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A Comparative Study to Gauge Emotional Hiccups among Adolescents

Anjana Ajith* Dr. Milu Maria Anto**

ABSTRACT

The focus of this research study is to find the relation between various personality traits of adolescents based on the individual difference in their attitudes towards emotional affairs. In this paper, we have conceded the theoretical perspectives and available evidences about the influence of assertiveness, inferiority complex, emotional instability, self-control, tolerance, sense of well being, self-esteem, sense of personal worth, adaptability and sensitivity variables. Furthermore, the research has used data from adolescent boys and girls using questionnaire method (Personality Inventory For Adolescents - Anitha . S, Jayan. C) And appropriate statistical analysis – t test. The final result of the study suggests that there is significant difference in personality traits among girls and boys based on their relationship status.

Keywords: *Emotional Affairs, Assertiveness, Inferiority Complex, Emotional Instability, Self-Control, Tolerance, Sense of Well Being, Self-Esteem, Sense of Personal Worth, Adaptability, Sensitivity.*

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INTRODUCTION

Love in this age of big data - Many researchers, practitioners and la people alike believe that personality influences whether individuals lead a satisfying emotional affair. A growing body of research suggest that individual's predisposed personality traits has consequences in having a single relationship, adjourn or no engrossment in emotional affairs.

In this paper, we review theoretical perspectives and available evidence about the influences of 11 sub-variables of personality i.e., assertiveness, inferiority complex, emotional instability, self-control, tolerance, sense of well being, self-esteem, sense of personal worth, adaptability and sensitivity on adolescent boys and girls based on the individual difference in their attitudes towards emotional affairs. Adolescents boys and girls (N=60) completed the personality inventory for adolescents and a separate statistical analysis of t-test was employed. The results suggest certain significant differences in this aspect of study. Let us now briefly describe the relationship between the personality traits and emotional affairs.

Love has given humankind meaning and pleasure (as well as pain) for millennia. Human beings have taken different individual approaches to find a satisfactory emotional affair. For some it is a constant painful process and prefer in having no relation while others find it as a primary need to be with a significant other as a companion for life. An emotional affair is an emotional connection between two people which is emotionally provocative and intimate, hence susceptible to various personality traits.

Assertiveness is the ability to express their needs, wishes and feelings frankly, honestly and directly. Being assertive is about effective communication that helps to render good relationships; Inferiority complex is a psychological condition that exists when a

person's feelings of inadequacy are so intense that daily living is impaired. persistent worries or over excited emotions can hinder the emotional bond; Emotional instability refer to the state of qualities of being instable or unsteady in handling the emotional dealings and is one of the core reason for why many relationships break apart . Self control is the ability to manage anxiety and having the quality will get other people to value you more , it is the tone for most relationships; Tolerance is the quality of being able or willing to accept the behavior of others and in relationships it is less about your own needs and more about your partner's; Sense of Well being is the presence of positive marker characteristics that come about as a result chance combinations of organism, familial, community and social elements, and we cultivate relationships for this purpose; Self-Esteem is the feeling of being loved and accepted by others and a sense of competence and mastery in performing tasks and solving problems independently. There is an evident link between good self-esteem and satisfactory relationships; Sense of personal worth is the sense or feeling of being the same person, based mainly on common sensibility and continuity of aims, purposes and memories. Poor self wroth is what traps us in bad relationships; Social Skills is the ability for adaptive and positive behavior that enables individuals to deal effectively with the demands and challenges of everyday. Building good relationships is an outcome of good communication skills both verbally and non-verbally; Adaptability is the ability to make appropriate responses to changing circumstances. It directly relates to the degree of good satisfactory relationships; Sensitivity includes tender minded, independent, overprotected and insecurity. It can have adverse affects on the living of the individual if it alters the performance.

Carl E Pickhardt (2012) in his article 'Adolescence and falling in love' , have noted that when teenagers fall in love , what have they fallen into is a depth of caring more complex and compelling than they have known before. Adolescent romantic relationships- with all their ups and downs – have capacity to be growth – promoting, confidence-boosting and

healthy experiences that teach young people about the give and take of intimacy (Susan Moore). Winifred Gallagher (2001, The New York Times) mentioned about the Young Love: The Good, the Bad and the Educational.

In general i expect that there will be significant difference in some aspect of personality traits between the three groups under consideration i.e., people who has experienced an emotional breakup, no emotional breakup and having no relation.

METHOD

AIM

The aim of the study was to compare the personality traits of adolescent boys and girls based on their relationship status.

OBJECTIVES

The specific objectives of the study were as follows:

- a) To study the difference in personality traits among girls and boys based on relationship status.
- b) To study the difference in personality traits among girls and boys having experienced an emotional affair breakup.
- c) To study the difference in personality traits among girls and boys having not experienced an emotional affair breakup.
- d) To study the difference in personality traits among girls and boys having no emotional affair relation.

HYPOTHESES

1. There will be no significant difference in personality traits among girls and boys based on relationship status
2. There will be no significant difference in personality traits among girls and boys having experienced an emotional affair breakup.
3. There will be no significant difference in personality traits among girls and boys having not experienced an emotional affair breakup.
4. There will be no significant difference in personality traits among girls and boys having no emotional affair relation.

