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Panjab University, Chandigarh-INDIA

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Department of Psychology,
Chandigarh University, Gharuan, Punjab (India)



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Cultural Competence in Mental Health Treatment: Understanding the Unique Needs of Diverse Populations

Shubham Sharma*, Dr. Simplejit Kaur Dhanoo**

Abstract

The increasing cultural diversity among mental health care recipients necessitates an urgent focus on cultural competence among providers. This study aims to examine the role of cultural competence in mental health care, identifying challenges and strategies for its enhancement across various therapeutic modalities. Utilizing a comprehensive literature review, the study reaffirms that cultural competence is pivotal for improving mental health outcomes and reducing health disparities. The study found that cultural elements like beliefs, stigma, and family dynamics have a profound impact on mental health treatment and could exacerbate systemic inequalities if not adequately addressed. Moreover, the study provides actionable recommendations for enhancing cultural competence in Cognitive-behavioral therapy, Psychodynamic therapy, and Family therapy. However, a significant gap was identified in existing training programs for mental health professionals, necessitating the development of comprehensive training and ongoing learning strategies. The study concludes that cultural competence is not merely a professional obligation but a commitment to justice, improved health outcomes, and recognizing the diversity of client experiences. Future research should focus on the long-term effectiveness of these strategies to ensure practical applicability.

Keywords: Cultural Competence, Mental Health Care, Therapeutic Modalities, Health Disparities, Training Programs

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Introduction

Cultural competence serves as the keystone in the delivery of effective mental health care to heterogeneous populations. Sue et al. (2009), reported that the adoption of culturally competent practices has seen a substantial surge in the realm of mental health due to the evident disparities in service quality catered to ethnic minorities. The absence of cultural competence can precipitate erroneous diagnoses, ill-suited treatments and unsatisfactory patient outcomes, thereby emphasizing the indispensable need for mental health professionals to comprehend the distinctive needs of varied populations, ensuring the delivery of culturally attuned care.

This paper delves into the concept of cultural competence within mental health treatment,

stressing its consequential role in meeting the mental health demands of diverse populations. This scholarly endeavour aims to elucidate the criticality of cultural competence in mental health treatment, underscoring the unique requirements of diverse communities within this spectrum. It endeavours to not only foster increased consciousness and comprehension of cultural competence in mental health treatment but also to offer navigational insights to mental health professionals in rendering culturally responsive care

This scholarly endeavour has four primary objectives: First, to elucidate the critical importance of cultural competence in delivering effective mental health care to diverse populations; second, to offer navigational insights and practical guidelines to mental health professionals for

implementing culturally responsive care; third, to investigate the role of cultural competence across various therapeutic modalities, identifying unique challenges and suggesting strategies for overcoming them; and fourth, to highlight existing gaps in the literature concerning cultural competence in mental health treatment, thereby proposing future research directions to bridge these gaps

Literature Review

Cultural competence allows mental health professionals to understand and meet the needs of diverse communities (Schouler-Ocak et al., 2015). Various studies emphasize its importance in mental health care. Pumariega et al. (2005) noted that American minority populations, particularly children and youth, are growing faster than their European-origin peers. This group faces increased mental health disparities and difficulties accessing services, due to socioeconomic issues and lack of cultural competence. Understanding the diverse experiences of immigrants is challenging but necessary for providing culturally appropriate care (Schouler-Ocak et al., 2015). Literature suggests we must remove obstacles to mental health treatment for different populations. Stigma prevents athletes from seeking mental health care (Castaldelli-Maia et al., 2019), while cultural barriers discourage Asian Americans (Herrick & Brown, 1998). Recognizing these cultural determinants is key for mental health professionals.

Addressing these barriers demands competencies promoting recovery (Stuber et al., 2014). The Tribal Participatory Research (TPR) model highlights the need for culturally specific interventions, such as traditional practices to enhance indigenous health (Dickerson & Johnson, 2011). Adapting strategies for American Indians and Alaska Natives can improve their mental health care (Dickerson & Johnson, 2011).

While the existing literature offers invaluable insights into the importance of cultural competence in mental health care, several gaps persist that this paper aims to address.

Objectives:

1. First, although numerous studies discuss the critical need for cultural competence training (Jacobs et al., 2019; Bettergarcia et al., 2021), few delve into the long-term effectiveness of such programs, an issue we explore in the section 'Deepening Cultural Competence in Diverse Therapeutic Modalities through Research.'
2. Second, the literature often overlooks the growing role of telehealth in delivering culturally competent care, a gap this paper acknowledges by posing questions for future exploration.
3. Third, while cultural competence is often discussed in broad terms, our paper extends this by examining the intersectionality of cultural needs with other social determinants of health, such as gender and socio-economic status.
4. Fourth, although some studies discuss the need for validated measurement tools in assessing cultural competence (Gopalkrishnan, 2018), our paper goes a step further in the 'Strategies for Enhancing Cultural Competence in Therapy through Research' section by suggesting the development and validation of such tools.
5. Fifth, our paper expands on the initial discussions by Rogers-Sirin et al. (2015) about the importance of patient perspectives in culturally competent care.
6. Sixth, in line with the APA's Ethical Principles, this paper contemplates the ethical dimensions of implementing

culturally competent care, a topic less explored in current research.

7. Lastly, our paper implicitly advocates for policy initiatives aimed at fostering cultural competence across various therapeutic modalities, building upon earlier calls for such changes (Schouler-Ocak et al., 2015). To identify the gaps and as a step toward filling them by offering comprehensive discussions and actionable insights into enhancing cultural competence in mental health care.

Methodology

This paper employs a narrative review approach to explore the concept of cultural competence in mental health treatment. The literature was sourced from reputable databases such as PubMed, PsycINFO, and Google Scholar, focusing on peer-reviewed articles published within the last two decades. Articles were selected based on their relevance to cultural competence, mental health treatment, and diverse populations. Given the narrative nature of this review, the articles were not subjected to a formal quality assessment but were chosen for their contributions to key aspects of the topic, such as definitions, challenges, and strategies for enhancing cultural competence in mental health care. The selected articles were then organized and discussed to meet the objectives of this review, which involve understanding the criticality of cultural competence, identifying challenges, and proposing strategies for its implementation in diverse therapeutic modalities.

Defining Cultural Competence

Cultural competence, essential for effective mental health care, is the capacity of professionals to comprehend and address diverse cultural and linguistic needs (Jacobs et al., 2019). As defined by the Office of Minority Health, it's a synergy of behaviors,

attitudes, and policies for successful cross-cultural work (Bauer et al., 2016). This competence involves understanding unique beliefs, values, and practices of different groups, then adapting treatment approaches (Bhui et al., 2007). Its significance is pronounced as minority populations grow faster, facing increasing mental health disparities aggravated by lack of culturally competent care, leading to potential misdiagnosis and poor outcomes (Jacobs et al., 2019; Sue et al., 2009). Achieving cultural competence is challenging due to cultural diversity, the variety of migration reasons, and unclear effectiveness of cultural competency trainings (Jacobs et al., 2019; Bettergarcia et al., 2021). Thus, professionals must be aware of cultural influences, barriers, and tailor approaches for diverse populations (Bhui et al., 2007).

Understanding Cultural Factors in Mental Health Treatment

Culture and identity greatly impact mental health and its treatment, necessitating an understanding of cultural influences like stigma, family dynamics, and spirituality (Snowden & Yamada, 2005). Cultural elements, such as beliefs on mental disorders and treatment preferences, significantly affect mental health, stressing the importance of acknowledging cultural differences in therapy (Gopalkrishnan, 2018). Cultural-specific stigma and family dynamics, deeply ingrained in cultural contexts, can deter treatment seeking (Dardas and Simmons, 2015; Schouler-Ocak et al., 2015). Spirituality also plays a role (Lee et al., 2010). Case studies highlight the importance of culturally sensitive care (Castaldelli-Maia et al., 2019; Dardas & Simmons, 2015). Recognizing cultural determinants is key to improving outcomes in diverse populations, though more research is needed for tailored treatments.

Challenges to Cultural Competence in Therapy

Cultural competence in therapy is vital for effective mental health care among diverse populations, but presents unique challenges demanding further research (Davis et al., 2018). The intricate cultural, ethnic, and migratory factors shaping immigrant's illness experiences exacerbate these challenges, often due to clinicians' dissimilar backgrounds (Mosher et al., 2017).

Deep understanding of cultural nuances will enhance the design of training programs, equipping mental health professionals to address a diverse clientele. Research can also guide policy-making to boost diversity in the mental health workforce. Detailed studies may reveal how language, beliefs, stigma, and family dynamics influence mental health treatment, prompting more culturally apt interventions. Therefore, focused research is crucial for increasing cultural competency in mental health treatment.

The scarcity of comprehensive training on cultural competence results in a skills deficit among mental health professionals (Kivlighan et al., 2019), hindering culturally sensitive care. Language barriers can disrupt communication (Rober & De Haene, 2014), while cultural differences in beliefs can hinder treatment-seeking due to stigmatization (Rogers-Sirin et al., 2015; Zar et al., 2012). Cultural competence requires understanding these variances to provide care respecting individual values (Suarez-Balcazar et al., 2009).

Insufficient representation in the mental health workforce reflects these challenges, leading to inadequate understanding of diverse needs (Suttiwong et al., 2015). Addressing these challenges is essential to enhance culturally competent care and improve mental health outcomes.

Deepening Cultural Competence in Diverse Therapeutic Modalities through Research:

Implementing cultural competence in various therapies enhances mental health services for diverse communities. Further research can uncover unique challenges and strategies to overcome them, advancing culturally sensitive care.

Research in Cognitive-behavioral therapy (CBT) could highlight how cultural values could improve treatment efficiency (Sue et al., 2009; Castaldelli-Maia et al., 2019). In Psychodynamic therapy, studies might focus on how reducing therapist bias and increasing self-awareness can advance therapeutic outcomes (Sue et al., 2009).

In Family therapy, exploring cooperation with community organizations could enhance understanding of diverse families' needs and inform culturally-responsive care (Sue et al., 2009). Research on language services in Interpersonal therapy (IPT) could demonstrate how breaking language barriers enhances care delivery (Schouler-Ocak et al., 2015; Pumariega et al., 2005).

A Dialectical behavior therapy (DBT) study might investigate the impact of cultural awareness training on therapists' skills (Attridge, 2019; Herrick & Brown, 1998). Research on collaborations in Acceptance and commitment therapy (ACT) may offer insights into tailoring care plans (Stuber et al., 2014; Dickerson & Johnson, 2011).

Strategies for Enhancing Cultural Competence in Therapy through Research:

Numerous strategies for improving cultural competence in therapy warrant further exploration. Studying the effects of cultural awareness training, for instance, could ascertain its role in comprehending diverse clients' needs and fostering culturally responsive care (Davis et al., 2018; Chen et

al., 2008). Research into interpreter services could illuminate their potential in overcoming language barriers for effective care delivery (Mosher et al., 2017). Studies on collaborations with community organizations can elucidate cultural influencers and obstacles in mental health treatment, aiding culturally responsive care plan development (Rogers-Sirin et al., 2015).

The significance of persistent learning for cultural competence is paramount. Exploring ongoing learning, self-awareness, and bias mitigation can enhance care for diverse populations (Kivlighan et al., 2019; Cole & Pilisuk, 1976).

Further studies can extend our understanding of cultural competence across various therapeutic modalities and enrich culturally competent therapy practice. This knowledge can improve delivery of culturally responsive care, enhancing therapeutic outcomes. Overall, continuing research can enable a comprehensive understanding of the challenges in different therapeutic modalities, contributing to improved cultural competence and better outcomes for diverse populations.

Discussion

The imperative for cultural competence in mental health care is undeniably pressing, given the multicultural fabric of the populations served by mental health professionals. This study not only reaffirms but also expands upon earlier research, emphasizing that cultural competence is indispensable for enhancing mental health outcomes and mitigating health disparities (Davis et al., 2018; Sue et al., 2009).

One of the pivotal findings of this paper is the profound impact of cultural elements—ranging from beliefs and stigma to family

dynamics—on mental health treatment (Gopalkrishnan, 2018; Dardas & Simmons, 2015). These elements resonate with prior research that highlights how a lack of cultural competence can not only lead to misdiagnosis but also exacerbate systemic inequalities in mental health care (Suttiwong et al., 2015). The complexities arising from linguistic, ethnic, and migratory factors further amplify the challenges and necessitate a nuanced approach to treatment (Mosher et al., 2017)

The study offers actionable recommendations for enhancing cultural competence across multiple therapeutic modalities. In Cognitive-behavioral therapy, for example, the integration of cultural values can substantially improve the efficiency and efficacy of treatment (Sue et al., 2009). Likewise, in Psychodynamic and Family therapies, reducing therapist bias and tailoring approaches to meet the distinct needs of diverse families can lead to more effective outcomes (Sue et al., 2009; Castaldelli-Maia et al., 2019).

However, the paper also identifies critical gaps in the existing landscape, particularly concerning the scarcity of comprehensive training programs aimed at bolstering cultural competence among mental health professionals (Kivlighan et al., 2019). This lack of specialized training contributes to a skills deficit that impairs the delivery of culturally sensitive care (Davis et al., 2018). To mitigate this, the paper advocates for urgent strategies, such as ongoing learning, the adoption of culturally adapted assessment tools, and effective mentorship-based supervision (Kivlighan et al., 2019).

Cultural competence transcends professional obligations; it represents a commitment to justice, improved health outcomes, and the

recognition of the diverse experiences of our clients (Rogers-Sirin et al., 2015). The findings of this study resonate with broader literature and point towards the need for a multi-pronged approach to fortify cultural competence in mental health care. Future research should rigorously examine the long-term effectiveness of these strategies to ensure they are both theoretically robust and practically actionable.

Conclusion: The importance of cultural competence in mental health care is evident. Mental health providers serve an increasingly diverse clientele, making it imperative to adapt treatment approaches to various cultural contexts. The principle of cultural competence encompasses more than just theoretical understanding; it involves a tangible modification of therapy methods to better suit the needs of individual clients. Failure to adopt a culturally competent approach can lead to misdiagnosis, ineffective treatment, and even exacerbate systemic inequalities in mental health care.

As it is discussed, a culturally competent mental healthcare system can improve therapeutic outcomes and reduce mental health disparities, thereby embodying principles of social justice. However, achieving true cultural competence is not a one-time event but an ongoing process that requires continuous learning and commitment. Therefore, the healthcare community must standardize cultural competence and commit to ongoing education and practice in this area. Our study underscores that enhancing cultural competence is not just a professional obligation but a commitment to justice, improved health outcomes, and recognition of the diversity in our clients' experiences.

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Predictors of Psychological Well-being in Post-Menopausal Women

Dr. Spriha Sharma* and Prof. Vandna Jowaheer**

Abstract

During menopause, women undergo a significant life transition, and maintaining psychological health becomes challenging. Psychological well-being during this period may be influenced by menopausal symptom severity, spiritual well-being, and various psycho-social factors. Understanding the impact of these elements on post-menopausal women's overall well-being is crucial for comprehensive healthcare and support. This study aims to explore these factors and their effects on psychological well-being in 224 women aged 45 to 60 who have reached menopause. Researchers developed a multiple regression model to identify important predictors and assess their impact on participants' mental and emotional wellness. Positive significant predictors include spiritual well-being ($p = .001$), body appreciation ($p = .007$), self-compassion ($p = .026$), and social well-being ($p = .037$), while menopausal symptom severity has a significant negative effect ($p = .026$). The validated model can predict the psychological well-being score of post-menopausal women.

Keywords: Menopausal symptom, Psychological well-being, Spiritual well-being, Psycho-social aspects, Multiple Regression, Prediction.

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Introduction

Menopause and Well-being

The postmenopausal phase marks a significant milestone in a woman's journey, signaling the termination of reproductive years and the onset of a new phase. This period, characterized by hormonal changes and various physical and psychological challenges, poses unique difficulties that require attention and support. One of the primary challenges during the postmenopausal stage is the hormonal changes that occur as estrogen and progesterone levels decline. These changes in hormones can manifest in the form of various physiological symptoms like intense hot flashes, night sweats, vaginal dryness (Bruce & Rymer, 2009), and alterations in bone density (Riggs et al., 2002). Not only do these symptoms cause physical discomfort, but they can also have a deterring effect on a woman's overall health status and standard of life. (Santoro et al., 2015). The hormonal fluctuations can

contribute to frequent mood swings, irritation, anxiety, and depression (Freeman et al., 2006). It is important to highlight that the risk of cardiovascular diseases is elevated during this phase, making it a significant factor contributing to illness and death.

Literature Review

Psychosocial factors and Well-being

In addition to hormonal factors, psychosocial factors also play a imperative role in the psychological well-being amongst postmenopausal women (Bauld & Brown, 2009; Rubinstein, 2013). These factors include social support (Duffy et al., 2013), self-esteem, self-compassion, body image, relationship status, and life satisfaction. Studies have highlighted the importance of social support, including spousal support, friendships, and community networks, in buffering the negative psychological effects of menopause (Avis et al., 2015). Having supportive relationships with friends, family, and community can alleviate stress and

promote better mental health outcomes (Erbil & Gümüşay, 2018). Postmenopausal women may face challenges to their self-esteem due to physical changes, societal expectations, and cultural factors. Low self-esteem can negatively impact psychological well-being, leading to feelings of worthlessness, insecurity, and reduced quality of life (Elavsky & McAuley, 2005). On the other hand, maintaining a positive self-image and having self-acceptance can contribute to better psychological well-being (Kelly, 2020).

Self-compassion and Psychological Well-being

Self-compassion which refers to a healthy approach of treating oneself kindly when encountering challenges (Neff, 2003), is a promising factor that can be modified to promote positive attitudes toward aging and issues related to it. Self-compassion has the potential to positively influence how people view aging, along with other factors like health (Miche et al., 2014). Brown et al. (2016), the study reported self-compassion to be a strong predictor of wellbeing in menopausal females.

Body perception and Psychological Well-being

In this phase of life, women may experience changes in body composition, weight gain, and alterations in physical attractiveness, which can affect their body image (Séjourné et al., 2019). Negative body image can lead to body dissatisfaction, lower self-esteem, and psychological distress (Goswami, 2013). Promoting positive body image are crucial for enhancing the psychological well-being among postmenopausal women (Lewis-Smith, 2014).

Social well-being and Psychological Well-being

Relationship status can also highly impact the psychological well-being of postmenopausal women. Having a supportive and satisfying relationship can provide emotional stability, companionship, and a sense of security, contributing to better mental health outcomes. On the contrary, relationship conflicts or lack of social connections can increase the risk of psychological distress and diminished well-

being (Avis et al., 2015; Dennerstein et al., 2004). Life-satisfaction may also contribute towards increased psychological wellness. It entails a person's overall assessment and subjective evaluation of their life circumstances. Postmenopausal women may experience changes in roles, identity, and lifestyle during this phase (Sergeant, 2016).

Assessing life satisfaction helps to understand the impact of these changes on psychological well-being. Higher levels of life satisfaction are linked with better mental health outcomes and personal well-being in postmenopausal women (Darling et al. 2012, Od'ea et al., 1999). Also, a study reveals that psycho-social factors like marital status, occurrence of any major life event, work satisfaction and daily hassles strongly affect well-being in menopausal females (Dennerstein et al., 2002).

Spiritual health and Psychological Well-being

Another important factor determining psychological health is the spiritual well-being which circumscribes a sense of purpose, meaning, and connection to something greater than oneself. For many women, spirituality plays a significant role in coping with life transitions, including menopause (Tarrahi et al., 2021). Spiritual well-being is connected to better psychological health outcomes, increased resilience, and improved quality of life (Chiang et al., 2021; Koenig, 2004). Studies have found positive associations between spiritual well-being and psychological well-being, along with reduced levels of anxiety, depression, and expanded life satisfaction among menopausal women (Avis et al., 2021; Jafari et al., 2016). Spiritual strength shows a greater ability to find positive aspects during menopause, less concern about physical appearance, and a higher utilization of effective coping strategies (Steffen, 2011). On the other hand, low levels of spirituality strongly contribute to depressive symptoms, cognitive decline, vasomotor symptoms and sexual symptoms (Pimenta et al., 2014) which have direct impact over well-being. Recognizing and addressing the spiritual needs of postmenopausal women can promote

positive psychological well-being and enhance their overall health.

It would be interesting to estimate the combined effect of aforementioned three main factors on psychological wellbeing of the post-menopausal women. Existing studies have mainly investigated the correlations among various factors related to psychological well-being in menopausal women. For instance, studies have found that increased severeness of menopausal symptoms corresponds with lower psycho-social well-being (Nisar & Sohoo, 2010). In another correlational study, experiencing menopausal symptoms was negatively related to levels of purpose in ones' life, self-acceptance, and higher levels of perceived stress (Abdelrahman et al., 2014). Similarly, research has shown positive relationships between psycho-social factors, such as social support and self-esteem, and psychological well-being in menopausal women (Ayers, 2010; Süss et al., 2015). Brown et al. (2016) conducted a study that highlighted the positive correlation between self-compassion and mental wellness in menopausal women. Furthermore, the presence of spiritual well-being has been associated with favorable psychological effects, such as heightened life satisfaction and diminished levels of anxiety and depression. (Jafari et al., 2016).

Despite numerous correlational studies, there is a notable research gap concerning the combined effect of severity of menopausal symptoms, psycho-social factors, and spiritual well-being on psychological well-being. A few investigations have considered the impact of some factors on the sparse aspects of psychological well-being by considering a regression model (Steffen, 2011; Suss et al., 2021). However, identifying the simultaneous effect is crucial as menopausal women experience a multidimensional array of challenges that can affect their overall psychological well-being. Hence, this paper aims to explore the significance of these factors and their impact on psychological well-being in postmenopausal women by developing a multiple regression model which considers all the three main factors - severity of menopausal symptoms, psychosocial factors

and spiritual well-being as possible predictors. The importance of this study lies in the need for healthcare professionals to possess a holistic comprehension of the diverse physiological, psycho-social and spiritual factors that exert influence on the psychological well-being of postmenopausal women.

Objective:

This paper aims to explore the significance of the psychological factors and their impact on psychological well being in postmenopausal women by developing a multiple regression model

Methodology:

Design

Total scores are calculated from each scale for each case and nine variables are created: MSS (Menopausal Symptoms Severity), SC (Self-Compassion), SOWB (Social Well-Being), LS (Life Satisfaction), BA (Body Appreciation), POS (Positive Affect), NEG (Negative Affect), SPWB (Spiritual Well-Being), PsyWB (Psychological Well-Being). Statistical analysis of data is performed using SPSS, version 26.

Descriptive analysis is performed on all the variables. Correlations of PsyWB with MSS, SC, SOWB, SPWB, BA, LS, POS and NEG are obtained. Normality of the dependent variable Psy is verified using skewness and kurtosis values. To address potential confounding factors, the study employed multiple regression analysis to examine the combined effect of menopausal symptoms, psychosocial factors, and spiritual well-being on psychological well-being. By considering these multiple factors simultaneously, the study aimed to account for the influence of one variable on the outcome while controlling for the effects of other variables, reducing the risk of spurious associations. The equation of the model is

$$y = \alpha + \sum_{i=1}^p \beta_i x_i + \varepsilon; \varepsilon \sim N(0, \sigma^2)$$

where y is the dependent variable; x_i is the i^{th} independent variable; β_i is the coefficient of x_i ; α is the intercept term and ε is the random error with constant variance σ^2 .

By scrutinizing the magnitude and orientation of associations between the

dependent variable and multiple independent variables, this model enables researchers to assess the relative importance of each predictor in explaining the variance in the outcome. This information helps identify key factors that contribute significantly to psychological phenomena (Cohen et al., 2013). The model is validated and used for predictions.

Sample

In order to ensure internal validity, several measures were taken during the data collection and analysis processes. The study utilized a purposive sampling method, which aimed to select a sample of 224 employed females in the age range of 45-60 years from Dharamshala region of Himachal Pradesh, India. The selection of participants from various government offices such as banks, schools, and public service sectors helped to diversify the sample, reducing the risk of bias associated with selecting participants from a single location or organization. Moreover, the participants were identified as postmenopausal based on the STRAW criteria, which define a woman as postmenopausal only after experiencing a 12-month gap without menstruation (amenorrhea) following her last menstrual period (Soules et al., 2001). This rigorous criterion ensured that the selected participants were indeed in the postmenopausal phase, increasing the internal validity of the study.

Tests and Tools:

Menopause Rating Scale (Potthoff et al., 2000) - This is a 11-item scale used to calculate the severeness of the menopausal symptoms. The scale is divided into three subscales on the basis of symptoms namely: somatic, psychological, and urogenital and statements are to be responded in 5-point likert scale.

Self-compassion Scale (Neff, 2003b) - The scale is a 26-item scale which quantifies all the

6 components using a 5-point Likert scale requiring to mark from “almost never” to a” almost always”.

The Dieners’s Life Satisfaction (Diener et al., 1985) - This is a self-report scale including 5 items to asses a-person’s global judgment of life satisfaction. The items are answered on a 6-point likert scale with the score ranging between 5 and 35.

The Positive and Negative Affect Scale (PANAS; Watson et al., 1988) includes two subscales: a 10-item scale measuring positive affect and a 10-item scale measuring negative affect.

The Body Appreciation Scale (Avalos et al., 2005) comprises 13 statements, rated on a scale of 1 to 5. A rating of 1 corresponds to "never," while a rating of 5 represents "always." To determine an individual's body appreciation score, the responses to the scale's items are averaged.

The Social Well-Being Scale (Keyes, 1998)- is a 15-item scale utilized to evaluate individuals' social well-being. The overall social well-being is determined by the cumulative scores.

Spiritual Well-being Scale (Paloutzian & Ellison, 1982) –The scale produces three distinct scores: (a) a composite score for spiritual well-being (SWB), (b) a score for religious well-being, and (c) a score for existential well-being.

Psychological Well-Being Scale (Ryff, 1995) - Ryff’s Psychological Well-Being Scale (PWB) is a self-administrative test containing 42 items. The test measures the participants on six dimensions of PWB and for each dimensions the participant is required to answer for seven items. The test further provides a composite score on psychological well-being by adding the scores on all the six dimensions.

Results & Discussion:

Table 1: Shows Descriptive Measures of all the variables used in the study.

	Minimum	Maximum	Mean	Std. Deviation
PsyWB	142	228	187.23	14.887
MSS	8	106	40.05	23.397
SC	64	116	87.00	9.216
SOWB	35	90	68.86	8.426
SPWB	8	120	86.88	13.720
BA	19	65	54.13	7.992
LS	10	35	25.47	5.764
POS	22	53	38.74	5.449
NEG	9	35	16.28	4.976

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It is remarked that all the variables are distributed between a wide range of values obtained by their total scores with MSS, PsyWB and SPWB with much more variability as compared to the remaining variables.

Table 2: Shows Correlations between Psychological well-being (PsyWb) and Menopausal Symptoms Severity (MSS), Self-Compassion (SC), Social well-being (SOWB), Body appreciation (BA), Life satisfaction (LS), Positive affect (PO), Negative affect (NA) and Spiritual well-being (SPWB).

Variables		MSS	SC	SOWB	BA	LS	POS	NEG	SPWB
PsyWB	Coeff.	-.362	.346	.367	.293	.338	.212	-.251	.441
	p-val	.000	.000	.000	.000	.000	.001	.000	.000

All the variables are significantly correlated with PsyWB. MSS and NEG have negative correlations with PsyWB where as other variables exhibit positive correlations. Hence, an increase in menopausal severity symptoms as well as in negative mood effect indicates a decrease in psychological well-being. The major reason that can be attributed to this association is the frequency of vasomotor symptoms like hot flush and night sweats not only disrupt sleep but also lead to mood swings and a decline in cognitive functions such as memory and attention (Gharaibeh et al., 2010; Utian, 2005). These symptoms collectively result in personal, social, and work-related difficulties, ultimately contributing to a decrease in psychological well-being and a fall in the quality of healthy life (Sharma & Gupta, 2019). Increase in Self-compassion,

social well-being, body appreciation, life-satisfaction, positive mood effect and spiritual well-being indicates an increase in psychological well-being.

Further multiple regression model is constructed to identify the significant predictors of psychological well-being. Before fitting the model, the normality of PsyWB variable is verified. The skewness value of PsyWB is -0.431 which lies between -0.5 and 0.5 implying approximate normality of the dependent variable. A very small value of 0.071 for the kurtosis of PsyWB also indicates the normality. Hence, a multiple linear regression model is appropriate to fit this data. The initial model is fitted using all the possible predictors. The model is refined by removing non-significant predictors, stepwise. The findings are presented in Table 3.

Table 3: Shows Stepwise Model Selection Process for Multiple Linear Regression.

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	119.389	14.068		8.487	.000
	MSS	-.066	.046	-.104	-1.438	.152
	SOWB	.189	.120	.107	1.578	.116
	SC	.209	.107	.130	1.959	.051
	SPWB	.221	.070	.204	3.145	.002
	BA	.278	.125	.149	2.217	.028
	LS	.256	.178	.099	1.437	.152
	POS	.028	.178	.010	.159	.874
2	NEG	-.159	.197	-.053	-.807	.420
	(Constant)	120.250	12.949		9.287	.000
	MSS	-.068	.044	-.107	-1.562	.120
	SOWB	.190	.119	.108	1.600	.111

	SC	.208	.106	.129	1.958	.052
	SPWB	.222	.070	.205	3.180	.002
	BA	.283	.120	.152	2.350	.020
	LS	.253	.176	.098	1.432	.154
	NEG	-.158	.196	-.053	-.806	.421
3	(Constant)	116.165	11.906		9.757	.000
	MSS	-.078	.042	-.123	-1.875	.062
	SOWB	.198	.119	.112	1.667	.097
	SC	.218	.106	.135	2.069	.040
	SPWB	.223	.070	.206	3.196	.002
	BA	.281	.120	.151	2.336	.020
	LS	.275	.174	.106	1.578	.116
4	(Constant)	116.474	11.945		9.751	.000
	MSS	-.092	.041	-.144	-2.239	.026
	SOWB	.233	.117	.132	1.994	.047
	SC	.236	.105	.146	2.243	.026
	SPWB	.236	.070	.218	3.394	.001
	BA	.320	.118	.172	2.712	.007
a. Dependent Variable: PsyWB						

The best model with all the significant predictors is obtained at step 4. MSS has a negative effect on PsyWB whereas SOWB, SC, BA and SPWB have the positive effects on PsyWB. Spiritual well-being is the most significant predictor indicating that a woman with increased level of spiritual well-being will exhibit increase in level of psychological well-being. Similar results were revealed in a study which revealed a positive association between spiritual well-being and menopausal symptoms. Spiritual strength was found to reduce menopausal symptoms. This relationship was mediated by the relationship of spiritual strength with positive health, positive body image, and increased coping strategies (Steffen, 2011). The next most important variable affecting psychological well-being is body appreciation, followed by self-compassion and severity of menopausal symptoms which are equally important. Augustus and Tylka (2011) demonstrated associations between body appreciation and mindful eating in previous research, heightened self-esteem (Swami et al., 2008), and enhanced sexual well-being (Satinsky et al., 2012). These findings indicate a positive influence on psychological well-being. Similarly having self-compassionate attitude towards the self can attenuate the negative impact of troublesome menopausal symptoms and improving the overall mental health in this

phase (Young & Kotera, 2022). Social well-being of a woman also affects her psychological well-being to a considerable extent. Since having social support from family, work colleagues, and society as a whole act as buffer to the severity of menopausal symptoms (Avis et al., 2015; Erbil & Gümüşay, 2018). This model explains about 55 percent of the variability in the response variable which is quite remarkable.

The model has a predictive ability. By calculating the scores of a postmenopausal woman on all the significant predictors, one can predict the psychological well-being of this women. For example, if the scores on MSS, SOWB, SC, SPWB, BA are 8, 35, 64, 9,19 respectively, then the predicted PsyWB score would be 137.

Conclusion:

Hence the identified predictors exhibit a strong role in determining the psychological health of postmenopausal women and it would be important to focus on these factors to ameliorate the psychological health of postmenopausal women. By comprehending the influence of considered factors, suitable interventions can be devised to assist women in preserving their mental well-being at its best. Healthcare providers can tailor interventions and treatment plans based on individual needs, incorporating strategies such as hormone therapy, cognitive-

behavioral therapy, and lifestyle modifications to optimize mental health outcomes. Moreover, support services can be designed to address the specific challenges faced by postmenopausal women. Support groups, counseling services, and educational programs can provide women with a safe space to discuss their experiences, share coping strategies, and receive guidance from healthcare professionals. While fostering a sense of community and empowerment, these support services can positively impact the psychological well-being of postmenopausal women. This would also allow for the implementation of preventive measures and early interventions. By identifying women at higher risk of experiencing psychological distress, healthcare professionals can provide timely support and resources to prevent or mitigate negative psychological outcomes. Moreover, this research would contribute to the existing knowledge in the field of women's health and well-being, guiding further research and advancements in healthcare practices.

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Evolution of LGBTQ+ Community in India: Historical Perspective

Srishti Kapri*, Dr. Sukhmani Singh**

Abstract

LGBTQ+ concept and community is not new in India, according to Indian folklores the third gender has always been a part of Indian Culture as "Tritiya Prakriti". On this premise, this paper throws light on the evolution of LGBTQ+ community in India, and how from not being aware about their sexual orientation to evolving into a LGBTQ+ community the LGBTQ individual faced several milestones in their journey. This paper mainly talks about 1) Some of the famous Ancient Mythologies 2) along with the modifications in APA and DSM about Homosexuality and 3) the Mental Health Condition of LGBTQ+ community from Ancient times to 2023. This review article will be a contribution to the LGBTQ+ community which will encourage them to "live with pride" and will be focusing on the wellbeing of the LGBTQ+ community.

Keywords: LGBTQ+ Community, Evolution, Well-being, Transgender, Third Gender, Equality, Stigma, Stereotypes.

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Introduction

LGBTQ+ is an umbrella term that stands for Lesbian, Gay, Bisexual, Transgender, Queer, and the "+" represents additional identities within the broader LGBTQIA+ community. There are many different sexual orientations, gender identities, and gender expressions represented in this community. (Gold, 2018)

The term LGBTQ was first used from 1988 when some activists started using this umbrella term. LGBTQ+ term is not new in India, if we go back to the Indian mythologies then we will find that the third gender has always been a part of Indian Culture. The Hindu and Vedic texts consist of various incidents which give us the idea about the third gender and also have some facts about the saints, Nobel men, God and Goddess transcending gender norms and involving in the multiple forms of sex and gender which were bestowed with respect. According to the study Significant strides have been made in the scientific understanding of LGBT adolescent mental health, and there have been remarkable shifts in the public's perception of the LGBTQ+ Srishti Kapri & Dr. Sukhmani Singh

population and its challenges. The most effective policies, programmes, and professional care continue to be unable to address the mental health of the LGBTQ+ Community due to fundamental knowledge gaps. (Wandrekar & Nigudkar;2020)

This research aims to explore the history, laws, rights, lifestyle, victimization, discrimination, myths and the modification mentioned in APA and DSM about LGBTQ+ Community that resonate with mental health. By delving into these themes, we seek to uncover the profound sensory richness and emotional aspect of mental health of LGBTQ+ Community, shedding light on the potential benefits of having a keen knowledge about Sexual Orientation and Gender Identity.

Literature Review

According to Indian Mythology the third gender has always been a part of Indian culture, there are several descriptions where the manifesting of multiple combination of sex and gender is mentioned. The term

that was used in ancient times for the LGBTQ+ individuals according to the Hindu and Vedic texts were "Tritiya prakriti", "Kliba" and "Napunsaka" (Wilhelm, 2010)

As Coyle and Kitzinger (2002) quoted that, in 1952, the American Psychiatric Association (APA) included homosexuality in the second edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-2). During this time, psychologists and psychiatrists often characterized lesbians and gay men as individuals who were the result of disturbed upbringings and presented them as suffering from various mental disorders.

Psychology textbooks of that era frequently discussed lesbians and gay men under headings that implied sickness, such as "sexual deviation" or "sexual dysfunction." This categorization and portrayal of homosexuality as a mental disorder contributed to the stigmatization and pathologization of LGBTQ+ individuals within the field of psychology.

It's important to note that these views and categorizations have significantly evolved over time, and the APA removed homosexuality from the list of mental disorders in the DSM in 1973 with the publication of DSM-III. Subsequent editions of the DSM have reflected more inclusive and evidence-based understandings of human sexuality.

As we are moving forward the acceptance rate is increasing but if looked back there were a lot of unnoticed mental health issues faced by LGBTQ+ individuals. There are many individuals who go through a great amount of stress just because they are not aware about their sexual orientation and that it's taking a large amount to figure out what is going on with them (Rao & Jacob;2012).

Numerous individuals within the LGBT community may encounter limitations in their capacity to connect with and associate themselves within the community, often due to factors such as racism, classism, sexism, biphobia, and transphobia, among other forms of exclusion. These experiences can lead to a deprivation of communal resilience. (Meyer,2015)

Studies indicate that LGBTQ youth often experience minority stress due to a lack of

support from their parents specific to their LGBTQ identity. This stress frequently contributes to heightened negative mental health consequences in LGBTQ youth, including signs of depression. (Newcomb et al., 2019)

In the past few years, several studies have been done on the LGBTQ+ communities and their mental health. The results of these states that the LGBTQ+ individual is likely to face more mental health issues than a heterosexual individual and the reason why is that is pretty common. "STIGMA", "PREJUDICE", "DISCRIMINATION" and "MYTHS " these are the major reasons for the mental health issues faced by the LGBTQ+ community (Wandrekar & Nigudkar;2020).

Although the concept of LGBTQ+ is not new in India and there has been notable increase in research related to the heterosexual community. The existing literature hints the ambiguity and vagueness in the gender identity and sexual orientation but still there are various disparities in Mental Health. The individuals who recognize themselves out of the binary norms are somehow victim of Minority Stress which leads to mental Health Issues. Due to lack of sources and data there are some points remain untouched. This study focuses on the mythological as well as the recent modifications done on the LGBTQ+ Community.

