- 4. Failure in use of a reasonable instrument.
- Without providing minimal due process for the child prior to administering corporal punishment.
- When they fail to have a witness present during the administration of corporal punishment.
- When corporal punishment is administered with malice or anger.
- When it is used with excessive force or excessive poor judgement is used.
- When they insist that corporal punishment is the only option and administer punishment over a student's or parent's objection.
- When state of local policy is not followed.

In summary, the proponents of corporal punishment appear to support the use of corporal punishment when it was deemed necessary, but that it be administered carefully.

OPPONENTS OF CORPORAL PUNISHMENT:

Opponents of the use of corporal punishment considered the practice an out dated form of discipline. Americans of the eighteenth and nineteenth centuries used the approach literally to "beat the devil" out of children. This medieval basis of corporal punishment had been contrasted with other approaches to discipline governed by sweet reasonableness and "the love of its scholars" (Hyman, McDowell and Raines, 1977).

Over the period of time, some studies have been conducted in the psychological area related to corporal punishment. Owens, Straus and others (1979) argued that face to face application of physical force generated a profound, negative impact on the attitude of young people. Some studies (quoted in Hess, 1985) produced the impact of this practice on the psychology and behavior of children. It revealed the connection between physical punishment and the disruption of the learning process. Some of these efforts focused on the incidence of truancy, tardiness, and dropping out of school in selected districts where corporal punishment was practiced (Hess, 1985). The group End Violence Against Next Generation (EVANG) opposed corporal punishment by noting the negative impact on the younger generation (Essex, 1989). Hess (1985) reported that studies of Bongiovanni and Reinholz, focusing practical impact of the use of corporal punishment, suggested opposition by considering that it did not really effect student behavior. Much of their research work indicated that no durable changes in student behavior resulted from physical discipline. Also opposing corporal punishment Straus and Donnelly (1993) commented that it was just authoritarianism and created negative attitude among children. A professional group of researchers, on the evidence of their research work, considered that corporal punishment was harmful, and it was associated with an increase and probability of violence and other crimes (Kandel, 1991; Straus, 1991), depression (Straus, 1993), and alienation and lowered achievement (Straus and Gimpel, 1992), likely seems to interfere with the development of independence and to humiliate,

and antagonize and infantile children (Iroquoian, 1950, 1959; Kohlberg, 1969; Piaget, 1965).

Scharfenberg in (1996) opposed corporal punishment and stated that it was clearly pointed out by the findings of researches that corporal punishment did more harms than good. He also suggested that students, who were hit, experienced lower self-esteem and fear of the one who struck them. He stated that good teachers never wanted their students to fear them.

Studies conducted in the early years of the second half of this century, indicated the following undesirable effects of corporal punishment:

- (a) Children may avoid or withdraw from the punishing situation whenever possible (Azrin, Hake, Holz and Hutchinson, 1965; Bongiovanni and Hyman, 1978).
- (b) Children may imitate adults' act of punishment (Bandura, 1965).
- (c) Children may continue the behavior for what they were punished, which then may be imitated by other students when the teacher is not present (Bandura, 1965).
- (d) Children may be at greater risk for subsequent adjudication and delinquency (Agnew, 1983).
- (e) Children's self-concept and subsequent social interaction may be damaged (Bryan and Freed, 1982).
- (f) Children's behavior improvement may not generalize to different settings (Birnbrauer, 1968; Bongiovanni, 1979; Johnston, 1972: Risley, 1968).
- (g) Children's aggressive reaction may increase, increasing both operant aggression (i.e., attacks against the source of the punishment)(Delgado, 1963) and elicited aggression (i.e., attacks directed toward other people or property in the environment). (Azrin, Hake, and Hutchinson, 1965; Azrin, Hutchinson, and Sallery, 1964).

Silverman (1958) pointed out that corporal punishment had deleterious effects on children. He suggested that it disrupted the learning process by repressing the natural tendency of children to explore.

Nash (1963) considered the use of corporal punishment very seriously. He indicated that it might inhibit the development of self-criticism and self-direction in the child. He stated that corporal punishment drove students to concentrate their energies on conflict with the teacher instead of encouraging them to adjust to their classroom situation. The famous psychologist Piaget (1965), Iroquoian (1950 & 1959), and Kohlberg (1969) considered strongly that corporal punishment impeded the process of moral development, identity formation and independent attainment. Estes and Skinner (1963) thought that corporal punishment in the public schools was producing harmful results, and was ineffective and useless in controlling behavior. The National Association (1972) concluded, after the completion of the study project on corporal punishment that the practicing of corporal punishment was ineffective and did not give the required results for the purpose of behavior problems control. According to Kerrigan (1971) the use of corporal punishment was brutality and it undermined human dignity. He stated that students were placed at the mercy of teachers who had the power to beat them without explanation or justification and should therefore always be considered unreasonably. Richardson and Evans (1995) reported that there were numerous national organizations that opposed the use of corporal punishment. The list included: The Council of Exceptional Children, The American Medical Association, The American Academy of Pediatrics, The American Association for Counseling and Development, The National Association of the Advancement of Colored People, The National Congress of Parents and Teachers, and The American Humanist Association.

Fall, as early as 1941, was very optimistic and stated that:

I am safe in saying that it (corporal punishment) never occurs in the junior and senior high schools and very infrequently in the elementary schools. We hold to the general theory that the school should be able to solve its discipline problems without the use of corporal punishment (Fall, 1941).

In summary, corporal punishment is educationally unsound and fundamentally wrong and time has come to discard the despotism of the hickory stick and to stop the beating as majority of the people considers corporal punishment harmful.

There are opponents and proponents of corporal punishment. At the same time this is a fact that in almost every school there is a discipline problem. The teachers are devoting a big share of their time to manage teaching class. School administrators (Assistant Principals and Principals) spend a lot of their time to keep students on the right track. It is a challenge for the professionals for the 21st century.

McFadden (1987), in this regard, reported useful alternatives by The National Education Association, Canada:

- Quiet places (corners, small rooms, and retreats) where a disruptive student can regain his/her composure.
- 2) Student teacher agreement on immediate alternatives.
- Teaming of adults to talk privately with disruptive students until stability returns.
- Provision of alternative experiences (independent projects, work-study) for students who are bored, turned off, or otherwise unreceptive to a particular area or experience.
- Class discussion/ participation on the need for, and consequences of, good and bad behavior.
- 6) Privileges to bestow or to withdraw.

All above are short-range solutions. Intermediate range solutions include:

 Student involvement in the decision making process of the school, and in curriculum revision and experience.

- 2) Alternative program for students.
- Work-study programs for students.
- Alternative education, including early college education.

Finally long range solutions include:

- Staff helps from local mental health and human relation's agencies for counseling.
- Relocation of some education experiences, with "class" in business, industry, and social agencies.
- Intensive training and retraining of teachers in constructive discipline procedures.

These methods look sound and might be helpful to improve the school environment. To avoid corporal punishment, it is necessary to regard education as a top priority. We should work for education like we worked for nuclear technology. We have the ability to land on the surface of the moon and do many more technological wonders. Therefore, I would suggest the following:

- To conduct extensive research into the study of human nature, attitude, behavior, aptitude, priorities of the society in terms of education and living style, as they are very much inter- linked.
- 2) To provide positive incentives so that we can manage behavioral problems in the classroom. For this purpose, the following will be helpful:
- a) The classroom should be rich with a variety of attractive curriculum related materials. There should be plenty of fresh, value based, literature available for students. Teachers should keep the student busy. All students should have access to a computer under appropriate supervision. Working as a Principal, I rarely received complaints about students due to discipline problem from the classrooms where teachers kept the student busy, and involved the students in classroom affairs.

- b) Providing positive activities, like sports, debating competitions, writing clubs, science club can reduce the problems, and festival organizations under close supervision.
- c) Teacher training institutions should increase courses on human psychology, and teachers should be given extensive training in dealing with children in a humanitarian way. Furthermore, administration and teacher training programs should be more research oriented in regards to classroom management and human psychology.

I look forward to professionals accepting the challenge for this very important issue in the 21st century.

References:

Agnew, R. (1983). Physical punishment and delinquency: A research note. Youth and society, 15, 225-236.

Alexander, K. & Alexander, M. D. (1985). American public law (2nd Ed.). New York, West Publishing Co.

Awender, M. A. & Plantus, M. (1983, Spring). Discipline and pupil control ideologies. <u>Education Canada</u>, 36-39.

Azrin, N. H., Hake, D. G., Holz, W. C., & Hutchinson, R. R. (1965). Motivational aspect of escape from punishment. <u>Journal of the Experimental Analysis of Behavior</u>, 8, 31-44.

Azrin, N. H., & Holz, W. C. (1966). In W. A. Honig (ed.). Operant Behavior: Areas of Research and Application. New York: Appellation-Century-Crafts.

Azrin, N. H., Hutchinson, R. R., & Sallery, R. D. (1964). Pain aggression toward inanimate objects. <u>Journal of Experimental Analysis of Behavior</u>, 7, 223-228.

Bandura, A. (1965). <u>Behavior modification through</u> modelingprocedure. In Krasner L., & Ullman, L. P. (eds.) <u>Research</u> in <u>Behavior Modification</u>. New York: Holt, Rinehart. Winston.

Barnhart, L. (1963). American College Dictionary. New York: Random House.

Birnbrauer, J. S. (1968). Generalization of punishment effects: A case study. <u>Journal of Applied Behavior Analysis</u>, 1, 200-211.

Black, H. C. (1973). <u>Black's Law Dictionary</u> (4th ed.). Miarea Polis, MN: West Publishing Co.

Bongiovanni, A. F., & Hyman, I. A. (1978). Leviton is wrong on the use of corporal punishment. <u>Psychology in Schools</u>, 15, 290-291.

Bongiovanni, A. F. (1979). An analysis of research on punishment and its relations to the use of corporal punishment in schools. In Hyman, I. A., & Wise, J. H. (1979). Corporal punishment in American education. Philadelphia: Temple university press.

Bolmeier, E. C. (1976). <u>Legality of student disciplinary practices</u>, Charlottesville, VA: Michie.

Bryan, J. W., & Freed, F. W. (1982). Corporal punishment: Normative Data and sociological and psychological correlates in a community college population. <u>Journal of Youth and Adolescence</u>, <u>11</u>, 77-78.

Center for Law and Education. (1972). Student Rights Litigation Packet (rev. ed.). Massachusetts: Harvard University.

Cooper, J. O., Heron, T. E., & Heward, W. L. (1983). <u>Applied</u> <u>Behavior Analysis.</u> Columbus, OH: Merrill.

Cooper, J. O., Heron, T. E., & Heward, W. L. (1987). Applied Behavior Analysis. Columbus, QH: Merrill.

Cryan, J. R. (1987). The banning of corporal punishment in childcare: School and other educative settings in the United States. Journal of Research in Childhood Education, 63, 146-153.

Delgado, J. (1963). Cerebral hetero stimulation in a monkey colony. Science, 141, 161-163.

Demo, M. H. (1981). <u>Applying educational psychology in the classroom.</u> (3rd ed.). New York: Longman.

Deskbook Encyclopedia of American School Law. (1989). Corporal punishment, Sec. 111, p. 135.

Dubanoski, R. A., Inaba, M., & Gerkewicz, K. (1983). Corporal punishment in schools: Myths, problems, and alternatives. <u>Child</u> <u>Abuse and Neglect</u>, 7, 271-278.

Elord, W. (1983). Discipline and corporal punishment in Indiana Public Schools. <u>Contemporary Education</u>, 54, 141-44.

Essex, N. L. (1989). Ten costly mistakes and how to avoid them. Principal, 68(5), 42-44.

Estes and Skinner. (1963). In center for law and education. (1972). Student rights litigation packet (Rev. Ed.). Massachusetts: Harvard University.

Fall, H. A. (1841). Corporal punishment. New York: Bureau of publications, Teacher college, Columbia University.

Fearen, W. (1981, Nov. Dec.). Corporal punishment: Two new splinters on the handle of the hickory stick. PSBA Bulletin, p.34.

Fox, J. (1993). The wrong whipping boy. Phi Delta Kappan, (75), 1, 118-119.

Freeman, C. B. (1966). The children's petition of 1669 and its sequel. British Journal of Educational Studies, 14, 216-223.

Hess, F. (1985). Corporal punishment in American schools: A review of the issues. Spectrum, 3(4), 19-29.

Hyman, I. A., McDowell, E., & Raines, B. (1977). Corporal punishment and alternatives in the schools: An overview of theoretical and practical issues. In National Institute of Education, Proceedings: Conference on corporal punishment in schools: A national debate, Washington, D.C.: U.S. Department of Health, Education and Welfare.

Hyman, I. A., & Wise, J. H. (1979). Corporal punishment in American education: Philadelphia: Temple University Press.

Ingrahm V. Wright, 430 U.S. 651 (1977).

Iroquoian, E. (1950). Childhood and Society, New York: Norton.

Iroquoian, E. (1959). Identity and the life circle. In <u>Psychological Issues (Monograph No. 1)</u>. New York: International Universities Press.

Johnston, J. M. (1972). Punishment of human behavior. <u>American</u> psychologist, 27, 1033-1054.

Kandel, E. (1991). <u>Physical punishment and the development of aggressive and violent behavior: A review.</u> Durham, University of Hampshire, Family researches laboratory.

Kennedy, J. H. (1995, February). Judgement about corporal punishment. Education and Treatment of Children. 16(1), 53-64.

Kerrigan, M. V. (1971). Corporal punishment in the public schools. <u>Harvard civil rights-civil liberties law review</u>, (6), 56-67. Kohlberg, L. (1969). Stage and sequence: The cognitive development approach to socialization. In Goslin, D. (ed.). Handbook of Socialization Theory and Research. Chicago: Rand McNally.

Lunenburg, F. C., & Ornstein, A. C. (1996). <u>Educational</u> administration: Concepts and practices, Washington: Wadsworth Publishing Company.

Manning, J. (1979). Discipline in the good days. In Essex, N. L. (1989). Ten costly mistakes and how to avoid them. <u>Principal</u>, <u>68(5)</u>, 42-44.

Maure, A. (1974). Corporal Punishment. <u>American Psychologist</u>. 29, 614-624.

Maurer, A. (1982). Religious values and child abuse. <u>Child and youth service</u>, 4, 57-63.

McFadden, M. (1987, Fall/ Autumn). Corporal punishment: Legalizes child abuse. <u>Education Canada</u>, 4-7.

McNamara, B.E. (1981, July). An alternative to corporal punishment. NYSSBA Journal. P. 16.

Mercurio, J. A. (1972). Caning: An educational ritual. <u>Australian</u> and New Zealand Journal of Sociology, 10, 49-53.

Nash (1963). Corporal Punishment in an age of violence. In Center for Law and Education. (1972). Student rights litigation packet (Rev. Ed.). Massachusetts: Harvard University.

National Education Association. (1972). Report of the task force on corporal punishment, National Education Association, 1201 Sixteenth Street, NW. Washington DC. 20036. Neal, D. (1720). The history of New England. In Fall, H. A. (1841). <u>Corporal punishment</u>. New York: Bureau of publications, Teacher college, Columbia university.

Owen, D. J., & Straus, M. A. (1975). The social structure of violence in childhood and approval of violence as an adult. Aggressive behavior, 1, 193-211.

Piaget, J. (1965). The moral judgement of the child. New York: Free press.

Raichle, D. R. (1977-78). School discipline and corporal punishment: An American retrospect. Interchange, 8, 71-83.

Reinholz, L. K. (1979). A practical defense of corporal punishment in the schools. In Hyman, I. A., & Wise, J. H. (1979). Corporal punishment in American education. Philadelphia: Temple University Press.

Remmlein, M., & Ware, M. (1970). School law. In Kerrigan, M. V. (1971). Corporal punishment in the public schools. <u>Harvard civil rights-Civil liberties law review</u>, (6).

Richardson, R., & Evan, E. (1994). Your role in eliminating corporal punishment in schools. The national council to abolish Corporal Punishment conference. Raleigh, NC.

Risley, T. R. (1968). The effect and side effect of punishing the autistic behavior of a deviant child. <u>Journal of Applied Behavior Analysis</u>, 1, 21-24.

Rose, T. L. (1989). Corporal punishment with mildly handicapped students: Five year later. <u>Rare: Remedial and Special Education</u>, 10 (1), 43-53.

Scharfenberg, D. (1996, January). Corporal punishment. <u>Teacher Magazine</u>, p. 9.

Scott, G. R. (1951). <u>The history of corporal punishment</u>. New York: Anglo books.

Silverman. (1958). Discipline: Its psychology and educational aspects. Mental hygiene, 42, p. 277.

Simpson, R. J., & Dee, P. O. (1977). Unusual but not cruel: Policy guidelines on corporal punishment. <u>School Law Journal</u>, 7(2), 83-84.

Skinner, B. F. (1979). Corporal punishment. In Hyman, I. A., & Wise, J. H. (eds.). Corporal punishment in American public education. Philadelphia: A Temple University Press.

Straus, M. (1991). Discipline and deviance: physical punishment of children and violence and other crime in adulthood. <u>Social Problem</u>, 38, 133-154.

Straus, M. (1993). Corporal punishment of children and depression & suicide in adulthood. In Accord, J. (ed.). Coercion and Punishment in Long Term Perspective. New York: Cambridge University Press.

Straus, M. A., & Donnelly, D. A. (1993). Corporal punishment of adolescents by American parents. <u>Youth and Society</u>, 24(4), 42 & 49.

Straus, M., & Gimpel, H. (1992). Corporal punishment by parents and economic data: A theoretical model and some preliminary empirical data. Durham: University of New Hampshire, Family researches laboratory.

Welsh, R. (1978). Delinquency, corporal punishment, and the school. Crime and Delinquency, 24, 336-354.

Williams, G. J. (1973). Social sanctions for violence against children: Historical perspective. <u>Journal of clinical psychology</u>, 5 (3), 2-11.

WHITE-COLLAR CRIMES IN PAKISTAN

Professor Dr. Abdul Raoof & Mehmood-Ul- Hassan

ABSTRACT

Business corporations and government officials commit white-collar crimes while attempting to make money, acquire property, and get promotion and bonus for themselves or their kin. No government office or private corporation in Pakistan may be completely free from white-collar crime practices. The consideration for merit, fairness and accountability are very low and the sensitivity to money, violence, and organisational and political power is quite high. Business corporations pollute environment, avoid tax, and sell poor quality and unsafe products. Many Government officials may not perform their jobs without taking bribes and practising extortion.

Money laundering, capital drain, bad loans and other financial crimes are the sophistication of our banking and money exchange business. The list of causes of these crimes may include inflation, population explosion, oppression, cultural values, job stress, and survival needs. These crimes are increasing the cost of living and violence in our society.

Literacy rate for technology applications is extremely low in Pakistan. There is no doubt that the advent of computer systems has greatly improved our business and office performance. However, computer system experts may cause disasters through system breakdown, resulting in loss and distortion of valuable information. In fact, computer crimes are becoming never to be proven otherwise decent acts in our society. Similarly, fraud has already become our normal way to doing business and performing office duties.

This study explores white-collar crimes and discusses their modes in Pakistan. The study may be useful for bankers, business managers, law enforcement people and educators of the country.

INTRODUCTION

Crimes normally committed by people associated with official positions, rules, procedures, and representations are called white-collar crimes. The white-collar criminals are usually high status individuals in government or private organisations. However, the crimes may be committed by anyone at any level within or on behalf of the organisation.

The criminals often commit the crimes during the course of their service career. A smart and ambitious individual or an organised group of people within and without an organisation can perpetuate these crimes. The crimes concern the breach of trust regarding public interest and misuse of organisational resources associated with the position and authority of the officers.

The negligence or inability to properly perform an official duty due to physical handicap and mental illness may not involve white-collar crimes. Similarly, acts causing the loss of public interest and organisational resources, but performed having good faith, following proper rules and procedures, and observing reasonable professional consideration and sensible pre-cautions, may not fall in the domain of white-collar crimes.

The people involved use loopholes in the organisational systems and laws. They invent innovations and find bugs in the use of technology to commit the crimes. White- collar crimes do not involve direct physical violence. However, according to law, the involved criminals may be subject to civil or criminal or both litigation and penalties.

Social theories indicate that white-collar crimes may be because of oppression, stress caused by rapid modernisation and re-structuring of society, conflict of interests, and lack of proper controls in government and corporate pursuits.

Keeping in view, the special circumstances, it may be fair to assume the cost of white-collar crimes might be an unreasonable part of the national income in the case of Pakistan. Everyday murder and violence news published in our daily newspapers might be fair indicator of consequences of white-collar crimes in our society.

Financial Fraud Institution (FFI) of USA imparts training to the interested persons regarding the financial crimes. It may offer the services at customer sites all over the world. The government of Pakistan, law enforcement agencies, the instructors and professionals of financial management, and financial institution may contact FFI for developing skills in financial crimes investigation so that the increasing incidence of the crimes may be controlled in Pakistan.