SAMPLE

60 adolescents agreed to participate in the study in which all of them were able to successfully complete the assessment and the final sample consisted of 30 girls and 30 boys . Group 1 consisted of 10 boys and 10 girls respectively who have experienced a emotional affair breakup. Group 2 consisted of 10 boys and 10 girls respectively who have not experienced a emotional affair breakup. Group 3 consisted of 10 boys and 10 girls who have no emotional affair relation. This agreed to the initially proposed sample size of 60 i.e., 10 in each group. The age group was comprised of adolescents of age between 18-21 yrs that was initially fixed. The sample was drawn from colleges Prajyoti Niketan College, St. Aloysius College and Vidya engineering college.

INCLUSION CRITERIA

- a) Adolescent boys and girls having experienced an emotional breakup, who have not experienced an emotional breakup and having no relation.
- b) Age group; 18-21yrs

- c) Ability to read any one of the two languages; Malayalam or English.
- d) Individual's pursuing any educational course.

EXCLUSION CRITERIA

- a) Individuals who were doubtless about their relationship status.
- b) Individuals who were not interested to share their personal details.
- c) Individuals having major illness (Cancer)
- d) Individuals who were physically dependent on others for the day to day chores.
- e) Individuals with major psychosis such as (Schizophrenia), mental retardation and organic brain disorder.

PROCEDURE

Individuals of either sex belonging to any one of the three groups were asked permission to share their personal details about relationship status. They were further screened with the inclusion and exclusion criteria, and included in the study on the basis of convenient sampling. The purpose of the study was explained to them and informed to them and consent was taken. All individuals were individually seen and the study was carried out in a single phase.

The study period spread over a period of 3 weeks from September to October 2017. The administration was carried out in the absence of the experimenter. All measures were self reported. Doubts regarding specific items were clarified and complex items were explained in simple language.

LIST OF TOOLS

Personality Inventory for Adolescents

DESCRIPTION OF TOOLS

PERSONALITY INVENTORY FOR ADOLESCENTS

The scale was developed by S. Anitha and Dr. C. Jayan, consisting of 11 sub variables with 132 items. The scale consists of variables – Assertiveness (12 items, reliability= 0.82), Inferiority Complex (12 items, reliability= 0.71), Emotional Instability (12 items, reliability= 0.83), Self Control (12 items, reliability=0.73), Tolerance (12 items, reliability=0.94), Sense of Well Being (12 items, reliability=0.83), Self Esteem (12 items, reliability=0.92), Sense of Personal Worth (12 items, reliability=0.87), Social Skills (12 items, reliability= 0.71), Adaptability (12 items, reliability= 0.95) and Sensitivity (12 items, reliability=0.84). Patients were asked to rate the items with confidence on a 5-point Likert Scale (A=Strongly Agree, B=Agree, C=Undecided, D=Disagree, E=Strongly Disagree). Patient could not leave an item blank. The scales were moderately correlated with each other.

STATISTICAL ANALYSIS

Statistical Package For Social Sciences (SPSS) – 16.0 Version was used to carry out the statistical analysis. Statistical analysis including independent student's t-test and Analysis Of Variance (ANOVA).

RESULTS AND DISCUSSION

The study attempted to explore the difference in personality traits among girls and boys based on their relation status. Three independent samples, which differed on the basis of relationship status, were compared for the same. Personality sub variables – Assertiveness, Inferiority Complex, Emotional Instability, Self-Control, Tolerance, Sense of Well Being, Self-Esteem, Sense of Personal Worth, Adaptability and Sensitivity were compared to get

more information based on relationship status. There are not much systematic studies which had specifically looked into the parameters of relationship status.

SOCIO DEMOGRAPHIC DATA

The three groups in the study included individuals based on relationship status. Group 1 (n=20) included adolescent boys and girls having experienced an emotional breakup. Group 2 (n=20) included adolescent boys and girls having experienced no emotional breakup. Group 3 (n=20) included adolescent boys and girls having experienced no relation. In all three groups, level of education ranged from primary to college education. The age range of the obtained sample was 18-21 yrs. The sample comprises of 30 boys and 30 girls.

PROJECT FINDINGS

In the present study the association of personality traits between boys and girls was examined. A significant difference was obtained (Table 1).

Boys and girls were analyzed based on the personality traits. A significant difference in inferiority complex, emotional instability, self control, self esteem, social skills and adaptability were observed. The state of being happy, healthy or prosperous i.e., well being was found in a good satisfactory condition in females. It was found that woman has a sense of own value or worth as a person as compared with men. The scores of inferiority complex and social skills were contradictory to the expectation as it was more in males in the former and in females for the latter.