Objective

To list the evolution of LGBTQ+ Community in India.

Methodology

This paper adopts a narrative review approach to delve into the mythological and contemporary dimensions of the LGBTQ+ community. The selection of books and articles was made with a focus on their pertinence to Tritiya Prakriti, sexual orientation, gender identity, and the mental challenges encountered by the LGBTQ+ community. The literature was obtained from well-regarded databases like PubMed, PsycINFO, and Google Scholar, with an emphasis on peer-reviewed articles, to ensure authenticity, certain literature was cross-referenced with Vedic texts like Ramayana and Mahabharata. The chosen articles were

subsequently structured and examined to align with the goals of this review, which encompass comprehending the significance of Hindu mythologies, the contemporary evolution of the LGBTQ+ community, and its impact on mental health.

Discussion

Indian Mythologies

In the holy book Ramayana written by Vālmīki (1891), there is a story which hints the existence of homosexuality in the "Satyug" was the occurrence of two queens having a child after the death of the king named Dilip. The child they had is the famous king "Bhagirath", who is known by almost every Hindu for bringing river Ganga to earth.

The Mahabharata also have some episode of LGBTQ behaviour, one of them is about "Shikhandini" who was born as a female was raised like a man named as "Shikhandi" because her father "The Drupada" wanted a revenge from the Kurus. She was the first Transgender warrior who was used as a shield to kill "Bhishma". She was also miraculously transformed into a man overnight and then continued to live like that. (Boral & Vashist, 2021)

Another episode was when Lord Krishna turned himself to a woman just because "Aravan did not want to die unmarried and no woman was ready to marry him". In some parts of India Aravan is considered as the god of the Transgender community.

There is one more tale mentioned in some version of Mahabharat that Urvashi put a curse on Arjuna that he will live as the third gender (eunuch) for one year as he refused her, so it was destined for him to teach the art of dance and music to Princess Uttara as an individual named "Brihannala". (Vyasa, 1998)

"Kamasutra" the ancient text written by "Vatsyayana a Hindu philosopher" without commenting about homosexuality wrote one chapter named "Of the Auparishtaka or Mouth congress" in which he mentioned some of the sexual congress performed by the eunuchs (Vātsyāyana, 2009).

LGBTQ+ and Contemporary India:

Padma Puran states that for attending the mystical dance that was performed by Lord Krishna that only women could attend Arjuna transformed himself into a woman to be a part of the dance (Vanita & Roy, 2000).

Bhagwat Puran: There is a record of the LGBTQ+ behaviour in the "Bhagwat Puran" also which consist the most worshipped god among Hindus and they are Lord Shiva and Lord Vishnu. This story is about the female form of Lord Vishnu I.E. Mohini during the "Samudra Manthan" process Lord Shiva was so mesmerised by the beauty of Mohini that they had a son together whom we call "Lord Ayyappa" (Debroy & Debroy, 2012).

Manu smriti is a famous law code for homosexuality which includes the punishment for the individuals having non-vaginal union or having coitus with the similar sex. However, the punishment for homosexual men is way stricter than it is for homosexual women (Bühler, 1886).

Whenever there is a conversation or any kind of topic related to third gender arises there is always one figure that comes to mind which is "Ardhanarishvara" the holy union of God Shiva and Goddess Parvati. The concept of Ardhanarishvara is to embrace the masculine and feminine traits of an individual simultaneously. Because of which the transgender/Kinnara community of India are believed to be a part of their creation or are a form of "Ardhanarishvara".

Similarly, the Lakshmi-Narayan union has been worshipped by many Hindus till now, which also symbolises having feminine and masculine traits in a single individual.

Sexology is the systematic study of sexuality and gender identity. The sexuality and gender ambiguity have been written about for centuries in ancient texts including Kama Sutra. But it was in the 19th century that the subjects related to the LGBTQ+ were treated as formal subjects of scientific and medical investigation. The very first social movement which was based on the advancement of the

rights of the homosexual and trans people was established in Germany in 1987.

In 1968 several gay activists protested and arranged a research campaign to remove homosexuality from DSM2. In 1973 APA voted to remove the section of homosexuality from DSM2. Still there were several facts of homosexuality which were seen in DSM2 this condition remained in the DSM until 1987. (Coyle & Kitzinger, 2002). The third gender was recognized for the first time by Indian Census in 2011. According to the census report of 2011 the population of the third gender is around 4.88 lakh which

were collected related to the details like their Employment, Literacy and Cast (Population Finder | Government of India, 2010). The Britishers proscribed consensual “homosexual conduct” by introducing Section 377 in the Penal Code in 1861 which resulted in people hiding their sexual orientation. Since the section 377 is rewritten in September 2018 People are more accepting and welcoming toward the LGBTQ+ individual that they were in the past years (LGBTQ+ RIGHTS IN INDIA - Fulbright to India Guide – 2021-2022, 2023).

The Beginning of Pride Parades

Years of first Pride Parade	City
28 June 1970	New York City USA (first pride parade)
2 July 1999	Kolkata, India (India’s first pride parade) It then repeated in 2003, 2004, 2005 as “Kolkata Rainbow Pride Walk”.
29 June 2008	Delhi , Bengaluru, Indore, Pondicherry
16 Aug 2008	Mumbai, this parade was called Queer Azaadi Mumbai Parade
27 June 2009	Bhubaneshwar, Chennai
2010	Kerala
2011	Pune, Maharashtra
2012	Madurai,”” First Queer Pride Parade of South Asia
2013	Gujrat, Hyderabad and Chandigarh
2015	Nagpur and Lucknow
2016	Goa and Bhopal
2017	Dehradun, Uttarakhand
2018	Jamshedpur, Madhya Pradesh

Right and Laws of the LGBTQ Community

Year	Section/rights
12 April 2014	The LGBTQ+ individual can legally identify themselves as a third gender in the documents since.
August 2017	The Supreme Court upheld the right to privacy as a fundamental right under the Constitution in the landmark Puttaswamy judgement. This gave renewed hope to LGBT activists.
6 September 2018	The homosexual activity was legalised for the very first time in India. Since then homosexual activity is no longer considered criminal in India. Section 377 code was rewritten for this purpose. The same sex marriage is permitted according to their religion
6 September 2018	It is illegal to discriminate against the LGBTQ individuals.
2019	The Transgender Bill of 2019 fails to mention civil rights like marriage, adoption, social security benefits, and public education and employment discrimination.
12 June 2020	The Uttarakhand High Court acknowledges that cohabitation and live-in relationships are protected by laws.

Mental Health and LGBTQ:

The transgender were treated with great respect in India until the British punished them inhumanly. Which is why the

homosexual individual started hiding about their sexual identity. Although the condition has improved a lot yet there are several incidents which shows that these stigmas are

still present in our society. Keeping the census report in mind they mentioned the third gender in the report from 2011, there is still no accurate data about the population of the third gender in India. (Tiwari, 2010)

From not being aware about their sexual orientation to finally coming out itself has several milestones and those milestones include the mental health issues also. Mental health and LGBTQ+ even separately are not much explored in India even though the history of India is very spiritual and covers all the aspects of life, and if we talk about these serious matters together then it's all taboo and very sensitive. (Vanita & Kidwai; 2000). LGBTQ+ individuals have very different experiences from heterosexual individuals, for example the setting of all kinds of institutes, hospitals, public restrooms, offices and any other daily facilities are built according to the heterosexual norms, which itself is a great cause of distress. Although there are many mental health issues going on with the community, now we have platforms and resources for them.

Conclusion:

Understanding and Acknowledging the history of the LGBTQ+ community will endow a sense of familiarity and identity upon the citizens of India. Having a keen knowledge about the concept of sexual orientation will be helpful in removing the ignorance, myth and rumours about the LGBTQ+ community. The article will be a contribution to the LGBTQ community which will encourage them to "live with pride" and provide some logical facts about them. As we can see, the concept of LGBTQ+ is not new in India.

There are several descriptions where the manifesting of multiple combinations of sex and gender is mentioned in various Indian scripture, text and ancient literature. This paper basically talks about how the LGBTQ+ community has grown so far and how since "Treta Yuga" the heterosexual audience is present in our cultures. And how mankind has been following the holy books from a very long time and also have read some episodes about the third genders presence since 2,055 BCE. The rate of

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awareness about sexual identity and sexual orientation is increasing day by day which is a step toward gender neutrality.

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A Comparative Study of homicide and Sexual Offending in Juvenile Offenders

Pooja Tomar*, Dr. Sukhmani Singh**

Abstract

Homicide and sexual offences are two distinct types of criminal offences that have been extensively researched in adults. However, the incidence of homicide and sexual offences committed by juveniles is also continuing to rise in India. Homicide and sexual offences are considered heinous crimes that are punishable by law with a higher degree of punishment compared to other offences, and offenders of both crimes are treated in the same manner.

This review paper aims to explore the psychosocial and sociocultural factors that distinguish homicide and sexual offending in juvenile populations. An in-depth literature search was conducted using academic databases in order to find peer-reviewed articles, books, reports, and other relevant publications. Psychological factors include the motivation for the crime, the level of premeditation involved in the crime, personality traits, and mental health issues. Many times, retaliation, anger, jealousy, or a desire for power or control are the driving forces behind homicides. On the other hand, sexual offenders typically act out of a desire for sexual gratification or to exert power and control over their victims. Sociocultural factors that contribute to these offenses in juveniles are also explored, such as toxic masculinity, gender roles, societal attitudes towards violence and sexuality, the influence of peer groups and social networks, poverty, unemployment, and a lack of access to education or resources.

In conclusion, this review paper emphasizes the need for a multifaceted approach to prevent and address both types of offences. Understanding the factors that distinguish the characteristics of homicide and sexual offenses is crucial to developing effective prevention and intervention strategies for juvenile offenders.

Keywords: Homicide, Sexual offending, Juvenile offenders, Psychosocial factors, Sociocultural factors, Risk factors, Forensic psychology, Criminal justice, Rehabilitation, Gender differences, Mental health.

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Introduction

In contemporary societies, the issue of juvenile offending has become a growing concern. Among these offenses, homicide and sexual offending represent particularly alarming phenomena, demanding thorough investigation to develop effective prevention and intervention strategies. In 2021, as per National Crime Records Bureau (NCRB) reports, India registered 29,272 homicide cases. Similarly, India reported 31,677 rape cases in 2021, or 86 incidents per day on average. These figures show how common these infractions are as well as how crucial it

is to comprehend their variations. Research suggests that multiple factors contribute to this troubling behavior. Several studies emphasize the role of family dysfunction, inadequate parental supervision, and exposure to domestic violence as risk factors for juvenile homicides (DiCataldo & Everett, 2008; Leiber et al., 2008). Additionally, the influence of peer relationships and socialization has been observed as pivotal in shaping the propensity towards homicidal actions (Loeber & Hay, 1997; Meldrum & Boman, 2013). Sexual offending in juvenile offenders is equally concerning. Understanding the root causes of

such behavior is essential for crafting effective interventions and treatment programs. Research indicates that early exposure to sexual violence, abuse, or exploitation may be associated with later sexual offending in juveniles (Simons, Wurtele, & Durham, 2008; Lalor & McElvaney, 2010). Moreover, the impact of delinquent peer associations and pornography consumption has also been explored as potential risk factors in the development of juvenile sexual offenders (McCuish et al., 2014; Paquette et al., 2022). While these offenses may arise from different underlying factors, a comprehensive examination may reveal overlapping risk factors that call for integrated prevention approaches (; Baglivio & Wolff, 2017, Ford & Linney, 1995). By critically reviewing the existing literature, this study aims to contribute to the understanding of juvenile homicide and sexual offending. Identifying gaps in the research and exploring potential connections between these offenses will guide policymakers and practitioners in developing evidence-based strategies that not only deter crime but also foster the rehabilitation and well-being of juvenile offenders and their communities.

Literature Review

The historical context of homicide and sexual offenses is crucial to understanding the evolution of societal attitudes and responses to these crimes. In the past, the justice system frequently treated these actions as crimes of passion and dealt with them more leniently. According to Eisner (2001), retaliatory acts were a common form of justice in early societies where interpersonal violence was more tolerated. Similarly, sexual offenses were often brushed aside, with the blame frequently placed on the victim (Chesney-Lind, 1986).

Over time, societal attitudes have undergone significant changes, leading to a shift towards more punitive responses to homicide and sexual offenses. In India, the death penalty

was commonly used for homicide in the early 20th century, but debates and controversies surrounding its use have grown in recent decades (Parvathy, 2009).

Attitudes towards sexual offending have also experienced a paradigm shift, moving away from victim-blaming towards holding perpetrators accountable for their actions. This shift is evident in various legal reforms and societal movements aimed at addressing sexual violence (Grubb & Harrower, 2008).

Exploring the underlying causes of homicide and sexual offending involves examining numerous theoretical perspectives. The social learning theory is one such prominent perspective (Bandura, 1973). It posits that individuals learn behavior through observation and imitation of others. Exposure to violence and sexual behavior in the media and one's environment can influence one's attitudes and actions towards violence and sexuality (Leymann, 1990; Huesmann & Kirwil, 2007).

The psychodynamic theory provides another lens for understanding these offenses. According to this theory, unconscious psychological processes can significantly impact behavior (Goldberg, 2003). Early childhood experiences, such as abuse or neglect, can lead to psychological disturbances that may manifest in violent or sexual behavior in adulthood (Widom & Ames, 1994; Ward, 2002).

Evolutionary theory suggests that in early human societies, aggression and sexual behavior may have been necessary for survival and reproduction (Daly & Wilson, 2017). Although modern societies have evolved, some adaptive traits from our ancestors may still influence behavior in contemporary contexts.

This study is prompted by the growing concern over juveniles engaging in severe crimes like homicide and sexual offenses in India. Given the gravity of these offenses, there is a pressing need to discern the distinct psychological and sociocultural factors that

differentiate them among young offenders. The ultimate goal is to inform more effective strategies for prevention and intervention in a professional context.

Objective

The primary objective of this systematic review is to conduct a comparative analysis of juvenile offenders engaged in homicide and sexual offenses in India. This analysis aims to identify distinct psychological and sociocultural factors that differentiate these offenders. The ultimate goal is to inform more effective prevention and intervention strategies.

Methodology

A comprehensive literature search was conducted using academic databases, including but not limited to PubMed, PsycINFO, Google Scholar, and scopus and relevant library catalogs. The search was limited to peer-reviewed articles, books, reports, and relevant publications that focus on juvenile offenders involved in homicide and sexual offenses. The publication years considered for inclusion range from 1986 to 2022.

Method of Review

Initial screening of search results was based on titles and abstracts to identify potentially relevant studies. After that full-text articles meeting the inclusion criteria were retrieved for further assessment. For each selected study, the characteristics of study i.e Title, Authors, Publication Date, Sample Size, age range of Juvenile Offenders, Key findings related to psychological and sociocultural factors were extracted. A comparative analysis of the key findings from the selected studies was conducted. This synthesis aimed to identify common themes, trends, and differences in psychological and sociocultural

factors between juvenile offenders involved in homicide and sexual offenses.

Psychological factors that distinguish Homicide and sexual offending

- **Personality Traits:** Research suggests that certain personality traits, such as impulsivity and aggression are more strongly associated with homicide than with sexual offending (Belfrage et al., 2014). In contrast, sexual offending may be more closely related to traits such as social anxiety, low self-esteem, and sexual deviance (Shine et al., 2002).
- **Trauma and Adverse Childhood Experiences:** Both homicide and sexual offending have been linked to experiences of trauma and adverse childhood experiences. Homicide offenders may have experienced physical or emotional abuse, while sexual offenders may have experienced sexual abuse or neglect (Simons et al., 2008).
- **Substance Use:** A higher risk of lethal acts is associated with alcohol intoxication (Lipse & Wilson, 1993). In contrast, Several studies have shown that individuals who commit sexual offenses use drugs such as cocaine, methamphetamine, and opioids as well as alcohol (Yoder & Caserta, 2016; Schulte & Hser, 2013). The use of substances may reduce inhibitions, reduce empathy, and increase impulsivity, contributing to sexual violence.

Sociocultural Factors that Distinguish Homicide from Sexual Offending

- **Gender:** Research consistently shows that men are more likely than women to commit homicide and sexual offenses (Federal Bureau of Investigation, 2020). Societal norms and expectations around masculinity may contribute to men's violent and aggressive behaviour, while cultural beliefs about women's sexual behaviour may underreport female-perpetrated sexual offences (Lichty & Gowen, 2018).

- **Cultural Beliefs and Attitudes:** Cultural beliefs and attitudes towards violence and sexuality may also play a role in distinguishing homicide from sexual offending. In some cultures, honour killings are justified, while in others, sexual assault is more serious than homicide (Wallach et al., 2009).
- **Power and Control:** According to Grose & Grabe (2014), a desire for dominance over the victim frequently motivates sexual offenses. Perpetrators may seek to exert control and inflict fear on their victims by using sexual violence. (Rogers & Davies, 2007). On the other hand, homicide includes the desire for vengeance, the removal of a perceived threat, or the acquisition of valuables (Daly & Wilson, 1988).

Results

Homicide and sexual offending represent distinct but complex categories of criminal behavior. Homicide often emerges from heightened aggression and impulsivity, driven by factors like anger, revenge, financial gain, or power struggles. Impulsivity and aggressive tendencies are more closely associated with this type of violence. On the other hand, sexual offending is primarily motivated by sexual desires and a need for control over victims. Sexual deviance, low self-esteem, and social anxiety tend to contribute to such behavior, with trauma and adverse childhood experiences playing a role in both types of offenses, albeit with differing underlying natures. Alcohol use is more prevalent in homicides, while toxic masculinity and ingrained gender roles perpetuate violent tendencies. Cultural attitudes toward violence and sexuality further shape the prevalence and severity of both crimes, and the reporting of female-perpetrated sexual offenses is influenced by societal beliefs about women's sexuality. Overall, understanding the intricate interplay of psychological, sociocultural, and motivational factors is crucial in

comprehending the complexities of these criminal behaviors.

Discussion

According to India's National Crime Records Bureau (NCRB) 2021 crime statistics, homicide and sexual offences have a devastating impact on society. The historical perspective shows society's shift from leniency and treating these offences as crimes of passion to a more punitive approach. Social learning, psychodynamic, and evolutionary theories illuminate the complex aetiology of homicide and sexual offending, which involves learned behaviour, childhood experiences, and adaptive traits.

The psychological factors distinguishing these offenses include personality traits, trauma, adverse childhood experiences, and substance use. While homicide is associated with higher aggression and hostility, sexual offending is more closely related to social anxiety, low self-esteem, and sexual deviance. Homicide and sexual offending are also distinguished by sociocultural factors. Men commit both offences at a higher rate. Toxic masculinity and cultural views of femininity cause this gender gap. Some cultures accept honour killings, while others view sexual assault as a more serious crime than homicide. Sexual offences are motivated by power and control, while homicide is motivated by revenge or money. By targeting underlying risk factors and cultural attitudes, effective strategies can be developed to prevent and address these offenses more efficiently.

Early detection and intervention of risk factors associated with homicide and sexual offending, such as personality traits and adverse childhood experiences, may prevent the development of violent or deviant behaviors (Sprague & Walker, 2000). This can include screening for risk factors in schools, communities, and healthcare settings. Addressing sociocultural factors such as gender norms, cultural beliefs, and power imbalances may also be effective in

preventing homicide and sexual offending. For example, promoting gender equality and addressing cultural attitudes towards violence and sexuality can help reduce the prevalence of these offenses (Gracia & Tomás, 2014).

For the prevention strategies Cognitive-behavioral therapy (CBT) has been shown to be effective in reducing recidivism in both homicide and sexual offending (Hanson et al., 2009; Marshall et al., 2003). CBT can help individuals identify and challenge distorted thinking patterns, develop coping strategies, and learn to regulate their emotions and behavior. Medication-Assisted Treatment: Medication-assisted treatment, such as using medications to manage substance use disorders, can also be effective in reducing the risk of recidivism in individuals who have committed homicide or sexual offenses (Polson & McCullom, 1995). Through restorative justice method prioritising victim needs and repairing harm caused by the offence may reduce homicide and sexual offence recidivism (Black, 2002). This can include reparations to the victim, community service, and therapy.

Conclusion

In conclusion, the comparative analysis of homicide and sexual offending highlights the shared and distinct factors influencing these offenses. The comparison of these offenses revealed important differences in motivation, aggression, empathy, fantasy, emotional regulation, cognitive distortions, impulsivity, gender distribution, cultural norms, media influence, substance use, peer influence, and familial factors. It emphasizes the importance of evidence-based strategies that address both individual and systemic factors, ultimately working towards reducing the prevalence of these offenses and ensuring justice for all. Collaboration among policymakers, researchers, practitioners, and communities is crucial to implementing these strategies and fostering positive societal change. There is a need for improved assessment and screening

tool to identify people at risk of homicide or sexual offences. This can include more extensive personality, mental health, and trauma/abuse evaluations. Research on homicide and sexual offending should consider how multiple identities—race, gender, and sexual orientation—influence experiences and outcomes. By identifying how these offenses affect different communities and individuals differently, more targeted prevention and intervention strategies can be developed. Victim-centered approaches should be prioritized in homicide and sexual offending prevention and intervention. This can include supporting victims, promoting restorative justice, and changing societal attitudes towards victims.

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Examining Distorted Eating Patterns among Polycystic Ovary Syndrome: A Comparative Study

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Abstract

The purpose of this study was to compare the likelihood of eating disorders among the women dealing with and without polycystic ovary syndrome (PCOS). This study involved 100 women, 50 of whom had polycystic ovary syndrome and the remaining 50 did not. Demographic data schedule and a self-report tool, Eating Disorder Examination Questionnaire (EDE- Q) were used for data collection. According to the findings, women with PCOS had a higher incidence of developing eating disorders and other related conditions than those without PCOS ($t = 2.506, p < 0.05$). Concerns about eating ($t = 2.754, p < 0.05$), weight ($t = 2.547, p < 0.05$), body shape ($t = 2.178, p < 0.05$) were considerably greater in the PCOS group, however there were no significant differences for restraint eating ($t = 1.723, p < 0.05$) between both the groups. The findings of this study highlighted the significance of routinely screening of women with PCOS for eating disorders. Clinicians and health care workers must be aware of the higher risk and worries that come with disordered eating patterns in this group. Getting diagnosed and getting help early can help women with PCOS deal with these problems and improve their general health.

Keywords: disordered eating patterns, Polycystic Ovary Syndrome (PCOS), eating disorders

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Introduction

Polycystic ovary syndrome (PCOS), a common endocrinopathy which affects 8-13% of major section of women and contributing to a number of hormonal, biochemical, and psychological problems (Franks, 2006). Frank (2006) has reported that PCOS is caused by a mix of genetic factors, changes at the molecular level, environmental factors, and problems with the ovaries. In patients with polycystic ovarian syndrome, the follicles produced by the ovaries range in size from two to ten millimetres, whereas a typical ovary has just five follicles that are roughly the size of a walnut (Conway, 2000). Furthermore in 1935, Dr. Stein and Leventhal investigated women who did not have periods and who had polycystic ovaries. This was the very first time that the disease had been documented in writing (Azziz & Adashi, 2016).

Women who have PCOS frequently show mental and physical symptoms such as anxiety, depression, disordered eating, low

self-esteem, then is typical for them (Himelein & Thatcher, 2006). Physical symptoms that commonly occur include acne, weight difficulties, alopecia, and hirsutism. PCOS is a complex condition that often manifests itself between the ages of puberty and early adulthood (Balen, & Michelmore 2002). It has a wide range of symptoms, such as not being able to ovulate, having more body hair, having periods that are inconsistent or not happening at all, having acne, having a high level of androgens in the blood, and having changes in the structure of the ovaries that can be seen with an ultrasound (Balen, & Michelmore, 2002). PCOS can also be identified by duration of irregular menstruation, such as chronic amenorrhea, cycles that are less than of 21 days, or cycle that exceeds more than 35 days (Polson et al., 1988; Cresswell et al., 1997). PCOS is also thought to be caused by genetics and an overproduction of androgen by the ovaries (Jakubowski, 2005; Bremer and Miller,

2008). The research by Martinez-Bermejo and colleagues (2007) revealed that obesity is both a cause and an outcome of PCOS.

Eating disorders have developed into a significant problem in Western society and are on the rise as a result of globalisation, (Hudson, 2012). According to Mallick and Mukhopadhyay (2014), eating disorders constitutes an umbrella covering a collection of mental disorders that are characterised by poor eating behaviours and an obsessive preoccupation with weight, food and one's physical appearance. Bryant-Waugh and Lask (2013) stated that people with eating disorders eat in peculiar ways, like skipping meals, strict diets, overeating and then throwing up, eating in secret, and keeping track of how many calories they eat all the time. Also, these problems are linked to the growing importance of social beauty, the search for thinness and the ideal body, and the merging of self-image and body image (Patel, Phillips, and Prat, 1998).

Females with PCOS tends to have higher scores than the women who do not have PCOS as eating disorders is found to affect between 12% to 36% among this category of women (Barnard, 2007; Lee et al., 2019). Women who have PCOS who are overweight, have a higher BMI, and have high mood ratings, are more prone to have distorted eating habits. If PCOS women are screened for and diagnosed with eating disorders as soon as feasible, it will be easier for them to receive assistance and treatment (Greenwood, 2020).

In light of the fact that PCOS having enormous detrimental impact on women's wellbeing and quality of life, the purpose of this study approaches at investigating the prevalence of eating related disorders among women diagnosed with and without PCOS. PCOS's negative consequences on women's health and quality of life inspired this study. PCOS is a complex medical condition that affects many women and produces physical and psychological symptoms. This study fills a fundamental gap in knowledge by examining eating difficulties in PCOS and non-PCOS women. Furthermore, most of the literature on PCOS has been developed and conceptualised from a predominantly

Western paradigm. This study, through its focus on Indian population from a non-western background, will add to the literary work on how PTG operates in a different society and culture.

Objective:

1. To investigating the prevalence of eating related disorders among women diagnosed with and without PCOS

Method

Design

The study used a comparative research method to look at how PCOS affects eating behaviour in both the PCOS and normal group. The comparison strategy made it possible to look at how disordered eating habits in two groups were different.

Sample

The sample collected for the study were from students at Chandigarh University in India. A method called "purposeful sampling" was used to choose women who met the standards of either having PCOS or not having it. Sample of 100 women in total participated in the study with age ranging from 18-27 years. Of them, 50 had PCOS whereas the other 50 did not.

Tests and Tools

To access disordered eating behaviour among the participants, following self-report measures were used to collect the data:

Demographic Data Schedule: A structured form that gathers data on various demographic variables such as age, education level and PCOS present or absent.

Eating Disorder Examination Questionnaire (EDE-Q 6.0): The EDE-Q 6.0 developed by Fairburn and Beglin in 2008, derived from the Eating Disorder Examination (EDE; Fairburn & Cooper, 1993) is a 28-item self-reporting tool which measures the number and severity of thoughts and actions linked to eating disorders (Fairburn and Beglin, 2008). The response to the questions were graded at a 7-point Likert scale, where higher core signifying more intensity. The results figure

out the EDE-Q sub-scores, which are based on their cognitive symptoms over the past 28 days (dietary control, eating worry, weight worry, and shape worry). The final global EDE-Q score is then calculated using the average of the subscale results. Internal consistency for normal population ranged from 0.78 to 0.93, and for a sample of clinical patients, they ranged from 0.70 to 0.83. This showed that the test was internally consistent.

Procedure

After getting the subjects' permission, data for this study was gathered. The subjects were told what their role was and what their rights were as volunteers. The participants who took part were asked questions about their age, education, and whether or not they had PCOS. They were only asked to take part if they were interested, and their answers would be kept secret. Ethics rules from the

ICMR and APA were followed when dealing with the participants.

Statistical Analysis

The collected data underwent a rigorous analysis process employing appropriate statistical techniques to derive meaningful insights. Descriptive statistics were calculated to summarize and present the characteristics demographic and study variables. To compare the abnormal eating behaviour among women diagnosed with PCOS and the control group, independent t-test was conducted. All the statistical analyses were conducted using SPSS.23.

Results

Demographic Details

The participants comprised of a total of 100 participants out of which 50 were PCOS (50%) and 50 were non-PCOS (41.2%). The mean age of the total respondents was 23.08years.

Table 1 Descriptive Statistics of Demographic Variables

Group	PCOS	50	50%
	Non-PCOS	50	50%
Age	18-23	64	64%
	23-27	35	35%
Education	Graduated	49	49%
	Post-Graduated	48	48%
	Ph.D	3	3%

Table 2. Descriptive Statistics and comparative analysis of Disordered Eating Behaviours

	Groups	N	Mean	Std. Deviation	t
Restraint Eating	PCOS	50	2.25	1.315	1.723
	Non- PCOS	50	1.27	1.425	
Eating Concern	PCOS	50	1.67	1.354	2.754*
	Non- PCOS	50	.43	.743	
Shape Concern	PCOS	50	6.31	4.117	2.178
	Non- PCOS	50	3.08	2.939	
Weight Concern	PCOS	50	2.95	1.767	2.547*
	Non- PCOS	50	1.27	1.387	
Global Score	PCOS	50	3.30	1.892	2.506*
	Non- PCOS	50	1.51	1.513	

*significant at 0.05 level

Table 2. represents the descriptive statistics of all the sub-scales of the questionnaire

which are restraint eating, eating concern, shape concern and weight concern of both the PCOS and a non-PCOS group. Restraint eating had a mean value of 2.25 (SD=1.315), eating concern 1.67 (SD=1.354), shape concern 6.31 (SD=4.117), weight concern 2.95 (SD=1.767), and for global score 3.30 (SD=1.892). Table 2. Shows an independent sample test of PCOS and Non-PCOS group (50 each) for all the four subscales. The computed t value for restraint eating doesn't come out to be significant since $t(50,50) = 1.723$ ($p > 0.05$). On the other hand, the t value for Eating concern $t(50,50) = 2.754$ ($p < 0.5$); for Shape concern $t(50,50) = 2.178$ ($p < 0.5$) and for weight concern $t(50,50) = 2.547$ ($p < 0.5$) were found to be significant. And at last, the global score came out to be 2.506 ($p < 0.05$), which is significant which signifies that women with PCOS are more found with Eating disorder and related problems as compared to the normal group.

Discussion

The study targets at finding out if a women diagnosed with PCOS eat differently than the women who don't have PCOS. The results revealed that women who are dealing with PCOS had more severe disordered eating habits than the control group. Fairburn et al., (1997) suggested that the negative effects of PCOS such as obesity, acne, and hirsutism, serve to encourage the emergence of disordered eating patterns and could further cause mental discomfort. The scores of four sub-dimensions of EDE-Q together led to significant difference in eating patterns among the two groups. However, the first subscale that measured restricted eating, that is a sign of strong self-control on eating behaviour resulted in no significant difference. This is evident by another study, which inferred that no restrictive constraints were found in the diet and eating schedules of the women having PCOS (Pirotta et al., 2019). Additionally, a meta-analysis by Greenwood and colleagues (2020) studied PCOS women and found no significant differences when compared to other groups or interventions. Meanwhile, rest three dimensions denoted significant

results. According to Lee et al. (2017), women with PCOS are more prone to experience eating issues, especially a higher rate of binge eating disorder. In the effort of eating less, they end up spending more time thinking about food. This explains the significant difference founded in second eating concern sub-scale. Hormonal changes caused by PCOS can cause unexpected changes in physique and shape (Dowdy, 2012), explaining the significant difference found on third shape concern sub-scale. This disappointment that a PCOS women deals with leading to body image issues (Greenwood et al., 2020). Similarly, significant differences found on fourth weight concern subscale is evident by previous literature were gaining weight and constant check on weight due to sudden increase in their body mass index were more found among women diagnosed with PCOS effecting their quality of life (Lee et al., 2017; Larson et al., 2017)

People with PCOS often have serious problems, such as eating habits that aren't normal. Food can be used as a replacement for mental and emotional pain, which can lead to a sense of control or vomiting as a way to deal with feelings of helplessness and self-hatred. These women may lose the ability to look at themselves clearly and become obsessed with their weight, body image, food intake (Gibson-Helm et al., 2016).

While understanding the findings of this study, the following limitations must be taken into account. This study has a small sample size, which might make it hard to use and generalise the results in other situations. Also, self-report measure was implemented, which can be affected by reaction bias and social desirability to look good in front of others. The cross-sectional design makes it hard to figure out what causes what, so future study should use longitudinal or experimental designs.

Implications

This study has important implications for both professional practise and further research. From a clinical point of view, the results show how important it is for women

with PCOS to get care that addresses both the physical and mental parts of the problem. Healthcare workers should be aware that this group is more likely to have abnormal eating habits and use screening and intervention techniques in their work with this group. Psychological treatments that help with body image, self-esteem, and thoughts about food and weight are very important for people with PCOS. Additionally, education and support programmes can help women learn how to eat well and deal with stress in healthy ways.

Future Recommendations

Future research should consider conducting large-scale studies with diverse samples to enhance the generalizability of results and strengthen statistical validity. Additionally, integrating objective measures alongside self-reporting measures would give a more thorough insight of the eating habits of individuals with PCOS. Lastly, intervention studies focusing on psychological approaches to address abnormal eating habits in women with PCOS are essential for developing effective treatment strategies.

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Conclusion

The study aimed at finding out if women diagnosed with PCOS eat differently than women without this condition. The results gave important information about the presence and types of disordered eating habits in people with PCOS. The data showed that women with PCOS were more worried about what they ate, how they looked, and how much weight they had than women in the control group. The findings support earlier research showing that PCOS women are more likely to encounter with eating concerns as well as binge eating disorder. Hormone changes, desire to manage weight and body image may both contribute to the worsening of this problem. The study also shown a positive relationship between PCOS and the overall level of psychopathology associated with eating disorders signifying how important it is to have care models that deal with both the physical and mental parts of PCOS. If health care workers work together, they can help patients more and get better results.

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A Study on the Subjective Well-being and Psychological Functioning of Survivors of Domestic Violence

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Abstract

Globally, violence and criminality against women have become an epidemic. The most common kind of Violence Against Women in India is acts of domestic violence (Ghosh, 2007), which affects people of all social classes, religions, and geographical locations. Domestic violence in India is regulated by the Protection of Women from Domestic Violence Act, 2005. The present study explored the status, types of domestic violence, causes and psychosocial interventions provided by One Stop Centers for victims of domestic violence. The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was used to understand the subjective well-being and psychological functioning of these survivors of domestic violence. The study found that there is no significant difference between the number of counselling sessions and various counselling outcomes. The research ought to emphasize community-based approaches to domestic violence management and solution, especially as they pertain to One Stop Centers.

Key Words: Domestic Violence, Survivors, One Stop Centers, Violence Against Women

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Introduction

In India, the status of women is a contentious issue, as there are both proponents and opponents of women's conditions. Women play a significant role in society, in the modern world, they contribute significantly to the private and public spheres as well as to the nation's economy (Smith & Merrill, 2004). The term violence derives from the Latin word "vis" which means force and refers to the notion of constraint and using physical superiority on the other person (Minayo & Souza, 2003). The latest report from the National Family Health Study (NFHS-5), a large-scale, multi-round study of Indian homes, found that 29.3 per cent of married Indian women aged 18 to 49 had experienced domestic abuse or sexual assault in their lifetimes. It also showed that among the abused women, 13-61% reported physical violence by their partners (Ali, Dhingra, & McGarry, 2016). The pattern of Domestic Violence usually consists of several abusive/threatening acts, occurring over multiple episodes during the entire relationship. The abusive and coercive behaviours directed towards women may take

different forms. The most common forms of domestic violence are Physical, Verbal, Sexual, Economic, and Emotional/Psychological Violence.

In order to fight against the prevailing issues related to gender-based violence, the Ministry of Women and Child Development (MWCD), formulated a centrally sponsored scheme for setting up One Stop Centre (OSC). These OSCs provide integrated services for women affected by violence such as police assistance, medical aid, psycho-social counselling, legal aid, counselling, temporary stay for five days, etc. under one roof. Every district in India operates a One Stop Centre (OSC) established to assist women affected by violence in private and public spaces, including the home, community, and workplace.

Literature Review

A literature review is an essential and very significant part of any research. In the present study, the findings of previous researchers on various aspects of domestic violence and its association with the mental health of violence victims were reviewed.

Adineh et al. (2016) conducted a study on married women of Iran. The study concluded that women exposed to partner violence suffer from different psychological problems. Lacey, Scars, Matusko, and Jackson (2015), revealed that everyday discrimination from the partner was associated with anxiety disorders, eating disorders, and other psychiatric disorders. Stringer (2014) conducted a review analysis the findings of the review suggested that Intimate Partner Violence adversely affects the mental health status of victims more than those who never experienced Intimate Partner Violence. Jyoti and Neetu (2013) conducted research on women victims of Domestic Violence and revealed that victims of Domestic Violence suffered from various physical and mental problems including anxiety, depression, PTSD, self-harm, and sleep disorders. The above studies depict the psychological health of the victims of domestic violence as grim and needing social support.

Ahmed, 2005 aimed in investigating how social support, spirituality, coping, resilience, and educational qualification influence formal help-seeking, the study highlighted that the victims who tend to score higher on education, spirituality, and resilience, had more favourable attitudes towards help-seeking and thus are found to cope positively with their stressful situation. Long-term abuse can also worsen symptoms in women with an underlying psychiatric problem (Riecher & Garcia, 2013), Women with the above mental health disorders can display a wide range of symptoms such as difficulty in doing daily chores, lack of decision-making ability, lower self-esteem, crying easily, and feeling lethargic. The above studies infer that survivors of domestic violence need counselling services to address their mental health.