WHITE COLLAR CRIMES OF BUSINESS ORPORATIONS

White-collar crimes can result in the gain for an individual or an organisational entity or program. When an individual commits the crime, the benefits and gains may be direct in the form of money and property; or indirect in the form of promotions, bonuses, power, and influence. When an organisation commits the crime, the benefits and gains to the organisation are usually direct, in the form of financial gain.

Corporations commit white-collar crimes in order to increase their illegitimate profits. They make unfair profits through producing and marketing the products that are considered unsafe for consumers' use on the basis of commercial laws and ethics of a

society. Many multinational and domestic companies are allegedly producing and marketing poor quality medicine products in Pakistan and are very clear examples of this practice. There is certainly a vacuum in the prevailing laws regarding advertisement practices in Pakistan.

Business companies can pretend that almost everything good ranging from becoming a beauty queen to super potent man can be caused by the use of their products.

The beauty soaps and beauty creams companies always advertise them as heavenly products but the products rarely ever improve the outlook of their consumers. Therefore, deceptive advertising is white-collar crime.

Corporations often tend to collude on the price and market shares of their products. In USA anti-trust laws and commercial codes prohibit collusive arrangements for price fixation. In Pakistan there is no effective rule like anti-trust law in USA that could prevent collusive arrangements between local business companies. Laws regarding the fair business practices are either absent or practically ineffective because of collusive arrangement between corrupt government officials and business counterparts. Collusive arrangement regarding price fixation can be easily observed in the case of cement, flour and ghee industries. The white-collar crime of price fixation unfairly regulates the competition in the favour of business companies and penalises consumers through high prices and poor quality of products.

The industries in Pakistan are responding to the requirements of International Standard Organisation. However, majority of the industries is still unaware of safety issues on the work places. Employers and employed both usually have low concern about the toxicity of various chemical processes and the hazards of mechanical motions.

Both employer and employed have low concern for the health and safety of the human being because of their blind profit goals and poor cultivation of scientific and technological values. Every day newspapers are filled with the news of poisonous gas leakage in a factory or by a transporting truck in the neighbourhood of population. Many people are killed and injured without compensation or remorse from the responsible industries. Obviously, concern for safety will increase the cost of producing the products that may affect the profitability of business enterprises. However, the pursuit of making money without the ensuring safe working condition is clearly a crime.

We are connected with one another through a comprehensive system called atmospheric environment. The case of acid rains and consequently destruction of crops and erosion of soil is quite known in USA. Environmentalists have been successful in the reduction of use of coal containing sulphur. The industries using coal in the generation of power are taxed progressively in proportion to the amount of their air pollution. The industries in Pakistan are enjoying air and water pollution holiday. They are free to throw toxic gases in the air and poisonous fluids in the rivers and waterbeds of the soil. Simple arithmetic says that they are prospering at the cost of the use and destruction of the resources of the society.

This category of crimes is almost equivalent to the genocide. The stakeholders in Pakistan must effectively enforce the environmental laws before the outbreak of widespread diseases like cancer, ulcer, infertility, tuberculosis, and blood pressures in major industrial cities like Kasur and Sailkot in Pakistan.

Insidious trading and business based on insidious information are highly objectionable and unlawful activity in USA. However, there is no effective law against insidious trading in Pakistan. Business adventurers can make unlimited profits by finding before hand the information about new currency rates, new prices of flour, cement, and petroleum products from the concerned quarters of the Government, like State Bank of Pakistan, Ministry of Food and Agriculture, and Ministry of Petroleum and Mineral Resources.

The 'Dollar Scandals' is very fresh example of white-collar crime based on insidious information resulting in the drain of foreign reserves from the local banks one day before the declaration of financial emergency and freezing of dollar accounts in Pakistan. Business companies of Pakistan are always ready to speak loud about their nationalism. However, when it comes to honest payment of taxes, the spirits are entirely antagonising. The companies will distort the sales records and go for unlimited strikes if asked to keep proper records and pay taxes according to some equitable rule.

Government of Pakistan has been granting loans on favourable terms to the small business and preferred industries. The individuals and corporations take loans and then through various fraudulent tactics in purchasing of plant machinery and raw material, and construction of sites, they take the money out of the projects. Consequently, the projects may not produce a marketable product and even if they do show some lively signs, the economic viability is always at stake.

Many of the loan-initiated projects are deliberately bankrupted after the money is withdrawn and sent abroad through available money smuggling schemes like 'Hundi'. It was 1.5 trillions to two trillions Pak rupees (30\$ billions to 40 billions illegal money) in the last fiscal year (Saeed, 1999).

COMPUTER CRIMES

Computer crimes are involved in the use of computerised system to perform illegal acts. Computer crime can be divided into two main areas namely, theft, and sabotage and vandalism. Computer crime can be directed at software, data, or hardware.

In most cases, it involves unauthorised access to computer systems. Several modes of computer crimes have been identified (Alter, 1992). Three types of computer systems theft are known: theft by entering fraudulent transaction data, theft by modifying software and theft by stealing or modifying data.

Someone can enter fraudulent data by forging documents, bypassing procedures, and impersonating someone else. The criminals can forge fraudulent checks, ID cards and currencies using scanners, drawing programs and laser printers. The criminals can also impersonate someone else and have electronic access to a victim's account, and steel money or information. In distribution fraud, the criminals can get an individual or company to pay for products and services it never received by steeling the credit card and telephone card numbers from the records of respective bank or a telephone company.

The criminals can modify computerised inventory records and steel the goods. They may put a non-existent employee on the computerised payroll of the company and embezzle funds from pension accounts by keeping any deceased person on pension file and sending the check to their account. Also Theft is made possible by modifying the software so that it performs according to the instructions of criminals. By modifying software, someone in a bank may be able to accumulate fractions of pennies on financial transactions and add them to ones' personal account.

The information about the important decisions about a company or government organisation may be stolen from their computer files and used for making large sums of money. Some criminals do not steel but they seek to damage hardware, software, or data. 'Trap Door', 'Trojan Horse', 'Time Bomb', 'Logic Bomb', and 'Virus' are some software tools used in sabotage and vandalism.

THE CRIME OF FRAUD

Fraud is a very common white-collar crime in our society.

The people in every walk of life may tend to commit it. It may not be an overstatement if one asserts that our total social and business

interactions are based on distortion of information and untrue representation, in order to either make financial gains or seek psychological gratification.

The existence of Ghost Schools, Booti Mafia, and sub standard degrees allegedly issued by both public and private institutions may be referred to as the famous crimes in the field of education in Pakistan. Fraud mind-set is destroying the concept of merit and professionalism in our society. The cost of the distrust alone as a result of fraudulent pursuits may be in billions in terms of low productivity and redundancy of efforts in our society.

Fraud is said to be committed if any or all of the following situations exist (Certified Fraud Examiner's Manual, 1996): An individual or an organisation intentionally makes an untrue representation before an individual or organisation about an important fact or event; the victim believes the untrue representation.

The victim of the untrue representation may be a person or organisation; the victim relies upon and acts upon the untrue representation; the victim suffers loss of money and/or property as a result of relying upon and acting upon the untrue representation.

Following white-collar crimes may exist when a fraud is committed (Certified Fraud Examiner's Manual, 1996; Internal Auditor Magazine, 1992): -

BRIBERY

It may be stated without exaggeration that bribery is our way of doing business and delivering services. Bribery is comprehensively defined as the giving, receiving, offering, or soliciting of anything of value in order to influence an official in the performance of, or failure to perform, the lawful duties of that official. This includes influencing or soliciting the commission, or collusion to commit, any other type of fraud; or influencing an official, or soliciting by an official, to do, or omit to do, any act

that violates the lawful duty of that official (Certified Fraud Examiner's Manual, 1996; Internal Auditor Magazine, 1992).

Bribery defrauds the victim (usually an organisation or political entity) of the right to honest and loyal services from those employed by the victim. It is universal phenomena. According to the recent report of World Bank, "Corruption moves some 600 billion dollars annually in the shape of bribes, commission, kickbacks and money laundering world wide (Sadiq, 1998, p.66)." The instances of political leaders and high placed government functionaries accepting huge commission or bribes from multinationals or foreign government are numerous. In this connection, private power plant controversy in Pakistan may be pointed out as an example (Aslam, 1995, p. 219).

Bribe culture has hindered the development of a decent, clean and efficient society in Pakistan. Efficiency has given way to inefficiency, honest to dishonesty, financial integrity to corruption, merit to favouritism and justice to in justice. In today's Pakistan, bribery and corruption have become institutionalised. There exist an underworld chain in every department. It is like a mini-Mafia in every department or sector of life (Saleh, 1988).

According to one estimate, nearly 80% GNP or 40 billion is devoured by the sharks of corruption and about 60% of all foreign aid finds its way into foreign bank accounts held by them (Aslam, 1995, p.219). The travellers have to give bribe to customs authorities on their arrival at our airports and seaports. Otherwise, they may to face long equuiries and penalties. One may consume electricity and yet does not have to pay the original cost of consumption through a mutually pre-agreed monthly bribe payment to the associated personnel. Public corporations and utility organizations alike are domains of corruption in Pakistan, where billion of rupees find its way to domain of higher bureaucracy, political master, contractors, and industrial consumer. The bureaucracy in developing countries has understandably been labelled as "corrupt" and Pakistan is no exemption (Seghal, 1989).

The auctions and competitive bidding are exercised in such manner that the favourite party wins all or the major part of the auction or the contract whichever is applicable. If one does not comprehend the situation promptly and resort to the bribe payment, ones' life may be made miserable through long official process and undue hardships. The payment of bribe may appear to be the only cost effective way while doing business and surviving in Pakistan. An Italian proverb says public money is like holy water and every one wants to have it. Precisely it has been happening in Pakistan.

CONFLICT OF INTEREST

Fraud is said to have occurred when an agency's conflict of interest results in economic or financial loss to the individual or organisation on whose behalf it is acting.

Conflict of interest laws apply to government employees and those doing business with government. A conflict of interest occurs when a person or organisation acts on behalf of another individual or organisation; and has, or appears to have, a hidden bias or self-interest in the activity undertaken; and the hidden bias or self-interest is actually or potentially adverse to the interests of the individual or organisation being represented; and the hidden bias or self-interest is not made known to the individual or organisation is represented (Certified Fraud Examiner's Manual, 1996; Internal Auditor Magazine, 1992).

One can fairly assume that in Pakistan self-interest may be the prime motive in many of our official pursuits. Self-interest is divine in here similar to the 'invisible hand' advocated by Adam Smith. The task where self-interest of the main players is not involved would take a lifetime to be accomplished. Advertisements for the job are carefully prepared so that only the kin or a favourite person of the decision-makers is qualified. Successive governments made a culture of recruiting vacant posts within the domain of political allies and associated interest groups.

Posting of technical cadre in public corporations, law enforcement agencies and utilities sectors has been granted to relatives of the loyal politicians of the every government in Pakistan. The epidemic has been destroying the traditions of merit and philosophy of equal opportunity and social justice. Job quota and un-rightful appointments of commercial consulates by previous governments may be cited as the examples of white-collar crime in Pakistan. Vendors are mostly pre-selected according to their psychological, physical or financial relationship with the purchase department of the government and private corporations.

FALSE STATEMENTS AND FALSE CLAIMS

A false statement fraud and false claims fraud occur whenever anyone knowingly and wilfully falsifies a material fact or makes a false or fictitious representation or files a false or fictitious claim that results in economic or financial loss to the party to whom the false representation has been made (Certified Fraud Examiner's Manual, 1996; Internal Auditor Magazine, 1992).

Think of attendance sheet of students obtained through circulation among the students in a class; the time sheet of labour leaders showing the number of hours they have been actually on the job; and tragically most statements made by our national leaders, all contain distorted information and may fall in the domain of false statement fraud or false claims fraud.

EXTORTION

Extortion occurs when a person or organisation obtains something from another individual or organisation under colour of official office and/or through the use of actual or threatened force or fear, including fear of economic or fiscal loss (Certified Fraud Examiner's Manual, 1996; Internal Auditor Magazine, 1992). It is an epidemic. It is our strong man mentality rather more of a sex complex. It is our belief that the rights of property, life, and well being of an individual are best taken away through creating a

miserable situation for him or her in job, business, and relationship.

Rationality does not pay here. Problem solving approaches may invoke punishment. Creativity and innovation are equivalent to becoming an atheist. In this hell of the affairs, optimum strategy to prosper and advance in career may be to become a 'Yes Man' and 'Thumb Stamp' to the seniors or person in charge of ones' career. Once one has acquired the charge, all fortunes of good name, money and respect will automatically follow through perpetual divine ritual of extortion.

CONSPIRACY

Conspiracy occurs when there is a specific intent that a crime be performed; and there is an agreement with another person to engage in or cause that crime to be performed, and one of the conspirators commits an overt act in furtherance of the conspiracy.

Conspiracy is also divine ritual according to the prevailing practices in Pakistan. It is a never to be proven crime in our set up. Conspirators appear to be decent people in their social life. However, they can kill a person or kill many through blasting a bomb on public place; create harassment and maintain sex discrimination in any organisation; prove an innocent man to be guilty; and defraud the Government of millions or even billions of rupees thanks to the bliss of conspiracy.

BREACH OF FIDUCIARY DUTY

A breach of fiduciary duty occurs when a person, who is employed by and owes a duty to an organisation or another individual, does something that is not in the best financial interest of that organisation or individual. Breach of fiduciary duty is a civil matter, not a criminal offence. However, as a civil offence, the elements of proof required for conviction are considerably simpler than for criminal fraud, and it is not necessary to prove wrongful intent. There are other types of breach of fiduciary duty. These fall under the umbrella of gross negligence, gross mismanagement, and abuse (Certified Fraud Examiner's Manual, 1996; Internal Auditor Magazine, 1992).

Development and maintenance of improper controls by the accountants, auditors, and decision-makers of the organisations dealing in Income Tax, Customs and Excise, Birth Certificates, Land Revenue, and Vehicles Registration, are the examples of breach of fiduciary duty. A typical example of the breach was the inability of internal and external auditors, and management and Registrar of the co-operatives to timely assess and resolve the gross anomalies in the financial management of co-operatives in Punjab.

Thousands of people including widows and senior citizens were defrauded through co-operative schemes and the echo of their curses can still be heard in our social, political and legal spheres.

EMBEZZLEMENT

Embezzlement is the fraudulent conversion of personal property by a person in possession of that property where the possession was obtained pursuant to a trust relationship (Certified Fraud Examiner's Manual, 1996; Internal Auditor Magazine, 1992). Kiting' and 'Lapping' are two very good examples of embezzlement. In kiting funds are drawn from bank without actually collecting them from the bank for which the check is drawn. Continuous kiting from one bank to another permits perpetual fraud.

Similarly, the management of organisations may steel cash from organisational accounts and cover the theft through the payments of account receivables. The payment of second customer is used to show the receipt of payment for the first for which the initial theft was made and so on. This fraudulent practice is called 'Lapping'.

In this connection, the exercise of parallel banking in different centres of National Saving, Postal Saving and Insurance, Life Insurance companies, and foundations/ societies of Pakistan Railways, Taj Company, and various provincial Co-operative Societies are the act of embezzlement under the umbrella of whitecollar crimes.

CONCLUSION

Incidence of white-collar crimes is at an alarming rate in Pakistan. It may not be an overstatement to assert that it has become our common mode of doing business and delivering services. Honesty, professionalism, merit, decency, genuine information processing, community concern, human rights, and productive effort have little meaning in here.

The domain of white-collar crimes is a world of bribes, extortion, nepotism, lust, oppression, nuisance, violence, unsafe workplaces, toxic products, and budget and trade deficits. No government office or business corporation may be completely free from this evil. The society at large is the victim of the crimes and may have to suffer from poor life quality, capital drain, increasing violence, and low income and productivity levels as the results of these crimes. 'Helicopter Scandal', 'Steel Mill Fraud', 'Money Laundry in Swiss and UK Banks', 'Co-operatives Fraud', 'Mehran Bank Fraud', and 'Gold Scandal' are but some common examples of the alleged white-collar crimes at the national level. The cost of these crimes as indicated in our daily newspapers may be comparable to the size of our GNP or total external debt. It goes without saying that our reckoning system needs to give serious consideration to contain the white-collar crimes beyond politics.

The solution to control the incidence of white-collar crimes may lie in transforming the cultural values; respecting merit and contribution, promoting productivity and competitiveness, controlling inflation and population; improving systems maintenance and safety; making new pertinent laws; eliminating loopholes in the existing laws of the society; removing ambiguities and anomalies in rules and procedures of the office process; and developing skill in investigating white-collar crimes.

This study explores white-collar crimes and discusses their modes in Pakistan. The study may be useful for bankers, business managers, law enforcement people and educators of the country

References:

Alter, S. (1992). <u>Information Systems: A Management Perspective</u>. pp. 773-810. New York: Addison-Wesley Publishing Company

Certified Fraud Examiners (1996). Certified Fraud Examiner's Manual. USA

Internal Auditor Magazine (1992). Fighting Fraud. August

Aslam, M. (1995). <u>Economic Planning</u>. p. 219. Lahore: Bilal Books.

Saeed, A. (1999, June7). Pakistan's Economic Peril Lies Underground. <u>The News</u>.

Segal, I. (1998, January 17). The Corruption Syndrome. The News.

Saleh, P. (1988, November 4). Pakistan Plunders Pakistan. The News.

Sadiq, S. (1998). Challenge For Banking Sector of Pakistan in 21st Century. <u>The Journal of the Institute of Bankers in Pakistan</u>. P.51071, Volume 64, No.2, June.

Informal Caregiving and Its Psychological Implications:

A brief Review of Research

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Caregiving has become an issue of universal importance in the past few years. Carers, particularly those who provide help in the community did not receive much attention unttil quite recently. The phenomena of caregiving has received more attention from policy makers and researchers for the reasons, such as political, factors, demographic changes financial and the feminist movement. Demographic changes, such as the increased number of dependent people in the community due to medical advances that help prolong the life span of severely disabled and elderly people (Eisdorfer, 1991; Pervin et al., 1990), and the decreased number of potential carers due to changed employment pattern have made caregiving a topic of general concern for researchers and policy makers. Another influence has come from the feminist movement, which was concerned about the uneven burden placed on women as carers (Brown & Smith, 1989; Smith, 1991; Twigg, 1992; Parker, 1990). Furthermore, the WHO's (1976) emphasis on the need to support elderly people in the community and Government policy which advocate the care for mentally handicapped and disabled people within their families have brought the topic of care to the forefront of research attention (Hirst, 1982; Parker, 1990; Twigg, 1992; Twigg, Atkins & Perring, 1990).

The Office of Population Census Survey (OPCS) made a distinction between 'informal caregiver' and 'main caregiver'. The former refers to the person who provides help in self-care activities, whereas the 'main carer' is the person who spends most of their time helping the disabled person. Stone, Cafferata and Sangel (1987) defined the primary caregiver as a person who has total responsibility for the provision of care. Caregiving in general refers to the activities and experiences involved in providing help and assistance to relatives and friends who are unable to meet his or her own physical, psychological, or social needs (Killeen, 1990; Pearlin, Mullan, Semple & Skaff, 1990). Besides this definition, there are various other definitions of caregiving in the literature. Caregiving has been defined in terms of relationships (Brody & Schoonover, 1986; Scharlach, 1987), living arrangements (Soldo & Myllyluoma, 1983), job description and job satisfaction (Silliman & Sternberg, 1988), and styles of caregiving (Matthews & Rosner, 1988). Thus, the definitions provided are almost as broad as the number of studies carried out, and they range from great specificity to varied flexible categories. The range of meanings attributed to the term 'caregiver' have resulted in diverse ways of identifying caregivers, and it has made the task of generalizing findings and comparing results from different studies very difficult.

As a result of the current trend to develop more community oriented services, caregivers' needs are likely to be of greater priority (Morris, Morris & Britton, 1988). In UK, the National Health Service and Community Care Act (1990, Atkins, 1992) facilitated research to help planners and practitioners make community care more effective. Research emphasis is now on identification of the carer's needs and on designing interventions accordingly. In UK, recognition of the importance of informal care began after 1988 when the General Household Survey (OPCS, 1988) published statistics about carers who helped in non professional settings. In 1985, the GHS asked respondents for the first time if they were providing any help for mentally ill, elderly or handicapped persons. The results produced an alarming figures of six million carers in Great Britain, amongst which 1.7 million carers were caring for someone in the same household. The peak

age to be carer was 45-64 years, and 24 percent of women in this age range were carers, compared to 16 percent of men carers. Most households with a dependent person contained one carer looking after the person (72%), and only 18 percent of such households had two carers looking after the same person. Nearly three quarters of the carers (73%) were looking after someone who had a physical rather than a mental disability.