Table 1

Mean, S. D. and t-values of personality traits among girls and boys based on relationship status

Variables	Male (N=30)		Female (N=30)		t value
	Mean	S.D	Mean	S.D	
Assertiveness	39.07	4.638	38.13	3.928	0.841
Inferiority Complex	34.00	10.171	20.60	5.787	6.272***
Emotional Instability	35.40	9.335	31.10	6.255	2.096*
Self Control	36.37	7.985	40.47	6.135	2.230*
Tolerance	32.40	8.156	34.73	7.656	1.142
Sense of Well Being	39.07	8.407	46.30	7.557	3.505
Self Esteem	36.43	6.479	41.57	6.663	3.025**
Sense of personal worth	38.87	7.833	44.97	5.846	3.418
Social Skills	40.33	7.053	47.43	6.202	4.14***1
Adaptability	39.83	5.213	46.23	4.216	5.229***
Sensitivity	40.97	6.916	40.97	5.340	0.000

*p<0.05 **p<0.01 ***p<0.001

Personality traits as a influence in adolescent boys and girls based on their relationship status was analyzed using Analysis Of Variance (ANOVA). There was no significant difference which was incongruent to the initial expectation. This is strikingly inconsistent with various articles. (Table 3, 4).

Table 2

Results of personality variables for groups based on emotional affairs

Variables	Break up (N=20)		No Break up (N=20)		No relation (N=20)	
	Mean	S.D	Mean	S.D	Mean	S.D

Assertiveness	38030	3.757	38.97	5.186	38.55	3.980
Inferiority Complex	27.65	10.205	26.75	11.670	27.50	10.486
Emotional Instability	35.35	8.273	33.15	9.086	31.25	6.889
Self Control	39.55	7.640	38.95	7.870	36.75	6.568
Tolerance	32.30	8.253	34.10	9.369	34.30	6.071
Sense of Well Being	42.55	8.003	41.50	10.665	44.00	7.435
Self Esteem	38.50	7.619	38.95	7.480	39.55	6.168
Sense of personal worth	41.60	8.623	41.95	8.211	42.20	5.764
Social Skills	44.30	8.014	43.50	9.064	43.85	5.264
Adaptability	42.60	5.041	42.85	7.184	43.65	4.826
Sensitivity	40.10	6.601	41.55	7.265	41.25	4.351

*p<0.05 **p<0.01 ***p<0.001

Table 3

Analysis of Variance of personality variables for groups based on relationship status

Variables	Between groups		Within groups		F - value
	Sum of squares	Mean square	Sum of squares	Mean square	
Assertiveness	4.300	2.150	1080.100	18.949	0.113
Inferiority Complex	9.300	4.650	6655.300	116.760	0.040
Emotional Instability	168.400	84.200	3770.850	66.155	1.273
Self Control	86.933	43.467	3105.650	54.485	0.798
Tolerance	48.533	24.267	3662.200	64.249	0.378

Sense of Well Being	63.033	31.517	4427.950	77.683	0.406
Self Esteem	11.100	5.550	2888.900	50.682	0.110
Sense of personal worth	3.633	1.817	3324.950	58.332	0.031
Social Skills	6.433	3.217	3307.750	58.031	0.55
Adaptability	12.033	6.017	1905.900	33.437	0.180
Sensitivity	23.433	11.717	2190.500	38.430	0.305

*p<0.05 **p<0.01 ***p<0.001

In the present study a significant difference was observed in the values of personality traits of boys and girls having emotional breakup in inferiority complex and adaptability. It was found that rapid, often, exaggerated changes in mood with strong emotions and feelings were seen more in male i.e., assorting them to be emotionally instable, probably in the light of prior experience of a breakup. (Table 4)

Table 4

Mean, S. D. and t-values of personality traits among girls and boys having emotional break up

Variables	Male (N=10)		Female (N=10)		t value
	Mean	S.D	Mean	S.D	
Assertiveness	38.30	4.547	38.30	3.020	0.000
Inferiority Complex	35.70	8.084	19.60	3.239	5.846***
Emotional Instability	38.70	9.429	32.00	5.538	1.938
Self Control	37.90	9.433	41.20	5.308	0.964
Tolerance	33.80	9.343	30.80	7.177	0.805

Sense of Well Being	39.90	8.346	45.20	7.068	1.532
Self Esteem	36.00	7.165	41.00	7.572	1.517
Sense of personal worth	37.80	10.152	45.40	4.671	2.151*
Social Skills	40.00	6.307	48.60	7.397	2.798
Adaptability	38.90	3.035	46.30	3.743	4.856***
Sensitivity	40.00	8.340	40.20	4.733	0.066

*p<0.05 **p<0.01 ***p<0.001

In the present study a significant difference was observed in the values of personality traits of boys and girls having no emotional breakup in inferiority complex. It were seen that females showed comparatively higher rates of self-esteem showing an ability to have an authentic, reciprocal relationship (Table5). It is evident that the low sense of personal worth is what cause individuals to fell so devastated and broken when a relationship ends. However, it is contradictory in the case of individuals with no emotional break up, which is satisfied in this study. Good relationships depend on the ability to adapt and the results indicate that woman shows more adaptive skills.