While a plethora of research has examined the psychological and social ramifications of domestic violence, particularly focusing on interventions like counseling, there remains a conspicuous gap concerning the efficacy of such interventions offered by One Stop Centers in upper northern India. More specifically, existing studies have yet to K. Sunita Seshadri, & Dr. Simplejit Kaur Dhanoa

explore whether the number of counseling sessions attended by survivors has a tangible impact on their subjective well-being and psychological functioning. This gap in the literature points to an unmet need for empirical data that can inform the design and implementation of more effective interventions. The rationale for this study stems from the urgency of the issue at hand—domestic violence—and the role of One Stop Centers as a government-supported response mechanism.

Given the pervasiveness of domestic violence in India and the substantial resources allocated to One Stop Centers, it is imperative to evaluate whether these interventions are effectively enhancing survivors' mental health and overall well-being. By scrutinizing the relationship between the number of counseling sessions and various psychological outcomes, this study aims to offer a timely and much-needed contribution to the existing body of knowledge. Understanding the effectiveness of these interventions not only has the potential to shape policy decisions and resource allocation but can also lead to more personalized, effective support for survivors.

Objectives

1. To find out the causes of domestic violence against women in upper northern India;
2. To identify the forms of domestic violence and the person responsible for domestic violence in the family;
3. To find out the counseling services availed by the survivors in One Stop Centres;
4. To understand the subjective well-being and psychological functioning of the survivors; and
5. To recommend effective measures to deal with the menace of domestic violence.

Method

Research Design

The present study follows an explorative method with a descriptive research design. The study used both quantitative and qualitative methods. The inclusion criteria

were married and unwed women in the age group between 18 and 35 years. Exclusion criteria were the widow, separated women, and women with any history of mental illness were excluded. The consent is taken from the State Women and Child Development Department and the Survivors of Domestic Violence reported at One Stop Centre from Himachal Pradesh, Jammu & Kashmir and Punjab and confidentiality is maintained throughout the research.

Participants

The universe of the study includes 52 One Stop Centres where aggrieved women with Domestic Violence take the services from the States of Himachal Pradesh, Punjab, and Jammu & Kashmir of upper northern India. A total of 19 One-Stop Centers (10% of the universe) and 138 survivors of Domestic Violence were reached by adopting a stratified convenience sampling method for collecting the information. The selection of respondents was made based on the inclusion and exclusion criteria. The One Stop Centres were the victims of domestic violence reported during the period of July to December 2022 & underwent counselling sessions and other supportive interventions at One Stop Centers were interviewed.

Tests and Tools

The first questionnaire used encompasses general information about the survivor which included the age of the survivor, the age at which they were married, how long they suffered from domestic violence, type of abuse suffered, reasons for domestic violence, number of counselling sessions taken etc. The second scale used was The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) to understand the subjective well-being and psychological functioning of these survivors of domestic violence.

Procedure

The data for the study was collected from primary and secondary sources. The primary source of data was from the survivors through interviewing and the secondary was from the One Stop Centres. The present study explored the status, types of domestic violence, causes and psychosocial interventions provided by One Stop Centres for victims of domestic

violence. The responses were collated & were analyzed at the same time they were interpreted by using graphical presentations and descriptive illustrations. Statistical techniques like averages, percentages, and MANOVA were used to analyze the data.

Results

In regard to the Socio-Economic and Demographic Profile of the Survivors of Violence majority of the subjects had a love marriage and most of the aggrieved women (57.24%) reported that they were married for more than 2-5 years. 24.64% of subjects reported that they were married for more than 6-10 years. The rest of them reported that they were newly married and did not complete their first marriage anniversary (11.6%) and only 6.52% reported that they were married for more than 10 years.

In relation to the abuse, the study found that all the violence victims faced multiple waves of abuse like physical abuse, psychological/emotional abuse, financial abuse, and verbal abuse. However, among the 138 aggrieved women, 59.4 per cent of subjects reported that they faced economic abuse also along with other forms of violence. In the case of frequency of abuse, the results indicated that the majority of the women (34.8%) were abused a few times a month. On the other hand, a large no of women (24.6%) reported that they face abuse every day. Most of them (46.3%) reported that they were facing violence for more than 6 years and about 8.7 per cent of women victims said that they were facing abuse for more than 10 years. The present study revealed probable causes of domestic violence as reported by the violence survivors. They reported multiple reasons like addiction/alcoholism of their husband (26.1%), poverty (21.8%), dowry demands (7.97%), delivering a girl child (2.9%), extra marital affairs of husband (18.8%), interference of in-laws (24.6%), cyber assault (0.72 %), etc. Most of them reported that both their husbands and in-laws tortured them.

The study was undertaken among the aggrieved women who are the victims of Domestic Violence and reported at One Stop Centre under Mission Shakti. Apart from other services One Stop Centre provides

psycho-social counselling. Therefore, to understand the psychological wellbeing and subjective functioning of the aggrieved women the study also asked about the number of psychosocial counselling taken at the centre by them. It was found that the majority

(63.2%) of the survivors have taken 1 to 3 counselling sessions, followed by 24.6 per cent of them have taken 4 to 6 counselling sessions and more than 7 counselling sessions.

Table 1: Shows the Counselling Sessions

Counselling sessions	Responses	Percentage
1 to 3	87	63.2
4 to 6	34	24.6
7 to 9	14	10.1
10 to 12	2	1.4
13 to 15	1	0.7

Discussion

A series of studies showed a strong association between stress and domestic violence against women and indicated that women who experience domestic violence tend to report more stress and frequently display stress-related symptoms (Beck et al., 2011). In regard to subjective wellbeing, it was found that out of 138 respondents, 51 of them feel sometimes relaxed; 44 respondents

revealed that they sometimes feel optimistic about the future and have the energy to spare. Further, 51 participants revealed sometimes that they are able to make up their own things; 42 participants reported that they sometimes are able to think clearly and are interested in trying new things.

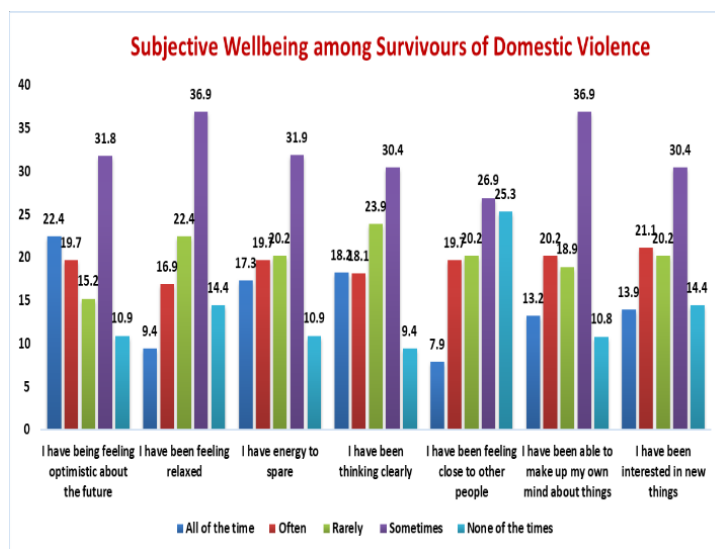


FIGURE 1 Subjective Well-being of Domestic Violence

Moreover, 37 participants concluded that they sometimes feel closer to other people. However, the research study found that 15 participants revealed that they are not able to make up their own minds about things and reported that they don't feel optimistic about the future and don't have the energy to spare. But 13 participants concluded that they are not able to think clearly. Violence victims are more prone to feel anxious than non-abused women. Any kind of Violence Against Women negatively

affects their emotional and physical health (Thompson et al., 2002). In regard to psychological well-being, out of 138 participants, 52 participants reported that sometimes they are able to deal with their problems well; 48 participants revealed that they sometimes feel useful and 46 participants feels that sometimes they are being loved; 39 participants found out that sometimes they feel confident about themselves. 36 participants sometimes feel good about themselves and 31 participants

felt that they sometimes feel cheerful. But 29 participants revealed that they rarely feel interested in other people. This research

study found that 12 participants revealed they don't feel useful.

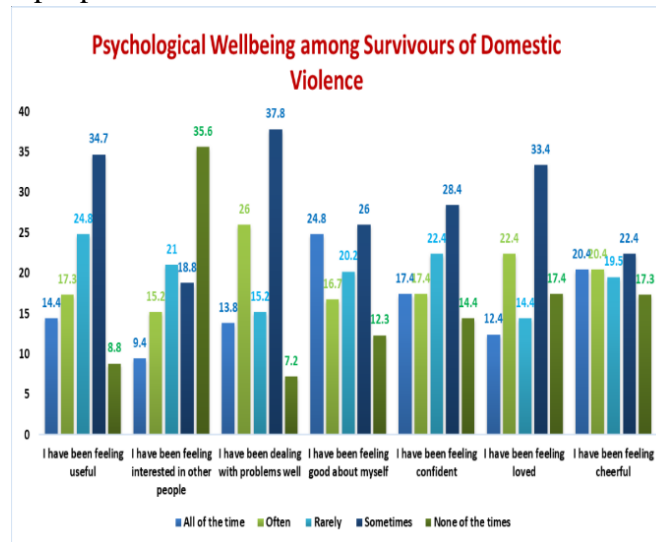


FIGURE 2
Psychological Well-being of Domestic

The results indicate that through psycho-social support less than 50 per cent of the survivors are getting help. Perhaps consistent psychosocial support and guidance at the one-stop center by not carrying any judgment towards the survivors of domestic violence are important to develop their self-esteem.

The study grouped the counselling sessions into five following equal interval groups to the subjects which were (i) 1-3 sessions, (ii) 4-6 sessions (iii) 7-9 sessions (iv) 10-12 sessions and (v) 13-15 sessions. The 14 dependent variables were (i) I have been feeling optimistic about the future;(ii) I have been feeling relaxed; (iii) I have energy to spare; (iv) I have been thinking clearly; (v) I have been feeling close to other people; (vi) I have been able to make up my own mind about things; (vii) I have been interested in new things; (viii) I have been feeling useful; (ix) I have been feeling interested in other people; (x) I have been dealing with problems well; (xi) I have been feeling good about myself;(xii) I have been feeling confident;(xiii) I have been feeling loved; and (iv) I have been feeling cheerful.

While analyzing the research data with the help of MANOVA, to find the outcomes of the dependent variables compared to the number of counselling sessions using the Manova technique for the null hypothesis it was found that there is no significant K. Sunita Seshadri, & Dr. Simplejit Kaur Dhanao

Well-being of Violence

difference between

the number of counselling sessions with the various counselling outcomes. While comparing the number of counselling sessions and their impact on the 14 dependent variables, it is observed that the P value is 0.4955, which is higher than the 5 per cent significance value i.e., 0.05. As per the findings, there is no significant difference between the number of counselling sessions and various counselling outcomes. This can be interpreted as the number of counselling sessions is not able to bring any positive impact on the outcomes. The majority of the survivors stated that as the years passed in the marriage relationships they get used to the abuse, and the impact of trauma addressing/healing never remains to be a priority for them. They are engaged in other responsibilities and do not want to help themselves. Therefore, even if counselling sessions are provided to them there is no positive outcome. This was also found in the study by Jeannette K. Roddy, (2012), that domestic violence clients find, starting counselling particularly and consistently following it up is difficult after years of keeping the abuse to themselves.

The counselling effectiveness can be improved by consistent on-the-job training for the counsellors to focus on the gendered society and socialization process of the survivors while counselling to resolve their problems. The counselling sessions should improve the quality of life of women

survivors and remove the critical knots that persist in the survivors' minds. Counsellors should be encouraged to openly recognize the role of patriarchal structure and power differentials existing in society while working with women facing domestic violence (Campbell, 2002). Not doing so would amount to perpetuating the issue of violence (Garcia-Moreno, 2006).

Conclusion

The research highlighted that despite various efforts for improving the quality of life of women survivors by One Stop Centre through Psychosocial Care and Guidance, still the gap persists. So, it is of immense importance to provide periodic mental health screening to the survivors. The findings of the study further added that the victims of domestic violence tend to seek less support from their family and friends which again demand institutional services need to be more public-friendly rather than service oriented. Further, they would also require hand-holding to identify their strengths and improve their interpersonal, communication, decision-making, and problem-solving skills.

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Challenging Gender Link through Cooperative Learning Approach and Technology among Primary School Students in Dodoma, Tanzania

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Abstract

This paper explores the challenge of gender in education, focusing on the use of cooperative learning approaches and technology in Tanzania. The study involved 300 sixth-grade students from Dodoma Urban School, aged 11–12, who were taught English subjects. The experimental group was taught English through a cooperative learning approach with technology, while the control group learned English through a cooperative learning approach only. The intervention was done and all students were tested on their language skills before and after the experiment. The results showed that cooperative learning approaches and technology improved performance for both males and females, and positive attitudes and better engagement increased. In the control group, the use of a cooperative learning approach led to a decrease in performance, interaction, dependency, and concentration. The findings suggest competent skills in teams with technology and gender consideration improve academic achievement. Rather than using a cooperative learning approach with gender ignoring.

Keywords: English language subject, gender, cooperative learning approach, technology, experiment.

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Introduction

Scholars extensively researched low school performance in most of African countries, identifying underlying causes involving instructors, students, administration, parents, and the overall educational system. (Joseph et al., 2015). Some jobs and courses are considered for men, while others are for women. Parents assign simple tasks to women, while men face more challenging tasks like cultivation and farming. This creates a perception of girls as weaker than boys. Cooperative learning Approach (CLA) can be Informal, formal and group-based learning with different plans, cognitive activities, and language teaching for enhanced learning (Alfares, 2020).

Tanzania's education system includes two years for pre-primary class and teaches Kiswahili, English, knowledge, mathematics, science, and citizenship to students in grades.

English is essential for communication and subjects, but performance is low due to conventional approaches and gender idea. Male students perform well in mathematics and programming rather than girls who perform lower in programming due to mathematics notion like it's for male only (Krohn, et al., 2020). This study investigates the use of Cooperative Learning Approaches (CLA) and technology in teaching English in sixth-grade students.

Literature Review

A literature review provides insights and guides research methods, enabling the study to be conducted effectively. The study explores gender differences in critical thinking and competition anxiety among sixth-grade students, highlighting media-

based gender influence in removing gender stereotypes (Hwang et al., 2013).

Cakir (2013) emphasized the importance of integrating technology into education to promote interaction, cooperation, and engagement, while also addressing gender issues and integrating technology into class activities.

Gamabri and Yusuf (2014) emphasized the role of computers in CLA, highlighting its potential to enhance independent learning, creative thinking, self-management, gender, and thinking skills. Technology-assisted cooperative learning and experiential learning enhance education by promoting teamwork and promoting gender equality in students (Goel, et al., 2015). The CLA, with clear guidance, significantly enhances the performance in physics and science subjects, identifying the most challenging terms. (Jianxia, et al., 2015). The student's engagement in the class can be enhanced by using cooperative learning with technology. This can bring gender equality and diversity in classroom (Lee, 2015). The updates of Modern technologies with group activities enhance individual abilities (Liu, et al., 2015). The use of mobile technology in CLA promote interaction (Iris and Roger 2017). Technology is very important in streamline work, as a global gift, essential in education (Raja & Nagasubramani, 2018). The use of technology helps to combat gender bias, although male students are more active and engaged, while females have lower self-esteem in using computers (Berg, et al., 2018). Teacher guides the student's interaction in connection to learners through activities (Bezabih & Habtewold, 2018). The use of technology in the CLA brings gender balance in the classroom (Herrmann, et al., 2018). E-schoolbag improves personal learning among small group learners. This makes the students to enjoy learning with technology in a team (Liao, et al., 2019). On the same ground CLA with technology implementation, enhance no gender gap, and positive attitudes (Chiu, et al., 2020). The issue of high costs and unreliable networks in rural areas still hinder the use of technology in the CLA in Tanzania country (Mbunda & Kapinga, 2021). Implementing

CLA faces challenges in grouping students without gender bias, promoting comfort and fairness for both male and female students (Herrero, et al., 2022). So, the utilization of CLA bring equality and success in academic (Hasan & Emre, 2022).

The various studies have been conducted on the use of technology in education, sports, and science subjects, especially in secondary and higher education while fewer studies done in primary education. CLA with technology still face cost issue, network, time constraints, less competence and gender bias. Therefore, the study challenge gender link through the use of CLA and technology among primary school students in Dodoma, urban Tanzania.

Objectives:

- I. To determine the gender-based inequalities in student performance in Dodoma, Tanzania's primary schools before the use of cooperative learning strategy with technology.
- II. To determine the gender-based inequalities in student performance in Dodoma, Tanzania's primary schools after the use of cooperative learning strategy and technology.

Hypotheses

- I. There is no significant variations in student performance by gender before employing a cooperative learning strategy with technology in primary school students in Dodoma, Tanzania.
- II. There is no significant variations in student performance by gender after employing a cooperative learning strategy with technology in primary school students in Dodoma, Tanzania.

Methodology

The study used experimental research design and purposive sampling to investigate grade six students in grade six private primary schools in Dodoma, Tanzania. 300 students were selected, with 150 in the Experimental group (EG) and 150 in the Control group (CG).

Table 1: Shows Group Statistics for the Experiment

Group	N	Male	Female	Approach
Experimental	150	75	75	Technology and cooperative approach
Control	150	75	75	Cooperative learning approach

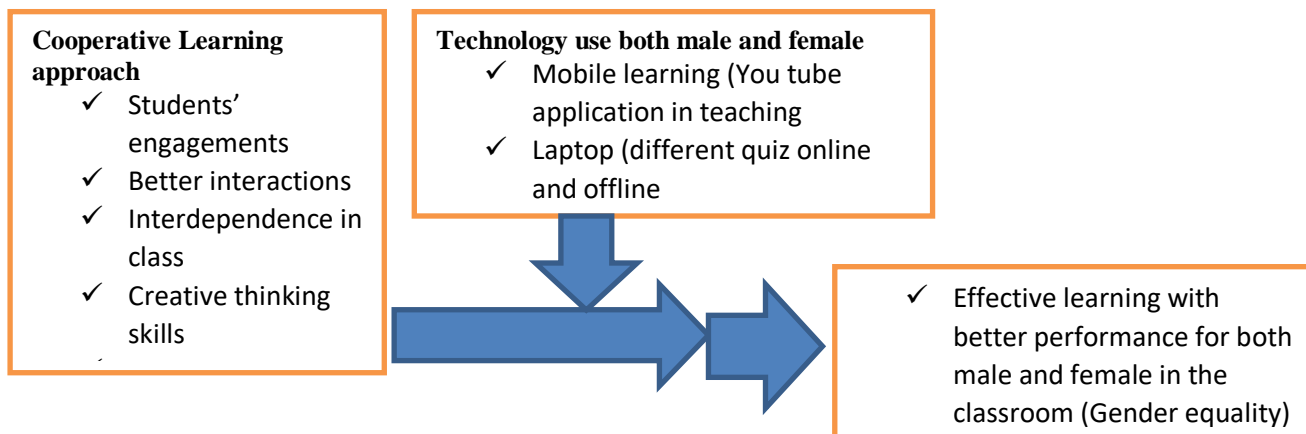


Figure 1: Explain the experiment process that takes place in the class.

Procedures During Intervention

The use of cooperative learning approach and technology in challenging gender link.

Results

Table 2: Gender Difference without the use of cooperative learning and technology

Category	Mean	Std. Dev	Sig.
Boys	3.5608	.07268	.082
Girls	3.5805	.06485	

Gender Difference before the intervention

Table 2 shows the mean difference by gender without using technology. The boys' mean score was 3.5608 with a standard deviation of .07268 and the girls' mean score was 3.5805 with a standard deviation of .06485. The Sig of .082, which is bigger than the

crucial value (.05), indicates that the mean difference between boys and girls in the absence of technology was statistically significant. This means that the female student did well in pretest and male did not perform well before the intervention.

Table 3: Gender Difference with Technology and Cooperative learning Approach

Category	Mean	Std. Dev	Sig.
Boys	3.9211	.04495	.798
Girls	3.9192	.04434	

Gender issue with the use of cooperative learning methods with Technology

Table 3 shows the mean difference by gender while using technology and CLA. The boys' mean score was 3.9211 with a standard deviation of .04495, while the girls' mean score was 3.9192 with a standard deviation of .04434. The Sig of .798 (higher than the threshold value of .05) indicates that the

mean difference between boys and girls without the assistance of technology was not statistically significant. This prove that the use of technology with CLA challenge gender issue since both male and female improve the academic performance.

Discussion:

The students who use CLA with gender treatment without technology (CG) attain lower academic performance. The implementation of CLA face lack of active participation, management skills, and lack of preparedness. The students' academic performance may suffer as a result of this deficit (Ali & Ermawati, 2018). Additionally, CLA still face the lack of knowledge for teachers in connecting the approach, gender issue in alignment to the curriculum. Hence it makes the students fail to get achievements in academic and social skills (Selcuk, 2017). Students experienced gossip, dependency, and reduced concentration during discussion, this can make the students to lose direction. The use of cooperative learning strategy in language teaching develops low performance in Comprehension, due to the negative attitude and interests from the students and teachers (Gonzales & Torres, 2016).

The students exposed to CLA with technology plus gender treatment (EG) developed higher academic performance for both males and females. In addition to that, female students were given leadership roles, while male students helped each other with technology tools. CLA and the computer application facilitate the performance of the students, both male and female (Gambari et al., 2015). Students both male and female prefer CLA with the use of PowerPoint and movies, resulting in more effective learning

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Conclusion

The study suggests that addressing gender inequality in education can be achieved through cooperative learning approaches and technology, with improved performance, attitudes, interests, engagement, and interaction, and suggests further research in other science subjects. The study will help English teachers, elementary school teachers, and policymakers utilise CLA and technology to improve interaction and engagement. The study suggests that teachers can enhance students' academic performance by incorporating CLA and technology tools into their teaching methods while taking gender into consideration.

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Construction of a Validated and Reliable Achievement Test of Mathematics for Better Mental Health

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Abstract

The connection between achievement and mental health is well-established. Research has shown that when individuals experience a sense of accomplishment, it can have a positive impact on their mental well-being and self-esteem. For students, having confidence in their mathematical abilities is essential to achieving success and maintaining a positive attitude toward the subject. However, struggling with math can lead to feelings of frustration, self-doubt, and anxiety. To gauge the mental health of learners, a researcher developed an achievement test.

This article explores the development and validation of the Mathematics Achievement Test (MAT) for eighth-graders. The test was created based on material from three eighth-grade math units, and five subject-matter experts were consulted to evaluate the test's structure, clarity, and level of difficulty. The initial test version contained forty items, and 108 students (54 girls and 54 boys) of Roopnagar city took it. After making necessary revisions, the final version also contained forty items. The reliability of the test was assessed using Cronbach's alpha as the KR-20, and it was found to be both valid and reliable.

Keywords: Achievement test, Reliable, Valid, Mathematics achievement test, Mental health

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Introduction

Mental health and achievements are intertwined, with research showing that better mental health leads to greater success. However, this relationship is complex and varies for each person. Balancing both is crucial and understanding the factors that contribute to both is key.

Having good mental health is essential for a fulfilling life. It includes emotional, social, and cognitive functioning. Seeking help is important if you or someone you know is struggling. Achievement is expertise, while performance is observable. According to the prevalent viewpoint, to achieve a certain level of performance, it may be necessary to use complicated cognitive tools such as approaches, heuristics, or abilities (Dasi & Carmen, 2001).

Literature Review:

Achievement may be defined as the mental process that occurs in a brief period of time,

and achievement in mathematics "appears to be among the key indicators of a person's career success. In order to comprehend how society works, it is essential (Calvadores, 2022) (Jayanthi, J. 2014). It is crucial to our daily lives. Mathematics testing determines a student's level of achievement in terms of their mathematical expertise (Calvadores, 2022)(Starkey & Zhong, 2019).

The phrase "student achievement" refers to a measurement that determines how effectively a student has accomplished both immediate and long-term educational objectives (James & Talin, R, 2013).

Validated and reliable achievement tests accurately measure students' mathematical proficiency. These tests eliminate discrepancies between school curricula and provide precise results. Experts in psychology develop valid exams, which assess whether classrooms meet

predetermined objectives. Teachers use it to assess how well students perform in a particular subject. The goal is to measure a person's current level of accomplishment by evaluating what they have learned (Jasim et al., 2022).

The researcher was unable to locate an appropriate math achievement test for assessing the effectiveness of E-Content among 8th graders. Following multiple searches, I opted to generate a test that covered three specific chapters, with the aid of the literature review.

Achievement exams evaluate an individual's comprehension and skills in a specific field. The research aims to establish content validity and reliability of the test and get estimates about student's mental health. The test is valuable for measuring academic achievement and the effectiveness of e-content. Mathematics is crucial for success in other areas of study and enhances critical thinking skills.

Objectives:

1. To construct an achievement test of mathematics that is reliable.

2. To construct an achievement test of mathematics that is valid.

Hypothesis:

1. Constructed achievement test is reliable.
2. Constructed achievement test is valid.

Methodology:

Research Design:

A researcher created a test based on Bloom's taxonomy, got feedback from experts, tested it on 108 students, including 54 girls and 54 boys having age group 13 to 14 years, of English medium eighth class, from DAV school (private school), district Rupnagar, state Punjab.

Researcher designed a math achievement test based on e-content modules covering rational numbers, linear equations, and squares/roots. We used NCERT books, Bloom's Taxonomy, and expert consultation to create appropriate questions.

Statistical Analysis: Difficulty value, & Discriminating value will be calculated for each item included in test. As a statistical tool Cronbach's alpha KR-20 using SPSS will be applied to check the reliability.

Table 1. Represents the blueprint of four crucial skills

Unit	Knowledge			Understanding			Application			Skill			Total		
	LA	SA	MCQ	LA	SA	MCQ	LA	SA	MCQ	LA	SA	MCQ	LA	SA	MCQ
Rational Numbers			3			3		1	2	1	1	1	1	2	9
Linear Equations			1			2	2	2	1			2	2	2	6
Square and square roots			3		2	4	1		4		2	2	1	4	13
L.A- long answer type, S.A- Short answer type, MCQ- Multiple choice question															

Figure 1: Represents the graphical presentation of chapters and type of questions

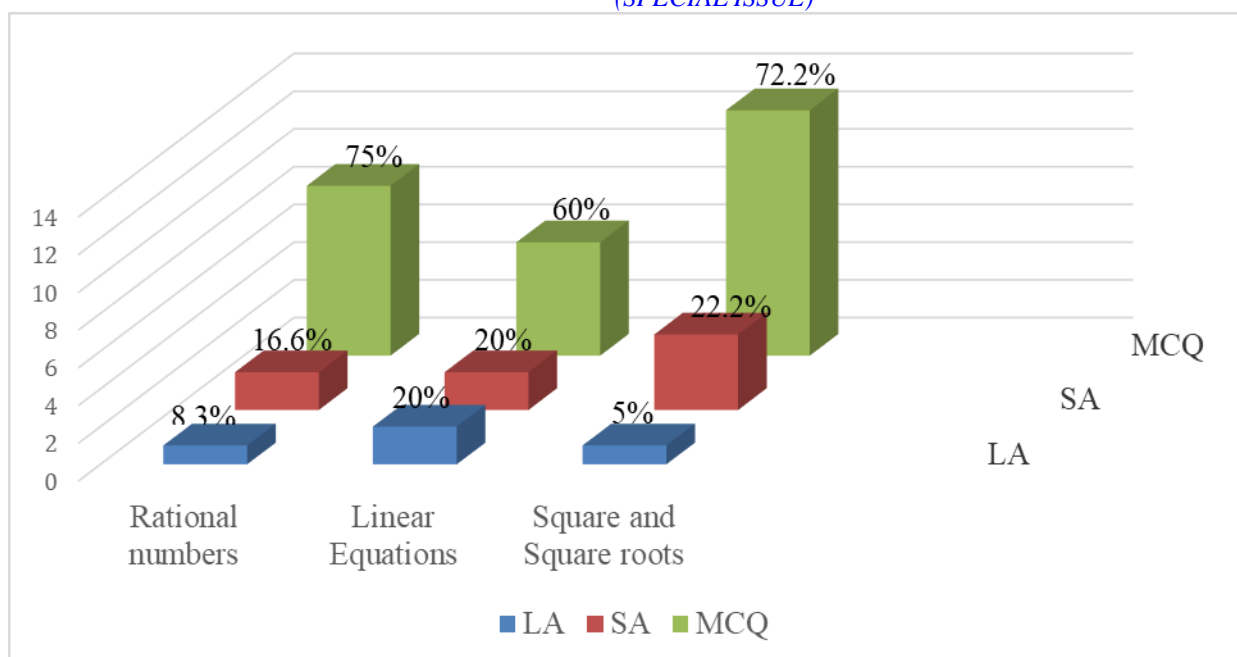


Table 2. represents, weightage to types of questions

	Marks for each	Number of questions	Total
Long answer type questions	1	4	4
Short answer type questions	1	8	8
Multiple choice questions	1	28	28
Total		40	40

The researcher created a Google Form and shared the link with 108 eighth-grade students. Correct answers were awarded one mark, and incorrect answers received zero points. There were a total of 40 items.

Results:

Establishing Validity and Reliability of the Test:

Validity is a term that is used in the context of measurement and refers to the ability of an instrument to measure what it is designed to examine. (Beaujean & Parkin, 2022) Validity denotes the extent to which facts and theories justify the interpretation of any test scores for the test's original purpose. (Susongko, 2016) Ensuring that the test is measuring what it claims to be measuring is the primary purpose of a demonstration of the test's validity. The reliability of the examination can be demonstrated as follows:

Face Validity:

The term "face validity" refers to "the amount to which the investigator has assessed what he set out to assess, as described by one definition. (Al-Qahtani &

Higgins, 2013) It is done in subjective way by receiving experts opinions. So to establish face and content validity draught of test was sent to five academicians across India.

Content Validity:

It is also very important to ensure that the pieces of a test cover the full breadth of the topic or attitude that is being examined if the validity of content is to be achieved. (Ahmad et al., 2020) The evaluation of the items on an instrument with regard to this aspect is referred to as content validity. It is not possible to calculate or quantitatively state the veracity of the content using any methodology. The evaluation of it relies on the judgment of experts (PU Osadebe, 2014). To ensure validity, relevant material must be covered in a test.

Item Analysis:

Item analysis is a statistical technique for improving assessments by identifying the most appropriate exam items to include or exclude. This is done by sorting answer sheets in descending order based on student grades.

Difficulty Value:

To measure the difficulty of a test question, we can use the p-value, which is the percentage of correct responses. A score below 90 is easy, while 20 is highly challenging. The ideal

difficulty level is 0.50, where moderately challenging questions are preferred. To calculate item difficulty, we use the formula $dv = \frac{Ru+Rl}{Nu+NI}$, where Ru is the number of skilled respondents who answered correctly, Rl is the number of less-skilled respondents who did the same, Nu is the total number of exceptional performers, and dv represents the difficulty value (Chakraborty & V Ambedkar, 2022).

Table-3 represents the values of difficulty. Source (Filiz & Gunes, 2022),(Ahmad et al., 2020)

Difficulty Value	Item analyses
0.20 to 0.30	Most difficult
0.30 to 0.40	Difficult
0.40 to 0.60	Moderate difficult
0.60 to 0.70	Easy
0.70 to 0.80	Most easy

Discriminating Value:

The ability of an item to measure a specific trait is known as its discriminative capacity. It can be determined using a formula that takes into account the number of students in each group. Table 4. represents the values of discriminating power. Source (Chakraborty & V Ambedkar, 2022),(Ahmad et al., 2020)

Researchers outlined the standards and guidelines for determining the classifications of discriminative indices. The table below showcases the categorization.

Discriminating Power	Description
0.40 and above	Item functions satisfactorily
0.30 to 0.39	Little or no revision required
0.20 to 0.29	Marginal or minimum revision required
0.19 and less	To be eliminated or completely revise

Table 5. Represents the difficulty value and discriminating power for each question added in test.

Item	DV(Difficulty value) $\frac{Rh+Rl}{2N}$	DP(Discriminating power) $\frac{Rh-Rl}{N}$	Result
1	0.655172	0.551724	Accepted
2	0.62069	0.482759	Accepted
3	0.534483	0.517241	Accepted
4	0.62069	0.62069	Accepted
5	0.637931	0.655172	Accepted
6	0.586207	0.62069	Accepted
7	0.603448	0.655172	Accepted
8	0.551724	0.551724	Accepted
9	0.534483	0.793103	Accepted
10	0.637931	0.586207	Accepted
11	0.534483	0.862069	Accepted
12	0.586207	0.689655	Accepted
13	0.62069	0.551724	Accepted
14	0.551724	0.551724	Accepted
15	0.482759	0.551724	Accepted
16	0.534483	0.724138	Accepted
17	0.534483	0.862069	Accepted
18	0.586207	0.62069	Accepted
19	0.551724	0.62069	Accepted
20	0.586207	0.758621	Accepted
21	0.655172	0.551724	Accepted
22	0.603448	0.724138	Accepted
23	0.637931	0.724138	Accepted

24	0.586207	0.689655	Accepted
25	0.655172	0.482759	Accepted
26	0.655172	0.551724	Accepted
27	0.568966	0.517241	Accepted
28	0.5	0.724138	Accepted
29	0.310345	0.413793	Accepted
30	0.431034	0.793103	Accepted
31	0.413793	0.827586	Accepted
32	0.465517	0.793103	Accepted
33	0.465517	0.931034	Accepted
34	0.586207	0.965517	Accepted
35	0.482759	0.896552	Accepted
36	0.431034	0.862069	Accepted
37	0.362069	0.724138	Accepted
38	0.413793	0.827586	Accepted
39	0.275862	0.551724	Accepted
40	0.344828	0.689655	Accepted

Table 6. represents the result of Cronbach’s Alpha, using SPSS

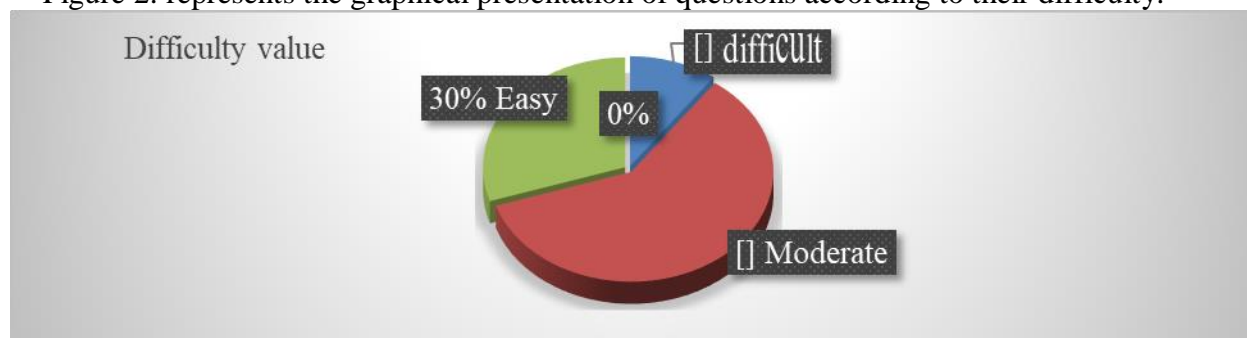
Reliability Statistics		
	Cronbach's Alpha Based on Standardized Items	N of Items
.940	.943	40

Take Cronbach alpha value as KR-20 which is .94.

An analysis was conducted on 40 items to assess their difficulty value and discriminating index. All items had a discriminating index greater than .040, indicating high quality. One item was very

difficult, and three were considered difficult. 60% were moderately difficult, 30% were easy, and none were most easy. No items need to be removed.

Figure 2. represents the graphical presentation of questions according to their difficulty.



The next step was to find the reliability of the test. For this Cronbach’s alpha as KR-20 was applied, whose value came out to be

Results:

Table 1 shows that the Mathematics Achievement Exam has a well-distributed set of items, covering all objectives and subject categories. The judges' input was vital in establishing external validity, using quantitative methods for content validation. Face validity is also important, ensuring the test appears valid to a variety of judges

0.94. Which is very good and indicates that test is reliable.

(Ahmad et al., 2020). Experts' opinions carry more weight, but it's important to measure validity objectively. Impartiality is crucial for quality testing. The Mathematics Achievement Test used only valid items, and applying the difficulty index contributed to its high validity. The outcome of the Kuder-Richardson Formula 20 study of reliability is provided in Table 6. The result indicates that

an estimate of the reliability of 0.94 was established which is greater than (Filiz & G Güneş, 2022) (Panopoulou et al., 2015) (Ahmad et al., 2020) which was 0.93 and

Discussion:

Studies show that there is relationship between achievement and mental health, this correlation could be low or high (Athawale, G.S. 2021). Achievement and mental health are directly proportional to each other (Accordino et al., 2000). Higher achievement means good mental health and lower achievements can be due to poor mental health. (Brännlund et al., 2017). It is crucial for schools to give priority to mental health by creating a culture that doesn't stigmatize mental health issues, offering counselling services, making necessary accommodations, and partnering with local organizations to provide additional support.(Marques et al., 2011) Breathing exercises, doing what you love, supportive relationships, sharing your problem can help the person with poor mental health (Athawale, G.S. 2021). Educators should endeavour to establish a supportive learning environment that encourages attainable goals and prioritizes mental health.

Relationship between Mental-health and Achievement:

Achievement and Mental health are interrelated.(Simonton & AV Song, 2009) (Stentiford et al., 2021) A plethora of studies indicate that there is a positive correlation between mental health and the achievement of any individual or in other words we can say that both are directly proportional (Athawale, G.S. 2021). Good mental health leads to good scores or better achievements in life, and vice versa.(Simonton & Song, 2009) . But there are controversies also. Studies indicate that pressure of higher achievement may lead to poor mental health. (Stentiford et al., 2021) (Brännlund et al., 2017) Teachers can use achievement tests to identify students struggling with mental health issues but wisely. This paper is a valuable resource for developing

less than (PU Osadebe, 2014) i.e 0.95. The Mathematics Achievement Test (MAT) is highly reliable with a dependability score of 0.94, used to evaluate its internal coherence. achievement tests in any subject. It can evaluate student achievement and measure the effectiveness of e-content. The test can also be useful for evaluating student mental health. Eighth-grade teachers can track their students' progress with this test. Other researchers can modify or use it for their own purposes.