An increasing number of disabled and chronically ill people depend on family members for care (e.g. Schulz et.al, 1987; Kausar, 1994, 2000; Kausar & Jabeen, 1997). Geriatric research shows a consensus that when an elderly person needs care, it is mainly the family who provides care for him or her (Eagles et al., 1987; Jones, & Vetter, 1984). Likewise, many stroke survivors who are left with a disability remain at home for months or years (e.g. Anderson, 1992; Silliman, Earp, Fletcher & Wagner, 1987; Wade, Leigh-Smith, Langton-Hewer, 1986; Kausar, 1994). Similarly, the majority of individuals with traumatic brain injury when discharged from hospital, are cared for by their families (Willer, et al., 1990; Kausar, 1994).

Thus, the literature provides strong evidence supporting caregiving as a family affair. The major impact of caregiving is felt by those members of the immediate family who assume the responsibility for the disabled person (e.g. Pilisuk & Parks, 1988; Stone, 1991; Kausar, 1994, 2000). This could be the spouse (if they are married); or the children; sometimes parents; and occasionally, friends. Stroke studies have found that two thirds of the main carers comprise spouses, and a further third comes from the younger generation, mainly the children (Drummond, 1988). Although the family is considered the main source of support for disabled people, it appears that the concept of 'shared care' between family members is uncommon. When one person formally takes on the responsibility of care, the rest of the family tends to stop helping the dependent relative (Gilhooly, 1984).

Usually the major burden of care falls on the shoulders of the closest female relative (Brown & Smith, 1989; Smith, 1991:

Kausar, 1994, 2000; Kausar & Jabeen, 1997). In most cases, it is the wife, daughter, daughter in law, sister, or mother who assume the role of carer (Gilhooly, 1984; Schultz et al., 1987; Silliman et al., 1987; OPCS, 1988; Kausar & Jabeen, 1997). Kausar and Powell (1996) in a longitudinal study carried out in UK with carers of patients with neurological problems reported that it was mainly either female member of the family or female friends who had assumed responsibility of care (70% and 68% for the first and second follow-ups, respectively).

There is a consensus in findings of researches that relatives play a major role in maintaining dependent people in the community (Twigg, Atkins & Perring, 1990; OPCS, 1988; Kausar, 1994, 2000). Since informal caregivers constitute the backbone of community care and are the principal source of support for dependent relatives (DHSS, 1983), it is important to consider the emotional costs the caregiving job may demand.

Psychological impact of informal caregiving

The strain suffered and the difficulties encountered by relatives who care for their dependent elderly family members have been acknowledged since the 1950s (Klein, Dean & Bogdonoff, 1967; Townsend, 1957). In their early studies of home care of mentally ill patients, Grad and Sainsbury (1963) pointed out strain in relatives. There are various adverse effects of caregiving on caregiver such as financial, social, emotional and physical impact (Johnson & Catalano, 1983; Sheldon, 1982).

By assuming the role of a carer, a high price has to be paid in that being a carer may affect the quality of life, physical and mental well-being of the carer. The symptoms related to the carer's strain which are often reported by carers themselves include guilt (Cohen & Eisdorfer, 1988), somatic complaints, fatigue, anxiety, depression, sleep disturbances (e.g. Mayou, Foster & Williamson, 1978), withdrawal from social activities and disturbed marital relationships (Kinsella & Duffy, 1979; Kausar & Jabeen, 1997).

Research on caregiving has identified a variety of effects on carers of disabled children, elderly people, head injured and stroke patients. Caring for a dependent relative has been regarded as a stressful role and an emotionally distressing experience. The following section briefly reviews the literature on the impacts of caring for disabled children, demented elderly people, head injured people and stroke patients.

Caring for a disabled child

The effects of caring for a disabled child have been examined and described in detail in the past (Baldwin, 1977, 1985; Baldwin & Glendining, 1983; Thompson, 1990; Thompson et.al., 1992). Disability of a child almost invariably causes practical problems for the parents. Baldwin and Glendining (1983) identified different types of costs of caring for a disabled child such as opportunity costs (e.g. restricted social life), financial costs (loss of earning, extra spending) and psychological costs (e.g. increased strain level).

The available literature on handicapped children reports high levels of depression, anxiety, sleep disturbances, nightmares, increased smoking and excessive use of tranquillizers by the parents (e.g. Shapiro, 1983). Hirst (1985) in a comparative study on mothers of disabled and normal children found that mothers of disabled children reported high levels of psychological distress. Similar findings have been reported by other studies carried out on parent carers (Hallum & Krumboltz, 1993; Mullin, 1987; Singhi et.al., 1990). Studies on mothers of physically disabled children have indicated a very high proportion of mothers of disabled children being judged to be depressed when compared to mothers of non-disabled children (e.g. Breslau, Staruch & Mortimer, 1982). Hence, the parents experience significant strain because of psychological and social problems they may face while caring for a disabled or handicapped child.

Caring for a demented elderly relative

A substantial body of data shows that caring for a demented elderly relative is likely to have a negative impact on the carer. Caring for a close relative, especially a demented spouse, has been described as one of the most demanding situations that can be encountered (Rabins, 1984; Teusink & Mahler, 1984). Demented elderly people suffer from a number of physical, cognitive, and emotional deficits. Carers may have to help them with dressing, feeding, bathing and management of incontinence, and the patient may require constant supervision. The strain on relatives of demented elderly people is severe enough to place caregiving relatives at high risk of mental and physical illness (Gilhooly, 1984; Gilleard, et.al, 1984a; Gilleard, et.al., 1984b). clinical and empirical studies bear witness to a wide range of emotional and social problems among (Baumgarten, et.al., 1992; Brodaty & Hadzi-Pavlovic, 1990; George & Gwyther, 1986; Pagel, Becker & Coppel, 1985; Poulshock & Deimling, 1984; Zarit, Reever & Bach-Peterson, 1980).

The most common complaints reported by the relatives, include anger, depression, anxiety, guilt, worry, hypochondriasis, marital stress and emotional strain (Brodaty & Hadzi-Pavlovic, 1990; Fitting, et.al, 1986; Horowitz, 1985; Johnson & Catalano, 1983; Morris, Morris & Britton, 1988). Mace and Rabins (1984) reported that 87% of the primary caregivers had suffered from chronic fatigue, anger and depression. In another study, Eisdorfer and colleagues (1983) reported that 55% of those relatives who served as a primary caregivers to Alzheimer patients met DSMIII criteria for clinical depression. Thus, caring for frail or demented elderly person exerts adverse effects on physical as well as psychological well-being of a carer.

Caring for a head injured person

Traumatic head injury may leave a person with a variety of sensorimotor, cognitive and psychosocial deficits, and the broader effects of these deficits must be realised by the person who provides care for an injured person (Brooks, 1991; Kausar, 1996; Kausar & Powell, 1996). As early as 1967, London drew attention to the distressing effects of severe damage on personality of an injured person and the heavy burden imposed on the family. Stress among relatives of patients following traumatic head injury is often appreciable, and usually family members are far more distressed than the patient (Jennett, 1975).

There are several studies, which indicate that relatives of head injured people experience psychiatric and social impacts of caregiving (Livingston, Brooks & Bond, 1985; Novack, et.al., 1991, Kausar & Powell, 1996). Rosenbaum and Najenson (1976) in their study of injured soldiers concluded that the wives of injured patients faced more social and sexual problems, and experienced greater disruption of lifestyle and depression than spouses of persons with paraplegia. Oddy and Humphrey (1980) in a longitudinal study of closed head injured patients found that many relatives reported stress as a result of having to deal with the injured patient, and their feelings of stress did not diminish over time. Other longitudinal studies with varying periods of follow ups, have identified high levels of psychosocial disability in the relatives even 15 years after the injury (Livingston, Brooks & Bond, 1985; Rappaport, et.al., 1989; Thomsen, 1974). Novack, Bergquist, Bennett and Gouvier (1991) found that anxiety was a major problem for primary caregivers, with almost one half of their sample having at least some anxiety and a third of it exhibiting a clinically significant level of anxiety. Kruetzer, Gervasio, and Complair (1994a, 1994b) demonstrated that one half of the caregivers of head injured patients met the criteria for psychiatric 'caseness'; that is, these individuals experienced elevation on two or more subsets of a brief symptoms inventory. One third showed elevation in the anxiety scale and one fourth demonstrated elevation on the depression subscale. Some of the carers also on paranoid ideation and indicated elevation in scores psychoticism. In summary, the existing studies suggest that caregivers of head injured people experience an enormous amount of strain even several years after the onset of head injury.

Caring for a Stroke Patient

Relatively few studies have investigated caregiving within the context of stroke. Stroke has an acute and definite onset, and is characterized by a broad range of physical, social, emotional, Personality and cognitive disabilities (Jongbloed, 1986; Silliman, Earp & Wagner, 1987; Kausar & Powell, 1996). Survivors may have different combinations of motor, cognitive and psychological problems depending upon the extent and the anatomical location of the stroke (Caughlan & Humphrey, 1982). Accordingly, they may need assistance in performing everyday activities.

Over the past few years, it has been realised that the relatives of stroke patients experience an immense amount of strain. As one might expect, the major impact is felt by the members of the immediate family who have to care for the stroke patient, particularly by patients' spouses (Drummond, 1988; Mulley, 1985; Brocklehurst et al., 1981).

In order to look after their partners, spouses of stroke patients encounter a variety of problems, such as having to give up their jobs and interests and often they get isolated from friends and other relatives and have social problems and (Carnwath & Johnson, 1987). On top of this, their relations with their affected partner often change radically, in particular if the patient is aphasic (Holland & Whalley, 1981; Kinsella & Duffy, 1979). Spouses are very frequently reported to experience depression (Kinsella & Duffy, 1979; Tompkins, Schulz & Rau, 1988; Kausar, 1994), decreased life satisfaction (Caughlan & Humphrey, 1982) and anxiety (McNamara, Gummow, Goka & Gregg 1990; Wahrborg, 1988; Kausar, 1994). There seems to be a significant increase in psychiatric illness generally and in the amount of antidepressant medication and tranquillizers issued to carers (Holland & Whalley, 1981).

Brocklehurst and colleagues (1981) noticed a considerable increase in the number of primary carers who regarded their health as poor. Physical problems, tiredness, irritability and confusion were the most commonly reported problems among carers in this study. By the end of the first year, some of the carers had been treated either for anxiety or depression. Similarly, Holbrook (1982) found that one third of the family members in her study had not yet adjusted to the new life circumstances 2-5 years after the stroke. Subsequent research provides further support for these results (George & Gwyther, 1986; McNamara et al., 1990; Silliman et al., 1987; Tompkins, Schultz & Rau, 1988). Above mentioned studies are based on patients selected by age or the presence of aphasia, those referred to for rehabilitation, or those recruited through newspaper advertisement. Very few studies are based on community samples.

Longitudinal studies with varying lengths of follow-ups, have confirmed that spouse carers of stroke patients often experience depression. Carnwath and Johnson (1987) interviewed spouses of stroke patients and found more depression in carers 3 years after the stroke than after the first year. Findings regarding the significant prevalence of depression in their study is striking, given that the study dealt with all types of stroke, including those leaving minimum disability. Wade, Leigh-Smith and Langton-Hewer (1986) conducted a longitudinal study with a follow-up period ranging from 3 months to 2 years. Their study was the first to include all carers of all patients derived from a defined population. They examined the emotional distress caregivers experienced, and reported that 11-13% of carers became depressed over a two years period. Eagles and colleagues (1987) compared spouses of stroke patients and those of normal counterparts on a depression scale and found that the spouses of stroke patients were more disadvantaged.

Hence, stroke affects carers in parallel with the patient. The above literature review suggests that caregiving for a disabled or ill family member has a variety of personal, social and physical effects on carers and may therefore predispose them to psychological distress. A high proportion of carers experience negative effects of caring on their own physical and emotional well-being. In a longitudinal study carried out in UK with carers of patients having neurological disorders, Kausar (1994) found that majority was experiencing burden in relation to caregiving. In another study, with 112 carers of Patients recruited from different disabled Units and Neurology Wards of Different Hospitals in UK, Kausar (1994) reports that 67% were female carers and majority was experiencing anxiety and depression.

In Pakistan the concept of caregiving has not received much attention by the policy makers and researchers alike. Kausar (2000) conducted a study with 120 informal carers of physically disabled people in Pakistan and found that all of them were family members and the vast majority of them were females (92%). In another study with carers of cancer patients, Kausar and Jabeen (1997) report that 89% providing care to cancer patients were close family members and about half of them were experiencing depression (49%), anxiety (42%), somatic complaints (48%), whereas 38% reported social dysfuntioning. The given empirical evidence highlights importance of issue of caregiving in Pakistan, and draws attention to the fact that caring in Pakistan is left to the female family members.

To summarize, studies carried out in different cultures in the context of caregiving show consensus that it is mainly the family members or closer relatives, in particular a female who either herself assumes the role of caregiving or is expected to provide care whenever needed. Specifically in our culture the burden of caregiving is left usually on the shoulders of a female member who also has the added responsibilities of running the house and other obligations to meet. Caregiving is an exhaustive job and carers experience immense burden and stress in form of various psychological problems. This issue of uneven and unshared added burden of caregiving needs to be addressed and the concept of shared care should be introduced. Furthermore, psychological services and Counseling facilities should be provided to those who provide care in order to alleviate their stress.

References:

Anderson, R. (1992). The aftermath of stroke: The experience of patients and their family. Cambridge: Cambridge University Press.

Atkins, K. (1992). Similarities and differences between informal carers. In J. Twigg (Eds.), <u>Carers: Research and Practice</u> London: HMSO.

Baldwin, S.W. (1985). The Costs of Caring. London: Routledge and Kegan Paul.

Baldwin, S. (1977). <u>Disabled Children-Counting the Cost</u>. London: Disability Alliance.

Baldwin, S., and Glendinning, C. (1981). Children with disability in their families. In A. Walker & P. Townsend (Eds.), <u>Disability in Britain</u> (pp. 119-141). Oxford: Martin Robertson.

Baumgarten, M., Battista, R.N., Infante-Rivard, C., Hanley, J.A., Becker, R., and Gauthier, S. (1992). The Psychological and physical health of family members caring for an elderly person with dementia. Journal of Clinical Epidemiology, 45(1), 61-70.

Breslau, N., Staruch, K.S., and Mortimer, F.A. (1982). Psychological distress in mothers of disabled children. <u>American Journal of Diseases of Children</u>, 136, 682-686.

Brocklehurst, J., Morris, K., Andrews, B., Richards, and Laycock, P. (1981). Social Effects of Stroke. <u>Social Science and Medicine</u>, <u>15</u>, 35-39.

Brody, E.M., and Schoonover, C.B. (1986). Patterns of parent-care when adult daughters work and when they do not. the Gerontologist, 26, 372-381.

Brodaty, H., and Hadzi-Pavlovic, D. (1990). Psychosocial effects on carers of living with persons with dementia. <u>Australian and New Zealand Journal of Psychiatry</u>, 24(3), 351-361.

Brooks, D.N. (1991). The head-injured family. <u>Journal of Clinical</u> and Experimental Neuropsychology, <u>13</u>(1), 155-188.

Brown, H., and Smith, H. (1989). Whose "ordinary life" is it anyway? <u>Disability</u>, <u>Handicap and Society</u>, 4(2), 105-119.

Carnwath, T.C.M., and Johnson, D.A.W. (1987). Psychiatric morbidity among spouses of patients with stroke. <u>British Medical</u> Journal, 294, 409-411.

Cohen, D., and Eisdorfer, C. (1988). Depression in family members caring for a relative with Alzheimer's disease. <u>Journal of the American Geriatrics Society</u>, 36(10), 885-889.

Caughlan, A., and Humphrey, M. (1982). Presentile Stroke: Long Term Outcome for patients and their families. Rheumatology and Rehabilitation, 21, 115-122.

DHSS (1983). On the State of the public health for the year 1983. London: HMSO.

Drummond, A.E. (1988). Stroke: The impact on the family. <u>British</u> <u>Journal of Occupational Therapy</u>, <u>51</u>(6), 193-194.

Eagles, J.M., Beattie, G.W., Blackwood, D.B., Restall, D.B., and Ashcroft, G.W. (1987). The mental health of elderly couple: The effect of a cognitively impaired spouse. <u>British Journal of Psychiatry</u>, 150, 299-303.

Eisdorfer, C. (1991). Caregiving: An emerging risk factor for emotional and physical pathology. <u>Bulletin-Menninger Clinic</u>, <u>55</u>(2), 238-247.

Eisdorfer, C., Kennedy, G., Wisnieski, W., and Cohen, D. (1983). Depresion and attributional style in families coping with the stress of caring for a relative with Alzheimer's disease. <u>The Gerontologist</u>, <u>23</u>, 115-116.

Equal Opportunities Commission. (Ed.). (1982). Caring for the Elderly and Handicapped: Community care policies and Women's lives Equal Opportunities Commission. Manchester:

Fitting, M., Rabins, P., Lucas, M., and Eastham, J. (1986). Caregivers for dementia patients: A comparison of husbands and wives. The Gerontologist, 26(3), 248-252.

George, L.K., and Gwyther, L.P. (1986). Caregiver well-being: A multidimensional examination of family caregivers of demented adults. <u>Gerontologist</u>, 26(3), 253-259.

Grad, J., and Sainsbury, P. (1963). Mental illness and the family. Lancet, i, 544-547.

Gilhooly, M. (1984). The impact of caregiving on caregivers: Factors associated with the psychological well-being of people supporting dementing relative in the community. <u>British Journal of Medical Psychology</u>, <u>57</u>, 35-44.

Gilleard, C.J., Belford, H., Gilleard, E., Whittick, J.E., and Gledhill, K. (1984a). Emotional distress amongst the supporters of the elderly mentally infirm. British Journal of Psychiatry, 145, 172-177.

Gilleard, C.J., Gilleard, E., Gledhill, K., and Whittick, J. (1984b). Caring for the elderly mentally infirm at home: A survey of the supporters. <u>Journal of Epidemiology and Community Health</u>, 38(4), 319-325.

Hallum, A., and Krumboltz, J.D. (1993). Parents caring for young adults with severe physical disabilities: Psychological issues. Developmental Medicine and Child Neurology, 35, 24-32.

Hirst, M. (1985). Young adults with disabilities: health, employment and financial costs for family carers. Child: Care. Health and Development, 11, 291-307.

Holbrook, S.E. (1982). Strokes: Social and emotional outcome. Journal of the Royal College of Physicians of London, 16, 100-104.

Holland, L.K., and Whalley, M.J. (1981). The work of the psychiatrist in a rehabilitation hospital. <u>British Journal of psychology</u>, 138, 222-229.

Horowitz, A. (1985). Family caregiving to the frail elderly. New York: Springer.

Jennett, W.B. (1975). Who cares for head injuries? British Medical Journal, iii, 267-270.

Johnson, C.K., and Catalano, D. (1983). A longitudinal study of family support to impaired elderly. <u>The Gerontologist</u>, <u>23</u>(612-618).

Jones, D.A., and Vetter, N.J. (1984). A survey of those who care for the elderly at home: their problems and their needs. <u>Social Science</u>. <u>Medicine</u>, <u>19</u>(5), 511-514.

Jongbloed, L. (1986). Prediction of function after stroke: a critical review. Stroke, 17, 765-776.

Kausar, R. (2000). Cognitive appraisal, coping and psychological distress in carers of physically disabled people in Pakistan. Pakistan Journal of Psychological Research. Submitted for Publication.

Kausar, R. (1996). Head injury and its Psychological Consequences: A Literature Review. Pakistan Journal of Neurology, 2 (1). Pp. 17-20.

Kausar, R. (1994). Cognitive appraisal, coping and psychological adjustment of those who provide care to physically disabled people. Ph.D. Thesis, Psychology Department, Surrey University, England.

Kausar, R. and Powell, G. E. (1996). Subjective burden of carers of patients with neurological problems as a consequence of precise objective symptoms (objective burden). Clinical Rehabilitation. 10(2), 159-165.

Kausar, R. and Powell, G. E. (1996). Personality and Behaviour Changes in Stroke Patients. Pakistan Journal of Neurology, 1 (1). Pp. 20-32.

Kausar, R. and Sumira Jabeen (1997). Psychological Health and Coping Strategies used by Family Carers of Cancer patients. M.Sc thesis, Department of Applied Psychology, University of the Punjab, Lahore, Pakistan.

Killeen, M. (1990). The influence of Stress and Coping on family caregivers' perception of health. <u>International Journal of Aging and Human Development</u>, 30(3), 197-211.

Kinsella, G.J., and Duffy, F. D. (1979). Psychosocial readjustment in the spouses of aphasic patients: A comparative study of 79 patients. Scandinavian Journal of Rehabilitation Medicine, 11, 129-132.