Table 5

Mean, S. D. and t-values of personality traits among girls and boys having no emotional break up

Variables	Male (N=10)		Female (N=10)		t value
	Mean	S.D	Mean	S.D	
Assertiveness	39.50	5.817	38.40	4.719	0.464
Inferiority Complex	35.00	10.414	18.50	5.276	4.470***

Emotional Instability	35.10	11.180	31.20	6.391	0.958
Self Control	37.30	8.274	40.60	7.501	0.934
Tolerance	31.40	9.216	36.80	9.175	1.313
Sense of Well Being	37.50	10.554	45.50	9.652	1.769
Self Esteem	34.70	6.360	43.20	6.125	3.044**
Sense of personal worth	37.30	7.528	46.60	6.132	3.029**
Social Skills	39.80	9.739	47.20	6.941	1.957
Adaptability	39.30	7.212	46.40	5.379	2.496*
Sensitivity	41.90	7.866	41.20	7.021	0.210

*p<0.05 **p<0.01 ***p<0.001

Personality traits of adolescent boys and girls having no relation found a significant difference in well being, self control, social skills and adaptability. The individuals condition is positive from the perspective of individuals interested primarily in the mental health domain.

Table 6*Mean, S. D. and t-values of personality traits among girls and boys having no relation*

Variables	Male (N=10)		Female (N=10)		t value
	Mean	S.D	Mean	S.D	
Assertiveness	39.40	3.718	37.70	4.244	0.953
Inferiority Complex	31.30	12.129	23.70	7.273	1.699
Emotional Instability	32.40	6.687	30.10	7.249	0.738
Self Control	33.90	6.136	39.60	5.948	2.109*
Tolerance	32.00	6.218	36.60	5.232	1.790
Sense of Well Being	39.80	6.529	48.20	5.903	3.018**
Self Esteem	38.60	5.892	40.50	6.604	0.679
Sense of personal worth	41.50	5.126	42.90	6.540	0.533
Social Skills	41.20	4.940	46.50	4.301	2.599*
Adaptability	41.30	4.762	46.00	3.771	2.447*
Sensitivity	41.00	4.546	41.50	4.378	0.251

*p<0.05 **p<0.01 ***p<0.001

On the whole the study indicated significant difference in certain aspects of personality traits based on the relationship status. It is evident that the prolongation of the relationship or the time rendered in emotional affairs becomes a more prominent factor.

SUMMARY AND CONCLUSION

The present study was aimed at exploring the personality traits of adolescent boys and girls based on their relationship status.

The main objectives of the study were

- a) To study the difference in personality traits among girls and boys based relationship status.
- b) To study the difference in personality traits among girls and boys having experienced an emotional affair breakup.
- c) To study the difference in personality traits among girls and boys having not experienced an emotional affair breakup.
- d) To study the difference in personality traits among girls and boys having no emotional affair relation.

In view of the above objective the following hypotheses were proposed:

- a) There will be no significant difference in personality traits among girls and boys based on relationship status..
- b) There will be no significant difference in personality traits among girls and boys having experienced an emotional affair breakup.
- c) There will be no significant difference in personality traits among girls and boys having not experienced an emotional affair breakup.
- d) There will be no significant difference in personality traits among girls and boys having no emotional affair relation.

Tools appropriate for the study was selected to measure the relevant variables and translated version of the selected tools were also used. All the tools were self rated. Clarifications were done by the examiner, regarding the difficult items.

The final sample comprised of 60 individuals with 20 in Group 1, 20 in Group 2 and 20 in Group 3 respectively. Group 1 included individuals having experienced an emotional affair breakup, Group 2 included individuals having experienced no emotional affair breakup and Group 3 included individuals having experienced no emotional affair relation. The sample was drawn from students of Prajyoti Niketan College, St. Aloysius College and Vidya Engineering College. The age range of the sample was 18-21 yrs. The sample comprises of 30 boys and 30 girls. Out of 60, 20 were in Group 1, 20 in Group 2 and 20 in Group 3. All of them were college students and invariably have primary education as it being one of the inclusion criteria.

Personal Inventory tool For Adolescents were used. Data was collected within a time period of 3 weeks. Data was treated with statistical analyses including, independent students t- test and ANOVA, using statistical package for social sciences- version 16.

CONCLUSION

- a) Boys and girls were significantly different in the personality traits.
- b) There is significant difference in personality traits; inferiority complex, adaptability among boys and girls having emotional breakup.
- c) There is significant difference in the personality traits: inferiority complex among boys and girls having no emotional affair.
- d) There is significant difference in the personality traits: well- being, self control, sense of personal worth and social skills among boys and girls having no emotional relation.

LIMITATIONS OF THE STUDY

- a) In the present study there was no attempt to include individuals who have no relation even though have a prior experience of breakup.
- b) The present study had an under representation of female sample.
- c) The present study has followed a convenience sampling technique.
- d) Major life events which might cause potential changes in both negative and positive direction during the study period have not been controlled
- e) Changes in socio- economic status were not studied.

FUTURE SUGGESTIONS

- a) The study can be improvised by including individuals who have no relation even though have a prior experience of breakup.
- b) More reliable Tools measuring different aspects can be included.
- c) The duration of study period can be extended to more than one year.
- d) Attempt can be made to control at least some of the major risk factors.