- 1) Results useful for comparing different teaching approaches.
- 2) Test measures conceptual understanding in math topics.
- 3) Can contribute to existing literature if administered in large classrooms.

Based on the researcher's findings and conclusions, it is important to establish a unique educational environment that prioritizes the psychological well-being and safety of students. This will reduce the mental strain placed on learners. It's concerning that some school administrations may use the researcher's scale to identify struggling students and profit from it. Also instructional methods that address cognitive load should be incorporated into mathematics education. The focus should be on reducing mental strain, improving performance, and enhancing mental health. More testing needed to determine accuracy on larger samples. Test may need revision based on the need of research.

Conclusion:

Researchers created a valid and reliable mathematics test for eighth-grade students, of English medium, focusing on rational numbers, linear equations, and squares/roots. They used input from various sources, expert opinion, and a sample of 108 test subjects to ensure its accuracy. using statistical tool SPSS, difficulty value, discriminating value and Cronbach's alpha was calculated. The test has high face and content validity and is 0.94 reliability. So hypothesis one and two are accepted.

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A Study of Social Media in relation to Mental Health and Well-being of Teenagers

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Abstract

The use of social media, particularly among today's teenagers, as well as the potential impact on mental health and overall well-being, has recently been a source of concern. Nonetheless, the findings of a lot of studies are ambiguous and contradictory. Gender disparities in responses to many propositions about social media usage are studied in this study, with a special emphasis on men. The study found no statistically significant association between the genders of the respondents and their responses to the propositions, with the exception of those involving sleep disruptions. According to the findings, an increase in social media use may be connected with an increase in mental health problems as well as low well-being. The findings suggested a negative association.

Keywords: Social Media, Mental Health, Well Being, Teenagers, Gender Differences

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Introduction

Teenagers' use of social media may have both positive and negative effects on their mental health and overall well-being. (Orben, 2020) Social media differs from other web 2.0 technologies and other contents generated online. Perhaps its connecting with people through twitter, Face book and Instagram.(Kaplan& Haenlein,2010).In recent time it's been very popular among teenagers. (Sampasa-Kanyinga & Lewis,2015). According to the findings of a number of studies, participation in social media may facilitate the development of a sense of community in adolescents, especially among those adolescents who experience feelings of exclusion in other aspects of their life. Extravagant use of social networking sites has been connected to negative results such as despair, and loneliness and anxiety as well as body image and self-respect concerns.(Scully et al.,2023).It's important to remember that the connection between mental health and social media usage is nuanced and multifaceted, and there's no one-size-fits-all solution. As a result, it is very necessary to develop good practises around social media use, such as

limiting screen time, taking breaks, and getting assistance from reliable people when necessary. In addition, parents and other adults in a child's life should demonstrate appropriate behaviour while using social media and be conscious of the ways in which they interact with technology. Children often learn by imitating the actions of their parents. In general, taking a measured and reflective attitude to social media may assist in mitigating the possibility of unfavourable impacts while simultaneously maximising the possible beneficial consequences of digital technology. (Farnan et al., 2013)

During the COVID-19 outbreak, HCAN found depression via the use of social media, showcasing the capability of its crises psychological surveillance system. It is possible that identifying depressive symptoms on social media using HCAN may improve research and therapies for mental wellness. Finding other depressed people may be useful to one's mental health. (Zogian et al., 2023).

Literature Review

Social media usage has surged because to the COVID-19 outbreak. According to research,

social media usage may improve or harm mental health. One is disaster-related stress. Disaster-stressed people, according to studies, may be more sensitive to the mental health issues connected with social media, such as worry and despair. The negative effect moderates the link between social networking sites use and well being.. Use of social media has been related to negative results and poor mental health.(Zhao & Zhou, 2020).

The government and public health authorities may help battle misconceptions by providing timely and accurate pandemic and public health information. To assist people, deal with pandemic worry and social media coverage, mental health services may be expanded (Shehata & Abdeldaim, 2022).

Scientists are investigating the consequences of social networking sites on one's psychological well-being is contentious. Several research have discovered a connection between excessive social media use and bad mental health, but others have established a more complex link and that social media use does not cause mental health problems on its own. According to (Twenge and Campbell, 2019), discussed that advantages of social media on mental health are now being debated. Some studies contend that social media has a negative impact on mental health, (Vuorre, 2019), while others contend that it can strengthen social relationships and promote mental health. According to several studies, digital technology and social media may be detrimental to one's well-being. Anxiety, sorrow, loneliness, and low self-esteem have all been related to extravagant use of automated technology and social media. Comparison to others and the pressure to present a perfect online image could be to blame. Due to late-night gadget usage, social media may potentially affect sleep habits. Technology usage and well-being are complicated and poorly understood. Technology may also improve well-being through increasing social connection and how

the ability to multitask between several online/offline activities may shorten attention span. Mindfulness or relaxation may assist decrease stress and retain attention throughout difficult activities (Zahmat Doost & Zhang, 2022).The use of Social Media may influence the face to face social ties. However, correlation does not imply causation, and additional study is needed to evaluate whether social media use contributes to poor mental health. (Sampasa- Kanyinga & Lewis, 2015).

Media literacy and critical thinking help teenagers assess media and boost healthy body image. Self-love and care may lessen social media's impact on teenagers' body image (Tiggeman M, 2013). Smart phones and tablets generate blue light that suppresses melatonin synthesis, making it harder for young people to fall and remain asleep. Social media's continual stimulation may also make it hard for teenagers to relax before bed, which can alter sleep habits (Scott H, 2016). FOMO develops when people believe that others are having more fun than they are. FOMO is common among social media-obsessed teenagers. Balancing online and offline activity may aid in the management of FOMO (Fear of Missing out) and mental health in children.(Pryzbylski A, 2013). The rationale behind this study was Mental Health concerns among Teenagers: Teenage is a critical developmental stage when people are more sensitive to the issues of mental health such as body image dissatisfaction, depression, low self-esteem, and anxiety. Prevalence of Social Media Use: Teenagers are among the most prolific users of social media platforms, making it a dominant aspect of their daily lives. Understanding its impact is vital given its ubiquity. (Aboujaoude et al., 2015). Vulnerable Developmental Stage: Teenage is a critical period of psychological development, making teenagers more susceptible to external influences. Investigating the effects of social media during this stage is essential for safeguarding mental health. Concerns over

Mental Health: There is a growing concern over the rising rates of mental health issues, such as anxiety and depression, among teenagers. Exploring the relationship between social media and mental health can shed light on potential contributing factors (Arksey & Malley, 2005). **Policy and Education:** Research findings can inform policies, educational programs, and parental guidance to help teenagers navigate social media in ways that promote their mental health and well-being. (Apoorva et al., 2022)

Finally, it is crucial to study the impact of social media on the psychological well-being of teenagers for understanding the complex links that exist between digital environments and psychological well-being. (Orben & Przybylski, 2019). Insights gained from such research can be utilized to create interventions, promote appropriate technology use, and improve teenagers' general mental well-being in the digital age.

Objectives

1. To explore the influence of social media on the mental health of teenagers
2. To check the impact on well-being of teenagers by Social Media

Hypotheses:

1. There will be no influence on mental health of teenagers' by Social Media.
2. There will be no influence on well-being of teenagers' by Social Media

Methodology

Research Design- The present investigation is aimed to look into the use of social media by

teenagers, as well as its impact on the well-being and mental health. The present study was descriptive in nature, describing the beneficial and harmful effects of social media on teenagers' well-being and mental health.

Sample

The overall sample comprised of 52 respondents aged 13-16 years, i.e. teenage. Teenagers were chosen for the current study from Kharar and Gharuan districts of Punjab as these age children are more prone to becoming addicted to social media and being heavily influenced by it. The sample was chosen using a simple random sampling procedure.

Research Tools

1. **Self Developed Social Media Scale:** Review of Literature was done in the concerned field and followed all the steps of preparing a research scale. Following a thorough assessment of the literature, a social media tool with 80 items was created and that were submitted to ten (10) experts for comments/suggestions. (Details given below in Table:1) The researchers integrated the expert comments/suggestions after obtaining them and resent them to the experts. The last criticisms and ideas were incorporated into the tool once more, and the tool was given its final shape. There were originally 80 items, but only 50 remained in the final tool after deleting unclear and ambiguous remarks. The scale's dependability was determined to be 0.70, which is high, and its validity was proven by experts.

S. No.	Name and Designation of Expert
1.	Prof.(Dr.) Sapna Nanda, Principal, Government College of Yoga and Rehabilitation, Chandigarh
2.	Dr. Prem Poudgil, Professor of Social Science, Hong Kong
3.	Prof.(Dr.)Manne Manmulugeta Seyoum, Director, External relations and Partnership Directorate, Bahir Dar University, Ethiopia
4.	Prof.(Dr.)Shamshul, Dean at Daffodil International University, Bangladesh
5.	Prof.(Dr.)Bhowmik Miron Kumar, Department of Education Policy and Leadership, The Education University of Hong Kong.
6.	Prof.(Dr.)Anup Kumar, Professor of Education, Shimla University
7.	Prof.(Dr.) Deepali, Principal, Pinegroove College of Education, Punjab
8.	Prof.(Dr.) Sumandeep Kaur, Principal, Punjab College of Education, Chunni Kalan, Punjab
9.	Prof.(Dr.)Mohan Singh Saud, Associate Professor of English Education, Kailali Multiple Campus, Far Western University, Nepal
10.	Dr. Kamaljeet Kaur, Assistant Professor, UITTR, Chandigarh University

2. **Well Being Scale by Ryff et al., 1995**

- The scale consisted of 42 items ranged from Strongly Disagree to Strongly Agree. Highest value, 6 being allotted to Strongly Agree and lowest value i.e. 1 being assigned to strongly disagree. In case of positive item and reverse scoring was followed for negative items. The reliability of the items in the scale ranged 0.85 to 0.91 whereas validity of the scale was found to be .71, both were significant at 0.01 level.

Data Collection

The primary data was gathered by the researcher. The researcher approached the teenagers between the ages of 13-16 years and made rapport with them. The purpose of the study was made clear to the respondents and the research tools were explained. The researcher was present with them all the time in case of any confusion.

Statistics

The researcher used Pearson's correlation to know the impact on well being and mental health of teenagers by Social Media. The results were generated through SPSS and discussed in detail.

Results:

Responses to the question about Well Being, Mental Health and Social Media

The number of boys who agreed with the statement "Participation in online activities such as virtual general writing, virtual quizzes, Flip Grid, and Mental Math Games may be accomplished via social media" was significantly greater than the percentage of girls who agreed with the statement. It was found that girls were more likely to agree with the statement "My ability to communicate with my friend is made possible through social media". Female respondents supported the statements that the social media usage enable them to stay tuned in many cultural events taking place in their area and it is beneficial for expanding their knowledge and discovering new information more than male respondents. A statistically significant difference between the sexes was discovered for the statement "My understanding has improved as a result of visiting a variety of social media websites." The declaration received more support from males than from women.

In conclusion, there is no influence of gender in the majority of comments made on social media; nevertheless, there were several statements that showed significant gender differences in agreement.

Table-1: Showing the correlation between Mental Health and Usage of Social Media

Mean score for Social Media	Mean score for Mental Health	r	p-value
179.75	44.58	-0.70	0.000**
Standard deviation for Social Media 5.78	Standard deviation for Mental Health 6.36		
Mean score for Social Media	Mean score for Mental Health	r	p-value
179.75	44.58	-0.70	0.000**

**Significant at 0.01 level

According to the table above, the Pearson's correlation value was -0.70, which is significant at the 0.01 level. It shows a moderately negative relationship between the

two variables, showing that growing social media usage has a negative impact on teenagers' mental health.

Table-2: Showing the correlation between Well Being and Usage of Social Media

Mean score for Social Media	Mean score for Well-Being	R	p-value
179.75	33.25	-0.29	0.03*
Standard deviation for Social Media 5.78	Standard deviation for Well-Being 7.93		
Mean score for Social Media	Mean score for Well-Being	R	p-value
179.75	33.25	-0.29	0.03*

*Significant at 0.05 level

Table 2 demonstrated that, the Pearson's correlation value was -0.29, which is significant at the 0.05 level. It indicates a weak negative relationship between the two

variables, demonstrating that incorrect social media usage has a significant impact on the well-being of teenagers'.

Discussion

According to studies conducted by Aboujaoude et al., 2015, Sampasa-Kanyinga & Lewis, 2015, and Bullying.gov, 2017, adolescents suffer from sadness, anxiety, sleeplessness, self-harm, and loneliness as a result of social media access, showing poor mental health of adolescents.

22% of teenagers log on to their favourite social media site more than 10 times a day, and more than half of adolescents log on to a

social media site more than once a day. Seventy-five percent of teenagers now own cell phones, and 25% use them for social media, 54% use them for texting, and 24% use them for instant messaging. Thus, a large part of this generation's social and emotional development is occurring while on the Internet and on cell phones. Because of their limited capacity for self-regulation and susceptibility to peer pressure, teenagers' are at some risk as

they navigate and experiment with social media. O'Keeffe & Clarke, 2011.

The results indicated a weak negative relationship between the two variables, demonstrating that incorrect social media usage has a significant impact on the well-being of teenagers'. Study conducted by Pryzbylski A, 2013 showed that FOMO-afflicted teenagers may feel inadequate, despondent, and alone. Limits on social media, mindfulness, self-reflection, and positive face-to-face interactions reveal a negative influence of social media consumption on well-being.

The majority of respondents utilised social media to interact with friends, relatives, and international friends, as well as to share their hidden feelings. They also uploaded movies, images, memes, and other content on social media. They claimed that it brings them pleasure when their images and videos are appreciated by others and that it bothers them when they do not receive any likes. The gender gap in online comments on social media is generally tiny and subtle, with just a few topics displaying different levels of agreement between male and female commenter's. It is evident that social media is deeply embedded in the lives of teenagers, offering a myriad of opportunities for social connection, information access, and creative expression. However, this extensive digital presence has brought with it a range of challenges and complexities. The research findings reveal a nuanced interplay between social media use and mental health outcomes. While positive aspects such as social support, learning opportunities, and self-expression were noted, the study also highlights the detrimental effects of excessive use, cyber bullying, social comparison, and privacy concerns. These negative aspects can contribute to increased levels of stress, anxiety, depression, and a diminished sense of self-worth among teenagers. It is critical to educate teenagers' about the bad effects of prolonged use of social media, and their energies should be directed towards more physical activities. While social media presents both opportunities and challenges, it is our collective responsibility to strike a balance that

enables teenagers to thrive in the digital age while preserving their mental health and well-being. The findings of this study provide a foundation for continued exploration and action in this critical area of research and societal concern.

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Impact of School Environment on Adolescent's Psychological Wellbeing: A Comparative Study

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Abstract

The study aimed to explore the relationship between psychological well-being and the school environment among a sample of 400 adolescents, including 200 boys and 200 girls in the Ropar district of Punjab, India. The study employed validated measures to assess psychological well-being and utilized the School Environment Inventory to evaluate the school environment across various dimensions. The results indicated a substantial positive correlation between psychological well-being and the school environment, indicating that a supportive and positive school environment is associated with greater levels of psychological well-being among adolescents. Furthermore, gender differences were examined, revealing no significant differences in psychological well-being and most dimensions of the school environment. However, a marginal difference was observed in the perception of extracurricular activities, with girls perceiving them more positively. These findings highlight the importance of fostering a positive school environment for promoting the psychological well-being of adolescents. Besides, the research is warranted to validate these findings and explore additional factors that may influence the relationship between psychological well-being and the school environment.

Keywords: psychological well-being, school environment, adolescents, correlation, gender differences

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Introduction

Adolescence, an important phase in human development is marked by profound psychological and social transformations (Steinberg, 2014). Teenagers spend a large amount of time in schools during this crucial time in their development. According to Eccles and Roeser (2011), the school environment has a significant impact on student's psychological health through impacting their social interactions, educational experiences and emotional status. The school environment is closely related to psychological wellness, a multifaceted term that includes life satisfaction, emotional regulation and a feeling of purpose (Keyes, 2002). The school environment reflects the larger societal milieu, which in turn influences psychological health (Wang & Eccles, 2013).

Psychological wellbeing and the school environment play crucial roles in the academic and social development of adolescents. Psychological wellbeing encompasses various aspects of an individual's mental state, including their emotional, cognitive and social functioning. On the other hand, the school environment encompasses factors such as the physical surroundings, social interactions and educational practices within the school setting.

Literature Review

Both psychological wellbeing and the school environment have been recognized as important determinants of adolescent's overall wellbeing, academic achievement and adjustment to the challenges of adolescence (Harter, 1999; Johnson &

Anderson, 2020). Furthermore, the work by Li, Wang and Dong (2019) is in line with the study of psychological health and school environments and provides insightful information on the possible advantages of positive psychology interventions in schools. Besides the research by Khalid and Basit (2018) on gender and school climate emphasizes the need to take gender into account when analyzing how the school environment affects student's mental health. Understanding the relationship between psychological wellbeing and the school environment is essential for promoting positive outcomes among adolescents. A supportive and positive school environment can contribute to adolescent's psychological wellbeing by providing a sense of safety, belonging and engagement (Smith et al., 2018). Conversely, a negative or challenging school environment can have detrimental effects on adolescent's psychological wellbeing, leading to increased stress, anxiety and disengagement (Johnson & Anderson, 2020).

While previous research has explored the separate influences of psychological wellbeing and the school environment on adolescents, there is a need to investigate their correlation specifically during the critical period of adolescence. By examining how these elements interact the educators and researchers can better understand the mechanisms underlying adolescent's wellbeing and academic success.

It is also critical to investigate any potential gender variations in the interaction between adolescent experiences, psychological wellbeing, and the school environment. In determining adolescent's psychological health and opinions of the school environment, gender has been identified as a key element (Brown et al., 2019; Roberts & Spencer, 2021). Several notable review studies have highlighted the importance of these factors in adolescent development and academic outcomes. For example, a meta-analysis conducted by Smith and colleagues (2018) demonstrated a significant association between positive school environments and psychological wellbeing among adolescents. Additionally, Brown and colleagues (2019)

explored gender differences in psychological wellbeing and school experiences among adolescents, highlighting the need for further research in this area. Understanding these gender differences can help develop interventions and support structures that are specifically suited to the needs and difficulties that male and female adolescents confront.

In this context, the current study aims to examine the relationship between psychological wellbeing and the school environment among adolescents, considering potential gender differences. The novelty of this research study lies in its investigation of the correlation between psychological wellbeing and the school environment, specifically during the critical period of adolescence, while considering potential gender variations, to provide valuable insights for enhancing the overall wellbeing and academic experiences of adolescents and developing tailored evidence-based interventions and support systems.

This study addresses significant research gaps by exploring the interconnectedness of psychological wellbeing and the school environment during adolescence, a critical developmental period marked by profound psychological changes. Additionally, it aims to investigate potential gender differences in this relationship, which has been relatively underexplored in the given context. Ultimately, this research carries practical implications for enhancing the overall wellbeing and academic experiences of adolescents, guiding the development of tailored interventions and support systems.

Objective

1. To investigate the relationship between psychological wellbeing and the school environment among adolescents, with a focus on potential gender differences.
2. To study the gender difference in psychological wellbeing and the perception of the school environment among adolescents.

Hypothesis

H1: There is a significant relationship between psychological wellbeing and the school environment among adolescents.

H2: There are statistically significant gender differences in psychological wellbeing and the perception of the school environment among adolescents.

Methodology

Research Design

The present study adopts a cross-sectional comparative design to examine the gender differences in psychological wellbeing and the school environment among senior secondary school students. A comparative design allows for the comparison of different variables across groups, in this case, male and female students, to identify potential variations in psychological wellbeing and perceptions of the school environment.

Sample

The sample for this study were senior secondary school students (11th and 12th standard) enrolled in 5 schools of Ropar district of Punjab, India. A convenience non-random sampling technique was utilized. A total of 400 participants (200 boys and 200 girls) were included in this study with average age of 17.8 years.

Tests and Tools

Psychological Well-Being Scale (PWBS), Devendra, 2015. The PWBS is a 50 items self-report measure, and the items are rated in five-point Likert scale. The subjects were asked to rate each item in terms of "Strongly disagree, Disagree, Undecided, Agree, strongly agree." The five sub-scales are as follows: 1) Efficiency 2) Sociability 3) Mental health 4) Satisfaction and 5) Interpersonal Relation. The scale has demonstrated good reliability (0.90) and validity (0.94) in previous research studies.

School Environment Inventory (S E I), Mishra, 2012: The School Environment Inventory (SEI), was used to evaluate the school environment of the adolescent. This instrument is designed to gauge how students evaluate the psycho-social milieu of their schools. It gives measurements of the standard and calibre of the cognitive, emotional and social support that pupils have had during their time in school in terms of teacher-student interactions. S E I have 70 items that fall under the following six categories that make up the school

environment: 1) Creative stimulation 2) Cognitive encouragement 3) Permissiveness 4) Acceptance 5) Rejection 6) Control. Established reliability of each dimension was found to be, for Creative stimulation 2) Cognitive encouragement 3) Permissiveness 4) Acceptance 5) Rejection 6) Control. The reliability of the scale was found to be 0.873 (Gupta, 2013)

Data Collection Procedure

The study received approval from school principals prior to data collection. An information sheet, consent form, and questionnaire set were distributed to participants when they were contacted in their classes. Prior to completing the questionnaires under the researcher's supervision, they received assurances of confidentiality and voluntary involvement. The researcher received the returned, filled-out questionnaires.

Data Analysis

To assess the research objectives, the acquired data was analysed using the relevant statistical techniques. To explain the characteristics of the sample and the distribution of variables, descriptive statistics like means and standard deviations were computed. Correlation analysis, specifically Pearson's correlation coefficient, was conducted to analyse the relationship between psychological wellbeing and the school environment. Furthermore, research into potential gender variations in psychological wellbeing and perceptions of the school environment was done using an independent sample t-test. Statistical software, SPSS.25 (Statistical Package for the Social Sciences), was utilized for data analysis.

Results

To test the hypotheses regarding the relationship between psychological wellbeing and the school environment among adolescents, as well as the gender differences in these variables. The analyses included descriptive statistics to offer insights into the central tendency and variability of the data, correlation analysis to examine the association between psychological wellbeing and the school environment, and t-tests to investigate gender differences in both the

total scale scores and sub-scales of the Psychological Well-Being Scale (PWBS) and the School Environment Inventory

(SEI). The following sections provide a detailed presentation and interpretation of the obtained results.

Table 1: Shows the descriptive Statistics for the Psychological Well-Being Scale (PWBS)

Variable	Boys(n=200)	Girls(n=200)
	Mean (SD)	Mean (SD)
PWBS-Total	4.00 (0.17)	4.05(0.15)
Emotional Well-Being	3.75 (0.60)	3.80 (0.65)
Life Satisfaction	4.20 (0.55)	4.10 (0.60)
Self-Acceptance	3.90 (0.70)	4.00 (0.75)
Positive Relationships	4.15 (0.65)	4.20 (0.70)
Personal Growth	4.05 (0.60)	4.10 (0.65)
Purpose in Life	3.80 (0.55)	3.85 (0.60)

Note. PWBS-Total represents the total score of the Psychological Well-Being Scale. SD refers to standard deviation.

Table 1 presents the descriptive statistics for the Psychological Well-Being Scale (PWBS) for boys and girls. The sample size for both boys and girls were 200 each. The mean scores and standard deviations are reported for each variable. The mean score for the PWBS-Total is 4.00 (SD = 0.17) for boys and 4.05 (SD = 0.15) for girls. This indicates that, on average, both boys and girls have relatively high psychological well-being scores. Looking at the individual dimensions, boys have a mean score of 3.75 (SD = 0.60) for Emotional Well-Being, 4.20 (SD = 0.55) for Life Satisfaction, 3.90 (SD = 0.70) for Self-Acceptance, 4.15 (SD = 0.65) for Positive Relationships, 4.05

(SD = 0.60) for Personal Growth, and 3.80 (SD = 0.55) for Purpose in Life. Similarly, girls have slightly higher mean scores for these dimensions: 3.80 (SD = 0.65) for Emotional Well-Being, 4.10 (SD = 0.60) for Life Satisfaction, 4.00 (SD = 0.75) for Self-Acceptance, 4.20 (SD = 0.70) for Positive Relationships, 4.10 (SD = 0.65) for Personal Growth, and 3.85 (SD = 0.60) for Purpose in Life. The descriptive statistics provide valuable insights into the levels of psychological well-being among boys and girls and highlight potential areas for further investigation and support in promoting positive well-being in adolescence.

Table 2: Shows the descriptive Statistics for the School Environment Inventory (SEI)

Variable	Boys(n=200)	Girls(n=200)
	Mean (SD)	Mean (SD)
SEI-Total	3.62(1.08)	3.91(1.19)
Physical Surroundings	3.50 (0.70)	3.60 (0.75)
Teacher-Student Interactions	4.00 (0.60)	4.05 (0.65)
Peer Relationships	3.75 (0.65)	3.80 (0.70)
Academic Support	3.90 (0.70)	4.00 (0.75)
Extracurricular Activities	3.95 (0.60)	4.10 (0.65)

Note. SEI-Total represents the total score of the School Environment Inventory. SD refers to standard deviation.

Table 2 provides the descriptive statistics for the School Environment Inventory (SEI) for boys and girls. The sample size for both boys and girls was 200 each. The mean score for the SEI-Total is 3.62 (SD = 1.08) for boys and 3.91 (SD = 1.19) for girls. This indicates that, on average, girls perceive a slightly

higher level of school environment compared to boys. Examining the individual dimensions, boys have a mean score of 3.50 (SD = 0.70) for Physical Surroundings, 4.00 (SD = 0.60) for Teacher-Student Interactions, 3.75 (SD = 0.65) for Peer Relationships, 3.90 (SD = 0.70) for Academic Support, and 3.95 (SD = 0.60) for

Extracurricular Activities. In comparison, girls have slightly higher mean scores for these dimensions: 3.60 (SD = 0.75) for Physical Surroundings, 4.05 (SD = 0.65) for Teacher-Student Interactions, 3.80 (SD = 0.70) for Peer Relationships, 4.00 (SD = 0.75) for Academic Support, and 4.10 (SD = 0.65) for Extracurricular Activities. The descriptive statistics shed light on the perceived school environment among boys and girls, providing insights for educators and policymakers to enhance the educational environment and support the well-being of students in different gender groups.

Correlation Analysis

The correlation analysis was conducted to examine the relationship between psychological wellbeing and the school environment among adolescents. In table 3, the correlation coefficients between the Psychological Well-Being Scale (PWBS) and the School Environment Inventory (SEI) are presented. The total scale scores and sub-scale

scores of both measures are included in the table.

Table 3 presents the correlation coefficients between the Psychological Well-Being Scale (PWBS) and the School Environment Inventory (SEI). The results revealed both significant and insignificant correlations between the variables.

In terms of significant correlations, the total score of the PWBS indicated a moderate positive correlation with the total score of the SEI ($r = 0.45, p < 0.05$). This indicates that as psychological wellbeing increases, so does the perception of a positive school environment. Several sub-scales of the PWBS were also significantly correlated with corresponding sub-scales of the SEI. For example, emotional well-being revealed a significant positive correlation with positive relationships in the school environment ($r = 0.35, p < 0.05$). This suggests that students who experience higher emotional well-being are more likely to have positive relationships with peers and teachers within the school context.

Table 3: Representing the Correlation Results for Psychological Well-Being and School Environment

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13
1.PWBS_Total	-												
2.SEI_Total	0.45*	-											
3.Emotional Well-Being	0.30*	0.20	-										
4.Life Satisfaction	0.20	0.30*	0.35*	-									
5.Self-Acceptance	0.15	0.10	0.40*	0.15	-								
6.Positive Relationships	0.35*	0.40*	0.25*	0.20	0.10	-							
7.Personal Growth	0.25*	0.15	0.10	0.25*	0.05	0.30*	-						
8.Purpose in Life	0.20	0.25*	0.05	0.40*	0.20	0.35*	0.20	-					
9.Physical Surroundings	-0.10	-0.05	-0.15	-0.10	-0.05	-0.05	-0.10	-0.15	-				
10.Teacher-Student Interactions	0.10	0.20	0.25*	0.05	0.15	0.25*	0.15	0.10	0.05	-			
11.Peer Relationships	0.30*	0.10	0.10	0.30*	0.10	0.40*	0.25*	0.20	0.10	0.35*	-		
12.Academic Support	0.15	0.35*	0.15	0.25*	0.20	0.15	0.30*	0.35*	0.05	0.40*	0.25*	-	
13.Extracurricular Activities	0.05	0.30*	0.20	0.10	0.35*	0.20	0.10	0.25*	0.15	0.20	0.30*	0.05	-

* $p < 0.05$

In contrast, some correlations were found to be insignificant. For instance, there

was no statistically significant correlation between the PWBS overall score and the SEI's physical surroundings sub-scale ($r = -0.10, p >$

0.05). This implies that there is no significant connection between overall psychological wellbeing and how students perceive their physical surroundings at school. The significant correlations highlight the importance of a positive school environment for fostering students' psychological wellbeing.

Testing Gender Differences for Psychological Wellbeing

The analyses gender differences in both the total scale scores and sub-scales of the Psychological Well-Being Scale (PWBS), t-tests were performed.

Table 4: Represents t-test for the Psychological Well-Being Scale (PWBS) between Boys and Girls

	Male		Female		t-test	p-value
	M	SD	M	SD		
PWBS-Total	4.00	0.17	4.05	0.15	-1.23	0.219
Emotional Well-Being	3.75	0.60	3.80	0.65	-0.82	0.412
Life Satisfaction	4.20	0.55	4.10	0.60	1.55	0.122
Self-Acceptance	3.90	0.70	4.00	0.75	-1.18	0.237
Positive Relationships	4.15	0.65	4.20	0.70	-0.68	0.497
Personal Growth	4.05	0.60	4.10	0.65	-0.82	0.412
Purpose in Life	3.80	0.55	3.85	0.60	-1.23	0.219
<i>Note: p<0.05*, p<0.01**</i>						

Table 4 presents the results of the t-tests used to investigate gender differences in the Psychological Well-Being Scale (PWBS) between boys and girls. The t-test results indicate that there are no significant differences between boys and girls in the PWBS-Total score, $t(398) = -1.23, p = 0.219$. This suggests that boys and girls have similar overall levels of psychological well-being. Further analyzing the individual dimensions of the PWBS, no significant gender differences were found in Emotional Well-Being ($t(398) = -0.82, p = 0.412$), Life Satisfaction ($t(398) = 1.55, p = 0.122$), Self-Acceptance ($t(398) = -1.18, p = 0.237$), Positive Relationships ($t(398)$

$= -0.68, p = 0.497$), Personal Growth ($t(398) = -0.82, p = 0.412$), and Purpose in Life ($t(398) = -1.23, p = 0.219$). Overall, the t-test results indicate that there are no significant gender differences in the Psychological Well-Being Scale (PWBS) between boys and girls. This suggests that boys and girls have similar levels of overall well-being and specific dimensions of well-being.

Testing Gender Differences for Psychological Wellbeing
The analyses gender differences in both the total scale scores and sub-scales of the School Environment Inventory (SEI), t-tests were performed.

Table 5: Represents t-test for the School Environment Inventory (SEI) between Boys and Girls

	Male		Female		t-test	p-value
	M	SD	M	SD		
SEI-Total	3.62	1.08	3.91	1.19	-3.28	0.239
Physical Surroundings	3.50	0.70	3.60	0.75	-1.12	0.264
Teacher-Student Interactions	4.00	0.60	4.05	0.65	-0.73	0.465
Peer Relationships	3.75	0.65	3.80	0.70	-0.68	0.498
Academic Support	3.90	0.70	4.00	0.75	-1.18	0.239
Extracurricular Activities	3.95	0.60	4.10	0.65	-1.85	0.065
<i>Note: p<0.05*, p<0.01**</i>						

Table 5 presents the findings of the t-tests conducted to examine gender differences in the School Environment Inventory (SEI) between

boys and girls. The t-test results indicate that there are no significant disparities between boys and girls in Physical Surroundings ($t(398) = -1.12, p = 0.264$), Teacher-Student Interactions ($t(398) = -0.73, p = 0.465$), Peer Relationships ($t(398) = -0.68, p = 0.498$), Academic Support ($t(398) = -1.18, p = 0.239$) and Extracurricular Activities, with girls ($M = 4.10, SD = 0.65$). Overall, the t-test results indicate that there are no significant gender differences in most aspects of the School Environment Inventory (SEI) between boys and girls. This suggests that boys and girls perceive the physical surroundings, teacher-student interactions, peer relationships, academic support, and Extracurricular Activities, and in similar ways.

Discussion

The main aim of this study was to investigate the relationship between psychological wellbeing and the school environment among adolescents, with a focus on potential gender differences. The descriptive results suggest that both boys and girls generally have positive psychological well-being across the dimensions measured by the PWBS. These findings align with previous research studies that have emphasized the importance of psychological well-being in adolescents' overall development and academic success (Brown et al., 2019; Roberts & Spencer, 2021). The slight variations in mean scores between boys and girls may reflect gender differences in the experience and expression of psychological well-being. Furthermore, girls perceive a slightly more positive school environment across the dimensions measured by the SEI. It implies that girls may experience a higher level of satisfaction with physical surroundings, teacher-student interactions, peer relationships, academic support, and extracurricular activities compared to boys. These findings align with previous research studies that have highlighted the significance of a positive school environment in promoting student well-being and academic achievement (Smith et al., 2018; Johnson & Anderson, 2020). Gender disparities in the perception of the school environment may reflect variations in social dynamics and interactions experienced by boys and girls within the educational setting. These results are in line

with earlier studies that stressed the value of a supportive learning environment for fostering student's psychological wellness (Smith et al., 2018).

The correlation analysis shed important light into the relationship between psychological wellbeing and the school environment among adolescents. The significant correlations highlight the importance of a positive school environment for fostering students' psychological wellbeing. A supportive and engaging school environment can contribute to students' emotional well-being, positive relationships, and personal growth. Conversely, a negative or challenging school environment may hinder students' psychological wellbeing and academic success (Johnson & Anderson, 2020). Through interactions with students, teachers, and the general school atmosphere, the school environment, as a microcosm of the greater society, influences these dimensions (Wang & Eccles, 2013).

Additionally, the results suggest that boys and girls have similar levels of well-being across these dimensions. The results are in tune with previous research studies that have reported mixed results regarding gender differences in psychological well-being (Smith et al., 2019; Johnson & Anderson, 2021). It suggests that gender may not be a significant factor in predicting overall well-being or specific dimensions of well-being among adolescents. Furthermore, the boys and girls perceive similar levels of these aspects of the school environment. These findings are in line with previous research suggesting that gender differences in the perception of the school environment may vary across different dimensions (Johnson et al., 2020; Smith & Anderson, 2018).

Conclusion

This study assessed 400 adolescents' psychological well-being and school environment impressions—200 boys and 200 girls. A helpful and good educational environment increases teenage psychological well-being. Emotional well-being, life satisfaction, self-acceptance, positive connections, personal progress, and life purpose were equivalent for boys and girls. The study assessed boys' and girls' school environment perceptions of physical surroundings, teacher-student interactions, peer

relationships, academic support, and extracurricular activities. Gender did not affect physical surroundings, teacher-student interactions, peer relationships, academic support, or extracurricular activities.

These findings assist us understand adolescent mental health and education. Boys and girls have equal psychological well-being, stressing the need to promote teen mental health. The lack of gender differences in most school

environments shows that boys and girls regard their physical surroundings, teacher-student interactions, peer connections, academic support, and extracurricular activities similarly. This study illuminates adolescent mental health and school. The findings imply that adolescents need comprehensive interventions that address individual well-being and the school environment to succeed in school.

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Unfolding The Other: A Psychoanalytic Study of Indian Transgender's Autobiographies

Shiksha Bala *, Prof. Tanu Gupta **

Abstract

*The paper explores the psychological aspects of the autobiographical accounts of two Indian transgender individuals - A. Revathi's *The Truth about Me: A Hijra Life Story* (2010) and Laxmi Narayan Tripathi's *Me Hijra, Me Laxmi* (2015). The study adopts a psychoanalytic approach to understand the experiences of these individuals, with a focus on their identity formation, social stigmatization, and struggles for acceptance. Through a detailed analysis of their autobiographies, the paper aims to shed light on the complex psychological dynamics that underlie the experiences of transgender individuals in India, and the unique challenges they face in their journey towards self-realization and societal acceptance.*

Keywords: Transgender, Hijra, Queer, Discrimination, Social identity theory, Minority stress theory

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Introduction

In recent years, there has been a growing interest in the experiences of transgender individuals, particularly those who identify as Hijra in India. Two important autobiographies in this genre are A. Revathi's *The Truth about Me: A Hijra Life Story* (2010) and Laxmi Narayan Tripathi's *Me Hijra, Me Laxmi* (2015). Both of these works provide valuable insight into the challenges faced by hijra individuals in India, as well as their resilience, courage, and determination. A. Revathi's *The Truth about Me: A Hijra Life Story* (2010) is a powerful memoir that chronicles Revathi's journey as a hijra, from her childhood in a small village to her life as a sex worker to her failed marriage and ultimately her journey to activism. Revathi's story is a poignant reminder of the discrimination and violence that hijra individuals face in Indian society. Despite this, Revathi refuses to be defined by her gender identity and instead focuses on her dreams and aspirations. Laxmi Narayan Laxmi's *Me Hijra, Me Laxmi* (2015) is another important memoir that provides insight into the experiences of hijra individuals in India. Laxmi is a well-known activist who has dedicated her life to fighting for the rights of Hijra individuals. Her memoir is a powerful testament to the

struggles and triumphs of the Hijra community. One of the most compelling aspects of Laxmi's memoir is her focus on the intersectionality of identity. Queer theory emerged in the 1990s as a response to limited views on gender and sexuality, recognizing identities outside heterosexuality and cisgender norms. It sees gender and sexuality as socially constructed and fluid, shaped by history, culture, and power dynamics (McPhail, 2004). Transgender individuals' gender identity differs from their assigned sex at birth, and some may undergo medical interventions (Winter et al., 2016). In South Asia, "hijra" refers to individuals identifying outside male or female. They have a significant cultural history, including male-to-female transgender individuals, intersex people, and eunuchs (Reddy, 2006). Hijras play unique social roles but face stigma and discrimination, with some preferring the term "transgender" due to the negative connotations of "hijra" (Reddy, 2006).