Klein, R., Dean, A., and Bogdonoff, M. (1967). The impact of illness upon the spouse. <u>Journal of Chronic Diseases</u>, <u>20</u>, 241-248.

Kreutzer, J.S., Gervasio, A.H., and Camplair, P.S. (1994a). Patient correlates of caregivers' distress and family functioning after traumatic brain injury. <u>Brain Injury</u>, 8(3), 211-230.

Kreutzer, J.S., Gervasi, A.H., and Camplair, P.S. (1994b). Primary carergivers' psychological status and family functioning after traumatic brain injury. <u>Brain Injury</u>, 8(3), 197-210.

Lezak, M.D. (1986). Psychological implications of traumatic brain damage for the patient's family. Special Issue: Traumatic head injury. <u>Rehabilitation Psychology</u>, 31(4), 241-250.

Livingston, M.G., Brooks, D.N., and Bond, M.R. (1985b). Three months after severe head injury: Psychiatric and social impact on relatives. <u>Journal of Neurology, Neurosurgery and Psychiatry</u>, <u>48</u>(9), 870-875.

Mace, N.L., and Rabins, P.V. (1984). The 36 hour day. New York: Warner Books.

McNamara, S.E., Gummow, L.J., Goka, R., and Gregg, C.H. (1990). Caregiver strain: Need for late poststroke intervention. Rehabilitation Psychology, 35(2), 71-78.

Matthews, S.G., and Rosner, T.T. (1988). Shared filial responsibility: The family as primary caregiver. <u>Journal of Marriage</u> and the Family, <u>50</u>, 185-195.

Mayou, R., Foster, A., and Williamson, B. (1978). Psychosocial adjustment in patients one year after myocardial infarction. <u>Journal of Psychosomatic Research</u>, <u>22</u>(5), 447-453.

Morris, R.G., Morris, L.W., and Britton, P.G. (1988). Factors affecting the emotional well-being of the caregivers of dementia sufferers. British Journal of Psychiatry, 153, 147-156.

Mulley, G.P. (1985). <u>Practical Management of Stroke</u>. Bechenham: Croom Helm.

Mullin, J.B. (1987). Authentic voices from parents of exceptional children. Family Relations, 36, 30-33.

Novack, T.A., Bergquist, T.F., Bennett, G., and Gouvier, W.D. (1991). Primary Caregiver distress following severe head injury. Journal of Head Trauma Rehabilitation, 6(4), 69-77. Oddy, M., and Humphrey, M. (1980). Social recovery during the year following severe head injury. <u>Journal of Neurology</u>, <u>Neurosurgery and Psychiatry</u>, <u>43</u>, 798-802.

Office of Population Census & Surveys (1988). General household Survey, 1985. London: HMSO.

Pagel, M.D., Becker, J., and Coppel, D.B. (1985). Loss of control, Self blame, and depression: An investigation of spouse caregivers of Alzheimer's disease patients. <u>Journal of Abnormal Psychology</u>, 94(2), 169-182.

Parker, G. (1990). With Due Care and Attention: A Review of Research on Informal Care (Second ed.). London: Family Policy Studies Centre.

Pearlin, L.I., Mullan, J.T., Semple, S.J., and Skaff, M.M. (1990). Caregiving and the stress process: An overview of concepts and their measures. <u>The Gerontologist</u>, 30(5), 583-591.

Pilisuk, M., and Parks, S.H. (1988). Caregiving: Where families need help. Social Work, 33(5), 436-440.

Walter.

Poulshock, D.W., and Deimling, G.T. (1984). Families caring for elders in residuece: Issues in the measurement of burden. <u>Journal of Gerontology</u>, <u>39</u>(2), 230-239.

Rabins, P.V. (1984). Management of dementia in the family context. <u>Psychosomatics</u>, <u>25</u>, 369-373.

Rappaport, M., Herrero-Backe, C., Rappaport, M.L., and Winterfield, K.M. (1989). Head injury outcome up to ten years later. Archives of Physical Medicine and Rehabilitaion, 70, 885-892.

Rosenbaum, M., and Najenson, T. (1976). Changes in life patterns and symptoms of low mood as reported by wives of severely brain injured soldiers. <u>Journal of Consulting and Clinical Psychology</u>, 44(6), 881-888.

Scharlach, A.E. (1987). Relieving feelings of strain among women with elderly mothers. Psychology and Aging, 21(1), 9-13.

Schulz, R., Tompkins, C.A., Wood, D., and Decker, S. (1987). The soical psychology of caregiving: physical and psychological costs to providing support to the disabled. <u>Journal of Applied Social psychology</u>, <u>17</u>, 401-428.

Shapiro, J. (1986). Assessment of family coping with illness. <u>Psychosomatics</u>, <u>27</u>(4), 262-271.

Sheldon, D. (1982). Supporting the supporters: working with relatives of patients with dementia. Age and Ageing, 11, 184-188.

Silliman, R.A., Eaarp, J.L., and Wagner, E.H. (1987). Stroke: The perspective of Family caregivers. The Journal of Applied Gerontology, 6(4), 363-371.

Silliman, R.A., and Sternberg, J. (1988). Family caregiving: Impact of patient functioning and underlying causes of dependency. <u>Gerontologist</u>, <u>28</u>(3), 377-382.

Singhi, P.D., Goyal, L., Pershad, D., Singhi, S., and Walia, B.N.S. (1990). Psychosocial problems in families of disabled children. <u>British Journal of Medical Psychology</u>, 63(2), 173-182.

Soldo, B., and Myllyluoma, J. (1983). Caregivers who live with dependent elderly. <u>Gerontology</u>.

Smith, H. (1991). Caring for everyone? The implications for women of the changes in community care services. Feminism and Psychology, 1(2), 279-292.

Stone, R. (1991). Familial obligations: Issues for the 1990s. Generations, 15(3), 47-50.

Stone, R., Cafferata, G.L., and Sangel, J. (1987). Caregivers of the frail elderly: A natural profile. The Gerontologist, 27, 616-626.

Thomsen, I.V. (1974). The patient with severe head injury and his family: follow-up study of 50 patients. <u>Scandinavian Journal of Rehabilitation medicine</u>, 180-183.

Thompson, R.J., Gustafson, K.E., Hamlett, K.W., and Spock, A. (1992). Stress, Coping and Family Functioning in the Psychological adjustment of mothers of children and Adolescents with Cystic Fibrosis. <u>Journal of Pediatric Psychology</u>, <u>17</u>(5), 573-585.

Thompson, C.E. (1990). Raising a handicapped child: a helpful guide for parents of the physically disabled. New York: William Morrow.

Teusink, J.P., and Mahler, S. (1984). Helping families cope with Alzheimer's disease. <u>Hospital Community Psychiatry</u>, 35, 152-156.

Tompkins, C.A., Schulz, A., and Rau, M.T. (1988). Post-stroke depression in primary support persons: Predicting those at risk. <u>Journal of Consulting and Clinincal Psychology</u>, <u>56</u>(5), 502-508.

Townsend, P. (1957). <u>The Family life of old people</u>. London: Routledge and Kegan Paul.

Twigg, J. (1992). <u>Carers: Research and practice</u>. London: HMSO.

Twigg, J., Atkin, K., and Perring, C. (1990). <u>Carers and Services: A</u> Review of Research. London: HMSO.

Wade, D.T., Legh-Smith, J., and Hewer, R.L. (1986). Effects of living with and looking after survivors of stroke. <u>British Medical</u> <u>Journal</u>, 293, 418-420.

Wahrborg, P. (1988). Behavioral changes in aphasic patients and their relatives following stroke: A review of the literature. Goteborg Psychological Reports, 18(5).

Willer, B., Abosch, S., and Dahmer, E. (1990). Epidemiology of Disability From Traumatic Brain Injury. In R. L. I. Wood (Ed.),

Neurobehavioural Sequalae of Traumatic Brain Injury (pp. 18-33). New York: Taylor & Francis Ltd.

World Health Organization (1976). <u>Disability prevention and</u> <u>rehabilitation</u> (Reports of specific technical matters No. WHO Geneva, Seitzerland.

Zarit, S.H., Reever, K.E., and Bach-Peterson, J. (1980). Relatives of the impaired elderly: Correlates of feelings of burden. <u>The</u> <u>Gerontologist</u>, <u>20</u>, 649-660.

Life Stresses As Reported By Breast-Cancer And General Medicine Patients

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Abstract

The present research investigated the life stresses reported by the out-door female breast cancer and general medicine patients. The ex post facto research design was used. The sample consisted of 128 Pakistani adult female patients (64 breast cancer and 64 general medicine patients) from various hospitals of Lahore. A checklist of Life stresses and Marital Stresses Inventory (Urdu Translation) was administered to the patients. A 14-item Hospital Anxiety Depression Scale (Urdu Version) was also administered to the patients. Data analysis suggests that the cancer patients exhibited more depression than the general medicine patients (z=2.43; N=128;p<0.05). However, both the groups manifested the same level of anxiety probably due to the chaotic healthcare system of Pakistan society (z=0.96;N=128;p>0.05). Furthermore, the two groups did not differ in terms of their general life stress (z=1.16; N=128;p>0.05); and marital stress (z-0.63;N=128;p>0.05). Low positive correlation was found between life stress and depression (r=0.26); marital stress and depression (r=0.20); and overall total stress and depression (r=0.11), in breast cancer patients.

Statement of the Problem

The current research explored the degree of life stress, marital stress and depression experienced by Pakistani cancer and general medicine patients from the outdoor units of various government hospitals of city of Lahore, Pakistan: Institute of Nuclear and Medical Oncology, Sheikh Zayed Hospital, Jinnah Hospital, Mayo Hospital, Adil Hospital and Shaukat Khanum Hospital, Lahore.

Introduction

The present research investigated degree of stress and depression reported by cancer and medical patients.

Dramatic changes have taken place in the world and particularly in Pakistani society over the last decade or two that work and life stress have become more immediate focal points of interest. This interest has reflected itself in an ever-increasing research orientation into occupational stress, the impact of life stress and stress and disease (Cooper, 1983). According to Seyle (1980) (as cited in Cooper, 1983) the concept of health as a question of body, mind and spirit is receiving wide public recognition and importance. This holistic approach aims at enhancing our total well-being, in part through self-awareness. By learning to gauge our own innate energy, potential weakness and strengths, we can all benefit from this approach. Early in the twentieth century, scientific interest increased in the relevance of stress to health and disease. There is sufficient clinical evidence that suggests that stress plays some role in the development of every disease, its effects - for better or worse - are added to the specific changes characteristic of the disease in question. In the human body there is always one organ or system which owing to heredity or external influences, is the weakest and most likely to break down under general biological stress. In some people the heart, in others the nervous system or the gastrointestinal tract, may represent this weakest link. That may be one of the factors why people develop different types of diseases when faced with the same stressor.

Most of the theorists like Beck and Emery (1985), Firestone (1997) etc. suggest that psychosomatic disorders are physical disorders in which emotions are believed to play a central role. Today the scope psychosomatic research is much broader, and the term "psychosomatic medicine" is being replaced by behavioral

medicine. One relatively new area of research in behavioral medicine is psychoimmunology, the study of how the body's immune system is affected by stress and other psychological variables. There is significant empirical data from a number of areas that suggest that stress effects the ability of the immune system to defend the body. (Atkinson, Atkinson, Smith & Bem, 1993).

According to Youngkin and Davis (1994) stress is a unique and individual expression in response to any number of events. Stress occurs when the adaptive or coping mechanism is overwhelmed by events. A stressful event may not always be negative; but may be positive, such as marriage or a promotion, and it depends upon how an individual perceives and experiences it (Lazarus, 1991). Stress is the result of an interwine of forces: stressors, perceptions of those stressors, emotional and physiological responses to those perceptions, and efforts to cope. The degree to which a certain stressor causes stress is determined by the perception of that stressor. Thus, it may be argued that stressor may include interpersonal problems, and internal conflicts (Youngkin & Davis, 1994).

Generally speaking, stress is used to refer to a situation in which a person is overtaxed in some way. According to Seligman, (1975) (as cited in Dowretzky, 1985) the concept of learned helplessness also provides a way to understand the effects of uncontrollable environmental stress. Seligman's research (1989) has demonstrated that learned helplessness can be an important factor in the failure to adjust to stressful events. People are likely to become helpless only when they see their lack of control as due to causes that are (1) permanent rather than temporary: (2) internal (located within themselves) rather than external (located within the environment): and (3) applicable to many areas of their life rather than limited to single area of functioning.

Seyle (1976) called attention to the body's reaction to stress the general adaptation syndrome (GAS). His most influential work is in adrenal stress physiology. This syndrome consists of three different stages, the alarm stage, the resistance stage, and the exhaustion stage. He further pointed out that attempts to adapt to the continued stressor may deplete the body's resources and make it vulnerable to illness.

The first state is the alarm reaction, which includes the effects of autonomic nervous system activation and which is characterized by a drop in bodily resistance to the stress. The autonomic nervous system stimulates the adrenal medulla, which secretes norepinephrine and epinephrine. The pituitary secretes ACTH, which stimulates the adrenal cortex to release glucocorticoids. If the initial stress is too severe, an organism may die.

If it doesn't die the second phase, the resistance stage, begins. In this stage, pituitary continues to secrete ACTH, which goes on stimulating the adrenal cortex to secrete the glucocorticoids, important in resistance to stress. The glucocoricoid hormone stimulates the conversion of fats and protein to sugars, providing energy to deal with the stressor. Simultaneously, though, these hormones delay the growth of new tissue around a wound, inhibit formation of antibodies, and decreases the formation of white blood cells, increasing susceptibility to the disease and injury. (Seyle (1976) noticed that many stress related diseases develop in the resistance stage.

If the specific stress continues, the body's ability to contain it and to resist other stresses ultimately collapses and the exhaustion stage sets in. Under prolonged stress, then, bodily defense mechanisms are geared to defend the body. The mechanisms also prepare for corresponding reductions in the activities promoting reproduction and an associated weakening of resistance to the disease and infection. This pattern manifests itself regardless of the source of stress, external, such as extreme cold; internal, such as illness or surgery; or emotional disturbance, involving frustration, conflict, or fear (Roediger, Capaldi, Paris & Polivy, 1991).

Thus, the very existence of protective or detensive physiological mechanisms against stress, when carried too far, produce its own cost in bodily stress. The term "diseases of adaptation" conveys the important idea that such defenses are a double-edged sword-aiding in defense of the physiological integrity of the person and at the same time contributing to illness (Lazarus, 1976).

According to Friedman and Book-Kewley (as cited in Comer, 1992) the ANS is not the only point of connection between stress and bodily reactions. Another is the pituitary-adrental endocrine system, which when stimulated at times of stress causes the pituitary gland to secrete hormones that affects functioning through out the body. If this system malfunctions, body organs may be over-worked and damaged, and again psychophysiological disorders may develop. Local biological dysfunction also may contribute to psychophysiological disorders. According to Rees (as cited in Comer, 1992) people may, for example, have local somatic weaknesses - particular organs that are either defective or prone to dysfunction under stress. Those with a "weak" gastrointestinal system may be candidates for an ulcer. Those with a "weak' respiratory system may develop asthma. Such local somatic weaknesses are thought to be genetically inherited or to result from improper diet or infection.

Organ dysfunctioning may also be caused by individual response specificity, or indiosyncratic biological reactions to stress. Some people, for example, perspire in response to stress, others develop stomachaches, and still others experience a faster heartbeat or a rise in blood pressure. Although such variations are perfectly normal, the repeated activation of a "favored" system may wear it down and ultimately result in a psychophysiological disorder. It has been discovered, for example, that some infants secrete much more gastric acid under stress than other infants. Over the years, this individual physical reaction may wear down the mucous lining of the stomach or duodenum until an ulcer develops (Comer, 1992).

Taylor (as cited in Atkinson, Atkinson, Smith & Bem, 1993) has described for different routes: the direct route, the interactive route, the health behavior route, and the illness behavior route to explain how stress affects health. In the direct route, the physiological response the body undergoes in the face of a stressor may have a direct, negative effect on physical health if this response is chronically maintained. Long term arousal of the sympathetic system can cause damage to arteries and organ systems. Stress may also have a direct affect on the immune system's ability to fight off disease. The interactive model is often referred to as the vulnerability-stress model, or a diathesis-stress model. (A diathesis is a vulnerability, or predisposition to a disorder). The vulnerability makes the individual susceptible to a particular disorder, but it is only when he or she encounters the stress that the disorder actually develops. The health-behavior route suggests that when we are feeling stressed we do not often take proper care of ourselves.

Thus, stress may indirectly effect health by reducing positive health behaviors and increasing negative ones. The final model of stress-illness is the illness behavior model. Stressors lead to a number of unpleasant symptoms: nervousness, depression, fatigue, sleep problems, upset stomach. Some people interpret these symptoms as signs of illness and seek medical advice for them. The attention they get for these symptoms may reinforce their illness behavior and it also gives the person an excuse for avoiding the stressor (staying home in bed).

A series of stresssful events, such as, those that occur when a person suffers from chronic illness or loses a job and moves to another city to seek employment, can keep the person in a continually agitated state as one alarm reaction after another evoked by a succession of threat cues. Even positive life changes, such as promotion to a more responsible job, could contribute to a sustained hyper vigilant reaction as far as they pose new threats of failure and new demands that may tax further the person's coping capabilities at a time when he or she is already overloaded with an accumulation of other life stresses (Lazarus, 1976). Among these

often pleasant, but stressful events or circumstances are marriage, gaining a new family member, a change in financial state (which could mean for better or for worse), an outstanding personal achievement, beginning school, family get-togethers, and even a vacation.

Pakistani women might be more prone to stress than Pakistani men because Pakistani men tend to have a greater range of options in dealing with stress: aggression, use of alcohol, smoking and so on are all more acceptable among males than females. Thus, it may be argued that Pakistani women, lacking these options, may bottle up their stresses which appear in the form of headaches, sleeplessness and so on.

There is a growing body of substantial research which supports the relationship between the life events and the development of certain illnesses, including myocardial infarction, painful gastrointestinal disorders, appendicitis, multiple sclerosis, and diabetes. Some of the psychophysical illnesses are being reviewed in perspective of stress being a contributing factor (Bootzin, Bower, Zajonc & Hall, 1986).

Hypertension is one of the most serious psycho-physiological disorders. It predisposes people to artheosclerosis (clogging of the arteries), heart attacks and strokes, as well as death through kidney failure. Stressful interviews, natural disasters, anger, and anxiety, and have been found to produce short-term elevation in blood pressure (Davison & Neale, 1994). Because of their genetic or other factors, hypertension individuals may be particularly sensitive to stress. Their blood pressure rises rapidly in response to minor stress, or even the anticipation of stress, and it takes longer to return to normal levels in them than it does in most people (Bootzin, Bower, Zajonc & Hall, 1986).

People in high stress jobs are at increased risk for CHD, particularly, jobs that are highly demanding (in terms of workload, responsibilities, and role conflicts) but which provide little control (the worker has little control over the speed, nature and conditions of work). According to Haynes and Feinleib (as cited in Atkinson, Atkinson, Smith & Bem, 1993), high family demands in addition to stressful job can adversely affect a woman's cardiovascular health.

According to Atkinson, Atkinson, Smith & Bem (1993), cardiac illness has been related to certain type of personality called Type A personality. People who exhibit this Type A behavior pattern are extremely competitive and achievement oriented; they have a sense of time urgency, find it difficult to relax, and become impatient and angry when confronted with delays or with people they view as incompetent. Although outwardly self-confident, they are prey to constant feeling of self-doubt; they push themselves to accomplish more and more in less and less time.

Rosenman & Friedman (as cited in Bootzin, Bower, Zajonc & Hall 1986) conducted a longitudinal study of more than 2000 male executives and found that Type As were twice as likely as Type Bs to develop CHD, and five times more likely to have a second heart attack – even after family history, smoking, hypertension and high cholesterol levels were controlled for. The link between CHD and Type A behavior is one of the best documented in the literature on stress and illness.

Anxiety, tension produce frustration, anger, depression and anticipated pleasurable excitement are all examples of psychological factors that may, through induced emotionality, disturb the functioning of the respiratory system and thus cause asthma. Even when asthma is originally induced by an infection and allergy, psychological stress can precipitate attacks (Davison & Neale, 1994).

Migraine headaches are extremely debilitating headaches caused by sustained dilation of the extracranial arteries, the temporal artery in particular. It has been shown that a wide variety of experimentally induced stressors – frustrations, excessive demands for performance, and threatening interviews – cause vascular dilation among migraine sufferers but not among other.

people. The vast majority of headaches are so – called "simple" tension headaches. These, too, involve stress and vascular changes, but the changes are thought to be different from those in migraine headaches. Here, emotional stress seems to lead to contraction of the muscles surrounding the skull; these contractions, in turn, result in vascular constrictions, which cause headache pain (Carson, Butcher & Coleman, 1998).