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Effect of Gender on Frustration

Ramesh D. Waghmare*

ABSTRACT

The purpose of the present study was to investigate the impact of gender of the college students on Frustration. The sample for the study comprised of 200 college students from Ambad, Jalna Dist. (M.S.). In each 100 male college going students (50 urban and 50 rural students) and 100 female College Going students (50 Urban and 50 rural students). The scale was used for data collection Frustration test constructed by Dr. N. S. Chauhan and Dr. Govind, where gender was considered as independent variables and Frustration as dependent variables. 2x2 factorial design was used and data were analysis by Mean, SD and ANOVA. Results Male College Students high regression, Resignation, Fixation, Aggression and Frustration than Female College Students.

Keywords: *Gender, Frustration, Regression, Resignation, Fixation, Aggression*

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INTRODUCTION

Frustration is an important psychological, construct which is universally cosmopolitan variable among the mankind this especially plays vital role among the secondary and higher secondary science and non-science students, who always struggle with critical and chaotic situations for the survival and to stand on the academic firmament. A magnitude of the factors is responsible for developing frustration among the students a mild degree of frustration, to conquer the situation is essential but the higher degree of the same is venomous for persons and especially for the student's achievements. In this situation person is paralyzed to a greater extent with reference to his achievement. It is due to fact that he is not in position to channelize his energy in right direction.

Frustration has been proved as a course for society and individuals. It is due to this fact that scientific approach is longing behind, which is essential criteria even for survival of mankind. Frustration is a construct which affect the personality and the way of conduction of an individual to a great extent. Along with educational domain in other domains Physical Social, moral education, political religious and emotional are also affected due to this variable. Therefore, by studying toughly the level of frustration of the different groups, it can be found out the extent and degree of frustration among the students and according this the educational setup and course should be reformed to give then orientation for having logical approach of scientific attitude in every walk of life.

Statement of the problem

- Effect of Gender on Frustration

Objectives

- To examine the Frustration dimension onRegression, Resignation,Fixation,and Aggression among Male and Female college Going Students.

Hypotheses

- There is no significant difference between Male & Female with Frustration dimension on Regression, Resignation, Fixation and Aggression.

METHOD

Participants

The present study sample was selected from college students of Ambad, Jalna Dist. in Maharashtra. To select the sample Gender and Location in which students study of College Students were considered as per independent variable taken in this research stratified random sampling method was employed to select the unit of sample. Total sample of present study 200 college students, in which 100 were Male College Students (50 urban and 50 Rural Students) and 100 Female College Students (50 urban and 50 Rural Students). The subject selected in this sample will be used in the age group of 18 years to 21 years (Mean – 19.16, SD- 2.01.) and Ratio 1:1. Thus total sample includes as shown in the following table.

	Gender		Total	
	Male	Female		
Location	Urban	50	50	100
	Rural	50	50	100
		100	100	200

Research Design

2x2 Factorial design used in the present study

A			
		A1	A2
B	B1	A1,B1	A2,B1
	B2	A1,B2	A2,B2

A- Gender A1- Male A2- Female

B- Location B1- Urban B2-Rural

Variables of the Study

Variable	Type of variable	Sub. variable	Name of variable
Gender	Independent	02	1) Male 2) Female
Frustration	Dependent	04	1) Regression 2) Resignation 3) Fixation 4) Aggression

Instruments

Aspect	Name of the Test	Author
Frustration	Frustration test (1972)	Dr.N.S.Chauhan Dr.Govind

Frustration Test (1972)

Frustration Test by Dr. N. S. Chauhan and Dr. Govind Tiwari (1972) the scale consists of 40 items out of which each of the four modes of frustration has 10 items. The selected items were classified under the category for more than 75% of the time. Items that were classified for more than one category were dropped. Thus category exclusiveness of items was preserved. Each item has six options i.e Very much, Much, Ordinary, Less, Very less, Not at all. All 40 items have been graded on 5 point scale on the positive dimension and a zero point on the negative dimension. The test-retest reliability for the scale coefficient 0.88 The Frustration test validity is satisfactory.

Procedures of data collection

The following research methodology was used in the present study. The primary information was gathered by giving personal information from to each to each student. The students were called in a small group of 10 to 15 students. To fill the inventories subjects were given general instructions belongs to each scale. The students provided the Frustration Scale.

Data analysis

The data were analyzed as follows.

The Mean and SD with graphical representation for Gender (Male and Female College Students) and Living of Area (Urban and Rural College Students) on Frustration was analyzed. *2x2 Factorial* designs was selected to adequate of statistical analysis of ANOVA in order to examine the roll of main as well as subsequently on student's Frustration.

RESULTS AND DISCUSSION

The analysis of data interpretation and discussion of the results are presented below.