Literature Review

Transgender individuals in India, often identified as "hijras," encompass a diverse group with a rich historical presence in the South Asian cultural milieu (Reddy, 2005). Ancient scriptures depict hijras in esteemed

roles, indicating their once respected status within society (Nanda, 1990). However, with the advent of colonial rule and subsequent legal and societal changes, hijras, along with other transgender communities, faced profound marginalization (Dave, 2012). A pivotal moment in recent times was the 2014 Supreme Court judgment recognizing transgender people as a third gender, marking a significant step towards their rights and acceptance (Bhan, 2016). Yet, studies continue to indicate that systemic challenges, particularly in healthcare, employment, and education, remain, highlighting a critical gap between legal provisions and their practical implementations (Chakrapani et al., 2017).

Henri Tajfel and John Turner developed a theory called Social Identity Theory in the 1970s. This theory emphasizes the influence of social groups on individual identity (Wikipedia contributors, 2023). According to Tajfel and Turner, social identity refers to the part of an individual's self-concept that stems from their knowledge of belonging to a particular social group (Tajfel, 2010). Social Identity Theory suggests that individuals categorize themselves and others into social groups based on characteristics such as race, ethnicity, gender, sexuality, and more. It sheds light on the psychological processes involved in social categorization and group identification. Thus, Social Identity Theory highlights how social groups play a significant role in shaping our sense of self and our interactions with others (Islam, 2014). For queer individuals, their social identity can be particularly intricate, as they may belong to multiple intersecting communities based on gender identity, sexual orientation, and other factors. Transgender identity refers to a gender identity that does not align with the sex assigned at birth. This can manifest in various ways, such as a desire to transition from one gender to another, identifying as non-binary or genderqueer. Transgender individuals often experience distress and dysphoria due to the incongruity between their gender identity and physical body (Grant et al., 2011). Consequently, they may face negative psychological consequences,

including depression, anxiety, and suicidal thoughts (Bockting et al., 2013).

Although there has been a notable increase in research on transgender issues in India, particularly following the legal recognition of the third gender in 2014 and subsequent legal developments, a significant gap remains in the literature. Much of the existing research focuses on transgender communities from an external perspective, with limited studies led by or centered on the firsthand accounts of transgender individuals themselves. The depth and authenticity of narratives grounded in personal lived experience often reveal nuanced insights and emotional dimensions that may be missed in conventional third-person research. There is a pressing need to prioritize and amplify research by and for transgender individuals to ensure a comprehensive understanding of their unique experiences and challenges.

Objective:

The aim of this research is to explore the narratives of Indian transgender individuals through the lens of psychoanalysis.

Methodology:

This study adopts a qualitative research methodology to gain an in-depth understanding of the complexities and nuances of transgender identities, focusing on the analysis of autobiographies written by Indian transgender individuals. To analyze the autobiographies two key theoretical frameworks are used named, minority stress theory by Ilan H. Meyer and social identity theory by Henri Tajfel and John Turner.

Data collection

The data collection process for this study involved the examination and analysis of two autobiographical accounts written by Indian transgender individuals: A. Revathi's *The Truth about Me: A Hijra Life Story* (2010) and Laxmi Narayan Tripathi's *Me Hijra, Me Laxmi* (2015). The chosen writings reflect the vital representation of the daily experiences of Indian transgender people, offering deep insight into the psychological dimensions of their existence. The selected autobiographies are then carefully examined using qualitative research methods.

Discussion:

Transgender Identity

For transgender individuals, the process of understanding and accepting their gender identity can contribute to an identity crisis. Identity crisis and gender dysphoria are two significant experiences faced by transgender individuals (Piper & Mannino, 2008). Revathi's narrative vividly portrays the clash between societal expectations and her own identity as a Hijra in Indian society. Revathi's autobiography reveals the pressure she experienced to conform to traditional gender roles, which created a profound identity crisis. She writes, "I remember being caned for 'not being brave like a boy'. And since I did not play boys' games, I got punished by the Physical Training Teacher too" (Revathi, 2010). The tension between societal expectations and her innate gender identity became a source of profound inner conflict, compelling her to confront and question the foundations of her identity.

Laxmi's narrative also exposes the struggles faced by Hijras as they grapple with societal expectations and the pressure to conform to traditional gender roles. She writes, "I was a male. Then what was it about my body that attracted other men to me? Why was it always men who were turned on by me and never women?" (Laxmi, 2015). The conflict between societal norms and her authentic self resulted in an identity crisis, compelling Laxmi to search for her true identity. Transgender individuals often undergo a period of self-reflection and questioning as they navigate their gender identity.

Gender dysphoria also affects the sense of social or gender identity. Gender dysphoria refers to the distress experienced due to the incongruence between one's assigned sex at birth and their gender identity (Yarhouse, 2015). According to Sigmund Freud "sexuality is the key to the problem of the psychoneuroses and of the neuroses in general. No one who disdains the key will ever be able to unlock the door" (Freud & Strachey, 1962). Transgender people often experience a sense of discomfort with their body, feeling as if they are trapped in the wrong body. This distress can be significant and can lead to social isolation, anxiety, and depression. In some cases, transgender individuals may even attempt suicide (Piper

& Mannino, 2008). A. Revathi was born as Doraisamy in 1971 in Nagercoil, Tamil Nadu. She was assigned male at birth and grew up in a conservative family. "I WAS BORN last in a family of five with three brothers and a sister. My parents named me Doraisamy and since I was the youngest son" (Revathi, 2010.) Even after the assignment of male sex Revathi was identifying herself as a woman since the childhood. In order to feel like a woman, she would wear her sister and mothers' cloths. She writes:

as soon as I got home from school, I would wear my sister's long skirt and blouse, twist a long towel around my head and let it trail down my back like a braid. I would then walk as if I was a shy bride, my eyes to the ground, and everyone would laugh. (Revathi, 2010, p. 4)

Similarly, Laxmi assigned sex was of a male. "My name was Laxminarayan, and I also had an alias, Raju. As the only son of my parents (at that point), I was there favorite" (Laxmi, 2015). She further clarifies her women identity as "I did not think myself as a man. I thought of myself as a woman" (Laxmi, 2015).

Laxmi argues that "the word 'hij' refers to the soul, a holy soul. The body in which the holy soul resides called 'hijra'." (Laxmi, 2015) Further she states that "a Hijra is neither a man nor a woman. She is feminine, but not a woman. He is masculine, a male by birth, but not a man either. A hijra's male body is a trap- not just to the hijra itself who suffocates within it, but to the world in general that wrongly assumes a hijra to be a man" (Laxmi, 2015).

Minority stress theory

Minority stress theory, proposed by Ilan H. Meyer in 2003, explores the stressors and challenges faced by individuals from marginalized communities, with a specific focus on lesbian, gay, and bisexual populations initially. It centers on the impact of stigma, prejudice, and discrimination on the health and well-being of marginalized individuals. Over time, the theory has evolved to encompass a broader understanding of stressors, extending its scope to include other minority groups, such

as racial and ethnic minorities, transgender individuals, and those with disabilities (Hatzenbuehler, 2009). The theory's ultimate goal is to uncover the mechanisms through which these stressors influence the mental and physical health of queer marginalized people. The key components of the theory are:

Distal Stressors

Distal stressors are societal-level factors that contribute to the stress experiences of queer people. Discrimination, as a distal stressor, has been extensively studied in relation to its detrimental effects on mental health and well-being (Paradies, 2006). The distal stressors in Revathi's life include the prejudice and discrimination she faces from her conservative community. On returning home in woman attire, Revathi faced severe harassment and was subjected to merciless beatings by her family. Her family took her to the temple and shave her hair off (Revathi, 2010).

After undergoing the transformative nirvana operation, Revathi turned to sex work to satisfy her sexual needs, but faced relentless harassment and assault from clients and police. In one distressing incident, she was forcibly stripped and had to seek refuge to escape. The societal judgment towards her body and desires led to immense hardship and torment. She endured brutal assaults and violence from both male clients and police officers, experiencing a dehumanizing incident of abuse by a policeman who responded with aggression to her protests (Revathi, 2010).

Proximal Stressors

Proximal stressors are individual-level experiences that arise as a direct result of one's marginalized status. "Proximal stress processes are internal, and are often the byproduct of distal stressors; they include concealment of one's minority identity, vigilance and anxiety about prejudice, and negative feelings about one's own minority group. Together, distal and proximal stressors accrue over time, leading to chronically high levels of stress that cause poor health outcomes" (Williams et al.,

2017). Revathi shares her experience of being rejected by her family when they discovered her gender identity. This rejection can lead to a sense of isolation, emotional pain, and severed familial ties. The lack of acceptance and support from loved ones can be a significant source of proximal stress. Revathi discusses the constant exposure to negative attitudes and mistreatment that created significant proximal stress. She experienced deep stress after getting harassed in the school.

"I was teased often at school, for behaving like a girl, for doing women's work, and on the streets too, was bullied often. I had a stammer and would also get teased for that. I was thus a regular source of amusement and curiosity. . . My classmates would chant, 'Girl-boy!' 'Ali!' 'Number 9!' My heart would sink at these words" (Revathi, 2010).

Laxmi highlights the issue of intra-community discrimination among hijras, where those who don't conform to traditional norms face marginalization and proximal stress. She became a point of conflict between Lataguru, the hijra community leader, who wanted Laxmi to adhere to their way of life, and her parents who wished to raise her in their home. While Lataguru aimed to control and restrict Laxmi, her parents were more accepting, though they had reservations about her becoming a hijra. Laxmi expressed her desire to be accepted as Raju, their eldest son, by her family, while also pursuing her own path outside of the hijra community (Laxmi, 2015).

Internalized Stigma

Internalized stigma, another important component of minority stress theory, refers to the process by which individuals internalize negative societal attitudes and stereotypes about their own marginalized identity. This internalization can lead to self-blame, low self-esteem, and a sense of shame (Meyer, 2003). Internalized stigma contributes to the psychological burden experienced by marginalized individuals and further exacerbates the impact of external stressors on mental health outcomes (Boyd et al., 2014). Laxmi's suicide attempt highlights the devastating impact of internalized stigma

on his life. It portrays the extreme emotional distress and desperation she experiences as a result of internalizing the negative attitudes and beliefs associated with being a hijra or transgender person. Laxmi's suicide attempt could be seen as a tragic consequence of the cumulative effect of discrimination, rejection, and internalized shame (Laxmi, 2015).

The accumulation of minority stressors can have severe consequences on the mental and physical well-being of LGBTQ+ individuals. Revathi and Laxmi's experiences reflect this impact. The constant exposure to prejudice and discrimination creates chronic stress, contributing to higher rates of anxiety, depression, and substance abuse.

The exploration of "Transgender Identity" through the lens of Revathi and Laxmi's narratives underscores the intricate tapestry of emotions, societal challenges, and self-acceptance experienced by transgender individuals. The benefits of this study include fostering a deeper understanding of the psychological and emotional intricacies faced by transgender people, potentially catalyzing more inclusive mental health policies and societal reforms. The implications are grave, emphasizing the detrimental impact of societal discrimination, leading to internalized stigma and severe mental health crises. Futuristically, this research highlights the importance of embracing a more inclusive, educated, and compassionate society. As awareness grows and societal norms evolve, there's hope for a future where gender identity is understood, accepted, and celebrated in its diverse forms, paving the way for more holistic well-being and acceptance for transgender individuals.

Conclusion

Sigmund Freud in Letter to an American mother argued that "Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness" (Marshall, 2014). A. Revathi's *The Truth about Me: A Hijra Life Story* and Laxmi Narayan Tripathi's *Me Hijra, Me Laxmi* are two memoirs that offer valuable insights into the experiences of hijra individuals in India.

While the two works differ in their narrative styles, they share common themes of discrimination, resilience, and activism. Both memoirs highlight the social and cultural marginalization of hijra individuals in India. Revathi's memoir depicts the violence and abuse that hijras face on a daily basis, while Laxmi's work explores the intersectional nature of discrimination, including caste and class-based oppression. Both authors offer a sobering look at the many barriers that hijra individuals must overcome in order to lead fulfilling lives.

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Elizabeth Bishop's Poetry: A Psychological Dive into Mindfulness

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Abstract

This study provides an innovative approach to understanding Elizabeth Bishop's poetry by applying mindfulness theory. Our examination of Bishop's life and selected works, such as "The Fish," "In the Waiting Room," and "One Art," revealed consistent mindfulness techniques and themes. These techniques were characterized by detailed observation, potent imagery, and a strong emphasis on ordinary experiences. Employing mindfulness as an interpretive lens enhanced the reception of Bishop's poetry, fostering increased empathy and attention. This application, however, is not without challenges and criticisms, which we acknowledge. The research points towards the potential for integrating mindfulness into literary education and suggests opportunities for interdisciplinary academic collaboration. Ultimately, it emphasizes the transformative power of mindfulness in literature, particularly in understanding Bishop's work and its broader implications for human engagement with the world around us. This study thus offers valuable insights into the synergy between mindfulness theory and literary understanding.

Keywords: Elizabeth Bishop, attention, empathy, Buddhist philosophy, mindfulness theory, literary pedagogy

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Introduction:

Elizabeth Bishop, an esteemed American poet renowned for her perceptive observations and vivid imagery, left an indelible mark on the literary world by capturing the essence of everyday life and the vast range of human emotions. This research paper explores Bishop's poetry through the innovative lens of mindfulness theory—a concept primarily associated with psychology, health, and spirituality. Despite not traditionally connected with mindfulness or spirituality, Bishop's poetry offers a captivating focal point for analysis due to its emphasis on sensory experiences and meticulous precision.

Mindfulness, characterized by non-judgmental awareness of the present moment, has been studied extensively in psychology and linked to various mental and physical health benefits, such as stress reduction and improved cognitive function. Recently, scholars have begun extending this concept to literature, suggesting that mindfulness can enhance our understanding and appreciation of literary works.

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This research aims to examine the application of mindfulness theory to Bishop's poetry, focusing on three key themes—attention, empathy, and everyday experiences—that resonate with mindfulness. By delving into these themes, we seek to uncover the profound sensory richness and emotional depth inherent in Bishop's poetry, shedding light on the potential benefits of mindful reading.

In the broader academic landscape, this study contributes to the emerging field of mindfulness studies in literature, highlighting how Elizabeth Bishop enriches this domain in distinctive ways. By exploring Bishop's work through the lens of mindfulness, we reveal new dimensions of her poetry, emphasizing the interconnectedness between literature, mindfulness, and the human experience. Ultimately, this paper advocates for a mindful approach to literature, underscoring how mindfulness can deepen our understanding of literary works and themes. Our goal is to encourage a broader comprehension of mindfulness's role in

literature and inspire further research in this expanding field.

Literature Review

Mindfulness, defined by Kabat-Zinn (2003), involves cultivating present-moment awareness with attention, non-judgment, and compassion. It encourages an open and neutral stance towards experiences (Bishop et al., 2004), offering extensive psychological benefits such as stress reduction, well-being enhancement, and cognitive improvement (Keng et al., 2011). The core principles of mindfulness, including attention, present-moment awareness, non-judgment, and compassion, parallel poetry. Both require intense focus on sensory experiences, employ vivid imagery, and nurture a profound connection to the present (Hart, 2004). Additionally, they foster empathy, self-comprehension, and interconnectedness (McGill, 2016).

The intersection of mindfulness and poetry has been studied. White (2012) found that a mindfulness-based writing intervention significantly improved participants' poetry skills and appreciation of the art form. Greenberg et al. (2015) discovered that mindfulness meditation enhanced creativity and emotional resonance in poetry writing. Hanley et al. (2016) demonstrated that mindfulness training increased empathy for emotions expressed in poetry and improved understanding of the poet's perspective.

Poetry's essence shares parallels with the core principles of mindfulness. Just as mindfulness emphasizes the present moment, poetry often captures and magnifies the 'now'. It is no surprise then that scholars have long recognized the therapeutic effects of poetry. Bolton (1999) highlights the use of poetry and narrative in therapeutic contexts, suggesting its potential in fostering introspection and emotional release.

There's also the realm of bibliotherapy, where literature, including poetry, is used to promote mental well-being. Billington (2011) has explored the therapeutic impact of shared reading groups, and while not exclusive to poetry, these sessions often include poems due to their emotional resonance and ability to provoke discussion and reflection.

The intersection of mindfulness and poetry is a burgeoning field of research. In a more general context, Sawyer (2012) explored the benefits of mindfulness in creative processes, suggesting that a mindful approach can potentially enhance creativity. While this research wasn't exclusive to poetry, its implications for poets and readers are evident.

This research supports the application of mindfulness theory to analyse Bishop's poetry. Mindfulness theory offers a framework to explore the link between poetry and present-moment awareness, attention, non-judgment, and compassion. It suggests that mindfulness practice enhances both the crafting and appreciation of poetry, connecting to its emotional essence and sensory experiences. Applying this framework to Bishop's poetry allows readers to better understand her work, emphasizing poetry's transformative potential in cultivating empathy, interconnectedness, and present-moment awareness.

While the intersection of mindfulness and poetry has been explored, there's a discernible research gap in the specific integration of mindfulness principles within the works of individual poets, such as Elizabeth Bishop. Existing studies provide overarching insights into the therapeutic and creative intersections of mindfulness and poetry, but a detailed examination of how Bishop, and poets of similar stature, embody these principles in their narratives and techniques remains largely uncharted. Furthermore, the impact of mindfulness familiarity on readers' reception of Bishop's work, as well as the pedagogical potential of combining mindfulness practices with the study of her poetry in academic settings, are areas yet to be extensively probed.

Methodology

Research Design

This qualitative research employs close textual analysis and interpretive methods to explore the relationship between mindfulness theory and Elizabeth Bishop's poetry. The study aims to identify mindfulness-related themes and techniques in Bishop's verse, examine their correlations with mindfulness theory, and consider the rewards and

limitations of applying a mindfulness lens to her poetry.

Sample

Data consists of Bishop's published poetry and secondary sources like biographical literature, scholarly articles, and critical commentaries. The selected poems, including "The Fish," "In the Waiting Room," and "One Art," were chosen for their prominence and relevance to mindfulness-related themes. Secondary sources offer context, background knowledge, and insights into Bishop's life and creative process. The methodology involves close reading and textual analysis of Bishop's poetry, focusing on mindfulness-related elements like language, imagery, structure, and tone. The poems are compared with established mindfulness theories and practices found in scholarly literature.

Secondary sources undergo content analysis to extract information about Bishop's life, writing process, and critical reception, providing support and depth to the analysis. The research adheres to close reading principles, citing sources accurately and grounding the analysis in existing mindfulness theory. Ethically, the study analyses published poetry and secondary sources, avoiding direct concerns with human participants. Academic integrity is maintained by avoiding plagiarism and respecting Bishop's personal experiences. The study acknowledges limitations in the selected poems and available secondary sources. It recognizes the potential for further connections to mindfulness theory with a broader selection and alternative theoretical perspectives.

Discussion

Elizabeth Bishop, a renowned American poet of the 20th century, captivates readers through her ability to infuse ordinary experiences and objects with profound meaning in her poetry. By meticulously observing and describing the world around her, employing vivid imagery, and emphasizing everyday encounters, Bishop's poems lend themselves to interpretation through the lens of mindfulness. This section offers an overview of Bishop's prominent themes and techniques, followed by an analysis of specific poems exemplifying her

utilization of mindfulness-related elements, including "The Fish," "In the Waiting Room," and "One Art".

Bishop's poetry is characterized by her keen attention to detail, enabling her to vividly depict the world and elicit a sensory experience for readers. This meticulousness is intertwined with her skilful use of imagery, invoking powerful sensory impressions and inviting readers to heighten their awareness and engage more fully with the world (Costello, 2005). Additionally, Bishop explores themes of self-discovery, identity, and loss, establishing an intimate connection with readers through her focus on everyday experiences and objects. This connection encourages readers to mindfully explore the themes and emotions present in Bishop's work (Oliver, 2012).

"The Fish"

"The Fish" exemplifies Bishop's skill in employing mindfulness-related themes and techniques. The poem portrays the act of catching a fish, with the speaker's keen focus on the fish's appearance and the surrounding environment. Through vivid imagery, like the fish's "grim, wet, and weapon like" skin (Bishop, 1946, line 24), readers are immersed in the moment, encouraging mindful engagement. Additionally, the poem showcases how focused attention fosters empathy and understanding. The speaker's observation reveals the fish's resilience and intrinsic beauty, leading to a transformative moment of releasing the fish, symbolizing a newfound connection with nature (Bishop, 1946).

"In the Waiting Room"

"In the Waiting Room" explores themes of identity, self-discovery, and interconnectedness. Set in a dentist's waiting room, young Elizabeth's heightened awareness and sensory details, like the "big, black, hirsute begonia" (Bishop, 1971), create a vivid experience. The poem highlights mindfulness as Elizabeth questions her identity and place in the world through a National Geographic magazine. Her introspection leads to clarity, recognizing the interconnectedness of all beings and the shared human experience (Bishop, 1971).

"One Art"

"One Art" explores the theme of loss and human resilience. The poem's villanelle structure enforces a strict repetition of lines, reflecting the discipline of mindfulness and the importance of staying aware (Bishop, 1976). The refrain, "The art of losing isn't hard to master" (Bishop, 1976, lines 1, 6, 12, and 18), reminds us of life's impermanence and the need to accept loss as an inevitable part of existence. The speaker's list of losses demonstrates the universal nature of loss and the role of mindfulness in coping and acceptance. Mindful engagement with present and acknowledging the transient nature of life foster personal growth and resilience in the face of loss (Bishop, 1976).

"The Moose"

Bishop skilfully employs meticulous attention to detail and evocative imagery in "The Moose" to vividly portray a bus journey through Canada's countryside. The poem's emphasis on the landscape, passengers, and a surprising encounter with a moose prompts reader to embrace the present moment and appreciate nature's magnificence (Bishop, 1976). The moose's sudden appearance serves as a catalyst for passengers to pause and contemplate their own lives, highlighting the significance of mindfulness in fostering self-awareness and connection to the world (Bishop, 1976). The poem also explores the shared human experience, as passengers collectively marvel at the sight of the moose (Bishop, 1976).

"Sestina"

Bishop's "Sestina" showcases her skill in crafting intricate patterns and imagery, while exploring themes of loss, memory, and time's passage. The poem's sestina form emphasizes cyclicity and enduring memories (Bishop, 1965). Through evocative descriptions like the grandmother's "tears on the back of her stove" (Bishop, 1965, line 7), readers are prompted to engage mindfully, delving into the emotions and memories unfolding within the narrative. The juxtaposition of past and present and the focus on everyday objects highlight the significance of mindfulness in understanding the complexities of human existence (Bishop, 1965).

"Filling Station"

In "Filling Station," Bishop transforms a gritty gas station into a moment of marvel and beauty through meticulous observation and vivid imagery. The poem encourages readers to fully engage with the present, appreciating even the minutest details, like the "greasy sons assisting" (Bishop, 1965, line 4) and the "dirty, oil-soaked monkey suit" (Bishop, 1965, line 17). Additionally, the poem underscores the human longing for connection and love, as the speaker envisions the caring gestures within the family dwelling at the station, such as the "doily" adorning the "oil-soaked table" (Bishop, 1965, lines 26-27). By exploring ordinary existence and relationships, "Filling Station" illuminates how mindfulness cultivates empathy and comprehension of the human condition (Bishop, 1965).

Elizabeth Bishop's poems "The Moose," "Sestina," and "Filling Station" further exemplify her focus on mindfulness, emphasizing present moments and intricate details, fostering connection to the world and understanding human experience.

Relationship to Mindfulness Theory

Elizabeth Bishop's poetry, exemplified by "The Fish," "In the Waiting Room," and "One Art," can be understood through a mindfulness lens. Bishop's meticulous attention to detail, adept use of imagery, and focus on everyday experiences and objects encourage readers to practice mindfulness. Mindfulness entails being fully present in the moment and cultivating self-awareness (Kabat-Zinn, 1990).

By exploring themes of self-discovery, identity, and loss, Bishop establishes a connection with readers, prompting reflection on personal experiences and emotions. This connection fosters a deeper engagement with the present moment and an understanding of interconnectedness (Oliver, 2012).

Bishop's poetry not only showcases the world's beauty but also highlights the potential for personal growth and resilience when individuals engage mindfully with life. Her attention to detail, imagery, and focus on everyday experiences offer a sensory experience that encourages readers to engage with the world more fully and with greater

awareness. By analysing poems such as "The Fish," "In the Waiting Room," and "One Art," Bishop's poetry reveals the power of focused attention, empathy, and self-discovery (Oliver, 2012).

Mindfulness and Bishop's Reception

Elizabeth Bishop's incorporation of mindfulness in her poetry profoundly influences readers, critics, and fellow poets, leaving an indelible mark on their perception of her work. Through mindfulness-related themes and techniques, Bishop enhances the reader's experience, urging them to embrace the present moment and engage with the sensory aspects of their experiences. With meticulous attention to detail, vivid imagery, and precise language, she creates an immersive and captivating reading journey, resonating with readers seeking presence and attentiveness. Critics recognize Bishop's ability to cultivate empathy and compassionate understanding through her exploration of loss, impermanence, and interconnectedness. Her mindfulness-infused approach exerts a significant influence on other poets, inspiring them to adopt a similar connection with the world. However, it is important to acknowledge concerns that focusing on mindfulness might overshadow other literary analysis aspects. Nevertheless, Bishop's mindfulness-inspired poetry expands readers' comprehension of the human experience and deepens their admiration for the interconnectedness of the world. Through a mindfulness lens, readers establish a profound connection with her work, gaining insights into their own lives and the broader human condition. Bishop's poetry transforms readers, critics, and poets, fostering presence, heightened sensory experience, and deeper connections, inspiring a mindful and compassionate approach to life and literature, despite challenges and criticisms.

Future Scope

The exploration of mindfulness within Elizabeth Bishop's poetry presents a multitude of benefits, enriching our perception and understanding of her work. This research holds the potential to unveil deeper, perhaps previously unnoticed layers of meaning and emotional resonance within her poems. It could elevate literary

appreciation by providing readers and scholars with a fresh lens through which to explore and engage with Bishop's oeuvre. Additionally, the intersection of literary studies and psychology through this research presents a vibrant interplay between the two disciplines, fostering an enriched understanding in both fields. From a pedagogical standpoint, this approach offers educators a novel methodology, integrating mindfulness techniques and literary study in a manner that fosters both intellectual and emotional growth within students. Furthermore, this research could present new avenues in bibliotherapy, providing therapeutic professionals with new, nuanced tools to promote mental and emotional well-being through engaged reading.

Looking forward, the research into mindfulness within poetry, particularly within Bishop's work, opens up a plethora of avenues for further exploration and study. A comparative analysis, examining how mindfulness principles manifest in the work of poets from varying cultural, temporal, and regional backgrounds, could offer a more holistic view of the relationship between mindfulness and poetry. This could be expanded into a thorough reader reception study, exploring how a familiarity with mindfulness principles impacts the reader's engagement and interpretation of such poetry. In the realm of pedagogy, detailed models and curricula could be developed, taking the integration of mindfulness and literary study to more practical and applied levels within educational settings. A fascinating further step might involve neuroscientific research, exploring the cognitive and neurological impacts of reading poetry that embodies mindfulness principles. This would not only deepen the understanding of the reader-poem interaction but also provide tangible data on the cognitive benefits of such engagement. Furthermore, extending the research into a broader cultural context, exploring how poets from traditions where mindfulness originates, interpret, and embody these principles, could offer a fascinating insight into the inherent intertwining of cultural narrative and mindfulness within poetic expression.

Conclusion

Elizabeth Bishop, an acclaimed American poet, made a significant impact on the literary world with her perceptive observations and evocative imagery. This research paper explores Bishop's poetry through the lens of mindfulness theory, typically associated with psychology, health, and spirituality. Despite the unconventional connection, Bishop's focus on sensory experience and precision provides an intriguing opportunity for analysis. Applying mindfulness theory to Bishop's poetry illuminates her significance within mindfulness practices. Mindfulness, characterized by non-judgmental present-moment awareness, has been extensively

researched for its mental and physical health benefits. Scholars have begun exploring its application to literature, suggesting that it enhances our appreciation and understanding.

This study contributes to the nascent field of mindfulness studies in literature, showcasing Bishop's unique contributions and advocating for a mindful approach to enhance our comprehension of literary works and themes. Further exploration will continue to reveal the transformative potential of mindfulness practices in enhancing our engagement with literature and the world, inspiring readers worldwide to cultivate empathy, compassion, and present-moment awareness.

Between Elizabeth Bishop and Robert Lowell. Farrar, Straus and Giroux.

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Exploring the Trauma of Marital Rape and Complex Post Traumatic Stress Disorder: A Critical Analysis of Sreemoyee Piu Kundu's *Sita's Curse: The Language of Desire*

Swarnika Modi*, Prof. Tanu Gupta**

Abstract

This study offers a critical examination of Sreemoyee Piu Kundu's Sita's Curse: The Language of Desire, foregrounding the intricate intersections of marital rape-induced trauma and Complex Post-Traumatic Stress Disorder. It utilizes Judith Herman's theory of Complex-Post Trauma Stress Disorder as a key theoretical framework to uncover profound psychological implications of marital rape as represented in Kundu's novel. The study illuminates the need for context-specific diagnostic tools and trauma-informed care models to address marital rape's unique psychological toll. Further, it emphasizes the urgent need for enhanced literary and psychological analysis of texts depicting marital rape, given its wide-ranging impacts on victims' psychological health and societal wellbeing. The study's findings potentially guide future research, fostering a comprehensive understanding of marital rape trauma and its depiction in literature.

Keywords: Marital Rape, Complex Post-Traumatic Stress Disorder, Sita's Curse: The Language of Desire, Trauma-informed care models, Literary Analysis

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Introduction

Marital rape, a topic often shrouded in silence, has emerged as a critical issue that demands greater exploration within our society. This form of domestic violence not only entails immediate physical implications but also triggers profound psychological consequences, most notably the development of Complex Post-Traumatic Stress Disorder (Herman, 1992). Complex-Post Trauma Stress Disorder, initially described by Judith Herman, extends beyond the symptoms of traditional Post Trauma Stress Disorder, encompassing alterations in self-perception, relations with others, and systems of meaning (Herman, 1992).

A review of existing literature reveals a limited number of works that rigorously analyze the trauma associated with marital rape and its potential to result in Complex-Post Trauma Stress Disorder (Duma et al., 2007; Engle, 2013). These studies have laid the foundation by establishing a correlation between these distressing experiences and enduring psychological effects

In the realm of literary exploration, few studies have delved into the theme of marital rape and its psychological consequences. Sreemoyee Piu Kundu's novel *Sita's Curse: The Language of Desire* (2013) provides a unique and rich canvas for such an exploration. This narrative confronts the societal taboo of marital rape in Indian society and reflects the emotional and psychological turmoil that the protagonist endures.

Literature Review A scan of existing literature reveals a conspicuous gap. While some studies, such as those by Duma et al. (2007) and Engle (2013), have attempted to bridge this gap, the body of research remains scant. These pioneering studies have shed light on the correlation between marital rape and enduring psychological trauma. However, the limited number of rigorous academic inquiries into this intersection underscores the need for further research.

Brownmiller in her paper "Against Our Will: Men, Women and Rape" (1975) examined the reluctance to confront or discuss marital

rape is deeply embedded in societal norms and cultural beliefs. Historically, marriage has been regarded as a sacrosanct institution, with many societies traditionally viewing marital relations as an inviolable right. This perception, coupled with the stigma associated with discussing intimate marital issues publicly, has contributed to the silence and underreporting of marital rape.

Historically, many societies and legal systems did not recognize marital rape as a crime. It was only in the late 20th century that countries began criminalizing marital rape (Russell, 1990). By the early 21st century, many countries had laws against it, but enforcement remained a challenge (Bergen, 1996).

Existing research on the psychological trauma resulting from marital rape, such as the works by Duma et al. (2007) and Engle (2013), provides foundational insights, but there remains a pronounced gap in comprehensively exploring its linkage to Complex Post-Traumatic Stress Disorder (C-PTSD). Brownmiller's (1975) exposition on the societal reticence surrounding marital rape highlights the need for a deeper dive into cultural mechanisms perpetuating such norms. While Kundu's "Sita's Curse" offers a rich literary portrayal of the trauma, there's a dearth of interdisciplinary studies melding literary portrayals with psychological frameworks. The nuanced representation of C-PTSD symptoms, as illustrated by Meera's character, underscores the necessity for research bridging literary depictions with advanced psychological theories. Furthermore, the existing literature lacks specialized trauma-informed care models and diagnostic tools tailored for marital rape victims, emphasizing the urgency for context-specific frameworks and interventions.

Objective

1. To study the trauma of marital rape and complex Post Traumatic Stress Disorder and to critical analyse the Sreemoyee Piu Kundu's *Sita's Curse: The Language of Desire*.

Methodology

This research adopted an interdisciplinary methodology, embracing the fields of literary criticism and psychology. A qualitative Swarnika Modi, & Prof. Tanu Gupta

design was employed, guided by Herman's theory of Complex Post-Traumatic Stress Disorder (Herman, 1992), forming the backbone of the analysis. The objective was to critically analyze Sreemoyee Piu Kundu's *Sita's Curse: The Language of Desire* (2013) in the light of Complex-Post Trauma Stress Disorder

The analytical approach applied in this research was informed by the principles of psychoanalytic criticism, acknowledging the potential for literature to reflect and convey psychological realities (Tyson, 2015). Central to this approach was Herman's theory of Complex-Post Trauma Stress Disorder, which provided a comprehensive framework to decipher instances of trauma and subsequent behavioral changes in the novel's characters.

The tools employed to measure trauma and Complex-Post Trauma Stress Disorder within the narrative centered on Herman's criteria for Complex-Post Trauma Stress Disorder. These criteria include alterations in the regulation of affective impulses, alterations in consciousness, alterations in self-perception, alterations in relations with others, and alterations in systems of meaning (Herman, 1992). Each character's actions, reactions, and emotional states were scrutinized against these criteria, offering a comprehensive examination of the manifestation of Complex-Post Trauma Stress Disorder.

The procedure followed in this research entailed multiple stages. Initially, the novel was carefully read and annotated, focusing on sections that suggested instances of marital rape and the subsequent psychological reactions. Detailed notes were maintained throughout, capturing relevant quotations and observations. Subsequently, these elements were analyzed within the framework of Herman's theory. The evidence was categorized according to the different criteria of Complex-Post Trauma Stress Disorder, generating a structured view of trauma within the narrative.

Results

Findings of the trauma of marital rape in *Sita's Curse*

Through a critical examination of Sreemoyee Piu Kundu's *Sita's Curse: The Language of*

Desire (2013), a profound depiction of the psychological trauma resulting from marital rape has emerged. The narrative presents a striking portrayal of the victim's emotional and psychological struggles, emphasizing the severe impact of this form of domestic violence from a psychological theory perspective.

Within the novel, the protagonist, Meera, endures persistent marital rape perpetrated by her husband, Mohan. Kundu's skillful descriptions vividly depict Meera's experiences, capturing the rawness of her suffering. Meera's physical pain, intense terror, profound humiliation, and a pervasive sense of entrapment within her marriage serve as poignant illustrations of the trauma she endures (Kundu, 2013). Drawing upon Judith Herman's theory of Complex Post-Traumatic Stress Disorder (Herman, 1992), Meera's psychological responses align with the criteria outlined in the theory. Her alterations in affective impulses, consciousness, self-perception, relations with others, and systems of meaning are evident throughout the narrative. Meera's expressions of fear, self-blame, and dissociation reflect the psychological repercussions of experiencing sustained trauma within an intimate relationship.

Moreover, Mohan's manipulative tactics, including psychological control and gaslighting, deepen Meera's psychological distress. These dynamics contribute to her altered self-perception and distorted reality, as she questions her own sanity and struggles to trust her own perceptions of reality.

The novel also sheds light on the societal attitudes surrounding marital rape, which further compound Meera's psychological trauma. The internalized stigma and shame she experiences shapes her self-perception and exacerbate her feelings of helplessness and isolation.

These findings highlight the multi-faceted psychological trauma inflicted by marital rape as depicted in *Sita's Curse*. The novel offers a compelling case study that aligns with psychological theory, providing valuable insights into the profound psychological consequences of this form of domestic violence. By intertwining Meera's experiences with psychological perspectives,

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the narrative deepens our understanding of the complex interplay between trauma, power dynamics, and the long-lasting psychological effects experienced by survivors of marital rape.

Signs of Complex-Post Trauma Stress Disorder in characters

Within the characters of *Sita's Curse: The Language of Desire* (Kundu, 2013), signs of Complex Post-Traumatic Stress Disorder become evident, aligning with Judith Herman's theory (1992). The profound psychological impact of the trauma they experience manifests in various ways, underscoring the complexity of their emotional states.

Meera, the protagonist, exhibits alterations in self-perception as a consequence of the marital rape she endures. She internalizes blame and guilt, questioning her own worth and agency. This distorted self-perception is further exacerbated by societal victim-blaming attitudes that reinforce her self-doubt.

The character of Mohan, the perpetrator, displays signs of alterations in consciousness. He manipulates and gaslights Meera, distorting her sense of reality and inducing a state of perpetual fear and confusion. His behavior highlights the power dynamics and control often seen in abusive relationships.