Cooper & Fragher (1990), from the University of Manchester Institute of Science and Technology, Manchester, conducted a psychosocial stress and research on breast cancer: interrelationship between stress events, coping strategies and personality. This quasi-prospective study of 2163 women attending a breast-screening clinic for routine check-up indicated that certain types of coping strategies and personality dispositions predispose some women to an increased risk of developing breast cancer following the occurrence of major life-event, such as, bereavement of other loss-related events. Regular exposure to stress situations appears to reduce the risk of a malignancy; experiencing a single stressful life event was found to be potentially much more damaging, particularly if the individual was unable to externalize her emotions and obtain appropriate help and counseling.

Steptoe and Wardle (1994), conducted a European survey of expert opinion about the influence of lifestyle on health. This paper described an assessment of expert medical and epidemological and social medicine in Western Europe universities. Estimates were made of the influences of eight life-style factors like smoking, alcohol consumption, exercise, stress, body weight, dietary fat, fiber and salt on the etiology or course of five disorders: heart disease, high blood pressure, lung cancer, breast cancer and diabetes. One hundred and fifty responses were received from scientists and clinicians from 16 countries. The only links to be endorsed as definite by over 90% of the respondents were those between smoking and both heart disease and lung cancer. However, more than 70% considered alcohol consumption, exercise, stress, body weight, and dietary fat to be definite or probable influences on heart disease. Smoking, alcohol, exercise,

stress, body weight, and salt intake were affirmed as relevant to high blood pressure by more than 70% and personality dispositions were associated with a high incidence of cervical cancer.

Clearly, then, psychophysiological disorders have strong ties to environmental stress, stressful reactions, and biological dysfunctioning. The interaction of such factors was once considered an unusual occurrence that could occasionally lead to an unusual kind of disorder – a psychophysiological disorder. As the years have passed, more and more illnesses have been added to the list of traditional psychophysiological disorders, until it includes such common ailments as irritable bowel syndrome (intermittent episodes of abdominal discomfort), psoriasis (a skin disorder involving reddish lesions), eczema (a disorder characterized by extremely itchy skin eruptions), rheumatoid arthritis (severe inflammation and swelling of the joints), hypoglycemia (a low level of serum glucose) (Comer, 1992).

The present research explored the degree of life stress, marital stress and depression experienced and reported by the Pakistani female patients suffering from cancer and other general medical illnesses so that the innovative psychosocial treatment modalities and preventive measures can be introduced along with the traditional medical interventions to such patients and their families.

Forsen (1991), carried out a research on psychosocial stress as a risk of breast cancer. In a case-control study of 87 breast cancer patients and their controls, they investigated life events, important emotional losses, difficult life situations, and psychological characteristics. In a second part, the effect of life events preceding cancer diagnosis on survival was studied in an 8-year follow-up of the breast cancer control group. The control group was selected from the general female population and matched for sex, age, number of child-births, and language. The findings suggest that breast cancer patients tend to have significantly more life events, important losses, and difficult life situations prior to the discovery of the breast tumor than controls.

Methodology

The sample consisted of 128 adult female subjects; 64 breast cancer patients who had already been diagnosed by their oncologists in the past one year and 64 general medicine patients under the treatment of their physicians and without chronic or life-threatening disease. The ex post facto research design was used and comparable groups were used.

Instruments

A checklist of Life Stress and Marital Stress Inventory (Urdu Translation) were administered to the patients individually. Life Stress was operationally defined by 104 item checklist derived from Dohrenwood, Krasnoff, Askensy & Dehrenwood (as cited in Golberger & Breznitz 1986). Marital Stress was defined operationally by a 14 item inventory given by Zimbardo (as cited in Goldberger & Brenitz, 1986). The Urdu version of Hospital Anxiety Depression Scale (Mumford, Tareen, Bajwa, Bhatti & Karim, 1991) was also individually administered and was used to assess the level of depression among the cancer and general medicine patients.

Results and Discussion

Results of the present research support the hypothesis that stress is involved in all states of illness such as cancer, and all general medical illness. Therefore, there is no significant difference between the level of stress reported by female breast cancer and female general medicine patients as supported by the results (z=1.16;p>0.05),(z=0.63;N = 128;p>0.05),(z=1.23; N = 128;p>0.05).

Table 1

Scores of Breast Cancer and General Medicine Patients on Stress Checklist.

Type of Illness	5	Scores on Str	ess Checklist	
	X	SD	SE _{DX}	Z
Breast Cancer	. 28	18	1	
			3.46	1.16
General Medicine	32	21		

$$(z = 1.16; N = 128, p > .05)$$

Note:

X = Arithmetic mean

SD = Standard Deviation

 SE_{DX} = Standard error of difference between means of

Depressives and Medical Patients.

Table 2
Scores of Breast Cancer and General Medicine Patients on
Marital Stress Checklist.

	Marital Stress		Stress	
Type of Illness	X	SD	SEDX	\mathbf{Z}^{-1}
Breast Cancer	10	9		
			1.59	0.63
General Medicine	11	9.		

(z = 0.63; N = 128, p > .05)

Table 3

Scores of Breast Cancer and General Medicine Patients on Stress Checklist and Marital Stress Inventory.

Type of Illness		ss & Marital (Combined S		
	X	SD	SE DX	Z
Breast Cancer	38	22		
			4.096	1.23
General Medicine	43	24		

(z = 1.23; N = 128, p>,05)

These findings are in accordance to Selye's theoretical framework (1976), which states that there is a relationship between life stress and medical illnesses, ranging from minor to major illnesses, such as diabetes, asthma, ulcer, coronary heart disease and cancer. Data analysis further suggests significant difference between level of depression (z = 2,43;N = 128;p<0.05) reported by female breast cancer and general medicine patients with breast cancer patients reporting greater level of depression. However, insignificant differences were noted in anxiety level (z = 0.96; N = 128; p> 0.05). These results were expected considering the deplorable medical facilities in Pakistan provided to the general population where even a regular visit to the hospital is a stressful and anxiety-provoking experience. Moreover, due to lack of education, awareness and acute shortage of up-to-date medical facilities; cancer is usually perceived as a fatal and debilitating illness in Pakistani society.

Table 4

Scores of Breast Cancer and General Medicine Patients on Depression as reported on Hospital Anxiety and Depression Scale (HAD).

,	Depression Scores on HAD			
Type of Illness	X	SD	SE DX	Z
Breast Cancer	10.27	14.32		
			0.77	2.43
General Medicine	8.41	4.33		

(z = 2.43 ; N = 128,* p>.05)

Table 5

Scores of Breast Cancer and General Medicine Patients on Anxiety as reported on Hospital Anxiety and Depression Scale HAD

	Anxiet	y Scores		
Type of Illness	X	SD	SE DX	Z
Breast Cancer	12.64	4.32		
	-		0.78	1.16
General Medicine	11.89	4.55		

(z = 0.95; N = 128, p>,05)

Results of the current research also suggest low positive relationship between life stress and depression (r = 0.26); marital stress and depression (r = 0.20); and overall total stress and depression (r = 0.11) in breast cancer patients. It may be argued that in an underprivileged and poor country like Pakistan cancer may create a feeling of helplessness and depression in the female patients diagnosed with breast cancer due to misconceptions about this disease, psychosocial and sexual repercussions of breast cancer and confusion about its cure.

The results of the current research are consistent with the findings of Forsen (1991) which suggest that breast cancer patients seem to have more significant life events, important losses, and difficult life situations prior to the diagnosis of the breast tumor than those of controls. Jansen(1991) found in his research on psychosocial factors in breast cancer and their possible impact upon prognosis that the risk of getting breast cancer may be connected with difficulties with expressing feelings, especially, aggression; whereas, a person's coping strategy, amount of stress, and level of activity, seem to be of possible influence to the prognosis. Nevertheless, very little research work has been carried out to explore these psychological factors in Pakistan.

In Pakistani society it is seen that due to socio-cultural demands women in our society lack opportunities to express their aggressive impulses and tend to bottle up their emotions and stresses. Moreover, it may be argued that in this patriarchal system the Pakistani females continue to be the most underprivileged, least educated and most oppressed group even in this millenium. Thus, this state of pent-up emotions may pave the path to various form of illnesses ranging from headaches to heart disease and cancer. It is imperative that women in such a society; especially those who have a predisposition for breast cancer or any other stress related disease, should attend screening-clinics regularly and should be taught effective stress-management and anxiety-reduction methods, relaxation techniques, resolution of depression encountered in life situations as well as ways of problem-solving, conflict resolution and coping strategies. However, Pakistani Health care system seriously lacks such options for the general public, though the elite class may have access to such modern and expensive treatment modalities.

Chorot & Sandin (1994), conducted a research on life events and stress reactivity as predictors of cancer, coronary heart disease and anxiety disorders. The data showed that the cancer group reported, pre events by loss and illness, while coronary group was more associated with stressful work events. A strong relationship between depressive reactions and cancer was also found in contrast to the anger variable that was more relevant in the infarction patients.

The level of depression in the breast cancer patients was expected considering the deplorable medical facilities in Pakistan provided to the general population. There is a lack of awareness in the population as a whole and among the females in particular as they are the most under privileged and uneducated class in our society. Thus, it may be argued that; a life-threatening disease like cancer will create more intense feelings of helplessness and depression in the Pakistani female patients diagnosed with breast cancer probably; due to misconceptions about the disease and poor health care system.

References:

Atkinson, R.L. Atkinson, R.C., Smith, E.E., & Bem, D.J. (1993). <u>Introduction to Psychology.</u> (11th ed., Vol.2). Philadelphia: Harcourt Brace College.

Beck, A.T., & Emery, G., (with Greenberg, R.L.). (1985). <u>Anxiety Disorders and Phobias: A Cognitive Perspective.</u> New York: Basic Books.

Bootzin, R.R., Bower, G.H., Zajonc, R.B., & Hall, E.(1986)

<u>Psychology Today.</u>(6th ed.). New York: McGraw Hill.

Carson, R.C., & Butcher, J.N., & Coleman, J.C.(1998). <u>Abnormal Psychology and Modern Life</u> (8th ed.). London: Scott, Foresman and Company.

Charcot, P., & Sandin, B. (1994). Life events and stress reactivity as predictors of cancer, coronary heart disease and anxiety disorders. <u>International Journal of Psychosomatic Reserarch</u>, 41 (1-4), 34-40.

Comer, J.P.(1992) Abnormal Psychology. New York: W.H. Freeman & Company.

Cooper, L.C.(Ed.). (1983). Stress research. New York: John Wiley & Sons.

Cooper, C.L., & Fragher, E.B.(1993). Psychosocial stress and breast cancer: The interrelationship between stress events, coping strategies and personality. Psychol-Med, 23 (3), 653c-662.

Davison, G.C., & Neale, J.M. (1994). <u>Abnormal Psychology.</u> (6th ed.) New York: John Wiley & Sons, Inc.

Dworetzky, J.P.(1985). <u>Psychology.</u> (2nd ed.). New York: West Publishing Company.

Firestone, R.W. (1997). <u>Combating Destructive Thought</u> <u>Processes</u>: Voice Therapy and Separation Theory. U.S.A.: Sage Publications, Inc.,

Forsen, A. (1991). Psychosocial stress as a risk for breast cancer. Psychother. Psychosom., 55 (4), 176-185.

Goldberger, L. & Breznitz, S. (Eds) <u>Handbook of Stress:</u> <u>Theoretical and Clinical Aspects.</u> (1986). New York: The Free Press. Chap. 21-27, (pp.344-485).

Krantz, D.S., Contrada, R.J., Hill, D.R., & Friedler, E. (1988). Environmental Stress and Biobehavioral Antecedents of Coronary Heart Disease. <u>Journal of Consulting and Clinical Psychology</u>, 56(3), 333-341.

Lazarus, R.S. (1976). Patterns of Adjustment. Tokyo: McGraw Hill.

Lazarus, R.S. (1991). <u>Emotion and Adaptation</u>. New York: Oxford University Press. Jansen, A.B.(1991). Psychosocial facators in breast cancer and their possible impact upon prognosis.s <u>Cancer-Treat-Rev. 18</u> (3), 191-210.

Mumford, D.B., Tareen, I.A.K., Bajwa, M.A.Z., & Karim, A. (1991). The translation and evaluation of an Urdu version of the Hospital Anxiety and Depression Scale. <u>Acta Psychiatrica</u> <u>Scandinavica</u>, 83, 81-85.

Roediger, H.L.III, Capaldi, E.D., Paris, S.G., & Polivy, J. (1991). <u>Psychology</u> (3rd ed.). U.S.A.: Harper Collins Publishers.

Seligman M.E.P. (1998, Jan). Building human strength: Psychology's forgotten mission. [President's Column]. <u>APA Monitor</u>, p.2

Selye, H. (1976). The Stress of Life. (2nd ed.). New York: McGraw Hill.

Selye, H. (1983). Selye's Guide to Stress Research. New York: Van Nostrand Reinhold Company.

Steptoe, A., & Wardle, J.(1994). What the experts think: A European survey of expert opinion about the influence of life style on health. European Journal of Epidemology, 10(2) 195-203.

Youngkin, E., Q., & Davis,s M.S. (1994). Women's Health-A Primary ;Health Care Clinical Guide. Conneticut: Appleton & Lange.

"The Management Theory Jungle"-- Resolved

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Introduction to Management Theory Jungle

Management as a separate discipline of study emerged on the horizon of knowledge at the beginning of twentieth century. Today when we study 100 years history of evolution of management thought, we come across a variety of management thoughts with quite different focal points and explanations of management. Some authors call the same set of thoughts as "theories of management"; some other label them "management schools of thought", some authors give them the title as "approaches to management" and there are still others who call them as "approaches to management theory". The reader finds himself in a bewildering state of mind. The confusion is created on two accounts. Firstly, the reader starts thinking that the terms theory, school of thought, approach, and approach to the theory of a subject as synonymous. The general vocabulary does not support this assumption. Theory means a set of generalizations to explain and/or predict a phenomenon in a field of inquiry e.g. hierarchy of need theory, theory of multiplier, theory of planetary motion etc. School of thought means a group of scholars sharing the same view e.g. Catholic or Protestant schools. Approach means the way or the method adopted to solve a particular problem e.g. the communist or capitalist approach to economy. Finally approach to the theory of a subject means the way, the order or the method to organize the literature of the subject. It is for this inexactness of these terms to describe the set of thought constituting evolution of management or for the lack of a better term that some authors have called these thoughts as "perspectives" or "viewpoints". The other reason that creates

confusion is that most of these theories/approaches/schools of thought etc. explain only a part or some parts of the whole discipline that we refer to today as management. In the words of Flippo and Musinger:

"Most of the so called theories seem to be the explanation of an elephant by a group of blind men" (1)

For example, the Management Science Approach (The Mathematical School) regards management as a system of mathematical models and processes and argue that being a logical process management can be expressed in terms of mathematical symbols and relationships. No doubt mathematics has invaluable contribution in any field of inquiry but we cannot regard mathematics a separate school of management theory any more than it is a separate school in Physics, Chemistry, Engineering and Medicine. The Decision Theory (Decisional Management School) concentrates on rational decision making. To equate management with the science of decision making is nothing more than a keyhole look at the central area of management. Same is the case with Behavioural Approach or School that interprets management as the science and art of interpersonal relations. We cannot overemphasis the importance of good leadership for good managership but does managing means leading? Similarly, I doubt whether the Contingency Theory or Approach can be truely regarded as separate theory because the importance of recognizing and adjusting to situational variables and environmental factors is already an important principle whether it be the Administrative Process Viewpoint or the Behavioural Viewpoint or the Systems Viewpoint.

Why the Jungle Exists?

We shall discuss the various viewpoints later on. Presently the point is why is there such wide divergence in the different viewpoints to the same discipline called Management? The rout cause lies in the fact that Management is an interdisciplinary subject. Individuals from many different academic and professional areas --- including History, Psychology, Sociology, Cultural Anthropology, Philosophy, Political Science, Engineering, Mathematics, Statistics, Economics, Logistics, Computer Science --- have, at one time or another been interested in Management. Each group of scholars and practitioners has interpreted management according to its own perspective. With each new perspective have come new questions and assumptions, new research techniques, different technical jargons and new conceptual frameworks. (2)

Harold Koontz, a renowned management scholar, took notice of this wide divergence in the approaches/theories of Management in 1961 and coined the term "Management Theory Jungle". He detected six different approaches to explain the nature and knowledge of management and remarked:

"What is rather upsetting to the practitioners and observers is that the variety of approaches to management theory has led to a kind of destructive jungle welfare" (3)

He further remarked that it is important to take steps to disentangle the Management Theory Jungle. At that time, the intelligentsia of the subject was optimistic that it will take not more than ten years for the emergence of a generally accepted theory of Management⁽⁴⁾. But twenty years later Harold Koontz wrote another article and unfortunately remarked:

> "The jungle still exists, and there are nearly double the approaches to management that were identified nearly two decades ago. At the present time, a total of eleven approaches to the study of Management may be identified".

To the eleven approaches pointed out by Koontz at least two more approaches, which have gained popularity during the recent years may be added i.e. Theory Z and "Attributes of Excellence". Is such heavy growth in the Management Theory Jungle really "destructive jungle warfare" as Koontz had remarked? A study of all these viewpoints to Management does not conclusively support this opinion of the learned scholar. Although these viewpoints evolved in historical sequence but later ideas have not replaced the earlier ones. What has happened is that each new approach has added to the knowledge of previous ones. At the same time each new approach has continued to develop on its own⁽⁶⁾. Moreover, while each school retains its special focus, each tends to borrow insights and concepts from the others. Indeed, it often seems that boundaries between various schools are becoming progressively blurred⁽⁷⁾. This disappearance of the clear boundaries between each approach to Management Theory can be regarded as a leap toward the achievement of a universally accepted approach to management theory.

In fact the early approaches to management theory were developed by the practitioners of management, each having different perspective and different focal point. The contribution of academicians and scholars of management towards the literature of management was not significant till the early 1950s. The task of providing sound foundation and infallible structural framework to a subject primarily rests with the academicians and scholars. Therefore, as the quantum of the literature developed by academicians is increasing, we are getting closer to the goal of a universally accepted approach to management theory.

Disentanglement from the Jungle

A study of contemporary textbooks of management clearly points out the current trend of convergence around the Management Process Approach to management theory. Since functions of management --- planning, organizing, staffing, directing and controlling --- are basic and present in every managerial situation, the Management Process School provides an excellent framework to the study of management. This framework has the capability to assimilate the valuable contributions offered by other schools of management. However, it is recommended to

call it as Modified Management Process Approach to Management Theory⁽⁸⁾ because the list of functions of managers as given here is somewhat different from the list originally given by Henry Fayol.

In the following lines we shall examine in chronological order, the various management thoughts and analyze how these thoughts can be assimilated into a single approach to management theory using the modified management process framework as the central core.

The Scientific Management Viewpoint:

The Scientific Management was a natural outgrowth of Industrial Revolution(9). In United States especially, skilled labour was in short supply at the beginning of twentieth century. The only way to increase the output was to increase the efficiency of workers. Fredrick W. Taylor (1856-1915) typically known as father of scientific management, observed systematic soldiering on the part of workers and ignorance as to efficient organization of work on the part of management. Taylor's basic theme was that managers should study the work scientifically to identify the "one best way" to get the job done. He relentlessly pursued the idea that efficiency at work could be improved through careful and scientific analysis(10). He also called for a "mental revolution" to fuse the interests of labour and management into a mutually rewarding whole. Both in his testimony and in his two books "Shop Management" and "The Principles of Scientific Management", Taylor outlined his philosophy. It rested, he said, on four basic principles:

- The development of a true science of management, so that the best method for performing each task should be determined.
- The scientific selection of workers, so that each worker should be given responsibility for the task for which he or she was best suited.
- Scientific education and development of workers.

 Intimate, friendly cooperation between management and labour⁽¹¹⁾.

Henry L. Gantt (1861-1919) was one of the associates of Taylor and a prominent contributor to Scientific Management. His most significant contribution was the *scheduling chart*, today known as Gantt Chart. It is a *graphic method* of describing planned and actual production, thereby making possible better managerial control over production.

Frank Gilbreth (1868-1924) another advocate of and contributor to Scientific Management is known as the Father of Motion Study. His motion study methods made the discovery of "the one best method of performing a job" truly scientific.

Lillian Gilbreth (1878-1972) the fourth important contributor to Scientific Management pioneered in the field we call "Personnel Management" (12). Her contribution is towards scientific selection, placement and training of personnel.