Table 1

Show the mean, SD and F value of Gender on Regression

Gender	Mean	SD	N	DF	F	Sign
Male Students	34.46	11.75	100	198	156.09	0.01
Female Students	18.41	6.70	100			

(Critical value of "F" with df199 at 0.01 = 3.84 and at 0.05 = 6.63 and NS-Not significant)

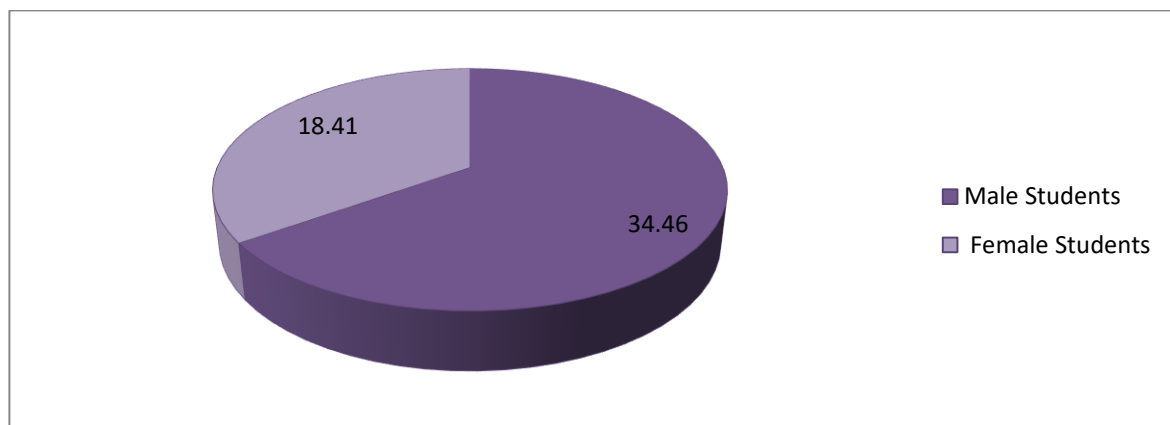


Figure 1: Show the Mean, SD and F Value of Gender on Regression

Observation of the table 1 and Figure 1 indicated that the mean value of two classified group seems to differ from each other on Regression. The mean and SD value obtained by the male college students 34.46, SD 11.75 and Female College students was 18.41, SD 6.70, Both group 'F' ratio was 156.09 at a glance those Male college student shows high score than Female college students.

In the present study was hypothesis related Regression and Gender. It was "There are no significant differences between Male and Female college students with Frustration dimension on Regression. Gender effect represent the Regression was significant ((F- 156.09, 1 and 199, $P < 0.01$). This is significant 0.01 and 0.05 levels because they obtained 'F' value are high than table values at 0.01 and 0.05. In the present study was found that male and female college students significant differences from Regression. The

findings of the supported the hypothesis, they are hypothesis rejected the present study. Its means that Male College Students high Regression than Female College Students.

Table 2

Show the mean, SD and F value of Gender on Resignation

Gender	Mean	SD	N	DF	F	Sign
Male Students	29.90	11.57	100	198	58.31	0.01
Female Students	19.11	8.74	100			

(Critical value of “F” with df199 at 0.01 = 3.84 and at 0.05 = 6.63 and NS-Not significant)

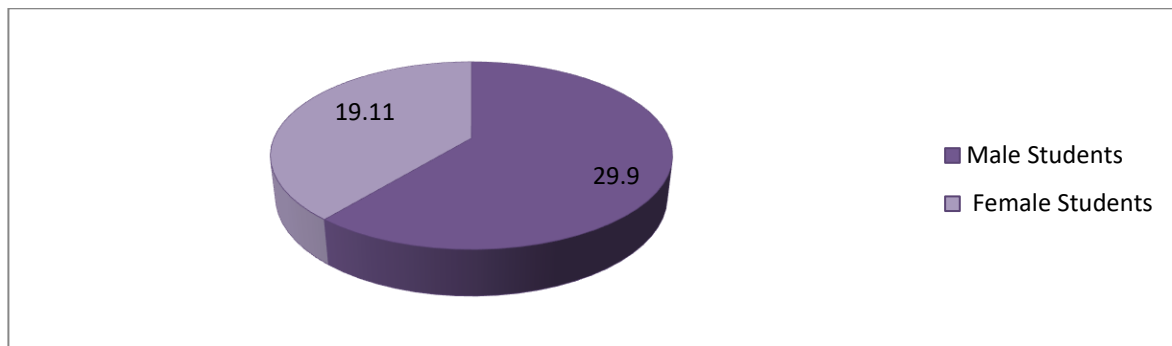


Figure 2: Show the Mean, SD and F Value of Gender on Resignation

Observation of the table 2 and Figure 2 indicated that the mean value of two classified group seems to differ from each other on Resignation. The mean and SD value obtained by the male college students 29.90, SD 11.57 and Female College students was 19.11, SD 8.74, Both group ‘F’ ratio was 58.31 at a glance those Male college student shows high score than Female college students.

In the present study was hypothesis related Resignation and Gender. It was “There is no significant differences between Male and Female college students with Frustration dimension on Resignation. Gender effect represent the Resignation was significant ((F-156.09, 1 and 199, $P < 0.01$). This is significant 0.01 and 0.05 levels because they obtained ‘F’ value are high than table values at 0.01 and 0.05. In the present study was found that male and female college students significant differences from Resignation. The findings of the

supported the hypothesis, they are hypothesis rejected the present study. Its means that Male College Students high Resignation than Female College Students.