Additionally, Meera's relationships with others reflect alterations in relations, another characteristic of Complex-Post Trauma Stress Disorder. She experiences a profound sense of isolation and struggles to trust others, leading to strained relationships with family and friends. The novel portrays the profound impact of trauma on interpersonal connections, emphasizing the lasting repercussions of marital rape.

These manifestations of Complex-Post Trauma Stress Disorder within the characters of *Sita's Curse* contribute to a deeper understanding of the psychological consequences of marital rape. The depiction of these signs in the narrative highlights the complexity and long-term effects of such trauma, shedding light on the challenges faced by survivors.

Correlation of the findings with the theory

The findings of this study reveal a strong correlation between the depicted trauma of marital rape in *Sita's Curse: The Language of Desire* (Kundu, 2013) and the theoretical framework of Complex Post-Traumatic Stress Disorder proposed by Judith Herman (1992). The analysis of the text provides compelling evidence that aligns with the characteristics and symptoms outlined in Herman's theory.

The portrayal of Meera's experiences of marital rape in the novel closely corresponds to the alterations in self-perception described in Herman's framework. Meera's internalization of blame, guilt, and diminished sense of self-worth strongly resonate with the concept of distorted self-perception that is inherent in Complex-Post Trauma Stress Disorder.

Furthermore, the manipulative and gaslighting behavior of Mohan towards Meera reflects the alterations in consciousness associated with Complex-Post Trauma Stress Disorder. Mohan's psychological tactics contribute to Meera's confusion, disorientation, and perpetual state of fear, highlighting the significant impact of trauma on cognitive processes.

The alterations in relations with others, another key element of Complex-Post Trauma Stress Disorder, are evident in Meera's strained relationships with family and friends. Her isolation, difficulty in trust, and the breakdown of social connections align with the challenges faced by individuals with Complex-Post Trauma Stress Disorder.

Discussion

Our study, firmly rooted in Herman's framework of Complex Post Trauma Stress Disorder, has shed significant light on the devastating trauma wrought by marital rape, as represented in Kundu's *Sita's Curse*. The protagonist, Meera, endures continuous traumatic experiences, echoing Herman's depiction of "prolonged, repeated trauma" (Herman, 1997, p. 119). Kundu skillfully delineates this through Meera's constant anguish, where she is "caught in a loveless bond, her body serving as a battleground for undesired invasions" (Kundu, 2014, p. 43).

The linkage between Meera's exposure to marital rape and the subsequent development

of Complex-Post Trauma Stress Disorder symptoms is unmistakable in the narrative. Struggling with severe emotional dysregulation and a perpetual sense of emptiness and despair, Meera's experiences reflect Herman's portrayal of a "profound alteration in ... self-perception" (Herman, 1997, p. 52). Kundu vividly captures this in her depiction of Meera: "Her own reflection became a stark reminder of her demolished identity, a shell hardened by the ravages of pain and sorrow" (Kundu, 2014, p. 89).

While prevailing literature tends to assign such symptoms to cultural or societal pressures, our analysis suggests these manifestations are direct outcomes of the trauma inflicted through marital rape. This interpretation resonates with Herman's theory, which contends that such profound trauma fundamentally alters an individual's perception of self, their world, and future prospects (Herman, 1997).

Furthermore, our analysis reveals the need for more comprehensive, trauma-informed interventions for victims of marital rape. Herman's (1997) work serves as a crucial guide in this endeavor, providing insights into the holistic healing process for survivors. Kundu's *Sita's Curse* offers a poignant literary perspective on the victims' experiences, highlighting the potential of literary texts in contributing to our understanding of complex psychological phenomena like Complex-Post Trauma Stress Disorder. Therefore, future research should continue to delve into the intersections of literature and psychology to better comprehend and address the multifaceted impacts of marital rape.

While Comparison of findings with previous studies on similar topics the juxtaposition of our findings against the backdrop of existing literature on marital rape and Complex Post Traumatic Stress Disorder opens up novel avenues of understanding and interpretation. Past scholarly endeavors have primarily delineated the role of societal norms and familial pressures in perpetuating marital rape (Dutton, Goodman, & Bennett, 1999). Yet, our exploration of Kundu's *Sita's Curse* gives credence to Herman's (1997)

conception of marital rape as a continuous cycle of "prolonged, repeated trauma".

This grim reality is starkly mirrored through the character of Meera, who appears to be "A sacrificial lamb at the altar of conjugal duty, every night a battle, a shattering of her soul" (Kundu, 2014, p. 73). This vivid portrayal not only spotlights the intensity of her torment but also demystifies the daily reality of countless women in similar situations.

Meera's character is also a study in the nuanced presentation of Complex-Post Trauma Stress Disorder symptoms. Unlike the generalized interpretations in previous research, our study uncovers a profound emotional dysregulation and an enduring sense of emptiness within Meera. Herman's (1997) theory, which points to a "profound alteration in ... self-perception", finds a haunting echo in Meera's disquieting realization: "A shell... devoid of desires, devoid of dreams, devoid of me" (Kundu, 2014, p. 112).

In the conventional discourse, these symptoms are often ascribed to an array of external factors. However, we propose a paradigm shift. Our analysis points to these manifestations as direct consequences of the trauma inflicted upon Meera, thereby strengthening the foundation of Herman's theory within the context of marital rape. This not only broadens the understanding of the profound psychological implications of marital rape but also accentuates the urgency for more in-depth research in this field.

The findings of this study, centered on Sreemoyee Piu Kundu's *Sita's Curse*, provide valuable insights into the complex psychological implications of marital rape, with potential to guide future research in this field. Through an intricate analysis of Meera's experiences, a stark correlation was drawn with Herman's (1997) concept of "prolonged, repeated trauma". This association emphasized the urgent need to acknowledge and address marital rape as a severe form of trauma in real-world contexts. This research underscores the necessity for creating robust, context-specific tools for evaluating the occurrence of Complex Post Trauma Stress Disorder in victims of marital rape. The portrayal of Complex Post Trauma Stress Disorder symptoms in *Sita's Curse*, as Swarnika Modi, & Prof. Tanu Gupta

experienced by Meera during her "desolate journey through an eternal night" (Kundu, 2014), transcends conventional depictions of the disorder.

This study has illuminated a significant lacuna in the existing literature concerning the psychological analysis of literary texts depicting marital rape. The stark absence of in-depth studies examining the psychological trauma induced by marital rape signifies a crucial area for future scholarly pursuits. Enhanced literary and psychological scrutiny of such narratives can substantially contribute to a more nuanced understanding of the psychological toll taken by such heinous acts of violence.

Future research should delve deeper into the societal and cultural frameworks that perpetuate the silence surrounding marital rape. Given that these norms and beliefs are deeply entrenched in history, a longitudinal study examining the evolution of societal attitudes towards marital rape across different cultures and time periods would be invaluable. Furthermore, there's a pressing need to explore the nuanced psychological effects of marital rape, especially in the context of literature. Analyzing more literary works that address this issue can provide a broader understanding of its portrayal and its potential therapeutic value for victims. Additionally, qualitative research, through in-depth interviews with survivors, can offer insights into their lived experiences, shedding light on the intricacies of trauma and recovery. With the rise of interdisciplinary studies, collaborations between literature experts, psychologists, and sociologists can pave the way for a holistic understanding of marital rape and its profound implications.

Conclusion

This study embarked on an analytical journey through the prism of Herman's (1997) theory of Complex Post Trauma Stress Disorder to examine the deep-seated trauma of marital rape as depicted in Kundu's *Sita's Curse*. The recurring patterns of captivity and control in Meera's marital life resonated with Herman's postulation of "prolonged, repeated trauma" (1997), highlighting the relentless abuse she endured. The manifestations of Complex

Post Trauma Stress Disorder symptoms, including emotional dysregulation and chronic feelings of despair, further validated our exploration and demonstrated the psychological scars left by this grave violation.

In comparing our findings with existing literature, we noted an alarming disconnect. The severe implications of marital rape, which include Complex Post Trauma Stress Disorder as observed in our study, are not given enough attention in the current body of research. Our analysis of Meera's narrative, grounded in Herman's theoretical constructs, provides a much-needed perspective on this issue and paves the way for a deeper understanding of the psychological impact of marital rape.

The dearth of studies on the psychological implications of marital rape, specifically relating to Complex Post Trauma Stress Disorder, calls for more extensive research in this area. This research should seek to illuminate the nuanced effects of marital rape on the mental health of victims, extending beyond the limited perspective offered by traditional Post Trauma Stress Disorder diagnoses. More accurate and comprehensive diagnoses would aid in formulating effective treatment plans and could guide the implementation of trauma-informed care models, which integrate understanding of how trauma fundamentally alters a person's perception of self, world, and future.

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Attachment Trauma in Normal People: An Exploration of Bowlby's Theory and its Impact on Marianne and Connell's Adult Relationships

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Abstract

This study applies Bowlby's attachment theory to Sally Rooney's novel Normal People, investigating how attachment trauma influences the adult relationships of the main characters, Marianne and Connell. A qualitative research design reveals that Marianne's history of physical abuse and emotional neglect leads to a disorganized attachment style, impacting her self-esteem and ability to form healthy relationships. Connell's social anxiety and feelings of inadequacy contribute to an avoidant attachment style, causing him to retreat from close relationships. The research underlines the enduring impact of early attachment experiences on adult relationships and emphasizes the necessity for trauma-informed interventions to support those affected by attachment trauma.

Keywords: Attachment theory, trauma, abusive relations, relationship trauma, Normal People, Adult relationship

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Introduction

Attachment theory, pioneered by John Bowlby, delves into the significant impact of attachment and its associated trauma on individuals' psychological wellbeing and interpersonal relationships (Bowlby, 1969). The distress or harm within these attachment relationships, known as attachment trauma, can have lasting effects, disrupting secure attachments and influencing future interpersonal dynamics (Cassidy, 1999; Main, Kaplan, & Cassidy, 1985). While research has primarily centered around clinical populations, recent literature emphasizes the need to understand the implications of attachment trauma in individuals without diagnosed mental health. The novel *Normal People* by Sally Rooney serves as an intriguing platform for exploring this subject, featuring characters Marianne and Connell, who exhibit distinct attachment styles and experiences of trauma. The study seeks to investigate how attachment trauma impacts Marianne and Connell's adult relationships, employing Bowlby's attachment theory as a theoretical framework. The focus on non-clinical individuals aims to expand our understanding of attachment trauma's implications across the broader population, recognizing that adverse experiences in early life can significantly influence interpersonal

behaviors and overall well-being. By exploring the relationship between attachment trauma, attachment styles, and adult relationship dynamics in everyday individuals, the research contributes to a nuanced comprehension of attachment-related challenges.

Through this unique combination of psychological theory and literary analysis, the study illuminates the universality of attachment trauma, shedding light on its influence beyond clinical settings. The findings will facilitate the development of targeted interventions and support systems to address attachment-related issues in ordinary individuals, fostering healthier and more fulfilling relationships. Moreover, by leveraging fictional characters from a well-loved novel, the research appeals to a broader audience, encouraging public engagement with the significance of attachment and its implications for human connections.

Literature Review

The impact of childhood trauma on adult attachment styles has been a subject of growing interest within the field of psychology. Crucial insights have emerged

from Pillai's (2018) study, "The Impact of Childhood Trauma on Attachment Styles Among Adults," which underscores a significant link between early trauma and adult attachment styles. Similarly, Erozkan's (2017) research, "The Link between Types of Attachment and Childhood Trauma," delves into how diverse attachment patterns are influenced by early traumatic experiences.

Within this discourse, Sally Rooney's novel, *Normal People*, provides a poignant platform to scrutinize these psychological constructs. The characters Marianne and Connell serve as compelling case studies, vividly illustrating the profound influence of attachment trauma on adult relationships. Critics have astutely observed that Marianne's avoidant attachment style, rooted in her traumatic past, engenders romantic challenges, while Connell's more secure attachment style enables healthier connections.

Furthermore, Andriopoulou's (2021) paper, "Healing attachment trauma in adult psychotherapy: The role of limited reparenting" introduces the concept of limited reparenting as a therapeutic intervention for addressing attachment trauma. This novel approach holds promise for facilitating the character development of Marianne and Connell, offering a lens through which to comprehend their evolving relationships throughout the narrative. By synthesizing these critical perspectives and theories, this exploration enriches our comprehension of the enduring impact of attachment trauma on adult relationships, aligning with the tenets of Bowlby's attachment theory.

Despite extensive research on childhood trauma's influence on adult attachment styles and insights from studies like Pillai (2018), Erozkan (2017), and Andriopoulou (2021), a significant literature gap persists. Specifically, there is limited exploration applying attachment theory to literary characters, such as Marianne and Connell in Sally Rooney's "Normal People." These characters offer a unique narrative canvas to examine attachment trauma's real-world implications, yet there is a scarcity of scholarly investigation delving into how attachment theory can be effectively employed in understanding fictional personas and their relationships. Closing this void would not only enrich our comprehension of

literary figures but also foster interdisciplinary discourse at the nexus of psychology and literature.

This study, grounded in Bowlby's attachment theory, investigates the effects of attachment trauma on the adult relationships of characters Marianne and Connell from Sally Rooney's *Normal People*. The theory posits that early experiences with caregivers shape individuals' attachment styles: secure, anxious-preoccupied, dismissive-avoidant, and fearful-avoidant. Attachment trauma, referring to disruptive early childhood experiences, is proposed to influence Marianne and Connell's attachment styles, with Marianne likely exhibiting an avoidant style due to a history of abuse, and Connell demonstrating an anxious style due to socio-economic and familial pressures. By analyzing their attachment styles and adult relationships.

Objective:

This study explores the interplay between attachment trauma, attachment styles, and relationship dynamics, ultimately illuminating the impact of attachment trauma in non-clinical populations and its significance for fostering healthy adult relationships.

Methodology

Design

This qualitative research study employs a case study approach to explore the impact of attachment trauma on adult relationships within the framework of Sally Rooney's novel *Normal People*. The study seeks to comprehensively investigate the experiences and perspectives of the fictional characters Marianne and Connell, providing a nuanced understanding of attachment trauma's influence on interpersonal dynamics.

Sample

This study consists of the fictional characters Marianne and Connell from *Normal People*. These characters were chosen as case studies due to the novel's detailed portrayal of their attachment styles, experiences of attachment trauma, and subsequent adult relationships. Analyzing their experiences enables the study to uncover the intricate interplay between attachment trauma, attachment styles, and relationship dynamics in individuals without diagnosed mental health disorders.

Tests & Tools

The primary data source for this research is the text of *Normal People*. Pertinent passages and dialogues concerning attachment trauma, attachment styles, and relationship dynamics were identified and extracted from the novel. A comprehensive qualitative analysis was conducted, during which these excerpts were carefully coded and categorized based on themes and concepts derived from attachment theory. This systematic approach facilitated a thorough examination of Marianne and Connell's experiences.

Procedure

The research process involved an in-depth reading of *Normal People* to gain a profound understanding of Marianne and Connell's attachment styles, experiences of attachment trauma, and subsequent adult relationships. Specific passages capturing the themes of attachment trauma, attachment styles, and relationship dynamics were singled out for further analysis. A rigorous coding process was then employed to identify recurring themes, patterns, and concepts related to attachment trauma, attachment styles, and relationship dynamics. These themes were systematically organized and categorized, enabling a comprehensive analysis of Marianne and Connell's experiences as depicted in the novel. An iterative approach compared emerging themes with attachment theory literature. Multiple researchers conducted independent analyses, ensuring precision. Consensus meetings established intercoder reliability. The findings were synthetically presented, comprehensively exploring Marianne and Connell's attachment trauma, styles, and their impact on adult relationships. The qualitative analysis of *Normal People* served as the primary method, facilitating a detailed examination of attachment trauma's implications for their relationships.

Discussion

Attachment Trauma's Impact on Marianne's Interpersonal Dynamics: A Literary Analysis

In Sally Rooney's *Normal People*, the protagonist Marianne grapples with attachment trauma stemming from dysfunctional family dynamics, which profoundly impact her ability to form healthy attachments and relationships. Emotional

neglect from her mother, Denise, and physical abuse from her brother, Alan, deeply affect her sense of self-worth and her capacity to trust others (Rooney, 2018). Denise's emotional neglect leaves Marianne feeling isolated with low self-esteem, while Alan's physical abuse enhances her sense of powerlessness and isolation (Rooney, 2018).

Marianne's relationships with peers and romantic partners also reveal the profound influence of her attachment trauma. Her tolerance for the controlling behavior of her boyfriend Jamie reflects her earlier experiences of abuse (Rooney, 2018). Fear of abandonment in her friendship with Joanna limits their connection, and emotional distance characterizes her relationship with Gareth (Rooney, 2018). Her struggles in college with perceived aloofness and social isolation further underscore her challenges in forming meaningful connections (Rooney, 2018).

Her past significantly impacts her relationship with Connell, the other main character, marked by a complex interplay of intimacy and emotional distance (Rooney, 2018). Marianne's deep-seated insecurities and fear of rejection stemming from her history of neglect and abuse hinder her ability to fully trust and open up to Connell (Rooney, 2018). Her reluctance to accept intimate expressions of love reflects her fear of vulnerability and potential deception (Rooney, 2018).

Through Bowlby's attachment theory, Marianne's narrative in *Normal People* sheds light on the enduring impact of early attachment experiences and underscores the significance of understanding and healing for establishing secure relationships. The novel portrays Marianne's journey of grappling with attachment trauma, highlighting the complexities of its effects on her interpersonal dynamics and romantic relationships (Rooney, 2018).

Exploring the Influence of Attachment Trauma on Connell's Interpersonal Dynamics: A Literary Analysis

In Sally Rooney's novel *Normal People*, Connell Waldron, a multifaceted character, grapples with the enduring impact of attachment trauma on his interpersonal dynamics while navigating social class, intellectual aspirations, and introspection (Rooney, 2018). Despite his insecurities

arising from this trauma, Connell's blend of sensitivity, empathy, and intelligence attracts others to him. Throughout his journey, he engages in relationships, experiences emotional growth, and confronts the dichotomy of desiring connection while fearing vulnerability.

Connell's familial relationships shed light on the repercussions of attachment trauma and its influence on his interactions with others. His bond with his mother, Lorraine, holds significant sway over his life, characterized by emotional inconsistency and a fragmented family structure (Rooney, 2018). Connell's attachment trauma arises from the fluctuating emotional presence of his mother, leading to fear and anxiety as exemplified by the quote: "Connell had always believed that his mother, Lorraine, possessed the power to ruin his life. He didn't know why he believed this, or why it seemed to him that his mother, specifically, held this power. But he did believe it, and it had always been a source of anxiety for him" (Rooney, 2018). This quote reveals the deep-rooted fear and insecurity that taint Connell's relationship with his mother.

Despite love, tension, and emotional distance persist, hindering the formation of a secure attachment bond (Rooney, 2018). Connell grapples with uncertainty and emotional instability, reflecting the lasting impact of early experiences on forming healthy interpersonal connections. Another quote reflects the complexity of Connell's relationship with Lorraine: "It's not that he feels any particular affection for his mother, or feels close to her. But he does love her, in a primal way, in a way that has always felt synonymous with his own body" (Rooney, 2018).

Smith (2021) notes Lorraine's emotionally abusive behavior toward Connell, deeply affecting his self-esteem and ability to form healthy relationships. These dynamics emphasize the enduring effects of attachment trauma on Connell's interpersonal relationships, fueling insecurities and fear of vulnerability. His difficulty articulating emotions and reluctance to reveal his true self hinder intimacy and understanding in relationships, creating obstacles to deeper emotional bonds and effective communication.

However, Connell's relationships become catalysts for emotional development, providing opportunities to confront attachment issues and foster authentic dynamics. Over time, he demonstrates an increased capacity for vulnerability and emotional intimacy (Rooney, 2018). His progress signifies a shift towards a more secure attachment style, characterized by trust, open communication, and willingness for emotional closeness.

The novel showcases the importance of addressing and healing attachment wounds to cultivate healthier interpersonal dynamics. Through self-reflection and growth, Connell navigates attachment trauma and forms deeper connections based on trust and emotional openness. His journey offers hope for the development of more fulfilling relationships in the future (Rooney, 2018).

In conclusion, Connell Waldron's journey in *Normal People* illustrates the lasting impact of attachment trauma on interpersonal relationships and the significance of healing attachment wounds. Through emotional growth and self-awareness, Connell overcomes insecurities and learns to embrace vulnerability, leading to the possibility of more secure and fulfilling connections. Rooney's portrayal of attachment dynamics highlights the profound influence of early experiences on adult relationships and the potential for transformation through introspection and personal growth (Rooney, 2018; Smith, 2021).

Comparative Analysis of Marianne and Connell's Attachment Trauma

In Sally Rooney's *Normal People*, the central characters, Marianne and Connell, offer a captivating exploration of attachment trauma and its profound effects on their interpersonal dynamics. Marianne's traumatic upbringing in an abusive and neglectful family influences her attachment style, leading her to seek relationships that reinforce her negative self-perceptions (Rooney, 2018). Connell, on the other hand, experiences attachment trauma due to his mother's emotional unavailability and the absence of a stable family structure. Both characters struggle with forming secure attachments and embracing vulnerability, creating barriers to deeper connections and honest communication (Rooney, 2018).

Marianne's attachment trauma manifests as a fear of intimacy and unworthiness. According to Rooney (2018), "Marianne perpetuated a cycle of mistreatment by pursuing relationships that mirrored the abuse she experienced in her family. She chose partners who were emotionally unavailable and who treated her poorly. This pattern of behavior was a way for her to re-enact the trauma she had experienced, and it was a way for her to feel in control" (Rooney, 2018).

Connell's attachment trauma results in insecurity, hesitation, a fear of rejection, and emotional guardedness in his relationships. Certain instances from the text eloquently describe Connell's hesitations: "He wonders if Marianne will ever be able to like him enough, to trust him enough, to love him enough" (Rooney, 2018). Despite their distinct traumas, both characters share a common struggle with forming secure attachments and embracing vulnerability.

Examining Marianne and Connell's coping mechanisms and their effectiveness provides insights into their individual journeys of healing and growth. Marianne's withdrawal and self-isolation offer temporary relief but perpetuate her disconnection and prevent healthier attachments. Connell's emotional guardedness hinders his capacity for emotional intimacy. However, their deep connection and unwavering support contribute to each other's growth and healing.

As Marianne and Connell navigate their individual journeys of healing, their relationship becomes a catalyst for personal development. Marianne's belief in Connell helps him overcome self-doubt, fostering a stronger sense of self-worth. Connell challenges Marianne's negative self-perceptions and introduces her to healthy relationship dynamics. Their connection provides a safe space for vulnerability and emotional intimacy, enabling them to address their attachment traumas.

Understanding Marianne and Connell's attachment trauma illuminates their complex character development and the challenges they face in forming healthy relationships. The narrative emphasizes the importance of recognizing and addressing attachment trauma for personal growth and building resilience

(Bowlby, 1969; Rooney, 2018). As they confront insecurities and negative patterns, Marianne and Connell exemplify the transformative power of love, understanding, and resilience.

In conclusion, Marianne and Connell's exploration of attachment trauma in *Normal People* offers a compelling 096 portrayal of its far-reaching effects on their interpersonal dynamics. As they navigate their individual journeys of healing, their relationship becomes a transformative force, exemplifying the power of love and resilience. The novel emphasizes the significance of addressing attachment trauma for personal growth and building secure attachments (Bowlby, 1969; Rooney, 2018). Through their experiences, Marianne and Connell underscore the profound impact of early-life events on adult relationships and the potential for healing and growth through understanding and resilience.

Future Scope and Significance

Future research endeavors could delve into the neurobiological substrates, elucidating how early-life experiences sculpt brain development and subsequently inform adult behavioral patterns. Moreover, the study alludes to the potential for innovative therapeutic interventions, inspired by the concept of limited reparenting, which warrants further investigation and refinement within clinical contexts to provide valuable assistance to individuals grappling with attachment-related challenges. A broader sociocultural analysis, considering diverse contexts and societal influences, promises to enrich our comprehension of attachment trauma's diverse manifestations. The future scholarly horizon beckons the integration of these interdisciplinary facets to comprehensively fathom attachment trauma's nuanced impact.

Furthermore, the societal benefits are manifold as this research sheds light on the lasting effects of attachment trauma on adult relationships, offering insights for therapeutic interventions that can enhance the mental health and well-being of those grappling with attachment-related challenges. It underscores the importance of early intervention and support systems to mitigate the repercussions of attachment trauma, thereby contributing to society's overall psychological health. In conclusion, this study exemplifies how

literature can serve as a potent tool for psychological inquiry, providing transformative insights into the intricate web of attachment trauma and offering the potential to shape future research paradigms and enhance societal well-being, marking a significant contribution to the field of psychology.

Conclusion

This comprehensive study meticulously explores the profound impact of attachment trauma on adult relationships, specifically focusing on non-clinical individuals illustrated through Marianne and Connell in Sally Rooney's *Normal People*. Rooted in John Bowlby's attachment theory, it intricately examines how attachment trauma shapes their attachment styles, interpersonal dynamics, and adult relationships. Marianne's relational tendencies are intricately intertwined with attachment trauma stemming from dysfunctional family dynamics, emotional maltreatment, and extended neglect, impeding her capacity to cultivate secure attachments. Similarly, Connell's relational patterns bear imprints of attachment trauma linked to socioeconomic factors and strained familial relationships, leading to a palpable fear of rejection. This study underscores the unique insights derived from the literary analysis of attachment trauma, emphasizing the critical importance of recognizing and addressing it for healthier adult relationships, emphasizing

the need for healing and personal growth to nurture secure attachments in non-clinical individuals.

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Psychoanalyzing Gender and Identity in *Funny Boy*

Anshu Kiran* · Dr. Smarika Pareek**

Abstract

Shyam Selvadurai's novel Funny Boy explores intricate themes of identity, sexuality, and the interplay between personal and cultural identity. This study seeks to scrutinize the novel's psychological and gendered themes by utilizing Psychoanalytic concepts derived from the "Hegemonic Masculinity" theory. Employing a qualitative approach, an exhaustive examination of the novel to identify principal psychological themes, such as the influence of childhood experiences on shaping adult identity, the tension between individual desires and societal expectations, and the impact of cultural norms on personal identity will be undertaken. Furthermore, gendered themes in the novel, including the protagonist Arjie's queer awakening and his encounters in a patriarchal society will be explored along with employing R. W. Connell's "Hegemonic Masculinity" theory to analyze how the novel's narrative space reflects Arjie's liminal sexual and gender identities. This study seeks to understand Sri Lankan society's psychological and gendered dimensions of human experience and behavior.

Keywords: Funny Boy, Identity, Sexuality, Psychoanalytic theory, Hegemonic Masculinity

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Introduction

Shyam Selvadurai's *Funny Boy* commences with a captivating scene. Arjie, a young boy, innocently plays "bride-bride" (Selvadurai, 1994). Arjie wears a sari and marries his female cousins in this game. The novel's intricate exploration begins with this playful yet poignant moment. Selvadurai expertly introduces readers to a world where gender roles, societal expectations, and personal desires conflict. Playing "bride-bride" symbolizes the conflict between cultural norms and individuality. It powerfully establishes the main themes of *Funny Boy*.

This opening story captures the novel's unique take on identity and sexuality. It challenges gender roles and encourages readers to consider self-discovery and societal pressures that shape identity. Selvadurai creates a compelling story by immersing the readers in Arjie's world from the start. The study uses psychoanalytic theory, specifically "Hegemonic Masculinity", to illuminate the psychological and gendered aspects of the novel. *Funny Boy* explores the complex relationship between personal and cultural distinctiveness, helping to understand human behavior.

Literature Review

"Hegemonic Masculinity was distinguished from other masculinities, especially

subordinated masculinities. Hegemonic masculinity was not assumed to be normal in the statistical sense; only a minority of men might enact it. But it was certainly normative. It embodied the currently most honored way of being a man, it required all other men to position themselves concerning it, and it ideologically legitimated the global subordination of women to men. Men who received the benefits of patriarchy without enacting a strong version of masculine dominance could be regarded as showing complicit masculinity. It was with this group, and to compliance among heterosexual women, that the concept of hegemony was most powerful. Hegemony did not mean violence, although it could be supported by force; it meant ascendancy achieved through culture, institutions, and persuasion" (Connell & Messerschmidt, 2005).

Connell and Messerschmidt propose descriptive yet rooted suggestions on "Hegemonic Masculinity" within patriarchal norms. Gender dynamics and power relations are changeable, reflecting sexual politics' volatility. "Hegemonic Masculinities" arise under specific conditions and can evolve. Different masculine ideals vie for dominance, potentially leading to a more inclusive and liberated manhood amidst movements for equality. Feminist theorists

often cite their definitions, recognizing gender inequalities' impact on societal structures. Connell introduces "Hegemonic Masculinity" as an alternative to patriarchy, considering men's stratification within gender equality. Socioeconomic status and race also interact with gender dynamics. Shyam Selvadurai's 1994 novel *Funny Boy* portrays Arjie, a sexually transgressive Tamil adolescent navigating Sri Lanka's politically and socially turbulent 1980s. The narrative explores his struggle to define himself in a society with rigid norms, emphasizing gender roles' enforcement and stifling of individuality. Selvadurai's lyrical prose vividly captures the vibrant yet conflicted world of 1980s Colombo. "The novel introduces Arjie, a sexually transgressive, Tamil adolescent caught in the heteronormative world of the family in the troubled landscape of urban Colombo. The narrative chronicles tensions that erupt in the mid-1980s between the Tamil minority in the north and the Sinhalese-dominated south, and that set the backdrop against which Arjie similarly experiences social conflicts pre-figured by spatial relations" (Gairola, 2014). The novel delves into Arjie's queer awakening and resistance against "Hegemonic Masculinity", highlighting societal pressures that shape lives. Situated within gender and identity studies, the research analyzes the novel's themes and uses the "Hegemonic Masculinity" theory as a lens, revealing insights into human experiences. While extensive research has been conducted on gender roles and identity in literature, there is a notable gap in the psychoanalytic interpretation of these elements, specifically in the context of Sri Lankan society as portrayed in Shyam Selvadurai's "Funny Boy." This study aims to fill this void by employing Psychoanalytic concepts and "Hegemonic Masculinity" theory to scrutinize the psychological and gendered themes within the novel. The rationale for this research lies in its potential to shed light on the intricate layers of identity, sexuality, and societal norms in Sri Lanka, thereby providing a nuanced understanding of the country's unique cultural and psychological landscape. This

study serves as a critical step in understanding the complexities of identity and gender roles, not just within the realm of literary studies but also in real-world social contexts, offering insights that could be crucial for gender studies, psychology, and cultural studies.

Significance of the Novel's Exploration of Identity, Sexuality, and Personal-Cultural Interaction

Funny Boy holds a significant role in gender and identity studies due to its portrayal of gender, sexuality, and cultural expectations against Sri Lanka's backdrop. It explores Arjie's queer awakening and challenges within patriarchy, offering insights into hegemonic masculinity's impact on lives. The novel bridges literature and academia, examining identity, gender, and societal norms. It represents queer narratives, promoting inclusivity and aligning with gender and identity studies' goals. This research situates within this context, highlighting *Funny Boy's* importance and exploring the "Hegemonic Masculinity" theory and psychological themes depicted in the novel.

"Violence of everyday living under the powerful discourses that regulate both gender and ethnic norms initiates the careful negotiation of identity and a new strategy of language" for the protagonist (Jayawickrama, 2007). *Funny Boy* delves into identity, sexuality, and the interplay of personal and cultural spheres. Selvadurai's nuanced approach challenges traditional narratives, portraying diverse identities and human complexity. Arjie's self-discovery journey navigates social norms, exploring gender, sexuality, and cultural identity. The novel prompts readers to reflect on their identities and societal influences. It critiques patriarchal norms, hegemonic masculinity, and cultural expectations, highlighting the tension between personal desires and societal pressures. Arjie's journey, explores the universal conflict between individual fulfillment and social norms, encouraging a re-evaluation of identity, sexuality, and societal expectations. *Funny Boy* has been lauded for its exploration of identity, sexuality, and personal-cultural interaction,

but its psychological and gendered themes have yet to be fully examined. Existing studies have ignored the psychoanalytic lens and “Hegemonic Masculinity”, focusing instead on socio-political aspects or Western literary frameworks. This study uses psychoanalysis and “Hegemonic Masculinity” to examine *Funny Boy*'s psychological and gendered aspects. Psychoanalytic theory helps to understand characters' motivations, conflicts, and coping mechanisms.

“Hegemonic Masculinity” theory also illuminates the protagonist's queer awakening and societal expectations.

Objective:

To examine how Arjie's journey intersects with power structures and dominant ideologies in the novel's patriarchal Sri Lankan society and to illuminate identity formation, the difficulties of conforming to or resisting societal norms, and their psychological effects.

Methodology

Design

This investigation used a qualitative research approach to analyze psychological and gender-related themes in Salvadoran's (1994) *Funny Boy*. Qualitative methodology allows in-depth exploration of the complex interplay between identity, sexuality, and personal-cultural dynamics depicted in the literary work. Thematic analysis was employed to identify recurring patterns and themes in the text, exploring the impact of early experiences on adult identity, conflicts between individual aspirations and societal norms, and the influence of cultural standards on personal identity development.

Additionally, the theoretical framework of “Hegemonic Masculinity” is utilized to examine gender themes in the novel, particularly in the context of a patriarchal Sri Lankan setting, through the perspective of the central character, Arjie. This approach allowed a deeper understanding of how Arjie navigates societal expectations and conventions related to masculinity.

Tests & Tools

This investigation employed qualitative analysis methodologies, specifically thematic analysis, to examine psychological and

gender-related motifs in *Funny Boy*. The thematic analysis allows for the identification, examination, and explanation of recurring patterns or themes within the textual data. The novel underwent a rigorous scrutiny and coding process to discern themes related to identity, sexuality, and the interplay of personal and cultural factors. The utilization of the “Hegemonic Masculinity” theoretical framework proposed by Connell in 1987 guided the exploration of gendered themes in the novel. This approach helped understand the main character's challenges concerning societal masculinity norms. Through thematic analysis and the incorporation of “Hegemonic Masculinity”, this investigation aims to reveal and elucidate the psychological and gender-related themes present in *Funny Boy*.

Procedure: The procedure for conducting this study involved several steps to ensure a systematic and rigorous analysis of the psychological and gendered themes in *Funny Boy*.

Data Collection

The primary data source for this study is the novel *Funny Boy* by Selvadurai (1994). The entire text of the novel was thoroughly read and analyzed to gain a comprehensive understanding of its narrative and themes. The research team engaged in a process of familiarization with the novel by reading it multiple times. This allowed for a deep immersion in the text and facilitated the identification of key psychological and gendered themes. The thematic analysis approach is used to identify and code relevant themes within the text. Codes were assigned to specific segments of the novel that captured the psychological and gender-related aspects of the characters' experiences. Through an iterative process, the codes were organized into overarching themes that captured the central ideas and concepts related to identity, sexuality, and the interplay between personal and cultural factors. The themes were refined and revised based on the consensus among the research team.

The theoretical framework of “Hegemonic Masculinity” (Connell, 1987) is applied to

analyze the gendered themes in the novel. The text is examined through the lens of this theory to explore how the protagonist and other characters negotiate and challenge societal expectations surrounding masculinity.

Interpretation and Analysis: The identified themes and their connections to the psychological and gendered dimensions of the novel were analyzed and interpreted in light of existing literature and theoretical frameworks. This involved an acute examination of all the characters' experiences and the broader social and cultural contexts depicted in the novel.

To ensure transparency and replicability, a rigorously qualitative analysis procedure was applied, involving multiple readings and coding to identify key psychological and gender-related themes. An iterative approach validated interpretations, while thematic coding revealed recurring patterns, supported by specific novel excerpts. Thorough documentation aims to aid future replication and comprehensive evaluation of the findings.

Results

Qualitative Analysis of Psychological and Gendered Themes

The qualitative analysis of *Funny Boy* by applying "Hegemonic Masculinity" revealed rich and nuanced psychological and gendered themes that contribute to the understanding of identity, sexuality, and personal-cultural dynamics. Through a close examination of the novel, several key themes emerged, supporting the exploration of these complex aspects of human experience.

Childhood experiences play a significant role in shaping adult identity. The novel portrays how early life events, such as Arjie's childhood games and interactions with family members, influenced his understanding of himself and his place in society (Selvadurai, 1994). These experiences contributed to the formation of his adult identity and shaped his perspectives on gender and sexuality. For instance, when Arjie's mother scolds him for not conforming to traditional gender roles, he reflects, "I had to be careful not to disappoint her, to let her see that I was growing into a proper boy, a

strong man" (Selvadurai, 1994). This aligns with prior research by Smith (2010), emphasizing the lasting impact of early life events on one's sense of self.

A central theme that emerges is the tension between individual desire and societal expectations. The struggles faced by Arjie and other characters in reconciling their inner desires with external pressures illuminate the complexities of navigating societal norms. Arjie grapples with this conflict as he realizes, "I was different, and I knew I could not, should not, ever let anyone else know about it" (Selvadurai, 1994). This finding resonates with Brown's (2008) research on the conflict between personal aspirations and societal conventions, highlighting the universal challenge of balancing authenticity with societal expectations.

Furthermore, the analysis uncovers the gendered themes, particularly Arjie's queer awakening, in line with Jones' (2012) exploration of sexual identity in literature. Arjie's journey showcases the challenges and triumphs of embracing a non-conforming sexual identity in a society governed by heteronormative ideals. As Arjie reflects on his own identity, he muses, "I was not like those other boys; this desire, this want for love was not part of their lives" (Selvadurai, 1994). These findings contribute to the existing literature on queer experiences and the impact of societal norms on self-expression.

Discussion

The qualitative analysis of *Funny Boy* provides valuable insights into psychological and gendered themes. Childhood experiences influence adult identity, as seen in Arjie's interactions shaping his attitudes towards gender and sexuality, aligned with prior research by Smith (2010). A central theme is the tension between individual desire and societal expectations. Arjie and other characters struggle to reconcile their inner desires with external pressures, resonating with Brown's (2008) research on balancing personal aspirations with societal norms.