The innovative ideas that Taylor popularized are in use today. Modern assembly line pours out finished products faster than Taylor could ever have imagined. This production miracle is just one of the legacies of Scientific Management. However, Scientific Management thought is more occupied with productivity at shop level⁽¹³⁾.

The four principles of Scientific Management as described by Taylor come within the ambit of organizing, staffing and directing. The Gantt Chart relates to planning and control. Motion study invented by Frank Gillreth is a device for efficient organization of production activity and the work of Lillian Gilberth relates to staffing function. Although the Scientific Management takes into account all the functions of management as described in Modified Management Process Approach, but management is much more than production management. Moreover, management is not related to business organizations only. Organizations other than business like government, military,

political, religious, philanthropic etc. all require managers and management.

Fredrick W. Taylor and his lieutenants did not develop a systematic body of knowledge inspite of significant contribution they made to management. A major reason is that they lacked an adequate conceptual framework. The solution came from Henri Fayol in the form of Management Process Approach to management theory⁽¹⁴⁾.

The Management Process Approach:

At the same time when Taylor was busy in improving productive efficiency of factory workers, a French mining engineer Henri Fayol (1841-1925) was making a great contribution to the science and art of management in Europe. It was the time when many small single product companies were expanding into large multi product organizations. While efficiency of production was certainly of great importance, of equal or greater concern were issues related to management of total organization. Organizations and management of organizations had become much more complex than could be handled by the Scientific Management principles⁽¹⁵⁾.

An answer to this problem came from Henry Fayol. In 1916 he published his book "Administration Industrielle et Generale". However, his thought did not become widely known in America and Britain until an English translation become widely available in 1949. Fayol divided business operations into six activities i.e.

- Technical producing and manufacturing products;
- Commercial buying raw materials and selling products;
- (3) Financial acquiring and using capital; (4) Security protecting employees and property; (5) Accounting and (6) Managerial. He *focused* on the managerial aspect. His approach is based on *two assumptions. First*, although the purpose of an organization may vary, e.g. business, education, religion, government etc., but there is a core management process which remains the same across all organizations. *Second*, that the management process can be reduced to a set of separate functions

and related principles. He described the managerial functions as:
(1) Planning (2) Organizing, (3) Commanding; (4) Coordinating and (5) Controlling. He outlined a list of principles of management as: (1) Division of work; (2) Authority and responsibility; (3) Discipline; (4) Unity of command; (5) Unity of direction; (6) Subordination of individual to general interest; (7) Fair remuneration; (8) Centralization; (9) Scalar chain; (10) Order;(11) Equity; (12) Stability of tenure; (13) Initiative; and (14) Team spirit. Although he described the managerial functions as universal, he regarded the principles as flexible. He commented:

"I preferred the word Principle in order to avoid the idea of rigidity, as there is nothing rigid or absolute in administrative matters; everything is a question of degree. The same principle is hardly ever applied twice in exactly the same way, because we have to allow for different and changing circumstances, for human beings who are equally different and changeable and for many other variable elements⁽¹⁶⁾.

Fayol's contributions to the field of management were so significant that today he is known as "Father of Modern Management Theory". The functions of management provide an excellent framework for the study of management. After an extensive review of literature of management Stephen J. Caroll and Dennis J. Gillen, concluded that:

"The classical functions still represent the most useful way of conceptualizing the managers job, especially for management education, and perhaps this is the reason why it is still the most favoured description of managerial work in current management text-books. The classical functions provide clear and discrete methods of classifying thousands of different activities that managers carry out and the techniques they use in terms of the functions they perform for the achievement of organizational goals" (17).

The contemporary scholars have adapted the classical

functions of management as: (1) Planning; (2) Organizing; (3) Staffing; (4) Directing and (5) Controlling. To Fayol's list of classical functions contemporary scholars have added staffing i.e. filling and keeping filled the positions created in the organizational structure with suitable personnel. Coordinating, i.e. ensuring that resources and activities of the organization are working harmoniously to achieve the desired goals, is not regarded as a separate function of management but contemporary scholars consider it as the assence of management.

The Behavioural Approach:

In the 1920s and 1930s it was felt that Scientific management did not achieve the utmost production efficiency and workplace harmony. Managers encountered difficulties because people did not always follow predicted and rational patterns of behaviour of economic man. Thus interest in human behaviour aspect of organizations increased which resulted in emergence of the Behavioural Approach. The Behavioural viewpoint is a perspective that emphasizes the importance of understanding various factors that influence human behaviour in organizations. In exploring this viewpoint we shall examine four aspects of its development: (1) the contribution of early behaviourists, (2) the Hawthorme studies, (3) the human relations movement and (4) the behavioural science approach⁽¹⁸⁾.

Hugh Munsterberg (1863-1916) an early behaviourist, in his book Psychology and Industrial Efficiency (1913) argued that Psychology could help industry in three major ways. First, the psychologists could find ways to identify individuals who are best suited to particular jobs. Second, psychologists could identify psychological conditions under which individuals are likely to exert their best efforts for their work. Third, psychologists could develop strategies that would influence employees to behave in ways that are compatible with management interests. The idea and examples he provided ignited the imagination of others and led to the establishment of field of Industrial Psychology.

The other prominent early behaviourist Marry Parker Follett (1868-1933) focused on group dynamics. Her important contributions to management thought were "Law of the Situation" and "Theory of Conflict Resolution". She attached much importance to coordination and community service.

Famous Hawthorne Studies, a series of experiments to study human behaviour in work situation, were conducted at Western Electric Company at their Hawthorne plant near Chicago during 1924-1933. The first study known as Illumination Experiments (1924-1927), was conducted by company engineers. The study produced confusing results. Therefore, a group of Harvard researchers headed by Elton.Mayo (1880-1949) was called in by Western Electric Company to join the research. The Harvard researchers conducted experiments in four distinct phases:

- * Experiments to determine affects on workers productivity of changes in illumination. The purpose was to determine the affects of working conditions on productivity.
- * Experiments to determine affects of other work related factors on workers' productivity. These factors include salary increases, introducing varying lengths of rest period, shortened workdays and workweeks, and other changes in working conditions (The Relay Assembly Room Experiment).
- An extensive employees interviewing programme to determine work attitude.
- * An analysis of various social factors at work (The Banking Wiring Observation Room Experiments).

The researchers concluded that the employees would work harder if they believed management was concerned about their welfare and supervisors paid special attention to them. This phenomenon was subsequently labeled as Hawthorne Effect. As a result of Hawthorne Studies focus of managers was drastically altered which ushered in **Human Relation Movement**. Human Relation is frequently used as a general term to describe the ways in which managers interact with their subordinates⁽¹⁹⁾ Proponents of Human Relation Movement argue that key to productivity lie in showing greater concern for workers so that they would feel more satisfied with their jobs and willing to produce more.

Other famous contributors to Human Relation Movement include **Abraham Maslow** (1908-1970) who is known for his *Hierarchy of Need Theory* which explains motivation and **Douglas McGregor** (1906-1964) who is known for the concept of *Theory X Versus Theory Y* which explains two attitudes of management towards workers.

Last in the Behavioural Viewpoint is the **Behavioural Science Approach** that emphasizes scientific research as the basis for developing theories about human behaviour in organizations that can be used to establish practical guidelines for managers (20)

Above study of the Behavioural Approach reveals that its focus is on inter-relationships between people, work and organization. It is concerned with such topics as motivation, communication, leadership, work group formation etc. These topics are parts of the directing function, which Fayol termed as commanding. Therefore, the Behavioural Approach can be regarded only a part of management theory and not as an approach to management theory.

Quantitative Viewpoint:

During World War II initially in Great Britain and then in the U.S. military planners formed operation research teams consisting of mathematicians, statisticians, physicists etc. to assist decision making in the areas of deployment of resources and logistics. After the war was over these experts got employment in business organizations where they assisted managerial decision making by using such techniques as linear programming, queing theory, simulation, forecasting, inventory modeling, break-even analysis etc.

The quantitative viewpoint provides tools for decision making. It connot be regarded as a theory of management or an approach to the theory of management. Moreover, use of quantitative techniques, although it significantly assist management in making complex decisions, has remained limited. Firstly, because most of the managers do not have sufficient training in these complicated techniques. Secondly, because most of the managerial decision making situations connot be expressed through mathematical symbols and formulas.

The Systems Viewpoint:

As a result of Hawthorne studies researchers began to believe that workers and workgroups cannot be studied in isolation. Rather, both the systematic and interdependent relationships among work-groups and the influence of external environment should constitute the basis of analysis. As a result, the researchers original interest in one workgroup as a social unit was broadened to include the study of systems forces⁽²¹⁾. According to **Chester I. Bernard** (1886-1961) --- the pioneer of the systems viewpoint--- a formal organization is a system of consciously coordinated activities or forces of two or more persons. The subsystems comprising the system not only interact with one another but also are heavily dependent upon one another. Further organization is an open system that interacts with its external environment and is dependent on it for its existence.

The systems viewpoint emphasizes that the managers must look into the impact of their decision regarding one part of the organization on the other parts. In other words, managers cannot change a subsystem without affecting the rest. Barnard sees managers as the critical agents who activate the system or organization. He believes the key functions of managers are to provide a system of communication, to promote the securing of

essential efforts, and to formulate and define purpose.

The systems approaches is really a way of thinking about management problems (22). It can better be regarded as an exercise or device for coordination between the objectives of various parts of the organization and the objectives of the organization as a whole rather than being regarded as an approach to management.

The Contingency Viewpoint:

The Contingency Viewpoint (also called the Situational Viewpoint) was developed in mid 1960s⁽²³⁾. Management scholars who have contributed to the contingency theory include Fremont Host, James Rosenzweig, Daniel Kast and Robert Kahn, Tom Burns and G. M. Stalker, Robert Lawrence and Richard Lawrence (24). The Contingency Viewpoint arose directly out of the systems viewpoint. It accepts the major propositions of the Systems Viewpoint but extends them in several crucial ways (25). The Contingency approach was developed by managers, consultants and researchers who tried to apply the concepts of major viewpoint of management to real life situations. When methods highly effective in one situation failed to work in other situations, they sought an explanation. The contingency viewpoint starts with the theme of "it depends", where it is argued that the solution to any one managerial problem is contingent on the factors that are impinging on the situation (26). Proponents of the contingency viewpoint contend that there is no one best way to manage. The managers must find different ways to fit different situations. Formally defined, the Contingency Viewpoint is an effort to determine through research which managerial practices and techniques are appropriate in specific situations (27).

Critics of the Contingency Viewpoint argue that it is merely meshing of techniques form the other viewpoints of management and there is nothing new in the Contingency Viewpoint. For example, Fayol commented on his fourteen principles of management as: "The same principle is hardly ever applied twice in exactly the same way, because we have to allow for different and changing circumstances".

Similarly, Marry Parker Follet, an early behaviourist in 1920 put forth the idea of "Law of Situation". There is criticism that stressing the "it all depends" view adds more confusion than order to the practice of management (28). The critics of the Contingency Theory has gone further by commenting:

"----- it negates one of the basic attributes of a good theory, which is to provide generalizations that are useful. Contingency Theory is basically nihilistic, it is anti-theory" (29).

Many other management scholars like James A.F. Stoner and R. Edward Freeman say that the Contingency Viewpoint has not yet developed to the point where it can be considered as a true theory by itself.

The Theory Z:

After the admirable success of Japanese Companies in international market, especially in the fields of automobiles and electronics, interest of scholars and practitioners in Japanese practices of management has grown. William G. Ouchi, a management professor, explored the reasons why Japan has attained much greater productivity, growth rate and quality standard? He come up with an explanation which he arbitrarily called theory Z. He published his work in 1978 with the title "Theory Z: How Business can Meet the Japanese Challenge'? He concluded that the key factor is to create an environment which motivates the workers to devote best the of their efforts for improved performance. In this respect he particularly pointed out the following three important practices of Japanese managers:

 Lifetime employment, extending to 35% of the work force and a guarantee of job security.

- Identical salary increases and promotion for those in the same age group.
- Career paths that provide each employee experience in every phase of organization's operation⁽³⁰⁾

In Theory Z organizations, it is "we" rather than "us versus them" attitude. Theory Z managers commonly view their organizations as a family. Consequently, according to Ouchi, trust is built that in turn motivates all members to do their best to achieve shared objectives.

Although some of the authors on management has classified Theory Z as an approach to or theory of management but most of the scholars consider it as part of their discussion on motivation.

Attributes of Excellence:

In 1982 two management consultants, Thomas J. Peters and Robert H. Waterman wrote one of the best selling nonfiction books "In Search of Excellence". Its purpose was to point out the managerial practices of America's best companies. They selected thirty six excellent companies and after interviewing managers of these companies they isolated eight attributes of excellence. The brief titles of these attributes are: (1) A bias for action, (2) Close to customers, (3) Autonomy and entrepreneurship, (4) Productivity through people, (5) Hand on, value-driven, (6) Stick to knitting, (7) Simple form lean staff and (8) Simultaneous loose-tight properties⁽³¹⁾.

Peters and Waterman continued to write in journals, give speaches, and upgrade their messages. After some of the companies profiled in their book lost their excellence, they concluded that things were changing so rapidly that no single set of prescriptions, like those presented in their book, are always adequate or appropriate. They began to speak of constant change in the outside world and the need for constant change within organizations⁽³²⁾. Attribute of excellence is clearly a discussion of

management style and not a theory of management.

Conclusion:

The list of approaches to or theories of management is not yet over. A few more viewpoints like Total Quality Management, Interdependence, The Learning Reengineering, Resource Dependence, Population Ecology, Competitive Strategy etc. can also be added as more recent approaches. Detailed discussion of each of them will take us for away from our main topic. The point of contention is that Theory of Numbers or Theory of Equations is not called Theory of Mathematics or an Approach to Mathematics, Theory of Sound or Theory of Gases is not called Approach to Physics or School of Thought in Physics, similarly Theory of Epigenes or Theory of Evolution is not called a Theory of Biology or an Approach to Theory of Biology. The reason is that each of these theories deals only with a part of the relevant subject and not with the whole of the subject. Then why Scientific Management, which deals only with the efficient organization and operation of production, is called a Theory of Management. The Management Science which provides quantitative tools for some decision making situations is called an Approach to Management, the Behavioural Viewpoint which deals only with directing function of management is called a School of Thought in management, the System Theory or Contingency Theory which deals only with the application of principles of management is referred to as a Theory of Management or an Approach to Management Theory?

Two explanations of this misnomenclature can be given: Firstly, because of the diversity in interests, perceptions and skills; the early theorists and researchers have focused on different aspects of management process. Certainly the actual experience of these writers had significant influence on what they considered important and on the principles they advocated. Many of these early writers had experience in only certain type of organizations and they assumed these were typical of all of the others, but it was not so. In addition the problems that most organizations faced

differed from one time period to another. After an organization rationalizes it production other problems emerge as the most important, furthermore, the solution of early problems give rise to new problem(33). The second reason of this misnomenclature is that uptil 1950 there was no comprehensive theory of management popular among managers and scholars, as such, the scope of the subject of management was undefined. Although Henry Fayol wrote his "Administration Industrielle et Generale" in 1916 in which he put forth his management process approach but the book was in French language. Fayol's work did not get popularity in France because it was overshadowed by his contemporary Taylor's Scientific Management which achieved immediate and significant productivity increases in factories. Fayol's work mostly remained unknown to the English speaking world until 1949 when an English translation of his book was published which was widely available.

It was in mid 1950s when two professors Harold Koontz and Cyril O'Donnell of University of California, Los Angeles for the first time used the functions of Planning, organizing, staffing, directing and controlling as a frame work for a textbook of management that for 20 years was the most widely sold textbook of the subject. The most popular textbooks still continue to organize around management functions (34). As such now we have arrieved at a consensus on Modified Management Process Approach as an approach to management theory.

References:

- Edwin B. Flippo & Gray M. Munsinger, "Management", 4th Ed., Allyn & Brown Inc. (1978), Page 14.
- Robert Krienter, "Management", 4th Ed., Hougton Mifflin Company, Boston. (1989), Page 55.
- Harold Koontz, "The Management theory Jungle", The Academy of Management 'Journal, (December 1961).

- William C. Frederick, "The Next Development in Management Science: A General Theory", The Academy of Management Journal, (September 1963).
- Horold Koontz, "The Management Theory Jungle Revisited", Academy of Management Review, (April 1980).
- James H. Donnelly Jr., James L. Gibson, John M. Invancevich, "Fundamentals of Management", 5th Ed., Business Publications Inc., Texas, (1984), Page 5.
- James A.F. Stoner & R. Edward Freemon, "Management", 5th Ed., Prentice Hall, (1994), Page 45.
- George R. Terry & Stephen G. Franklin, "Principles of Management", 8th Ed., Richard D. Irwin Inc., (1982), Page 29, 38.
- Richard M. Hodgetts, "Management", Academic Press Inc. (1985), Page 9.
- Gary Desseler, "Management Fundamentals", 4th Ed., Printice Hall Inc., (1985), Page 9.
- James A.F. Stoner & Charles Wanket, "Management", 3rd Ed., Printice Hall Inc., (1988), Page 30.
- Robert F. Fulmer, "The New Management", 4th Ed., Macmillan Publishing Company (1988), Page 27.
- Heinz Weihrich & Harold Koontz, "Management, A Global Prespective", 10th Ed., McGraw Hill Inc., (1995), Page 34.
- Henry Albers, "Principles of Management, A Modern Approach", 4th Ed., John Wiley & Sons Inc., (1974) Page 32.

- Andrew D. Szilagyi, Jr., "Management and Performance", 2nd Ed., Scott Forseman and Company, (1984), Page 51.
- Henri Fayol, "Industrial and General Administration", Translated by J.A. Coubrough, International Management Institute, Geneva, (1930). Fayol used the word administration for what we call management. Source: James A.F. Stoner and R. Edward Freeman, "Management" 5th Ed., Printice Hall Inc. (1994) Page 36.
- Stephen J. Caroll and Dennis J. Gillen, "Are Classical Management Functions Useful in Describing Managerial Work"?, Academy of Management Review, (January 1987), Source Robert Krienter, "Management", 4th Ed., Hougton Mifflin Company, Boston, (1989), Page 57.
- Kathryn M. Bartol & David C. Martin, "Management", 2nd Ed., McGraw Hill Inc., (1994), Page 47.
- James A.F. Stoner & R. Edward Freeman, "Management"
 5th Ed., Printice Hall, (1994), Page 40.
- Kathryn M. Bartol & David c. Martin, "Management", 2nd Ed., McGraw Hill Inc., (1994) page 53.
- Martin J. Grannon, "Management, An Integrated Framework", 2nd Ed., Little Brown and Company, (1982), page 37.
- James H.Donnelly, Jr., James L. Gibson & John M. Ivancevich, "Fundamentals of Management", 5th Ed., Business Publications Inc., (1984), page 7.
- Don Hellriegel & John W. Slocum, Jr., "Management., 7th Ed., South-West College Publishing, (1996), page 59.
- George R. Terry & Stephen G. Franklin, "Principles of Management", 8th Ed., Richard D. Irwin Inc., 1982, Page 29.

- Martin J. Gannon, "Management, An Integrated Framework", 2nd Ed., Little Brown and company, (1982), page 44.
- Ramon J. Aldag & Timoty M. Stearns, "Management", South-Western Publishing Company, (1987), page 57.
- Robert Krienter, "Management", 4th Ed., Hougton Mifflin Company, (1987), page 75.
- Andrew D. Szilgyi, Jr., "Management and Performance", 2nd
 Ed., Scott Foresman and Company, (1984), page 66.
- Joseph W. McGuire, "Management Theory: Retreat to the Academy", Business Horizons (July – August 1982) Source: Robert Krienter, "Management", 4th Ed., Houghton Mifflin Company, (1989), page 78.
- James H. Donnelly, Jr., James L. Gibson, John M. Invancevich, "Management", 5th Ed., Business Publications Inc., (1984), Page 307.
- For detailed study of these attributes see Robert Krienter, "Management", 4th Ed., Houghton Mifflin Company, (1989), page 81.
- Thomas J. Bateman & Carl P. Zeithamal, "Management, Function and Strategy", Irwin, (1993), page 49.
- Stephen J. Carroll, Jr., Frank T. Paine, John B. Miner, "The Management Process, Cases and Reading" 2nd Ed., Macmillian Publishing Company Ltimited (1977), Page 1.
- Stephen P. Robbins and Mary Coultar, "Management" 5th
 Ed., Prentice Hall Inc., (1996), page-9.

Epic Character Evolution in the Threepenny Opera

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Brecht's method of characterisation is process oriented. It is effected through complex artistic manipulation of the actor-character dichotomy, and a skilful contrivance of relationships between illustrative action, theatrical or performative devices, and irony. The paper will examine the dynamics of Brechtian Epic character evolution in one of his earlier plays, The Threepenny Opera (1928), as a process of association, negotiation and combination.