Table 3

Show the mean, SD and F value of Gender on Fixation

Gender	Mean	SD	N	DF	F	Sign
Male Students	24.64	8.33	100	198	23.72	0.01
Female Students	18.92	10.02	100			

(Critical value of “F” with df199 at 0.01 = 3.84 and at 0.05 = 6.63 and NS-Not significant)

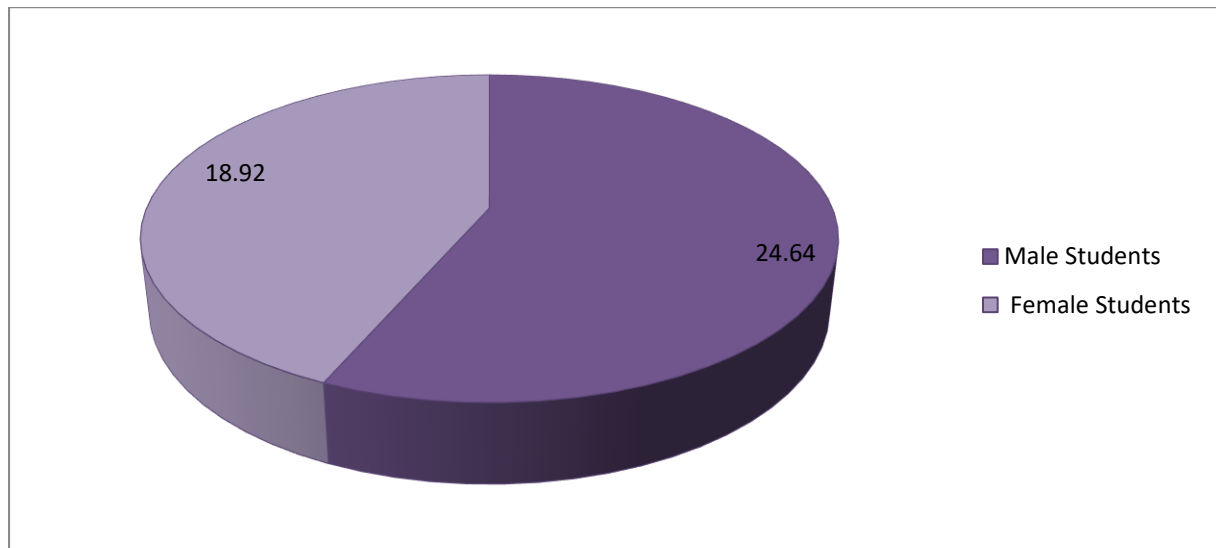


Figure 3: Show the Mean, SD and F Value of Gender on Fixation

Observation of the table 3 and Figure 3 indicated that the mean value of two classified group seems to differ from each other on Fixation. The mean and SD value obtained by the male college students 24.64, SD 8.33 and Female College students was 18.92, SD 10.02, Both group ‘F’ ratio was 23.72 at a glance those Male college student shows high score than Female college students.

In the present study was hypothesis related Fixation and Gender. It was “There are no significant differences between Male and Female college students with Frustration dimension

on Fixation. Gender effect represent the Fixation was significant ((F- 23.72, 1and 199, $P < 0.01$). This is significant 0.01 and 0.05 levels because they obtained 'F' value are high than table values at 0.01 and 0.05. In the present study was found that male and female college students significant differences from Fixation. The findings of the supported the hypothesis, they are hypothesis rejected the present study. Its means that Male College Students high Fixation than Female College Students.

Table 4

Show the mean, SD and F value of Gender on Aggression

Gender	Mean	SD	N	DF	F	Sign
Male Students	27.76	13.18	100	198	89.84	0.01
Female Students	17.47	6.68	100			

(Critical value of "F" with df199 at 0.01 = 3.84 and at 0.05 = 6.63 and NS-Not significant)

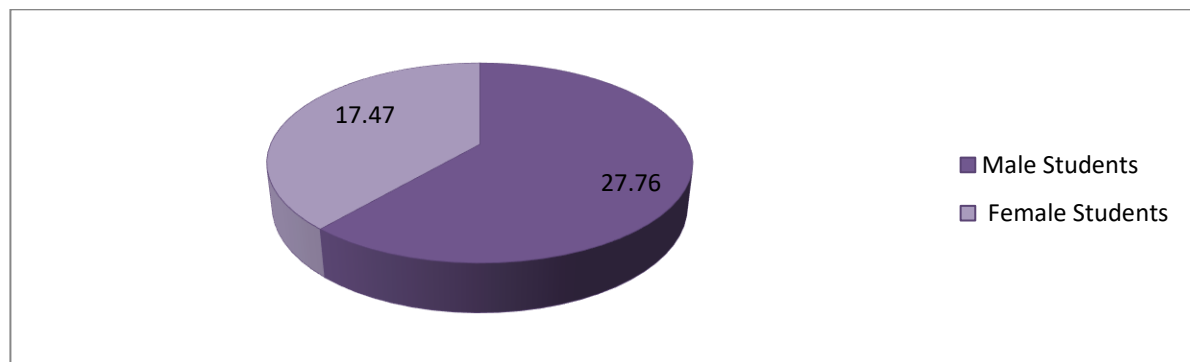


Figure 4: *Show the mean, SD and F value of Gender on Aggression*

Observation of the table 4 and Figure 4 indicated that the mean value of two classified group seems to differ from each other on Aggression. The mean and SD value obtained by the male college students 27.76, SD 13.18 and Female College students was 17.47, SD 6.68, Both group 'F' ratio was 89.84 at a glance those Male college student shows high score than Female college students.