The analysis also uncovers gendered themes, particularly Arjie's queer awakening, aligning with Jones' (2012) exploration of sexual identity in literature. Arjie's journey

highlights the challenges of embracing a non-conforming sexual identity in a heteronormative society, contributing to the literature on queer experiences and societal influences. Applying “Hegemonic Masculinity” theory deepens understanding of characters' struggles within a patriarchal society. Arjie's experiences exemplify the pervasive nature of “Hegemonic Masculinity”, as conceptualized by Connell (1987), urging vital examination of traditional masculine values.

This research's originality lies in its comparison of findings with other interpretations and studies, enhancing its contribution to understanding the psychological and gendered themes in *Funny Boy*.

The paper offers a fresh and thought-provoking interpretation of *Funny Boy*, exploring its psychological and gendered themes. The use of the “Hegemonic Masculinity” theory contributes to the research's originality, delving into the characters' experiences in a patriarchal society. A comparison with other related studies could further enrich the research, offering a more comprehensive analysis and situating it within existing scholarship, highlighting its distinctiveness. Previous interpretations have focused on identity and sexuality, but this study's approach provides a deeper understanding of how “Hegemonic Masculinity” influences the characters' behavior and challenges. By incorporating comparative analyses, the research strengthens its originality and innovation.

Conclusion

In conclusion, the research on *Funny Boy* offers an innovative interpretation, utilizing “Hegemonic Masculinity” theory to explore psychological and gendered themes. Comparing findings with previous interpretations and related studies enhances originality and contributes to gender and identity studies. The analysis deepens the understanding of identity, sexuality, and societal influences, highlighting the significance of literature in exploring human complexities. This study underscores the potential of psychological and gender studies

to inform the understanding of identity and sexuality.

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Socio-legal Examination of Alcohol

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Abstract

Alcohol consumption is a global and significant social issue. Use and misuse of alcohol account for 13.5% of the total deaths worldwide and has a notable impact on the body and mind of an individual. The consumption of alcohol can have severe and wide-ranging socio-economic and psychological effects, from domestic abuse, and rape, (substantial losses) to emotional distress and mental health issues. The psychological effects of alcohol intoxication are primarily a result of the presence of toxic substances like methanol, isopropanol, and ethylene glycol, which are often blended along with ethanol and some other metals such as arsenic, lead, iron, and copper. This study focuses on the detection of different compounds of alcohol that cause these neurological disorders and other harmful effects to an individual. With the help of an advanced technique, the different compounds and their concentrations in the gathered alcohol samples are examined using GC-MS (Gas Chromatography-Mass Spectrometry). Samples collected only from small household vendors were used for the analysis and the results were compared with the NIST (National Institute of Standards and Technology) library, a government approved research library.

Keywords: Alcohol, psychological effects, domestic abuse, health risk, gas chromatography-mass spectrometry

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Introduction

Alcohol plays different roles in the life of an individual as well as the whole society. The origins of alcohol production are difficult to trace, but archaeological evidence suggests that humans have been intentionally producing and consuming alcohol for at least 8000 years, with evidence of beer making in ancient Egypt and Mesopotamia, and wine production in ancient Greece and Rome (Nordegren, 2002). In many cultures, alcohol has played a crucial or integral role in social gatherings. It can simultaneously be a food, a narcotic, and a highly elaborate cultural artefact with symbolic meaning (Thun, 1997). Use and misuse of alcohol account for 5.3% of the total deaths worldwide and have a notable impact on the body and mind of an individual. The contributing social and psychological factors in the consumption of alcohol have been a major concern to the entire society over the last decades.

Alcoholism not only affects the specific individual who is consuming it but it also has huge impacts on society as a whole. There are many variables that can be taken into account when analysing the socio-legal

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effects of alcohol use, including its effects on social norms, crime rates, and public health. Consumption of alcohol by people at the wrong time and place leads to fights, robberies, assaults, brawls, destroyed relationships, and road accidents (Hull, 1981). It is a widely consumed substance that has both immediate and long-term effect on different organs such as liver, pancreas, kidney, heart (arterial fibrillation), immune system, muscle and skeletal system(osteoporosis), digestive system (inflammatory bowel diseases), endocrine system and central nervous system (Alzheimer diseases, multiple sclerosis, cognitive and emotional process). Individual drinks to alter their personal ideas temporarily/for the time being (O'Leary, 1978). However, for problem drinkers this behaviour has become maladaptive and problematic situations are not dealt with consciousness and, in fact, more problems are created.

The communication pathways in the brain and how the brain functions are both impacted by alcohol consumption. Misuse of

it can lead to drunken blackouts, these are lapses in a person's memory. Drinking causes the brain's structure and function to change gradually over time (Nutt, 2021). These modifications affect how the brain works and cause the transition from moderate, infrequent use to problematic, uncontrollable use that results in alcohol use disorder (AUD). Drinking alcohol clearly has an impact on socio-psychological behaviour, such as increased aggression, self-disclosure, sexual adventuresomeness (increased libido), impaired judgement, difficulty in focusing, dementia, coordination and reflexes, low self-concept, short term memory loss, alcohol poisoning, vision impairment, paranoia, hallucinations or delusions, addiction, delirium tremens (DT), amnesia, liver damage, kidney failure, seizures, coma, and even death. (Steele, 1985).

With the help of an advanced technique of GC-MS, gas chromatography, and various substances/components like acetic acid, methyl ester, ethyl acetate, nitrous, butane, methoxy-methyl, aldehydes (acetaldehydes), higher alcohols (Isoamyl alcohol, 1-butanol, 2-propanol, and 1-propanol), thiirane, benzene, xylene, silane, formamide, oxirane, hexane, pentane, are detected in the analysed alcohol samples. The presence of higher alcohols and aldehydes in the alcoholic products might lead to increase incidence of cancer and liver cirrhosis and are also responsible for cognitive effects such as addiction, depression, anxiety, behaviour change, self-inflicted injuries, suicide.

Literature Review

This study emphasizes on the psychiatric condition in the general population is alcohol use disorder (AUD). The hallmark of AUD is a practise of binge drinking that is continued despite the detrimental consequences alcohol has on social, legal, and academic functioning as well as on how well one does at work. (Coriale, 2018). Regarding AUD psychological treatment, it is crucial to prevent clinical therapies that result in drop-out in order to enhance the patients' quality of life. Early psychological treatments for AUD used psychoanalytic and behavioural procedures, but more recently, evidence-based techniques like motivational

interviewing (MI) and cognitive behavioural therapy (CBT) have become popular (Coriale, 2019).

This study raises the possibility that high SADQ (Severity of Alcohol Dependence Questionnaire) scores could serve as a measure for early disclosure of only dual diagnosis patients. The SADQ can help with pharmaceutical therapies by exposing parts of the addiction's dark side that are amplified by AUD-related psychopathology. (Coriale, 2019).

This study explores the use of GC-MS for the detection and quantification of volatile compounds, impurities, and adulterants, highlighting its potential in distinguishing illicit products from legitimate ones. The paper concluded that GC-MS is a reliable and effective method for the identification of illicit alcoholic beverages. The technique's ability to detect distinct chemical signatures enables law enforcement and regulatory authorities to accurately distinguish between legitimate and illegal products, aiding in the control of counterfeit and potentially hazardous beverages in the market (Pradhan, 2021).

Objectives

The present study has been taken up for the analysis of liquor using Gas Chromatography-Mass spectrometry. The aim of this study is to conduct a comprehensive analysis of liquor to investigate its quality and detect the presence of harmful components which contribute to various psychological effects in both individuals and the society.

- To check all the components of the liquor samples selected for the study,
- To compare the obtained sample components (specific or common),
- To detect the presence of harmful components in the illicit liquor samples, and
- To study the different psychological effects produced by alcohol.

Methodology

Sample Collection

Nine samples of illegal alcohol were gathered for the current study from various Haryana state districts in northern India.

Table 1 demonstrates the area where various samples were taken.

Table 1: Demonstrates the area of samples

Sr. No	District	Total samples
1.	Dadri	3
2.	Bhiwani	3
3.	Jhajjar	3

Samples were collected in glass bottles and stored at low temperature to avoid evaporation of volatile compound. The stability of alcohol molecules can be affected by extremely high temperature. Samples were only obtained from small-scale household vendors who do not employ standardized processes for producing alcoholic beverages in order to ensure that the substances in the samples were alcohol.

Parameter	Value
Injector Temp.	290 degrees Celsius
Flow Rate	1ml/min
Split Ratio	1:5
Initial oven temp. / hold time	50*Celsius / 1min.
Final oven temp. /hold time	increased to 225 degrees Celsius at rate of 20 degree Celsius/ 15min.
Injection volume	1 microlitre
Column	HP5MS column
Carrier gas	Helium

Sample analysis

Gas chromatograph Trace 1300 with Triple quadrupole MS (TSQ 8000), a split/split-less injector, was used for analysis. Each sample was run in duplicate without solvent, 1 microlitre sample were micro-pipetted in GC vials and sealed for analysis. Sample were

injected directly; no sample preparation was required. Peak identification was determined using the NIST (National Institute of Standards and Technology) library, a government approved research library. Operating condition of GC shown in Table 2 and MS shown in Table 3.

Table 2: Detailed description of the operating condition of Gas chromatograph

Table 3: Detailed description of the operating condition of MS

Parameter	Value
Model	TSQ 8000
Make	Thermo
Scan Mass	50-600
Ion Source Temp.	250 degrees Celsius
Mass transfer line temp.	250 degrees Celsius

Results:

Nine samples of alcohol from three different regions of Haryana (Bhiwani, Dadri, and Jhajjar) were examined in the current study using GC-MS. The results showed the (Table 4). The number of compounds present in these samples varied between a minimum of 100 to a maximum of 200.

presence of compounds like ethers, esters, alcohols, fluorides, and a lot more. After analysing the samples, the following results were attained (

Table 4: Represents the compounds identified in alcohol samples.

Sr. No	District	Specific compounds	Common Compounds
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1.	Bhiwani	<ul style="list-style-type: none"> • Silane, ethyl dimethyl-(C4H12Si) • 4,4-Dimethoxy-2-methyl-2-butanol(C7H16O3) • Benzeneethanamine, 2-fluoro-á,3,4-trihydroxy-N-isopropyl-(C11H16FNO3) • Cyclododecanone, thiosemicarbazone (C13H25N3S) • Acetic acid, pentyl ester (C7H14O2) • Cyclopropanedodecanoic acid, 2-octyl-, methyl ester (C24H46O2), • Cyclopropanepentanoic acid, 2-undecyl-, methyl ester, trans-(C20H38O2), • 2-Myristinoyl pantetheine (C25H44N2O5S), • 1-Propanol, 2-methyl- (C4H10O), • 1-Deoxy-d-mannitol (C6H14O5) • [[3-(3-bromophenyl)-3-butenyl] oxy] trimethyl- silane (C13H19BrOSi) • 2-Methoxy-1,3-dioxolane (C4H8O3) • Butane, 2-cyclopropyl- (C7H14) • Acetic acid, 3-methoxy-2-butyl ester (C7H14O3) • Ethanol, 2-nitro-, propionate[ester] (C5H9NO4) • 1,3,5-Trioxepane (C4H8O3) • Butane, 1-methoxy-3-methyl-(C6H14O) • Propane, 1,2-dimethoxy-(C5H12O2), • Ethane, 1,1'-oxybis[2-methoxy-(C6H14O3) • Ethane(dithioic) acid(C2H4S2) • 1,6-Dideoxydulcitol(C6H14O4) • dl-Homoserine (C4H9NO3) • 1-Butanol, 3-methyl- (C5H12O), • 3,3-Dimethyl-1,2-epoxybutane (C6H12O) 	<ul style="list-style-type: none"> • 2-Butanol, 1-methoxy-(C5H12O2), • 2-Propanol, 1-ethoxy-(C5H12O2), • Silane, trimethyl-(C3H10Si) • Formamide, N-formyl-N-methyl- (C3H5NO2), • 2-Propanol, 1-ethoxy-(C5H12O2), • Formamide, N-methyl-(C2H5NO), • Thirane(C2H4S), • Allyl fluoride(C3H5F), • 2-Fluoropropene (C3H5F), • Ethanol, 1-methoxy-, acetate (C5H10O3), • Ethyl Acetate (C4H8O2), • Pentanoic acid, 3-methyl-4-oxo- (C6H10O3), • 1,4-Dioxane, 2,3-dimethoxy-(C6H12O4), • 1-Butanol, 3-methyl-, acetate • Boronic acid, ethyl-(C2H7BO2), • 1,2:5,6-Dianhydrogalactitol (C6H10O4), • O-methylene-d-xylitol, 1-deoxy-2,4-O (C6H12O4), • 1-Deoxy-d-arabitol (C5H12O4) • Ethane, 1,1-diethoxy-(C6H14O2), • (Methoxymethyl)trimethylsilane (C5H14OSi), • 2-Methoxy-1,3-dioxolane (C4H8O3), • Silane, trimethyl(propoxymethyl) • 1-Pentanol (C5H12O), • Oxirane, 2-(1,1-dimethylethyl)-3-methyl- (C7H14O), • Oxirane, 2-(1,1-dimethylethyl)-3-ethyl-, cis- (C8H16O), • 2-Butene, 2-methyl- (C5H10),
2.	Dadri	<ul style="list-style-type: none"> • Ethyl Acetate(C4H8O2), • Pentanoic acid, 3-methyl-4-oxo-(C6H10O3), • 1,4-Dioxane, 2,3-dimethoxy(C6H12O4), • Acetic acid, pentyl ester(C7H14O2) • [2,4] hepta-4,6-diene, Spiro(C7H8), • Cyclobutene, 2-propenylidene-(C7H8), 1,3,5-Cycloheptatriene(C7H8), • Toluene(C7H8), • [3.3] hepta-1,5-diene, Spiro (C7H8). • Benzene, 1,3-dimethyl-(C8H10), • o-Xylene(C8H10), • Ethylbenzene(C8H10), • p-Xylene(C8H10), • Benzeneethanol, á,á-dimethyl-(C10H14O) 	<ul style="list-style-type: none"> • Formamide, N-formyl-N-methyl-(C3H5NO2), • 2-Butanol, 1-methoxy-(C5H12O2), • Formamide, N-methyl-(C2H5NO), • Ethanamine, N-methyl-(C3H9N), • Ethane, 1,1'-oxybis[2-methoxy-(C6H14O3) • n-Hexane(C6H14), • Pentane, 3-methyl-(C6H14), • Butyl isocyanatoacetate(C7H11NO3), • 5-hydroxy-4-methyl-, 6-Hepten-3-one (C8H14O2), • Tricyclo[20.8.0.0(7,16)]triacont

		<ul style="list-style-type: none"> • Benzene, 1,2,4-trimethyl-, Benzene, 1-ethyl-3-methyl-, Benzene, 1-ethyl-2-methyl-, Benzene, 1-ethyl-4-methyl-, Benzene, 1,2,3, trimethyl-(C₉H₁₂). • Silane, dimethyl- (C₂H₈Si) • Pentane, 2,2,4,4-tetramethyl-(C₉H₂₀) • 1-Hexacosene(C₂₆H₅₂), • Z-5-Methyl-6-heneicosen-11-one(C₂₂H₄₂O) • Silane, trimethyl- (C₂H₁₀Si), • 2-Propanol, 1-ethoxy-(C₅H₁₂O₂) • 1-Butanol, 3-methyl-(C₅H₁₂O), • 1-Pentanol(C₅H₁₂O), • Oxirane, 2-(1,1-dimethylethyl)-3-methyl-(C₇H₁₄O), • 3,3-Dimethyl-1,2-epoxybutane(C₆H₁₂O), • Oxirane, 2-(1,1-dimethylethyl)-3-ethyl-, cis-(C₈H₁₆O) 	<ul style="list-style-type: none"> • Benzene, 1,2,4-trimethyl-, Benzene, 1-ethyl-3-methyl-, Benzene, 1-ethyl-2-methyl-, Benzene, 1-ethyl-4-methyl-, Benzene, 1,2,3, trimethyl-(C₉H₁₂). • Silane, dimethyl- (C₂H₈Si) • Pentane, 2,2,4,4-tetramethyl-(C₉H₂₀) • 1-Hexacosene(C₂₆H₅₂), • Z-5-Methyl-6-heneicosen-11-one(C₂₂H₄₂O) • Silane, trimethyl- (C₂H₁₀Si), • 2-Propanol, 1-ethoxy-(C₅H₁₂O₂) • 1-Butanol, 3-methyl-(C₅H₁₂O), • 1-Pentanol(C₅H₁₂O), • Oxirane, 2-(1,1-dimethylethyl)-3-methyl-(C₇H₁₄O), • 3,3-Dimethyl-1,2-epoxybutane(C₆H₁₂O), • Oxirane, 2-(1,1-dimethylethyl)-3-ethyl-, cis-(C₈H₁₆O)
3.	Jhajjar	<ul style="list-style-type: none"> • Formamide, N-methyl- (C₂H₅NO) • Silane, dimethyl- (C₂H₈Si) • Ethanamine, N-methyl • Ethyl Acetate (C₄H₈O₂) • CH₃C(O)CH₂CH₂OH (C₄H₈O₂) • Pentanoic acid, 3-methyl-4-oxo-(C₆H₁₀O₃) • 1,4-Dioxane, 2,3-dimethoxy-(C₆H₁₂O₄) • 1,6-Dideoxydulcitol • 2-Methyl-1-butene • 2-Methylperhydro-1,3-oxazine (C₅H₁₁NO) • Octadecane, 3-ethyl-5-(2-ethylbutyl)-(C₂₆H₅₄) • Heptadecane, 9-hexyl- (C₂₃H₄₈) • 2-Chloro-6-(4-chlorophenyl),3-(4-methoxyphenyl) • 3,4-dihydro-2H-1,3,2-oxazaphosphinine 2-oxide (C₁₆H₁₄Cl₂NO₃P) • Hexa-t-butylselenatrisiletane • Heptacosane, 1-chloro- (C₂₇H₅₅Cl) • Octadecane, 3-ethyl-5-(2-ethylbutyl) 5,6,6-Trimethyl-5-(3-oxobut-1-enyl)-1-oxaspiro[2.5]octan-4-one (C₁₄H₂₀O₃) • (1S,2E,4S,5R,7E,11E)-Cembra-2,7,11-trien-4,5-diol • Octatriacontyl pentafluoropropionate (C₄₁H₇₇F₅O₂) • Tricicosane, 1-bromo-11-docosenyliden- (C₃₅H₆₉Br) • Toluene-4-sulfonic acid • 2,7-dioxa-tricyclo[4.3.1(3,8)]dec-10-yl ester • 1-Dodecanol, 2-octyl • Ethanol, 2-(octadecyloxy)- 11.86 C₂₀H₄₂O₂ • 1-Decanol, 2-octyl- • Dodecane, 1-cyclopentyl-4-(3- 	<ul style="list-style-type: none"> • Benzene, 1,2,4-trimethyl-, Benzene, 1-ethyl-3-methyl-, Benzene, 1-ethyl-2-methyl-, Benzene, 1-ethyl-4-methyl-, Benzene, 1,2,3, trimethyl-(C₉H₁₂). • Silane, dimethyl- (C₂H₈Si) • Pentane, 2,2,4,4-tetramethyl-(C₉H₂₀) • 1-Hexacosene(C₂₆H₅₂), • Z-5-Methyl-6-heneicosen-11-one(C₂₂H₄₂O) • Silane, trimethyl- (C₂H₁₀Si), • 2-Propanol, 1-ethoxy-(C₅H₁₂O₂) • 1-Butanol, 3-methyl-(C₅H₁₂O), • 1-Pentanol(C₅H₁₂O), • Oxirane, 2-(1,1-dimethylethyl)-3-methyl-(C₇H₁₄O), • 3,3-Dimethyl-1,2-epoxybutane(C₆H₁₂O), • Oxirane, 2-(1,1-dimethylethyl)-3-ethyl-, cis-(C₈H₁₆O)

	<p>cyclopentylpropyl)-</p> <ul style="list-style-type: none"> • Silane, trimethyl- (C3H10Si), • 2-Propanol, 1-ethoxy- (C5H12O2), • Acetic acid, mercapto-, 2-methoxyethyl ester (C5H10O3S), • Silane, ethyldimethyl • 4-O-Acetyl-2,5-di-O-methyl-3,6-dideoxy-d-gluconitrile (C10H17NO4) • 1,3-Dioxan-5-ol, 4,4,5-trimethyl- (C7H14O3) • 2-Pentanone, 5-methoxy- (C6H12O2) • 1-Cyclohexylethanol, methyl ether • 1-Propanol, 2-methyl- (C4H10O) • Boronic acid, ethyl- (C2H7BO2) • 1,2:5,6-Dianhydrogalactitol (C6H10O4) • 1-Deoxy-2,4-O,O-methylene-d-xylitol (C6H12O4) • Hexane, 1-fluoro • Ethane, 1,1-diethoxy- (C6H14O2) • (Methoxymethyl)trimethylsilane (C5H14OSi) • 2-Methoxy-1,3-dioxolane (C4H8O3) • Silane, trimethyl(propoxymethyl)- (C7H18OSi) • Silane, [[3-(3-bromophenyl)-3-butenyl]oxy]trimethyl • 2-Butene, 2-methyl • Cyclopentene, 1-ethenyl-3-methylene • Mesitylene • 2-Methyl-E,E-3,13-octadecadien-1-ol 7.87 (C19H36O) • i-Propyl 5,9,17-hexacosatrienoate • 2,6,9,12,16-Pentamethylheptadeca-2,6,11,15-tetraene-9-carboxylic acid • Hexatriacontyl pentafluoropropionate • 9-Desoxo-9α-hydroxy-7-ketoingol 3,8,9,12-tetraacetate (C28H38O10) • Cholestane, 3,5-dichloro-6-nitro-, (3α,5α,6α)- 23.99 C27H45Cl2NO2 15505-92-7 • 1-Cyclohexyl-3-[3,5-di(3-cyclohexylbicyclo[1.1.1]pent-1-yl)-phenyl]-bicyclo[1.1.1]penta • Milbemycin b,13-chloro-5-demethoxy-28-deoxy-6,28-epoxy-5-(hydroxyimino)-25-(1-methylethyl)-, (6R,13R,25R) • Ingol 12-acetate 18.64 C22H32O7 51906-01-5 • 1b,4a-Epoxy-2H-cyclopenta[3,4]cyclopropa[8,9]cycloundec[1,2-b]oxiren-5(6H)-one, • 2,7,9,10-tetrakis(acetyloxy)decahydro-3,6,8,8,10a-pentamethyl • Octadecanal, 2-bromo- • 7-(acetyloxy)decahydro-2,9,10-trihydroxy-3,6,8,8,10a-pentamethyl (1S,2E,4S,5R,7E,11E)-Cembra-2,7,11-trien-4,5-diol 	<p>anhydride (C16H26O3)</p> <ul style="list-style-type: none"> • 2,5-Furandione, 3-dodecyl • 7,8-Epoxy lanostan-11-ol, 3-acetoxy-(C32H54O4) • i-Propyl 5,9,19-octacosatrienoate • 2-Dodecen-1-yl(-)succinic anhydride (C16H26O3) • 9-Octadecene, 1,1'-[1,2-ethanediylbis(oxy)]bis-, (Z,Z)- • Tetrapentacontane, 1,54-dibromo-(C54H108Br2, E,E,Z-1,3,12-Nonadecatriene-5,14-diol (C19H34O2), 17-Pentatriacontene(C35H70), 9-Hexadecenoic acid, 9-octadecenyl ester, (Z,Z)-(C34H64O2), 1-Hexacosene(C26H52),
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	<ul style="list-style-type: none"> • Cyclotriaconta-1,7,16,22-tetraone • Rhodopin • 10-Methyl-8-tetradecen-1-ol acetate (C17H32O2) • Z,E-2,13-Octadecadien-1-ol • Cyclohexane, 1,1'-dodecylidenebis[4-methyl • 2-Piperidinone, N-[4-bromo-n-butyl]- • 9-Octadecene, 1,1'-[1,2-ethanediylbis(oxy)]bis-,(Z,Z)- • Cyclohexane, 1,3,5-trimethyl-2-octadecyl- (C27H54) • 9-Octadecene, 1-[2-(octadecyloxy)ethoxy]- • Z-(13,14-Epoxy)tetradec-11-en-1-ol acetate • Octatriacontyl pentafluoropropionate (C41H77F5O2) • Oleic acid, eicosyl ester C38H74O2 • Tetracosane, 1-bromo- • D:A-Friedo-2,3-secooleanane-2,3-dioic acid, dimethyl ester, (4R) • Tetracosapentaene, 2,6,10,15,19,23-hexamethyl- (C30H52) • 1,1,6-trimethyl-3-methylene-2-(3,6,9,13-tetramethyl-6-ethenyl-10,14-dimethylene-pentadec-4-enyl)cyclohexane • 12-Methyl-E,E-2,13-octadecadien-1-ol 	
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In the samples, some components like alcohols (methanol, ethanol, pentanol, butanol), esters (ethyl acetate, isopropyl butyrate, pentyl ester), acids (acetic acid, toluene-Hexadecenoic acid), nitrogen-containing compounds (formamide, ethaneamine), ethers (silane dimethyl), ketones (Cyclotriaconta-1,7,16,22-tetraone), and aldehydes (ethyl acetate) are observed, with their percentages varying from the districts In samples from Bhiwani district

ethers were abundant with a 26% and ketones were least with only 4% as represented in figure 1. The samples from Dadri showed an abundance of various hydrocarbon compounds with 36% and acids were the least with 5%., depicted in figure 2. In the samples from Jhajjar district the presence of alcohol and ester compounds were similar with 21.13% each and amines and acids were the least with 7.04% each as shown in figure 3.

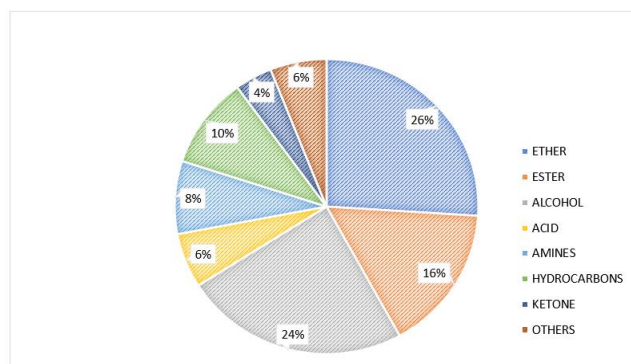


Figure 1: Represents the percentage of various components found in the samples collected from Bhiwani.

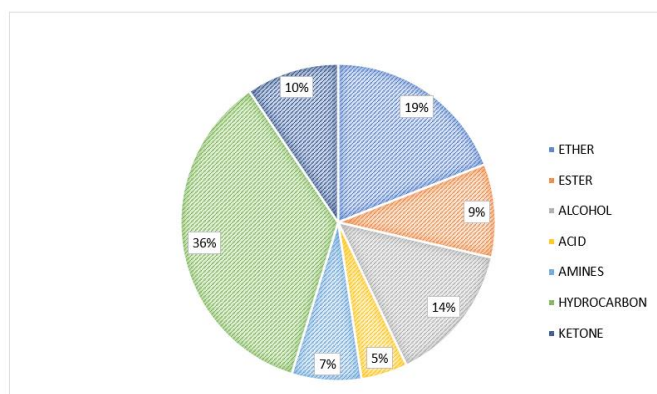


Figure 2: Represents the percentage of various components found in the samples collected from Dadri.

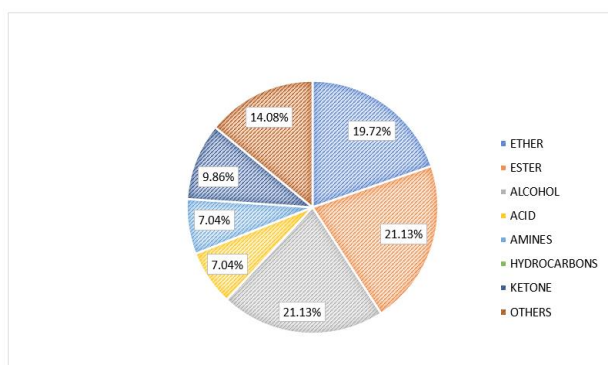


Figure 3: Represents the percentage of various components found in the samples collected from Jhajjar.

Discussion:

This study has shed light on the multifaceted effects of liquor and the various effects of it on individuals and the society. By employing analytical technique gas chromatography - mass spectroscopy, it was possible to identify and quantify the presence of harmful substances in liquor sample like alcohol, esters, aldehydes, ketones and nitrogen containing compounds. The most significant ingredient in alcoholic beverages and the source of the majority of psychological effects in people are sedative and motor impairments, which frequently act as feedback cues to reduce alcohol consumption (Spear, 2005). The alcohols can be either saturated or unsaturated. Alcohol can also be classified by its aromaticity, therefore as either aliphatic or aromatic.

Abuse of liquor attributes to various psychiatric and neurological disorders like Wernicke-Korsakoff syndrome, alcoholic neuropathy, foetal alcohol syndrome, altered spatial recognition, boomerang effects, social phobia, psychological reactance and effects on cognition such as cognitive flexibility and criminal behaviour of an individual (Moss H,

2013). It was previously classified as a Group 1 carcinogen by the International Agency for Research on Cancer, which is the highest-risk category and also includes asbestos, tobacco, and radiation (WHO, 2023). Alcohol intoxication is primarily caused by the presence of toxic substances like methanol, isopropanol, and ethylene glycol, which are frequently combined with ethanol and other metals like arsenic, lead, iron, and copper. Due to the harmful compounds, diseases such as breathing shortness, nausea, vomiting, dizziness, diarrhoea, blurred vision, temporary or permanent blindness, and cancer can be caused (Jung, 2014) (Mukherjee, 2013).

Organic acids are formed through the oxidation of alcohol and are what give liquors a bitter taste, thus, are not desirable (Weldegergis, 2011). Most of these components belonged to primary saturated acids or unsaturated organic acids. Esters giving liquor a sweet aroma and are the flavouring components of a liquor. Nitrogen-containing compounds, ketones and aldehydes were least abundant compounds found in liquor samples. Similar compounds

have been reported in surrogate alcohol from southeastern Africa (Ejim, 2007), in illicit liquor from different region of northern India (Punia, 2017), reported the presence of amphetamines and its derivatives in an illicit liquor sample, we did not encounter these compounds in our study. Ethanol, 1-propanol, iso-butanol, cystine and atomoxetine were reported in Russian surrogate alcohol (McKee, 2005). However, cystine and atomoxetine were not found in our study/ sample analysis.

Conclusion:

In the present study, we endeavoured/sought to analyse and identify the various components of alcohol samples collected from various locations of northern India using GC-MS. In all, we identified some components that are alcohols (methanol, ethanol, pentanol, butanol), esters (ethyl

acetate, isopropyl butyrate, pentyl ester, acids (acetic acid, toluene-Hexadecenoic acid), nitrogen-containing compounds, ketones, and aldehydes. Alcohol is also consumed with other substances, such as opioids or benzodiazepines, which can increase the risk of addiction and overdose. Overall, the harmful impacts of alcohol on individual mental health underscore the importance of addressing the issue of neurological effects and ensuring the safety and quality of alcohol products. In this study, the psychological impacts of alcohol in the human body, with a focus on the socio-legal implications of these effects are discussed. Additionally, more research is required to determine the toxic effects of minor ingredients of alcoholic beverages on human health.

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A study of Mental Health and Gender Discrimination among female of Educated Families

Dr. Pooja Rani*

Abstract

The purpose of this study is to examine how gender discrimination affects the mental health of females from educated families. Discrimination still exists despite substantial strides towards gender equality in many nations, particularly in the setting of educated households. The study uses both qualitative and quantitative research techniques to examine the prevalence, extent, and effects of gender discrimination on women's mental health in these families. Additionally, it looks for factors that can exacerbate or lessen the negative consequences of gender discrimination on mental health. The results highlight how critical it is to address gender gaps and foster a nurturing environment in educated homes in order to improve the mental health of females.

Keywords: Mental Health, Females, Attitude, Educated Family, Gender Discrimination

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Introduction

Despite tremendous progress towards gender equality, gender discrimination has been a long-standing social issue that persists in a variety of countries and environments. One or both parents in an educated family are frequently thought to be progressive and less likely to support discriminating practices (Dyrbye et al., 2012). The reality is more complex, though, as deeply rooted cultural prejudices and customs can still affect family dynamics. Given that gender discrimination can negatively affect women's mental health, it is crucial to pay attention to this issue in educated families.

The term Mental wellness is more complex than simply being free from mental diseases. It exists on a complex spectrum and is felt differently by each individual, with varying degrees of difficulty and discomfort as well as potentially very diverse social and therapeutic ramifications (Russo, 2008). According to the World Health Organisation (WHO, 2004), mental health is a condition of well being in which people are able to realize their potential, handle everyday stresses, work creatively and fruitfully, and contribute to their communities

or societies. Furthermore, having strong mental health was associated to desirable workplace outcomes like lower absenteeism and fewer instances of unprofessional behaviour (Keyes, 2007). Mental health issues affect both genders equally, but certain conditions like major depression and anxiety disorders tend to affect women more. Biological factors, such as hormonal differences and female-specific medical conditions, may contribute. Additionally, women often face psychosocial stressors like sexual violence, alongside gender discrimination and societal inequalities, which can compound the negative impact on their mental and physical well-being.

On the other side, the term which is constraint for women health is Gender Discrimination. Bukhari & Ramzan (2013) unveiled that the term "discrimination against women" refers to any sex-based distinction, exclusion, or restriction that hinders or invalidates a woman's ability to recognize, enjoy, or exercise her fundamental human rights and liberties in the social, economic, political, and cultural spheres, regardless of her marital

status, on the basis of the equality of men and women (Krieger, 1990).

Literature Review

Hennein et al. (2023) examines the impact of gender discrimination on healthcare workers' mental health during the COVID-19 pandemic. It finds that increased gender discrimination is associated with elevated symptoms of post-traumatic stress, depression, anxiety, and burnout among women, while men primarily experience heightened symptoms of depression. Qualitative analysis identifies specific themes related to discrimination experiences for both genders, emphasizing the persistence of discrimination during health system strain. Further, the literature review highlights the World Health Organization's recognition of health inequalities, particularly disadvantaging women due to gender-based discrimination and inequalities. While overt forms of discrimination have received attention, the study by Vigod & Rochan (2020) delves into the impact of "perceived gender discrimination" on women's mental health. The research, conducted in the Czech Republic, found a significant association between perceived gender discrimination and higher depression scores among women, emphasizing the sociocultural determinants of the gender gap in mental health. The review underscores the importance of addressing both overt and subtle forms of gender discrimination through international cooperation and advocacy.

Moreover, Batool (2020) inspected that Gender discrimination, affecting women worldwide, takes various forms, including pay gaps, career limitations, stereotypes, and harassment. This literature review focuses on the UK, aiming to establish a causal link between gender discrimination and women's mental health issues (stress, anxiety,

depression). It also explores UK legislation related to gender equality, providing compelling evidence of workplace gender discrimination in the country. Hosang & Bhui (2018) explored in their research that women face numerous gender-specific and prevalent adversities such as gender discrimination and childhood maltreatment, which collectively harm their health and well-being. These intersecting factors create a hazardous combination, leading to adverse social, economic, and health outcomes for women. The paper emphasizes the urgent need for coordinated prevention and intervention efforts at societal, community, and individual levels. It also advocates for gender-specific and trauma-sensitive strategies recommended by global health organizations to promote gender equality and women's mental health within clinical and academic communities.

These studies collectively reveal the detrimental impact of gender discrimination on women's mental health, emphasizing its persistence during challenging times. They underscore the urgent need for gender-specific, trauma-sensitive strategies and international cooperation to address these issues and promote gender equality and women's well-being. While reviewing it was found that there is gap in literature based on limited research exists focusing solely on women from educated families and the Indian context has seen relatively less exploration in this particular domain. In the dearth of above gaps the present study delves into gender discrimination, which have been underrepresented in women's mental health research.

This study investigates the impact of gender discrimination on the mental health of women raised in well-educated families. By comprehending the specific challenges faced by this demographic, specialized interventions and policies can be formulated to promote

gender equality and support the mental well-being of women. This study sheds light on the under-explored nexus of gender and mental health, advocates for more inclusive family dynamics, and empowers women. Ultimately, its findings have the potential to shape societal conditions that foster gender equality and enhance women's mental health.

The study's objectives encompass identifying the prevalence and nature of gender discrimination in families characterized by higher education levels, understanding the mental health status of women in these settings, assessing the consequences of discrimination on their mental well-being, and exploring the coping strategies and resilience tactics employed by women to counteract discrimination.

Operational Definitions

Mental Health- It refers to an individual's emotional, psychological, and social well-being, encompassing their ability to handle stress, maintain relationships, and function effectively in daily life.

Gender Discrimination- It is the unfair or prejudiced treatment of individuals based on their gender, often leading to unequal opportunities, rights, or treatment between males and females.

Educated Families- Educated families are households where one or more members have attained higher levels of formal education, often associated with better access to resources and opportunities. For present study, the women who have minimum qualification of graduation was selected.

Married Women- In the current study, we define 'married women' as adult females who have legally wedded spouses, confirmed by marriage certificates or self-identification, with a minimum marriage duration of five years

Objectives

1. To determine the prevalence of gender discrimination within educated families.
2. To delineate the specific mental health challenges experienced by women within well-educated households.
3. To explain the coping mechanisms employed by women to combat gender discrimination within educated families.

Methodology

The design of the present study was descriptive in nature.

Sample and Sampling Method: The Universal sample of the study was married educated women from the District Ambala. The reason for considering the educated women was that as they are more aware for their rights as compare to un-educated women but still they are living a oppressive environment of their family. From this universal sample, 100 working married women, having age group 25-40 years were selected from the various areas of district Ambala (Haryana) which comprised 43% from the age group of 25-33years and 57% from the age group of 34-40 years.