Any comprehensive study of Brechtian characterisation must take into consideration his demands on actors and acting. In Brecht's notes to the Berlin production of A Man is a Man (1931) he records a new art of acting in which the epic actor should make, "certain events among human beings striking," and "point [to] human beings as part of the environment"1. The actor must not be, "A single unalterable figure, but rather a constantly changing figure, who becomes clearer, 'through the way he changes'"2. The empathic is therefore shifted from emphatic identification to demonstrating socially determined behaviour patterns. Thus the Brechtian actor would aim at comprehensibility in its historical relativity. This is because, "Historical events are unique, based upon events bound up with particular epochs.... Constant development alienates us from the behaviour of those born before us"3. And yet when we share the emotions of people of past ages and classes we participate in universal human interests. In his Essay: The Street Scene: A Basic Model for an Epic Theatre (pp.121-9) Brecht drawing an analogy, states that actors should be

like witnesses, required to re-enact faithfully the scene of accident to facilitate a verdict.4

The critical evaluations of <u>The Threepenny Opera</u> have mainly focused on explicating Brechts Marxist inspiration, his use of Epic dramatic form or parody of the Opera, and the bourgeois capitalist epoch. But this paper will explore the complexity of Brechtian characterisation to facilitate readers who may recognise similar techniques or even innovations made in his later plays.

The interactive nature of Brecht's character portrayal is initiated in the Prologue Song of The Threepenny Opera. The 'Moritat of Mackie the Knife' synthesizes two conventional methods of characterisation of showing: (i.e. character determined response) and 'telling' (i.e. narrator manipulated response). The Song identifies materialism as the common motivational denominator characterising the protagonist, the specific 18th Century historical context and the expedient pretentious bourgeois society, simultaneously. Thus, "the shark he has his teeth" becomes a metaphor not only for Macheath, but also Peachum; the survival strategies of the characters in the play; and also the dog-eat-dog competition of capitalist society as we know it today. Another example of Song used for characterisation is Polly's song 'Pirate Jenny', which gives the audience an insight into her adeptness at roleplay - a strategy she will employ when her husband, Macheath goes to prison. Even duets such as 'The I-for-one-Song', emphasize more effectively than dialogue, the discrepancy between past and present behavior patterns of the Peachums.

Nicknaming is another interesting device employed by Brecht for characterisation. We have Money Mathew, Mackie the knife, Hook finger Jacob, Robert the Saw, Wally the Weeper and Tiger Brown. Even Peachum is called 'King of Beggars'. Names are parental determinants but nicknames must be earned. They are not only functionally allocated but also have associations of past social accomplishments or failures. Thus Nicknaming emphasizes 'process' in character creation. The audience must make cognitive connections between socio-historical and motivational forces.

Therefore, a nickname fixes a character and yet allows it the fluidity of audience response.

resilience of Brecht's characters The secret resourcefulness is in their adaptability. They often play a multiplicity of roles, adapting with fluid veracity like Mother Courage, but in rare cases also result in tragic split personalities as for example Shen Teh in The Good Person of Szechwan. In The Threepenny Opera role play is explored in all its subtleties and complexities: as inherent human nature, as expedient pretence, and as actors prerogative. Each character has personalities which coexist comfortably. Peachum is the entrepreneur of The Beggar's Friend Firm, the father of Polly and a husband. During the course of the play he becomes a father in law, to and in former on Mackie the knife. He adopts the role of lecturer informing Filch of 5 types of misery to be affected and even assumes the role of actor and director to demonstrate to his employees the art of effective beggary. He displays great business acumen in organising and directing his beggar force during the Coronation, even playing dresser, suitably adjusting a fake arm or lame leg where necessary. Similary Polly is the "Beggar King's daughter," a " crooks hussy" and " Soho's beauty queen". She is the sentimental lover, but play acts as Jenny the pirate barmaid in the song, and even has to feign toughness in Mackie's absence assuming the role of the leader of gangsters. She plays the roles of bourgeois civility and propriety, a jealous wife, and even an authoritative manager (in her husbands absence). Even Mrs. Peachum is sentimental in her outbursts at her daughters marriage, ruthless and incisively disciplinarian in her management of the beggar firm, and wise in her insight into Mackie's habit of frequenting the whorehouse.

Mackie is also seen executing a variety of roles and role playing. He is the leader of gangsters, a husband to Polly and a son-in-law. He promises sexual gratification to both Lucy and Polly. He is a dangerous criminal, yet Sheriff Browns most loyal childhood friend. Thus it seems that the coherence of a character is created in the dynamic way in which its individual qualities conflict with each other. In fact Brecht's characters seem to have a public and a private indentity which coexist harmoniously. When Sheriff Brown arrives at Mackie's Wedding and the other gangsters express surprise, he clarifies, "I'm here in my private capacity, Mac!"

It seems that instead of viewing characater choice as one possibility at the expense of other choices, Brechtian characters in The Threepenny Opera often choose simultaneously all possibilities. The character creates various futures at various times which start a chain reaction of multiple realities. Thus the logical cause effect result sequence of narrative, is broken down. The characters create their multiple futures through multiple choices resulting in an anti narrative sequence which is all the more realistic. Characterisation and reality are seen as interactive and constantly changing.

Interestingly role switching occurs not only with a character but also between characters. Peachum switches roles with Filch to demonstrate the art of begging, Polly switches roles with Mackie to become gangster, leader, and even Sheriff Brown cowers in the prison cage corner as Mackie reprimands him. Out of such roleplay, ironic situations arise which contribute to the characterisation. Peachum's complaint, "My business is too difficult," is ironic because a master exploiter is complaining against exploitation. Macheath's reprimand, "I don't approve of your doing this play acting," to Polly for becoming Pirate Jenny, is ironical coming from a master play actor and deceiver.

The central characters in <u>The Threepenny Opera</u> are multidimensional to facilitate the alienation effect and avoid audience identification. An actor portrays a character who acts out another role and then pretends to be someone else. Thus Polly is an actor, but also character acting as Pirate Jenny, and later assumes the role of gangster leader to direct the group of rogues. The actor playing the character of Peachum would also have to portray Peachum acting as a beggar, and director or producer of the

beggars carnival at the Coronation. This also gives a play-withinthe-play effect.

Beast imagery adds to the complexity of Brechtian characterisation. Macheath calls his fellow criminals, "swine", "gutter-rats" and "goal-birds". Jacob is referred to as a "pig" by Macheath, and a "skunk" by Brown. Macheath is called a "shark" and the police force "bloodhounds". These animal names characterise not only the individuals but also the true bestial nature of the society they populate. This technique of using the animal fable element allows The Threepenny Opera to be read as a survival game of "Eat or be eaten", in a predatorial world.

Language is an important Brechtian characterisation device. A character in The Threepenny Opera can often switch styles with the same tenacity of switching roles in a Pinteresque manner. Polly switches from a romantic style of "Whither thou goes, I shall go with thee," to calling her husband, "son-of-a-bitch". And shift in style often signals bourgeois affection as when Mackie is heard cursing on his Wedding, "It's to be just another damed, sad, ordinary, dirty day like any other," and immediately switches to an affected genteel civility as Sheriff Brown enters to whom he says, "I'm delighted you could partake of old Macs wedding breakfast...". Even Ginny Jenny switches from the prophetic and fatalistic style of, "I see a narrow strip of darkness there and a little love...." to colloquial slang, "The coppers were here!"

Within one scene the characters often employ a variety of linguistic strategies as power struggle. In the Attic bedroom of old Bailey (III.ii.) both Polly and Lucy initiate a superficially courteous discourse as Polly says, "I've come to beg pardon..." The tone becomes argumentative and deteriorates into, "Don't talk such tripe... You came here to spy on me." A reconciliatory note creeps in when both realise their common interest, "Have some more? Another cake?"

In fact the way a character sometimes redirects or deflects a message indicates the intensity of conflict. In their only brief meeting, Peachum informs Macheath of his imminent death to which Macheath replies by complimenting Polly on her widow dress. This linguistic strategy indicates a power struggle at multiple levels: between father and son-in-law, between two offenders of the law and pretenders, and also between bribery and blackmail.

Peachums character often identifies itself with the Narrative voice. He says, "our judges are totally unbribable, no amount of money can bribe them to dispense justice," and, "I need artists. Today, only artists give people the right sort of shock." But very cleverly the same character often refuses to become an accomplice in the narrators fictional reality. This happens for example when Peachum comments on the irrationality of the messagers arrival at the end of the play saving Macheath from the gallows. He says, "In reality their end is generally bad... and if you kick a man, he kicks you back again". Thus Peachum's character performs a dual function. It acts as a mouthpiece for Brecht and at the same time makes an independent critical assertion, regarding the improbability of the abrupt happy ending of the Brechtian plot.

'Gestus' is another important component of Brecht's characterisation. It refers to, "the total persona the actor creates on stage by way of his physical demean our, facial expression, vocal utterances, costume..." Mackie the criminal's white kid gloves are deictic signs which draw attention to his character and make him stand out in a group. But they are also iconic signs of bourgeois affection and are symbolic of pretended innocence too. Polly dressed in bridal white in a stable of stolen furniture indicates the absurdity of her union with a seasoned criminal. In fact she only elicits a compliment about her appearance dressed in "widow's weeds" from her mother and husband at his hanging. This costume as a meta dramatic device, indicates that in perpetual readiness for legal prosecution, widow black would perhaps be more suitable than virginal white for a gangster bride.

The accessories of individual characters are as significant as their costumes, and even produce a kind of framing effect. Peachum carries a bible as a sign of exploitation in the name of

religion. Mackie possesses a hat and stick, even in his prison cell, affecting bourgeois respectability. Even Smith has handcuffs to qualify his position as constable, but since Mackie never wears them, it may indicate that the hands of the law are tied instead of those of the lawless.

Characterisation is also interactively manipulated through 'gestic area' which includes the attitudes characters assume towards one another. Jacob's indifference is evident from his undisturbed reading while his boss is arrested. The whores play draughts and iron clothes giving sexual exploitation a routine work-a-day dimension. Even Macheath writes a cheque to Smith in his cell to keep his handcuffs off, thus distorting bribery to a respectable necessity of business ethics. A type of gestural dialogue, as in silent movies, with placards for subtitles also reveal character attitudes. In Act I sc.i. Peachum points to a large map of London with territorial pride. Filch in reply begs in the name of religion for employment gesticulating to a placard 'SHUT NOT YOUR EYES TO MISERY'. But Peachum refuses, subverting the biblical by pointing to the curtain which reads, 'GIVE AND IT SHALL BE GIVEN TO YOU!.

The Threepenny Opera thus demonstrates theatrical character evolution as an interactive process generated by socio-historical, economic and even political stimuli, producing an equally complex cognitive audience response.

All textual quotations from: <u>The Threepenny Opera</u> by Bertolt Brecht translated by Eric Bentley.

END NOTES

- Bertolt Brecht. <u>Man is Man:</u> Notes to Berlin production 1931, in Brechts Dramatic Theory by Hans Egon Holthusen, Twentieth Century Views, ed. By Peter Demetz (Prentice Hall, 1962)p.107.
- Ibid. p. 107.
- Ibid.p.110.
- Brecht, <u>Essay: The Street Scene</u>, A basic model for an Epic Theatre, (BT.pp.121.9).
- Carl Weber, <u>Brecht and the Berliner Ensemble</u>, in The Cambridge Companion to Brecht, ed. by Thompson and Sack,(C.U.P.1994)p.182.

Gender Differences in Suicide A study of Pakistani Population

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Abstract

The present study is part of an ongoing research in which total reported cases of suicide during different years are being examined to understand the psychosocial factors of suicide in Pakistan and their relationship to social change. The current paper is based upon a one-year sample i.e. all reported cases during 1999 and focuses on gender differences in completed suicide cases in Punjab. This report examines the gender differences on various dimensions of suicide i.e. reported cause, method used, age group and marital status. Method of content analysis was used. The results showed important gender differences in completed suicide cases on various dimensions. Implications for health professionals, social and community workers, policy makers as well as for parents are discussed.

INTRODUCTION

Although theorists have given diverse explanations of suicidal behavior, there seems to be general agreement that suicide and attempted suicide are behaviors, which reflect very serious degree of personal distress. Durkheim was of the opinion that suicide although apparently a personal act, was explicable only by the state of the society to which the individual belonged (Durkheim, 1897 cf. Maris, 1994). Most psychoanalysts have identified suicide with self-directed aggressive tendencies. For example Freud assumed that from the beginning of life there was, side by side with the sexual drive and life instinct, a tendency for disintegration and destruction at work which he called death instinct or Thanatos. According to Bernfeld since the suicide

involves murderous wishes against an object one also unconsciously identifies with, a tendency to self-punishment is involved. Jung stressed unconscious wishes for a spiritual rebirth in a person who has a strong feeling that life has lost all its meaning, Adler emphasized inferiority feelings and low selfesteem as the characteristics of potential suicide victim. Sullivan regarded suicide as evidence of a failure arising out of unresolved interpersonal conflicts (Weiss,1959). Some theorists have moved away from conjectures about abstract concepts and focused more on motivational factors and suggested that suicide can be seen as a form of problem solving behavior (Maris, 1994). Shneidman describes it " as a conscious act of self induced annihilation ,best understood as a multidimensional malaise in a needful individual who defines an issue for which suicide is perceived as the best solution" (Shneidman ,1985). A suicidal person is not necessarily mentally ill. He/she may be simply seeing things through a very distorted and constricted lens- there seems to be only two choices for this individual: continuation of a powerfulness of pain, or a cessation of that pain. Thus act of suicide can be seen as moving away from something not moving towards something. (Fenton, 1941).

Evidence from studies of suicide shows that suicidal behavior occurs as response to a situation that the person views as overwhelming, such as social isolation, death of a loved one, financial problems or unemployment, emotional distress, serious physical illness or threat of severe pain, guilt feelings etc (Comar, 1996, Maris, 1998). It also occurs in cases of drug abuse, alcoholism, depression, schizophrenia and other psychological illness (Sainsbury, 1992). Empirical research on suicide has focused on facts and figures related to suicide and demographic variables such as age, gender, socio-economic class, marital status etc as well as on causes.

No one single cause or group of causes can account for the level of suicide rates in a society. Many are interacting or working at the same time. Suicide rates have been found to be positively correlated with the following factors: male sex, increasing age, widowhood, single and divorced state, childlessness, high density population, residence in big towns, a high standard of living, alcohol and addictive drugs consumption, a broken home in childhood, mental disorder, and physical illness. Factors inversely related to suicide rates are; female sex, youth, low density of population, rural occupation, religious devoutness, the married state, parenting a number of children, membership of lower socioeconomic classes and war (Stengel, 1975).

These factors or circumstances are universal predictors of suicide for both the sexes but do we have some ground to assume that they operate for men and women in different ways or at different levels of intensity? We already know that there are remarkable differences between the genders in some aspects of suicidal behavior: men commit approximately three times as many suicides as women, while women make about four times as many attempts as men do (Farberow & Schneidman, 1961; Garai, 1970; Maris, 1994). Similarly women are supposed to choose less aggressive methods such as pills or poison and men use more aggressive methods such as gunshot and hanging (WHO report 1968 ,Kushner,1985). These notions are based on figures from USA or surveys conducted in other western societies. assumptions regarding our own society will obviously have to be based on evidence from Pakistan. The Newspaper reports indicate that number of reported suicide cases are on the rise in Pakistan. Is this alarming trend similar for either gender or like USA the increase is gender-specific? The present study is an attempt to answer these questions. First we need to have a look at the suicide figures for both genders and then gender profiling can be attempted. Scientific research in Pakistan is rare and objective records are not maintained at the district or national level hence statistics for the total population are not available in an organized form from one single source.

The present study is part of an ongoing research in which total reported cases of suicide during different years are being examined to understand the psychosocial factors of suicide in Pakistan and their relationship to social change. The current paper is based upon a one-year sample i.e. 1999 and focuses on gender differences in completed suicide cases. This report examines the gender differences on various dimensions of suicide i.e. reported cause, method used, age group and marital status. We hope that this will help to identify the contributing and precipitating causes of suicide among Pakistani men and women.

Keeping in view the above discussion it was hypothesized that:

- 1. More men than women commit suicide in Pakistan
- There are gender differences in the reported cause of suicide
- The Females use more passive methods for committing suicide than males.
- 4. Single individuals are more likely to commit suicide.
- Older people are more likely to commit suicide.

Other issues that will be looked into keeping in view the available information on world wide suicide trends are; the time of the year, urban -rural prevalence and occupation of the suicide cases.

METHODOLOGY

Sample

Method of archival data analysis was used. The sampling frame was all reported cases of completed suicide during 1999 in one Daily Newspaper. Daily Jung, the most popular Urdu newspaper of Pakistan was selected. Reported complete suicide cases were examined dated Ist January 1999 to 31st December 1999. Content analysis of the report of cases was carried out.

Following variables were recorded.

Month in which case was reported; Gender; Age; Since age in years was given for only 30 % of cases age group was used instead of actual age; Marital status; Occupation; Area; Method used for committing suicide; Reported cause; All reported causes were taken into account and classified in broader categories.

Classification was based on Inter-researcher agreement to ensure reliability of data.

Sometimes the news item reported the contributory factors as well as the precipitating cause for example ongoing financial problems or poverty and a domestic dispute which triggered the suicide act. The precipitating factors were separately recorded in such cases but separate treatment of these two type of factors demands a qualitative analysis which is beyond the scope of this paper and will be undertaken at a later stage in this ongoing research. For the purpose of this study only the reported cause was taken into account.

Some convenient categories had been devised for sake of facilitation in analysis like all types of failure and goal blocking as reported cause were labeled under failure. This may result in some simplification but does not hopefully distort the true picture. Similarly unemployment was coded with financial problems because the occupation variable does present a clear view of the ratio of unemployed among our male sample. "Insult" includes severe reprimand by family as well as abuse by outsiders and isolated cases of injustice inflicted by society.

RESULTS AND DISCUSSION

The content analysis of data showed important trends and an interesting pattern emerged in the reported cases of completed suicide in the year 1999 which would help us to understand the frequency, nature and causes of the growing number of reported cases of completed suicide in our society.

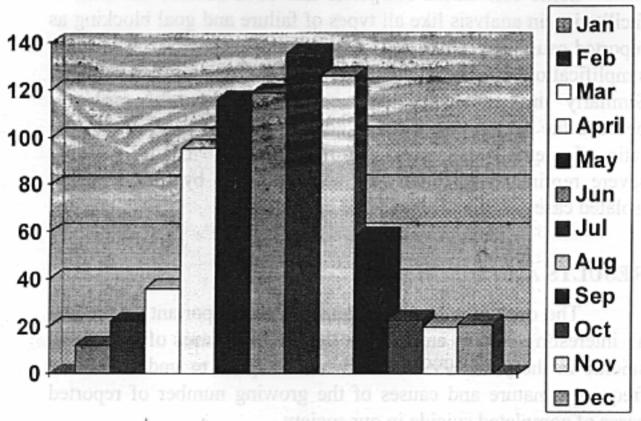
Time of the year as available

The frequencies for each month were computed and it was found that there is a striking seasonal trend. Fewer cases occur during winter e.g.; only 12 (1.66 % of total) cases were reported in January. The number of reported cases begin to rise around March and reaches a peak in August (16 % of total cases) then starts

declining again in September resulting in a curvilinear graph. According to our computation more than 70 % of all the completed suicides occurred during the months from April to September.

The decline continues till November but in December there is a slight increase due to Eid-ul-fitr. It is ironical that the festival which is supposed to bring gaiety, add a number of suicides. These occur due to inability of the husband to buy new clothes for family.

Number of cases month wise



This is supported by international trends which show that seasons and weather patterns affect suicide rates although there can be variations according to geographical and climatic conditions in various parts of globe. Adult suicidal cases in USA occur in spring with a peak in May (Stengal, 1975, Coleman, 1987) but the clusters of adolescent suicides is reported by most investigators to take place in autumn and winter (Golombek and Garfinkle, 1983; Coleman, 1987). This might be related to a more stressful academic time. There is now also research on seasonal affective

disorder which can provide explanation for seasonal fluctuation depression as well as suicides (Davis, 1996).

It is relevant to mention that not only suicide but all types of violent crime and conflicts show an increase during the summer A review of the other reported crimes in the same Newspaper revealed that conflicts over minor issues involving physical violence and murders were more frequent during the summer months. The explanation comes from research literature which shows a positive correlation between hot temperature and lower tolerance of frustration. (Comar, 1996). Especially in an extremely hot and humid temperature, like Punjab people are more prone to provocation when they experience frustrating circumstances or goal blocking. Considering the fact that 'emotional brain' or amygdala is far quicker than rational brain-springing into action without pausing for deliberation- in threatening situations emotional reaction will occur before rational problem solving function of the brain can start operating (Goleman, 1995). Hence the greater number of impulse suicides during these months. Gender Devide

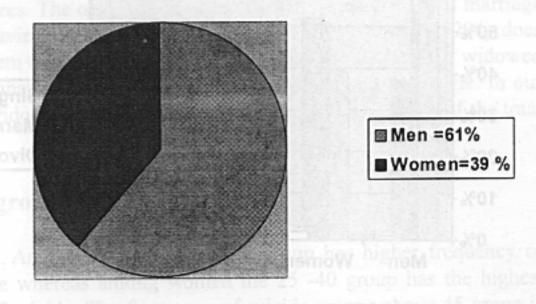
The first hypothesis of the study was that more men than women commit suicide which is confirmed. As shown in the pie chart the male female ratio is 61%/ 39%. These results are in line with the universal tendency for the male to commit suicide more often than female. However the reported western Female/Male ratio is 1/3 whereas our data has come out with a F/M ratio of 2/3 which is high considering the fact that in our culture although suicide is a taboo for both men and women there is a much greater reluctance on the part of families to admit or report female suicide especially of the young unmarried girls. Despite this we come

across 120 reported cases of suicide among young girls during the year1999 and needs to be taken seriously.

Durkhiem had postulated referring to European society that the individual act of suicide is best explained by the state of the society in which the individual lives. According to him serious faults in the social structure leads to an increase in the suicide rates (Durkhiem, 1951) The rising trend of suicide in our society point to the faults of our system and demonstrate how societal factors affect individual lives. First of all we are confronted with the frustrations created by an unjust system . Secondly economic insecurity and poverty are very potent contributory factors. Thirdly the family system which was supposed to be a support has become abusive. There is evidence in our findings as well in previous research that the stressors generated by conditions of society affect the genders differentially according to their respective roles.

There was an increase in suicide cases of women in USA after World War II indicating that women roles were more stressful during that time (Kessler& McRae, 1983) "The differential rates of completed suicides by men and women have led to the historical treatment of suicide as gender-specific, that is as reflective of male behavior" (Williams, 1987). This was further supported in USA by evidence for higher rate of suicide among working women than housewives. One interpretation or argument emerging from this evidence suggests that women who choose to give up the traditional female role and take up male challenges are more at risk for suicide. This has been challenged by feminist and revisionist views (Kushner, 1985). This revisionist view argues that the differences in suicidal rates between women and men are not a result of their gender, but reflect the methods available to women. It has also been pointed out that during the years when women's role became more stressful there was an increase in suicide attempts by women (Kessler and McRae, 1983).

It is worth noting that there is almost no incidence of suicide among working women in Pakistan during our year of study. 84 % 0f women who commit suicide are housewives , 9 % are students and a negligible 5 % are working women or self employed., so it can be inferred that stressors leading to suicide are mostly related to home and the societal factors which we mentioned above. There is no evidence to support the assumption that womens' role outside home is more stressful than their traditional role at home. On the contrary our findings present a picture of domestic life which is quite bleak and tragic. This will be further discussed when we look at the reported cause. In interpreting these figures we must remember that majority of reported cases belong to the lower socioeconomic strata and educated working class might not be equally represented. One way of looking at this could be that working women are more assertive or have other constructive channels available hence their frustration does not turn into aggression against self.



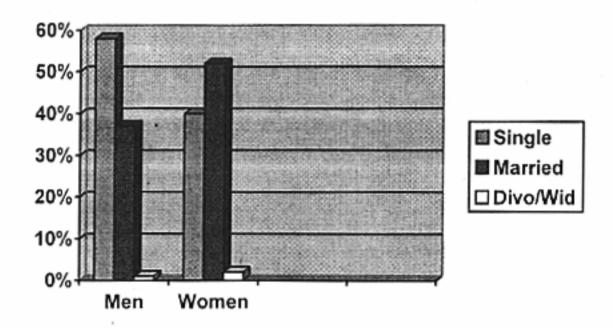
Male Female Suicide Ratio

Marital Status

The second hypothesis was that single individuals are more likely to commit suicide rather than married individuals. The division of cases according to marital status revealed that the percentage for married women is higher (52 %) than single women but this is reversed for men. More single than married men commit suicide. The percentages are presented in Table below.

MARITAL STATUS AND GENDER.

Marital Status	Single	Married	Divorced/Widowed
Men	58%	37%	1%
Women	40%	52%	2%



The percentages in the above table do not add upto 100 as for the missing cases (both males and females) marital status was not reported.

The division of cases according to marital status revealed that the percentage of suicide for married is higher (52 % among women and 48 % among men) than for single persons (38 % among women and 42 % among men). Apparently married

women have a higher suicide rate than married men but this difference was not statistically significant. The age wise analysis shows that almost 90 % of suicide cases among both men and women occur upto the age of 45 and incidence for married women is higher than for single women. This reflects the stress experienced by married women. The stress emerges from financial problems as well as domestic disputes. The analysis of reported cause in the news item reveal that many of these marital rifts are triggered by economic reasons like wife demanding money for groceries or other basic necessities which the husband can not provide. Prolonged living below poverty level and continuous struggle to make both ends meet, breeds a sense of helplessness which is very evident in these suicide cases.

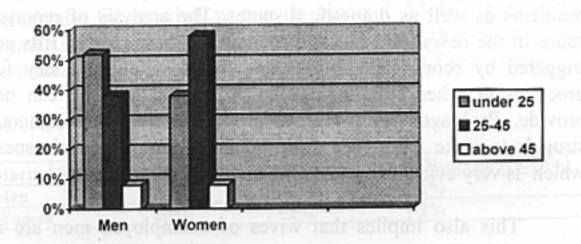
This also implies that wives of unemployed men are at greater risk. The tormenting burden of financial deprivation is shared by the women who has to see her children suffering as well as go through the domestic disputes which result from financial pressures. The observation of the western researchers that marriage and having children protects against suicide, (Maris,1994) does not seem to hold for our population. The suicide rates for widowed are higher in the west followed by divorced and the single. In our data widowed and divorced cases were a negligible 2% of the total cases.

Age group

Among men the under 25 group has higher frequency of suicide whereas among women the 25 -40 group has the highest rate of suicide. The frequency of suicide among above 45 group is very low among female sample and moderately low among male sample (8%). Age wise frequency of various causes is presented in table below.

FREQUENCY AMONG THREE AGE GROUPS.

AGE GROUP	Under 25	25-45	Above 45
MEN	50%	42%	8%
WOMEN	38%	54%	8%



Our hypothesis regarding age was that older people are more likely to commit suicide. However this hypothesis is not supported and our findings are in complete contrast with western trend in suicide where age is positively correlated with suicide. The peak age for white females in USA is between 45 -54 years and for white males 75-84 years. The low percentage of suicide among older people (above 45) in Pakistan is understandable in view of the prestige elderly persons and specially older women are given in the family and the status they enjoy as decision makers. The cultural norms strongly advocate care of older family members and supporting them economically. There is also an increase in power with the advanced age in our country hence elderly are neither helpless nor lonely which seems to be the factor in old age suicides in USA.

On the other hand the greater number of young male suicides points to the misery and stress youth is going through. The reported cause indicate that young boys are undergoing financial stress because they are forced to find work and support the family at an early age. The under 25 age group has a great proportion of impulse suicides specially during summer and the increase in impulse suicides seems to be moderated through modeling as well

as availability of domestic poisons like pesticides and insecticides. The overall rate of suicide for adolescents in USA has also been on the increase since last many years (Davis, 1996) and it is reported that among all the national health objectives this has not responded to control efforts (Davis, 1996). The cause for young suicides in our country may be somewhat different from USA but the fact remains that the adolescence is a major transition phase in life and individual is very vulnerable emotionally. Sexuality, loss of a relationship and pressure to achieve have been found to be major factors which increase the suicide related stress in American adolescents (Rubenstein, 1989). The researchers argue that these aspects involve the adolescent directly, and are found to be more salient for suicidal behavior than are family problems such as family emotional disorder or family conflict. Although family conflict has emerged as a major precipitating cause for youth in our country, the problems related to sexuality also might have a contributory role. Such contributory factors are difficult to assess through news reports and almost impossible in the completed suicide cases. However there are certain causes which are specific to younger age group in our data like disappointment in love, failure in studies or examination, disagreement over choice of prospective spouse, broken engagements, insult from parents etc which point to age related contributory factors. Age wise frequency of various causes is presented in table.

It can be assumed that completed suicides of young girls is less reported than young boys primarily due to social taboos but also due to the reason that boys more often may choose public, outdoor or aggressive methods like gunshot or train.

Area

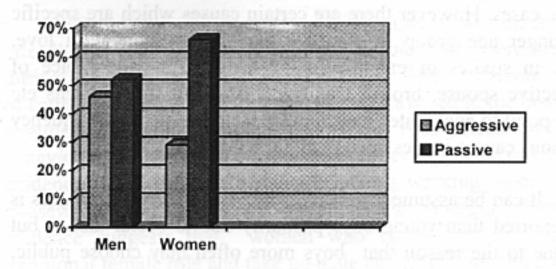
The suicide cases were equally distributed in the province of Punjab and within the district. Also no significant difference was found on this variable among the genders; equal number of male and female cases are .reported from big cities, small towns and villages. Some early researches provide evidence for more completed suicides among urban black American young men than their counterparts in rural areas and it would be useful to draw an urban rural comparison for different age groups in our population.

Method used

A number of methods are used for putting an end to one's life but the availability and lethality of method is sometimes decisive between attempted and completed suicide. The methods used by our sample are shown in table below.

CHOICE OF METHOD

Amadin -	AGGRESSIVE				PASSIVE	
	Hang	Gunshot	Self-immolation	Train	Poison	Drown
Men	14%	15%	9%	8%	50%	2%
Women	10%	8%	9%	2%	60%	6%



As the figure shows the most commonly chosen method for both men and women is poison and these are mostly the insecticides or preservative pesticides easily available in the households. The availability of a lethal method can be suggestive during a phase of extreme stress and frustration. Choice of similar method by other reported cases also act as a suggestion or model.

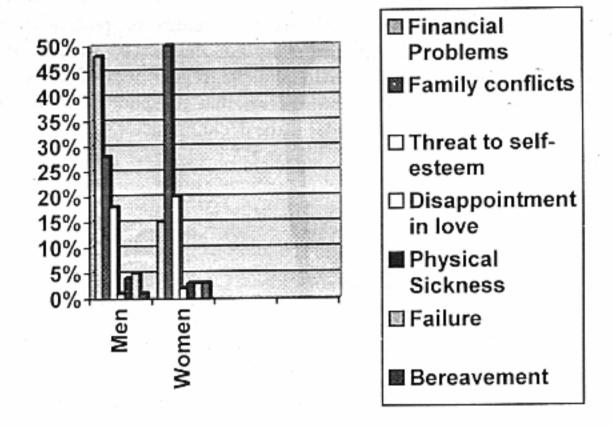
The validity of Self immolation among females has been questioned by the female activists and human right agencies . They have raised doubts whether they were dowry deaths inflicted by inlaws. Gunshot has a higher percentage among men. Our hypothesis about method stated that women choose less violent methods. Chi square analysis was performed and it was found that the difference between men and women on aggressiveness of method is statistically significant $\chi = 8.14(0.05 \sim 1 = 3.84)$. The results support the hypothesis but as Kushner points out this should be methods available to women the seen in context of (Kessler, R.C, & McRae, J.A., Jr 1983). The most frequent method used by our female sample is insecticides or pesticides, the domestic poison available in every household. Use of gunshot is not unknown among women and the higher use of poison by younger boys support the theory that in choice of method availability rather than gender is the deciding factor.

Reported cause

The data identified several major causes of suicide. These were coded in twelve categories; Financial problems including unemployment, domestic or family conflict, insult from significant other (often a precipitating cause), physical sickness, mental sickness (including depression) disappointment in love, abuse and injustice, failure or goal blocking, bereavement and infertility. A problem like infertility is sometimes not the direct reason but contributes to suicidal mind set meditated through conflict and social stigma, hence it was recorded as a reported cause where no other cause like family dispute etc. was given. The description and percentages for total sample and for both genders are presented in table IV.

TABLE IV REPORTED CAUSE GENDER WISE.

Reported Cause	Women	Men
Financial Problems	15%	48%
Family Conflicts / Disputes	50%	28%
Threat To Self-esteem	20%	18%
Disappointment In Love	2%	1%
Physical Sickness	. 3%	4%
Failure	3%	5%
Bereavement	3%	1%



The results show that 50% of women commit suicide due to some kind of domestic dispute or clash with family. As mentioned previously underlying issues of these disputes are different for married and unmarried and younger and older age groups. The age wise cause is presented in the table V. It is nevertheless evident that families with unresolved conflicts are at greater risk of suicide. The second highest percentage among women is insult (20%) followed by financial worries (12%). A humiliating precipitating life event has been identified by the

theorists as a strong factor in suicidal behavior (Blumenthal and Kupfer, 1988) and our results provide support for this observation.

The most frequent cause (48 %) among men is ongoing poverty and extreme or sudden financial stress often resulting from unemployment. According to our results 56% of suicides during 1999 were committed by unemployed men and a news report has come up with the figure of 376 suicides by unemployed persons during the same year (Daily Jang, 31st December 1999). Since man is seen as the provider and bread earner he is in the frontline of financial stress. Often the extended family depend upon a single man to support them which may well be beyond his means. Undoubtedly financial problems are the most frequent cause of suicide for Pakistani men.

When we looked at the two age groups the percentages change; among the under 25 girls 30% of reported cause is insult from family or parents, 67% is domestic dispute and 15 % is disappointment in love. For men of younger age group domestic dispute and financial problems come closer to being the two major factors whereas for 25- 45 group financial reasons are significantly higher than any other reason. A similar difference in percentage for various reported causes is evident between married and unmarried women. The comparison of reported cause between genders, age group and marital status is presented in table VI.

Further analysis of reported cause among married and unmarried women shows that majority of domestic disputes which lead to suicide among married women stem from financial problems whereas the domestic disputes among young unmarried girls emerge out of disagreement over choice of marriage, housework duties and responsibilities. Although loneliness and social isolation has found to be positively correlated to suicidal behavior, researchers point out that social involvement can increase suicidal potential if one's social relations are negative and disruptive (Maris, 1994).

As mentioned above among the young age group there is a high ratio of impulsive suicides following insult by the parents or reprimand over minor issues. This trend is extremely tragic and availability of domestic poison has increased the risk of impulsive suicides among young girls and boys. An illustrative example is the case of young girl who swallowed the fatal insecticide pills because her sister was given something she wanted to have for herself or the teenager who killed herself after father reprimanded her for not saying her prayers. The available research on adolescent suicides in USA provide evidence that these suicides are not planned and forethought is not extensive (Davis, 1996). It has also been found out that the suicidal adolescents have a diminished problem solving ability and are less likely to generate active cognitive coping strategies (Guthrie, 1987).

Modeling is playing a definite role in such cases and evidence for this comes from the rising number of similar suicides. As theorists have stressed exposure to suicide can increase vulnerability.

There is also the possibility of concealing or underreporting by the family and parents. There seems to be a tendency to report a trivial incident as precipitating cause of the suicidal act by a young female hence making it appear unreasonable or childish overreaction to a minor unpleasantness rather than a serious rift with the family. There are also minor incidents like refusal of husband to allow the wife to go to her parental home reported as causes among married women If we look at the reported causes these suicides seem to be what Bechlor classified as appeal or blackmail; the desire being either to put pressure on a person or a cry for help (Bechlor, 1979). In many cases intent might be emotional blackmail of parents but lethality of method turns an attempted suicide into a complete one. As Maris points out the revenge or aggressive suicides have a strong interpersonal component and include motivations of retribution, or manipulation.(Maris, 1994).

The role of negative life event like loss of a loved one, shame, major financial disaster and painful physical illness can not be ignored and is evident from our results but what comes across strongly is the element of helplessness bred by system of our society. These suicides are witness to a social system based on injustice where only way for a suffering person to draw attention to his situation is to kill himself publicly.

There are some isolated cases with rarely reported reasons. These are in order of frequency, addiction, sexual abuse, dissatisfaction with job or intimidation by the employer, ideological protest in support of a cause and police torture.

The factors such as infertility is reported more often in females than in males The childlessness can be disturbing for both men and women (Amjad& Kausar, 1993; Kausar & Ambreen 1997) but women have a higher cost to pay in terms of social stigma and threat of second marriage by husband.

Finally one must be aware of the fact that there are multiple causes for a behavior like suicide. Most suicides exhibit comorbidity or polymorbidity (Maris, 1994). A combination of many factors and stressors sometimes trigger a desperate act like suicide and effect of modeling, history of suicidal behavior, personality characteristics and current circumstances all play a role in the final tragic event of self murder.

There are some clear recommendations of this study which must be pointed out in terms of intervention. First of all, immediate practical measure must be taken to forbid sale of pesticides across counter. The Government should take strict measures to implement this ban. In fact we are surprised that no official agency has taken notice of the rising suicides by grain-preservatives reported daily by the newspapers. Secondly, parents should be instructed to keep domestic poisons as well as firearms in safe custody. A suicide helpline should be established in all big towns; there is one working in Karachi. Assistance of local social activists and community workers can be enlisted in small towns for

this service as well as of the religious leaders i.e. the maulvis and the Imams in the mosques. The fear of retribution in afterlife can be a strong deterrent against suicidal behaviour. As a long term intervention plan counselors should be trained in assessment, prevention and prediction of suicidal behavior and they should work through all possible avenues, media, out reach programs and community visits so that they can reach the population at risk.

To end on a hopeful note. Although this has been a dismaying research it was carried with a sense of accomplishment at being able to play our role as social psychologists in society where we live.

References

- Amjad, N. & Kausar, R. (1992). "Childlessness: A Study Of The Adjustment Pattern Of Pakistani Females". Bangladesh Journal Of Psychology. Vol.13, Pp.91-98. Dhaka.
- Bechlor.(1979). In Maris, R.W. (1998). Suicide in "Encyclopedia Of Mental Health". (H.S. Friedman Ed) Vol. 3, Pp.621-634. Academic press. California. U.S.A.
- Blumenthal & Kupfer. (1988). In Davis, J. M. & Sandoval, J. (1996). "Suicidal Youth-School Based Intervention And Prevention". Pp.30 Jossy-Bass Inc. Publishers. Carlifornia. U.S.A.
- Comar, R.J. (1996). "Fundamentals of Abnormal Psychology".
 Freeman and Company. Newyork. U.S.A.
- Davis, J.M. & Sandoval, J. (1996). "Suicidal Youth- School Based 'Intervention And Prevention". Pp.1-35. Jossy-Bass Inc. Publishers. California. U.S.A

towns: there is one working in Katachi. Assis

- Durkhiem, E. (1951). In Farberow, N.L. (1980). "Many Faces of Suicide". Pp.6. McgrawHill publishers. U.S.A.
- http://www.pbs.org/egi-bin/weblab/living/discuss.
- http://www.rochford.org/suicide/resources/stats/us
- Goleman, D. (1995). "Emotional Intelligence". Newyork, Bantam Books.p.334.
- Guthrie.(1987). In Davis, J.M. & Sandoval, J. (1996). "Suicidal Youth- School Based Intervention And Prevention". Pp.27. Jossy-Bass Inc. Publishers. Carlifornia. U.S.A.
- Kausar, R. & Iqbal A. (1997). "Psychological Implications Of Infertility: Gender Differences In Psychological Health and Mental Relationship". Unpublished Dissertation. Department Of Applied Psychology. Lahore, Pakistan.
- Kushner, H.I. (1985). In Williams, J.H. (1987). "Psychology Of Women- Behavior In A Biosocial Context." (3rd edition). Pp. 451. W.W. Norton & Company, Newyork, U.S.A.
- Maris,R.W.(1998). <u>Suicide</u> in "Encyclopedia Of Mental Health".(H.S. Friedman Ed.) Vol. 3, Pp.621-634. Academic Press. California.U.S.A
- Rubenstein.(1989). In Davis, J.M. & Sandoval, J. (1996).
 "Suicidal Youth- School Based Intervention And Prevention".
 Pp.30 Jossy-Bass Inc. Publishers. Carlifornia. U.S.A.
- Sainsbury. (1992). In Weiss, C. John. (1959). The suicidal patient in "American Handbook Of Psychiatry". (S.Arieti Ed.) Vol. 3. Basic Books, Newyork. U.S.A.
- Schneidman. (1985). In Maris, Roland. W. (1998). Suicide in "Encyclopedia Of Mental Health". (H.S. Friedman Ed) Vol. 3, Pp.621-634. Academic press. California. U.S.A.

- D: Ruhi Khalid and Naumana Amjad
- Stengal, E. (1975). "Suicide and attempted suicide". Pp. 20-53. Penguin Books. London.

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