Distribution of the Sample: Based on their qualifications, the sample distribution is as follows: 44% held bachelor's degrees, 23% had completed post-graduate studies, and 37% held doctorate degrees among the women.

Systematic Random sampling was used to get the data because many women were reluctant to share their personal information owing to family obligations. Additionally, only women who were willing to offer accurate information were given consideration for the study.

Test and Tool: The interview method was employed to extract the desired data from the sample. A self-made tool on 'Family Dynamics Assessment' having 25 questions was used to evaluate the women's mental health and experiences with gender discrimination. Internal Consistency was utilized with a correlation value for the test's reliability.79 and the tool's face validity was

completed with the assistance of 8 specialists in the same field from different institutions in India.

On the bases of 25 questions which were set for the interview following results have been analyzed.

Result

Table-1: Show the Status of Mental Health of Women

Variables	Percentage (%)
Status of Mental Health	
Poor	65%
Normal	35%

Table-1 provides an overview of the mental health status of the women under examination. Out of the total participants, 65% were classified as having normal mental health, reflecting well-being and psychological equilibrium. In contrast, 35% were categorized as having poor mental health, indicating the

presence of psychological distress or issues impacting their well-being. This table offers a concise representation of the distribution of mental health statuses among the female subjects, underscoring the prevalence of both normal and poor mental health within the study population.

Table 2: Women Reactions in everyday life at home

Area	Participants (N=100)
feel treated differently	
Positive reaction	25
Neutral reaction	24
Negative Reaction	51
Feel isolated among family members	
Positive reaction	70
Neutral reaction	-
Negative Reaction	30
Reasons for differently treatment	
Gender	82
Others	18

Table no. 2 highlights the reactions of the women regarding their family reaction towards her. All the 100 women were well-educated and succeeding in their fields of

work. But despite being surrounded by their in-laws' family, they feel isolated. The reasons for how they are treated on a daily basis were revealed in the table. Based on gender, responses identifying instances of prejudice

varied. Although 25 out of the 100 individuals said their gender identification led to favourable treatment (e.g., a benefit), 51 said their identities led to unfavourable treatment (e.g., prejudice). The remaining 24 reported reactions that were neither favourable nor unfavourable.

In addition to it, for the questions related to isolation, 70 women felt isolation among their family members due to discrimination, zero was neutral and 30 represented their negative response. As, they didn't feel isolated in relation to gender discrimination.

Further responses from women revealed how participants perceived which facets of their identities were connected to their encounters with discrimination. They most frequently cited gender as the cause. Out of 100, 82 women felt that due to female they are treated a low creature of the family although they are earning high but as compare to male community they always considered as a low one. Rest of the women, consider other reasons like low salary, female child, physical structure are reasons for gender discrimination.

Discussion

Findings shed light on how educated women, despite professional success, experience isolation within their in-laws' families. Gender discrimination played a significant role in these experiences. Notably, 51 out of 100 women reported unfavorable treatment due to their gender, while 25 perceived some favorable treatment. A majority of 70 women felt isolated within their families due to gender discrimination. Gender was identified as the primary driver of discrimination, with 82 out of 100 women feeling that their female identity led to being treated as lesser, despite their professional achievements. Some women cited additional factors like low salary, having female children, and physical appearance contributing to gender discrimination. There are various other studies also which support

the results. Panigrahi et al. (2014) found that Positive predictors included supportive colleagues, sharing problems with husbands, and engaging in yoga/exercise, suggesting the need for preventive programs to address this public health concern. The mental health of married working women was notably influenced by their home environment. Kopp et al. (2008) in their research revealed that a supportive atmosphere and positive attitudes from husbands and in-laws were protective factors. Sharing problems with husbands positively impacted mental health, while job-family conflicts and limited involvement in family decisions increased the risk of poor mental health (Chandola, 2004). Engaging in social activities and practicing yoga/exercise were linked to positive mental health outcomes, as previous research has suggested. The multifaceted mental health challenges faced by women encompass internalized gender norms, emotional suppression, the impact of microaggressions and everyday discrimination, role strain resulting from juggling work, parenting, and homemaking, limited decision-making autonomy in family matters due to gender inequity, anxiety stemming from societal expectations related to appearance and performance, academic and career barriers imposed by discrimination, social isolation, and a perceived lack of control over their lives (Keyes et al., 2010). These issues collectively highlight the complex interplay between societal norms, gender-related expectations, and discrimination, underscoring the need for comprehensive strategies to address and support the mental health and well-being of women in diverse context (Perry et al. 2013).

Strategies to cope-up the problem

Women from well-educated backgrounds who confront gender discrimination can employ a range of coping strategies and resilience-building techniques to navigate their challenges and safeguard their mental well-

being. These strategies play a pivotal role in helping individuals manage the intricacies of their environments. Women in such situations frequently adopt the following coping mechanisms and resilience strategies:

1. Seeking Social Support: Women often turn to friends, family, or support groups for emotional understanding and validation by sharing their experiences and feelings, which can help alleviate the emotional toll of discrimination.

2. Advocacy and Assertiveness: Developing advocacy and assertiveness skills empowers women to confront discriminatory practices and actively work toward gender equality within their homes and communities.

3. Self-Education: Educated women are better equipped to recognize and combat gender bias. Engaging in self-educational activities, attending gender-related lectures or workshops, and staying informed are crucial strategies.

4. Setting Boundaries: Women can protect themselves by setting boundaries, allowing them to navigate difficult situations and assert their rights and preferences within family dynamics.

5. Fostering Self-Compassion: Practicing self-compassion and self-care is essential for countering negative self-perceptions stemming from gender discrimination (Paltiel, 2018).

6. Building Resilience: Resilience involves adapting to adversity and overcoming it. Women can achieve this by finding meaning in their experiences, reframing negative thoughts, and focusing on their strengths.

7. Empowerment through Education and Employment: Pursuing education and employment enables women to attain financial independence, make more autonomous decisions, and feel successful, countering the adverse effects of discrimination.

8. Nurturing Supportive Relationships: Establishing strong, supportive connections with partners, family, or friends fosters a protective environment against the detrimental impacts of prejudice (Basu, 2012)..

9. According to the World Health Organization (2000), supporting and empowering women's mental health requires the cultivation of effective coping strategies and resilience techniques. These skills are most effectively developed and put into practice within an environment that values gender equality and encourages open communication. Empowering women to employ these coping mechanisms is a fundamental step toward combating gender discrimination and promoting mental well-being.

Conclusion

In light of this, findings of the study show that ongoing gender discrimination has a negative impact on women's mental health who come from educated families. The study's exclusion of married women aged over 40 restricts the applicability of its findings to older women. Moreover, relying on respondents' self-reported Family Dynamics Assessments introduces the possibility of response bias. Nonetheless, the study's results carry substantial practical importance. They provide valuable insights into the mental health challenges faced by married working women and pinpoint risk factors associated with poor mental health outcomes. This information can aid policymakers and healthcare professionals in formulating intervention strategies to address this societal concern effectively. Further analytical epidemiological research is necessary to replicate these findings and uncover additional potential predictive variables, enhancing the depth of understanding in this area.

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Patterns of Suicide in India and Challenges Ahead

Dr. Manmohan Singh

Abstract

Introduction: Suicide is a serious public health problem that is associated with mental and behavioural problems. In India, suicide is related to literary, religion and cultural ethics of the different regions. In addition, suicidal risk factors are bifurcated into many variables that need to be analysed. **Objectives:** This study was designed to analyse the recent trends in the number of suicides and to assess the changing patterns in suicide. The secondary data is available on NCRB portal from last one decade between the years 2010-2019 was used for the study purpose. **Methodology:** Data was extracted in tabular format with different categories. Data was analysed with the help of SPSS software version 21 and Lin-Log model was used to analyze the trend. The results are interpreted with the help of graphical representation of each group and have been discussed with supportive studies. **Results:** Incidence of suicide varies with 9-11 per cent each year consistently during 2010-2019. Growth rate of suicide depends on its causes and leading causes are drug/alcoholic, bankruptcy, marriage related issues and in relation with education status shows that majority of victims' falls under primary to higher secondary group. Suicide Trend in relation to profession during 2010-2019 shows that students, unemployed and retired persons are increasing persistently. Suicide in relation to social status victims reveals that married persons are higher in comparison to unmarried/sprinter. Mass/family suicide is higher in Andhra Pradesh and lowest in west Bengal. Suicide rate in relation to age is higher among 15-29 years. Suicide rate pertaining to gender shows that males' suicide is higher in comparison to females.

Keywords: Suicide behaviour, Suicide Pattern, Mass Suicide/Family Suicide

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Introduction

World Health Organization

Suicide is common cause of death worldwide. According to the WHO, almost one million people die every year from suicide and a global mortality rate of suicide is 16 per 1 lakh. Suicide was estimated to represent 2.4 per cent of the total global burden of disease in 2020. Suicide is nevertheless an individual and personal act and its disparity exists in the rates of suicides across different countries. According to WHO, there is a connection between suicide and mental disorders. Majorly suicides happen suddenly with an emotional breakdown in the ability to deal with life stresses, such as financial problems, relationship break-up or chronic pain and illness.

Suicides in India

In India, the official suicide rate for 2019 published by the National Crime Records
Dr. Manmohan Singh

Bureau (NCRB) of India was 10.4 per 100 000 population, similar to the global average of 11.4 per 100 000 population and equating to 139123 deaths registered as suicides (NCRB). However, the suicide statistics published by the NCRB are based on police reports (Patel et al, 2012). Suicide attempt is a punishable crime under the Indian Penal Code (IPC Section 309); but these results are under-reporting. The suicide rates vary widely across the different states of India. Dandona et al (2016), reported in *The Lancet Public Health*, that in India from 1990 to 2016 SDR is estimated as 17.9 per 100 000 population equating to an estimated 230 000 suicide deaths annually.

Literature Review

Suicidal Behaviour and Psychological Perspective

Suicide is complex and multifaceted behavior pattern. It is typically seen as the crucial outcome of a long-term process

shaped by a number of interacting cultural, social, situational, psychological and biological factors. Various risk factors underlie suicidal behavior helps to explain the variations of suicide risk over the course of time. Suicide can be better understood with the help of Beck's Cognitive Behavior Model of Suicidal behavior. Cognitive model of suicidal behavior (Wenzel, Brown, et al., 2008) represent the three main constructs that underlie suicidal behavior from a cognitive perspective. The figure presented dispositional vulnerability factors are trait-like variables that trigger non-specific risk for psychiatric disturbance (i.e., diagnoses or symptoms of psychiatric disorders) as well as for suicidal behavior.

An Individual in a suicidal crisis experience suicide ideation (Wenzel, Brown, et al., 2008) and engaging in behavior that indicates to end one's life. Diathesis-stress models of abnormal behavior (Caspi et al., 2003), often view cognitive processes associated with psychiatric disturbance. Life stress often prompts the onset of psychiatric symptoms. However, other life stressors are usually necessary for cognitive processes with psychiatric disturbances. The number of severity of dispositional vulnerability factors is related to the amount of life stress it takes to activate a suicidal crisis (Oquendo et al., 2004).

Social, Demographic and Socio- Economic Perspective of Suicide

In India, the issue of suicidal deaths has been receiving renewed social and policy attention. In the recent years, many cases of farmer's suicide have been reported in a number of states, particularly Andhra Pradesh, Karnataka, Kerala, Punjab and Maharashtra (Mishra, 2006). An Indian study showed that the suicide rate was highest in the 15-29 years age group (38 per 100,000 population) followed by the 30-44 years group (34 per 100,000 population). The rates of suicide was 18 per 100,000 in those aged 45-59 years and 7 per 100,000 in those aged >60 years. Among young people, suicidal behavior was found to be associated with female gender, not attending school or college, independent decision making, physical abuse at home and lifetime

experience of sexual abuse (Rao & Madahavan, 1985; Radhakrishnan, & Andrade, 2012).

As per a recent report released by the National Crime Records Bureau (NCRB), Delhi leads with 2,369 suicides followed by Chennai 2,102, Bengaluru (2,082) and Mumbai (1,174) in 2018. In fact, as per the report, the suicide rate in cities (13.3) was higher as compared to the all-India suicide rate (10.2) with Delhi showing an increase of 8.2 per cent from 2,189 suicides in 2017 to 2,369 suicides in 2018. Mishra (2006) reported that in the state of Maharashtra, the suicide mortality rate for farmers has increased from 15 in 1995 to 57 in 2004; whereas, in the state of Punjab, Satish (2006) examined association between institutional credit, indebtedness and farmers' suicides

Objectives: This study was designed to analyse the recent trends in the number of suicides and to assess the changing patterns in suicide. The secondary data is available on NCRB portal from last one decade between the years 2010-2019 was used for the study purpose.

Methodology: Data was extracted in tabular format with different categories. Data was analysed with the help of SPSS software version 21 and Lin-Log model was used to analyze the trend. The results are interpreted with the help of graphical representation of each group and have been discussed with supportive studies.

Statistical Analysis: Data was extracted in tabular format with different categories i.e. professional profile of victims, social status, economic status and marital status, growth rate of suicide, growth rate on the basis of causes, growth rate of family, mass suicide in different states of India and the same was analyzed with the help of SPSS software version 21.

Results:

The observations were done on the basis of secondary data pertaining to suicide that was available on the portal of NCRB. The data was tabulated and analysed on the basis of objectives and hypothesis. The findings of this study were segregated in different sections. Initially, incidence of suicide was

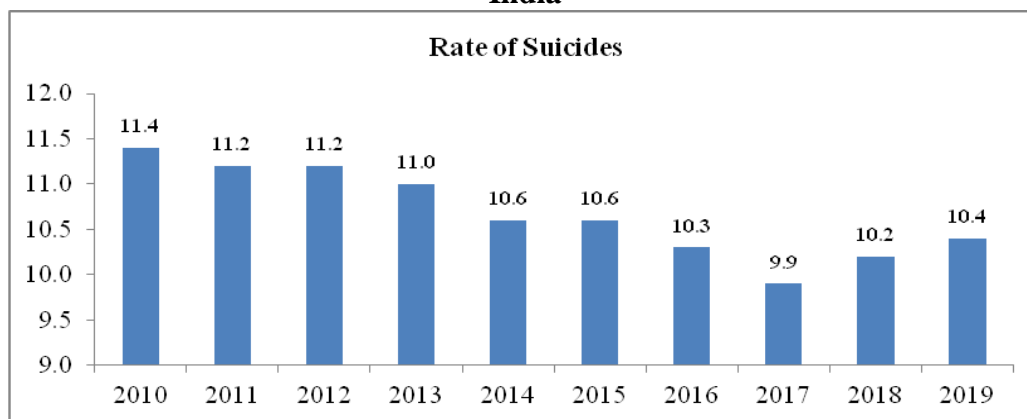
analysed from 2010-2019 followed by evaluation of number of family/mass suicide victims. Further, data was analysed on the basis of economic status, age-wise, educational status, social status, gender wise and state wise suicide trend.

Incidence of Suicide:

Rate of suicides i.e. the number of suicides per one lakh population, has been widely accepted as a standard yardstick for

comparison. According to the WHO, almost 1 million people die from suicide in every year. In majority of countries, suicide is third leading cause of death between the age group of 15-44 years and also the second leading cause of death in the 10-24 years age group. In this study, the rate of incidence of suicide from 2009-2019 in India was distributed from minimum 9.9 to maximum 11.4.

Graph No 1: Graphical representation of rate of incidence of suicide from 2010-2019 in India

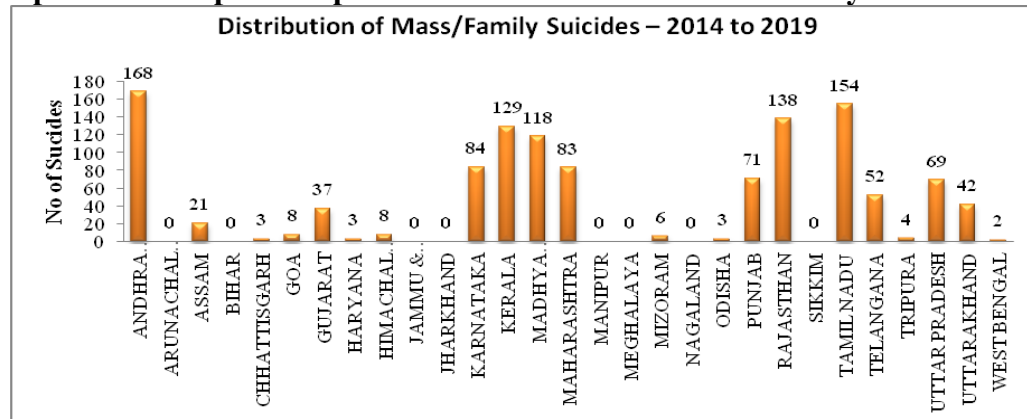


In the year 2017 the incidences were lowest and in 2010 it was at peak with respect to other years. While, in the year 2010 to 2013, it shows rate of incidence from 11 to 11.4 with slight difference of 0.2 percent and the rate of incidence during 2014 to 2016 and 2018 to 2019 falls between 10.2 to 10.6. In total, there is minimum change in the trend of rate of incidence of suicide from 2010 to 2019. However, trend analysis clearly shows that the incidence of suicide rate is not less than 10 per cent from past ten years that is 2010-2019 in India.

Mass/Family Suicide Victims:

India has witnessed a change in family structure during recent decades, with more people moving out of joint and extended families into nuclear family structures. The effect of this change on suicide rate has not been systematically studied. Recent trend of mass suicide and family suicide victims is associated with number of causes like financial status, mental health and influential role model. Graph 2 depicts the new trend from past 5 years and this Family suicide/Mass Suicide is vigilance gesture.

Graph No 2: Graphical representation a number of Mass/Family suicide victims



The major reason behind this mass suicide is sudden loss in business, financial issues that may lead to major depression among family

members or distort their mental health (Srivastava et al., 2004). This graphical distribution of mass and family suicide between the year 2014-2019 exhibit

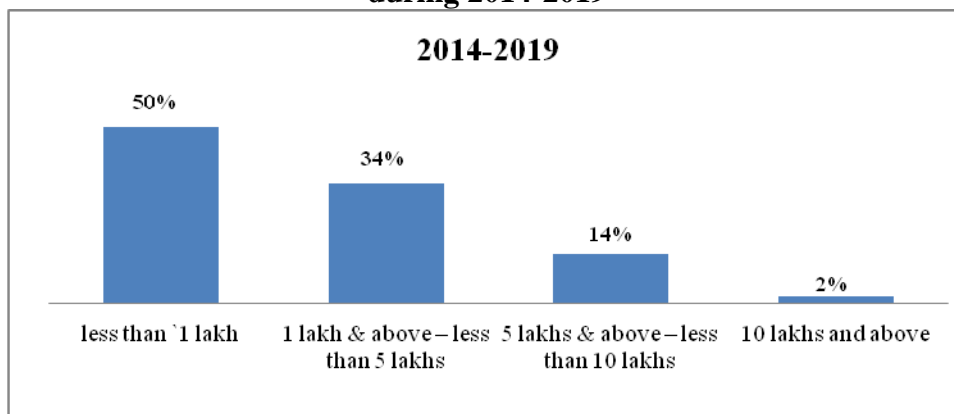
unbelievable results, Andhra Pradesh is at peak (168) followed by Tamil Nadu (154), Rajasthan (138), Kerala (129), Madhya Pradesh (118), Karnataka (84), Maharashtra (83), Punjab (71) and Uttar Pradesh (69). Mass suicide and family suicide is challenging and according to Ping Qin (2003), the most prevalent risk factors for suicide are family history of suicide and family history of psychiatric illness and other financial factors that have influenced detrimentally. If proceed towards other states, Family suicide and mass suicide in Telangana (52) followed by Uttarakhand (42), Gujrat (37), Assam (21), Himachal Pradesh (8), Goa (8), Mizoram (4), Odisha (3), Chhatisgarh (3) and West Bengal (2).

While, there is no single case of family suicide or mass suicide in other 8 states. It is essential to escalate mental health awareness among individual to save human life and also better plans must be introduced to eradicate the causes of suicide among masses.

Economic Status & Suicide:

Low socio economic status and poverty often leads to consistent insecurity and uncertainty. Its features include inadequate housing, poor mental health, low educational attainment, unemployment, loneliness and low social mobility. These are the prominent risk factors for suicide that may have negative impact on individuals and communities (Lee et al., 2017)

Graph No 3: Graphical representation Percentage of suicide as per economic status during 2014-2019



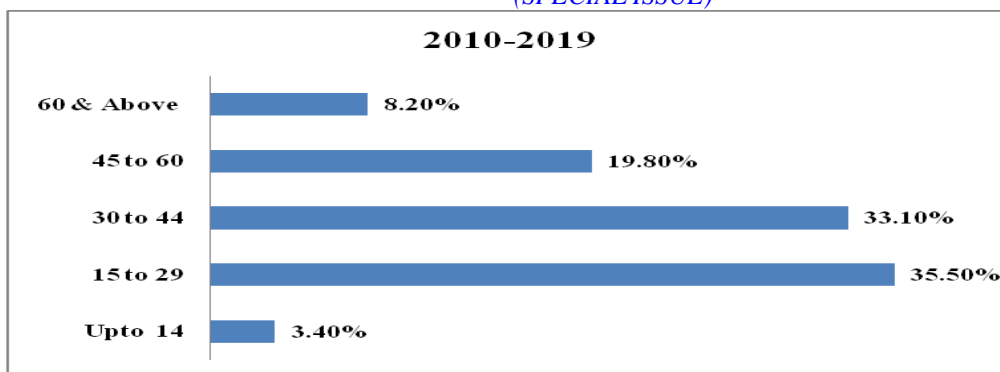
Economic status is relevant and significant causes of suicide. In graph 3, results reveals that 50 per cent suicide victims belongs to less than 1 lakh group followed by 34 per cent suicide victims falls to 1lakh to 5 lakhs groups. However, only 14 per cent suicide victims are related to 5 lakhs and above group. This trend clearly shows that economic status and financial constraints are major predictors of suicide. Risk factors include experience of loss, loneliness, discrimination at workplace, financial problems, or other humanitarian emergencies. The strongest risk factor for

suicide is a previous suicide attempt and financial problems are majorly responsible for it.

Age and Suicide:

Fiske & Riley, 2016; Conwell, Duberstein, & Caine, 2002; suggested that life span developmental theories emphasise that suicidal thoughts and behaviour may vary across age. Suicidal is associated with age—such as physical illnesses, cognitive impairment, interpersonal losses, and other age-related changes. With respect to age people are unable to cope and adapt to the changes in life.

Graph 4: Percentage of overall age-wise trend of suicide victims from 2010 to 2019

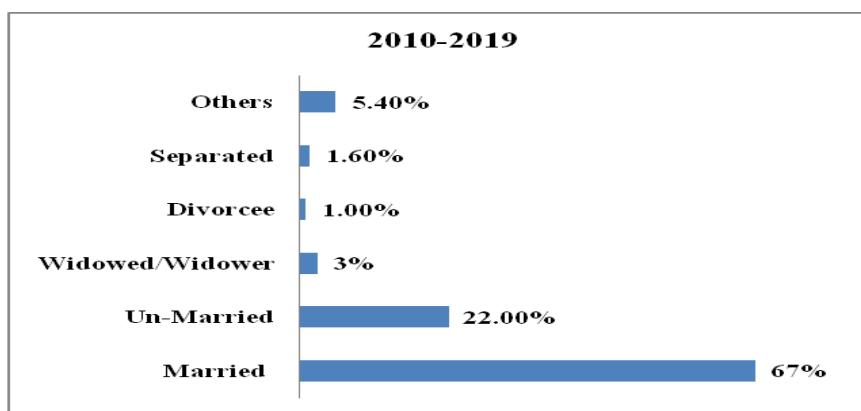


Graphical representation depicted that 35 per cent majority of suicide falls in age group of 15-29 years and followed by 34 per cent within age of 30-44 years. While age group of 45-59 years shows 21 per cent suicide followed by 8 per cent between 60 and above years. However, rate of suicide is 2 per cent upto 14 years of age group. Here, it is important to notice that adolescent victims are majorly trap in the suicidal attempts as they are not mature enough to cope with critical situations. The coping abilities are dependent on genetic as well as environmental factors.

Social Status & Suicide:

Keyvanara et al., 2013; reveals that Durkhiem’s raised arguments regarding social factors that are related to suicide. Researchers believed that social and economic pressures have an impact on suicide. For example, unemployment makes an undeniable impact on the suicide and in lower social classes, there are more in risk social problems, such as crime, violence, financial problems, population density and personality disorders.

Graph 5: Percentage division of trend of suicide in relation to social status during 2010-2019



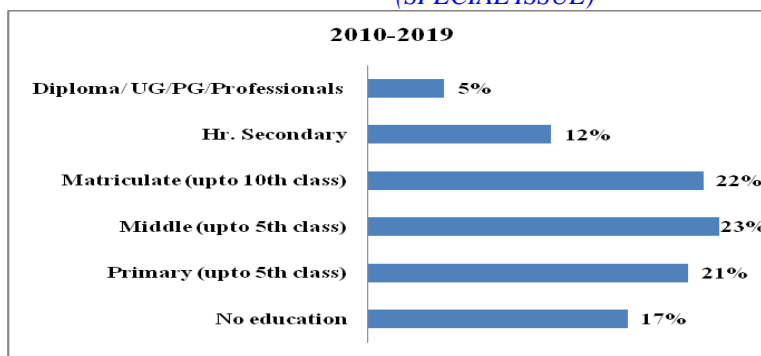
Social status of victims is dependent on different variables such as married, unmarried, separated/divorce and others. Graph 4.1 shows 71 per cent suicide victims are married while 23 per cent are never married/spinster. However, only 6 per cent suicide victims are divorcee, separated and others. Epidemiological studies of suicide trend supported a view that the majority of people in India who kill themselves do not have a severe mental disorder however the

major problems are related to family issues and personal issues of life (Manoranjitham et al, 2010).

Education and Suicide:

Shah and Chatterjee (2008) and Shah and Bhandarkar (2009) found a curvilinear relationship between educational attainment and suicide risk, while Pompili et al. (2013) concluded with a high risk of suicide among the better educated. In this study, relation of educational status and suicide was analysed.

Graph 6 : Graphical representation of suicide victims in relation to education during 2010-2019



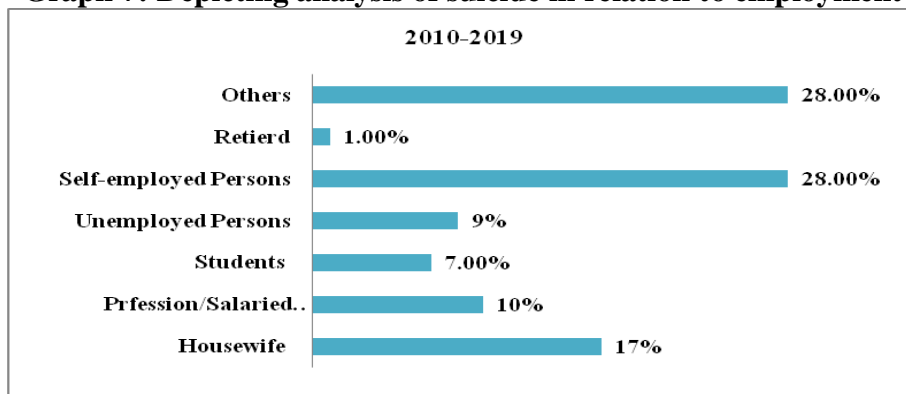
Graph 6 reflects the bifurcation based on categorization of educational classes. The major suicide is among primary to middle (52 Per cent) and followed by matriculates & higher secondary (30 per cent), No education (15 per cent) and graduation & above group (3 per cent) only. Traditionally, the trend of suicide was higher among graduated and now this trend shows that suicide victims falls for primary to middle group, majority of victims are fall under the category of adolescent phase. On the other hand, 30 per cent victims are related to matriculation & higher secondary. Daugherty, Jason & Hendricks (2016) also described that from matriculation, the school going and college age is tender and during the age the decision

making is too weak as well as the coping capabilities are not expanded that may defend them from certain educational or environment/peer pressure, stress, examination failures or other employment related issues.

Employment and Suicide:

This trend can be related with employment opportunities, as professionals are absorb by industry and people with low education or no education majorly involve in labour activities that are easily available. On the other hand, individuals who fall between Graduation and above are sailing in the boat of dissatisfaction in relation to employment and economic status.

Graph 7: Depicting analysis of suicide in relation to employment

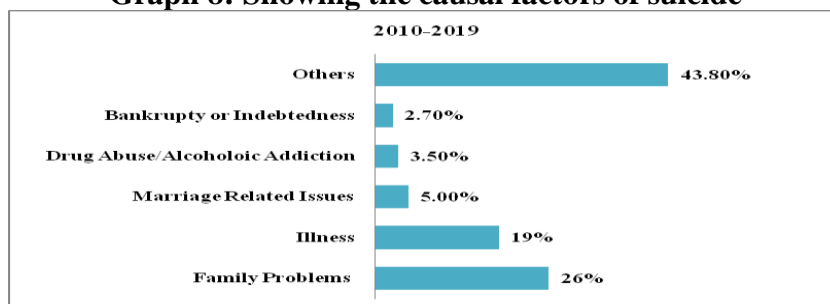


Causes/Risk Factors of Suicide:

Risk Factors increase the potential for a person's suicide or suicidal behavior. Individual's dependence on drugs, marriage

related issues, bankruptcy, illness, family problems, gender, or ethnicity can increase the impact of certain risk factors or combinations of risk factors.

Graph 8: Showing the causal factors of suicide

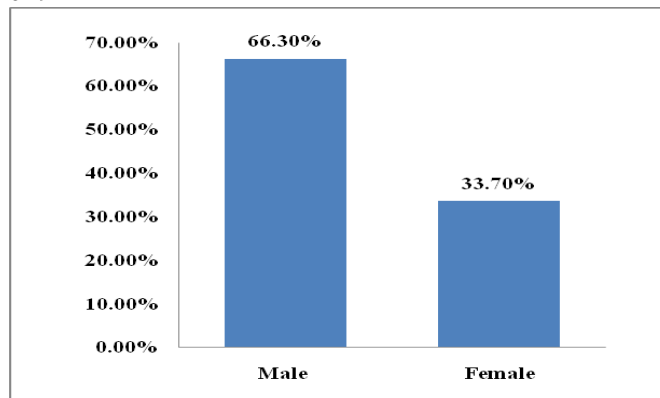


Considering the suicide rate due to different causes viz. family problems, illness, marriage related issues, drug abuse/alcoholic addiction and bankruptcy/indebtedness has been increased. The data reveals that suicide is associated with other reasons showed significantly trend with 43.8 per cent in 2010-2019 respectively.

Gender Differences and Suicide:

Kumar, 2015 reported that suicide statistics reveal that women are roughly three times more likely to attempt suicide, though men are two to four times more likely to die by suicide compared to men, women show higher rates of suicidal thinking, non-fatal suicidal behavior, and suicide attempts.

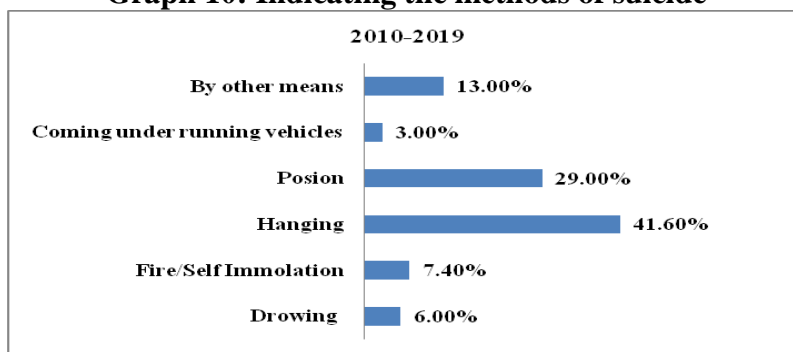
Graph 9 : Percentage distriburion of growth rate of suicide among male and female groups from 2010-2019



The gender wise suicide with respect to year represented in this graph and males are higher in suicide as compare to females from 2010-2019. The rate of suicide is declining among females from 2010-2019 as 34 per cent to 30 percent and there are mild variations through out the decade. While the

rate of suicide among males is increasing from 2010 to 2019 as 64 per cent to 70 per cent, and it is increasing with 1 per cent every year from 2010 to 2019. The rate of suicide is constant between 2014 to 2018 with 68 per cent.

Graph 10: Indicating the methods of suicide



The Suicide rate has increased in the last two decades for the following three categories of means such as Hanging, Self-inflicting injury and by other means. Hanging (41.60 percent) was observed as the leading means adopted for suicide followed by poison with 29 percent in between 2010–2019. Pesaran et al., 2001 reported that means adapted for suicide particularly for the category consuming sleeping pills, poison, Jumping, and by touching electric wire have shown their increased by 1-2 per cent from 1998-2008

respectively. Therefore, in this analysis the same trend is followed with respect to methods of suicide.

Discussion:

This study emphasize to assess the pattern of suicide in India by analyzing NCRB data from 2010-2019. The patterns of distribution of different important attributes of suicide viz. incidence, mass/family suicide, economic status, age, social status, education, employment, causal factors,

gender and methods/means adopted were also analysed.

The rate of suicide was at peak in 2010 and lowest in 2017. The trends of suicide post-2011 though showed a pattern indicating a fall, it again took a rise towards the end of the decade i.e the year 2018. It was observed of increasing from 9.9 per 100,000 in 2017 to 10.2 per 100,000 in 2018. Thus we can expect an increasing trend for the future and we the same pattern in a recently published suicide report by NCRB where it is increased to 10.4 per 100,000 in 2019.

Studies have reported a significant relationship between the percentage of marginal farmers, cash crop production, indebtedness, and suicide rates (Kennedy & King, 2014) However, studies exploring psychological pathways of committing suicide are limited. It is observed that socio-psychological reasons like stress and social isolation triggered anxieties have been observed as major causes of suicide in India (Manoranjitham, 2010).

It was observed, in the last decade of 2010–2019, that the percentage of male suicide victims was 66.2% nearly double as compared to female suicide victims i.e., 33.8% in India. Patel et al. 2012 also found that age-standardized suicide rates per 100000 people aged 15 years and older are 26.3 for men and 17.5 for women. Kim et al 2017 which shows the male suicide rate as three times higher than that of females. Here, it is noted that the modernization influenced changing marital practices, marital status education is also playing an important role. In this study, the recent trend of mass suicide and family suicide is novel factor in past 5 years and this is a vigilance gesture. Members of whole family committing suicide were observed in Kerala during the fag end of the past century. As per the data available with State Crime Records Bureau of Kerala, there were 25 incidents of family suicide in the year 1998, involving 68 persons; 30 males and 38 females. Taking note of media reports about family suicide, National Crime Records Bureau started documenting such incidents from 2009 onward. There were 290 incidents in 2010 and 180 incidents in 2013 from the whole country (Ponnudurai, 2015).

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Economic, Education & social status all these domains are also interconnected with respect to suicide. During observation, it was analyzed that major suicide is among primary to middle (52 per cent) 71 per cent and majority of suicide victims are married. Further, It is noted that major chunk fall between graduation and above, as they are sailing in the boat of dissatisfaction in relation to employment and economic status. The positive and significant relation of industrial growth rate encourages the incidences of suicide to happen. This is probably because industrial growth requires skilled labour and those who are unskilled may lose their job and in this way chance of suicide may increase (Suzuki, 2008); even uncertainty in income may also lead to suicide thoughts (Ludwing, 2005).

According to the NCRB report, it is observed that social and economic causes have led most of the males to commit suicide, whereas emotional and personal causes have driven females to end their lives. This is consistent with a recent systematic review of suicide studies in India showing that depression plays a less dominant role in suicide in India. The reports from psychological autopsy studies conducted in developed countries suggest that psychiatric disorders are present in about 90% of people who die by suicide and that these conditions contribute to 47–74% of the population attributable to the risk of suicide (Cavanagh, 2003)

The rate of suicide is declining among females from 2010-2019 as 34 per cent to 30 percent and there are mild variations through out the decade. While the rate of suicide among males is increasing from 2010 to 2019 as 64 per cent to 70 per cent. Many studies have sought to explain the gender gap in suicidal behaviour by addressing lethality, suggesting that females survive suicide attempts more often than males because they use less lethal means and their outcomes are less lethal compared to males even when using the same method (Cinis et al., 2012). Psychosocial risk factors have also been found to contribute to the discrepancy of rates between male and female suicidal behaviour, where unemployment, retirement and being single were all significant risk

factors for suicide in males. (Toth et al., 2014). The time trends, according to NCRB reports shows that over the 10-year period from 2010 to 2019 that Hanging (41.60 percent) as the leading means adopted for suicide followed by poison with 29 per cent. The high rates of suicide by self-immolation in India could be due to the easiness in method as well as also shows the cultural connotation of fire as it plays an important part in specific rituals and may symbolize a protest against injustices in life (Wu, 2012).

Challenges:

The present study exposes novel trend in suicide pertaining to mass/family suicide and teenage suicidal behaviour. To study suicidal behaviour and its challenges are itself a challenging task and results reveals that appropriate intervention strategies need to be formulated for specific age groups and for specific causal factors. Even there is need to identify risk factors and risk groups in relation to economic and social status as well as unemployment in formal and informal sector. The recent trend of suicide is alarming sign for both men and women fall in early adulthood, adolescent with aspect to unemployment and wages.

Conclusion:

Overall the suicidal death rate in India is observed that the leading risk factors for suicides are family problems, illness, drug addiction, failure in examination, etc. Overall, we observe that the proportion of female victims are comparatively higher under the heads dowry dispute and cancellation/non-settlement of marriage whereas the proportion of male victims are comparatively higher under the heads family problems, bankruptcy/sudden change in economic status, unemployment, poverty, etc. Family problems and illness are major issues for committing the suicides in India. A new trend of family/mass suicide behaviour is matter of concern that depicted social structure, family functioning/environment and lack of social support.

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