In the present study was hypothesis related Aggression and Gender. It was “There are no significant differences between Male and Female college students with Frustration dimension on Aggression. Gender effect represent the Aggression was not significant ((F- 89.84, 1and 199, $P < 0.01$). This is significant 0.01 and 0.05 levels because they obtained ‘F’ value are high than table values at 0.01 and 0.05. In the present study was found that male and female college students significant differences from Aggression. The findings of the supported the hypothesis, they are hypothesis rejected the present study. Its means that Male College Students high Aggression than Female College Students.

Table 5

Show the mean, SD and F value of Gender on Frustration

Gender	Mean	SD	N	DF	F	Sign
Male Students	110.51	31.68	100	198	176.16	0.01
Female Students	79.56	21.91	100			

(Critical value of “F” with df199 at 0.01 = 3.84 and at 0.05 = 6.63 and NS-Not significant)

Figure No.05

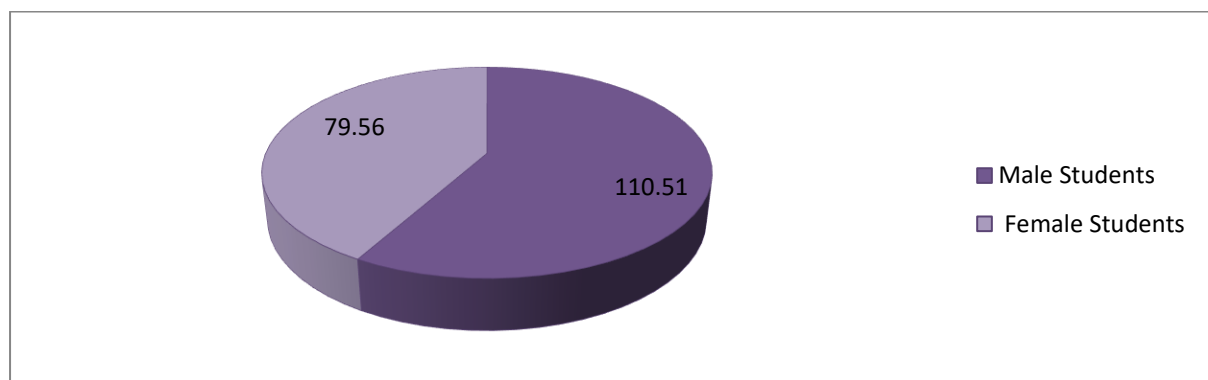


Figure 5: Show the mean, SD and F value of Gender on Frustration

Observation of the table 5 and Figure 5 indicated that the mean value of two classified group seems to differ from each other on Frustration. The mean and SD value obtained by the male college students 110.51, SD 31.68 and Female College students was 79.56, SD 21.91,

Both group 'F' ratio was 176.16 at a glance those Male college student shows high score than Female college students.

In the present study was hypothesis related Frustration and Gender. It was "There is no significant difference between Male and Female college students on Frustration. Gender effect represent the Frustration was significant ((F- 176.16, 1 and 199, $P < 0.01$). This is significant 0.01 and 0.05 levels because they obtained 'F' value are high than table values at 0.01 and 0.05. In the present study was found that male and female college students significant differences from Frustration. The findings of the supported the hypothesis, they are hypothesis rejected the present study. Its means that Male College Students high Frustration than Female College Students.

CONCLUSION

- a) Male College Students high Regression, than Female College Students.
- b) Male College Students high Resignation than Female College Students.
- c) Male College Students high Fixation than Female College Students.
- d) Male College Students Aggression than Female College Students.
- e) Male College Students high Frustration than Female College Students.

Delimitations of the study

- a) The finding of the study is based on very sample.
- b) The sample was restricted to Ambad, Jalna Dist. in Maharashtra.
- c) The study was restricted to only B.A. arts college students (arts facility) only.
- d) The study was restricted students are only 18-21 years only.

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Psychological Wellbeing, Organizational Citizenship Behavior, Job Satisfaction and Mental Health among Organizational Sector

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ABSTRACT

In the ever changing dynamics of change in the workplace, various factors impact the employees' sustainability in the organizations. Previous studies have shown that there is a strong relationship between job satisfaction and Organizational Citizenship Behavior among employees (Williams & Anderson, 1991). Studies have also shown strong relationship between job satisfaction and psychological wellbeing among employees (Wright & Cropanzano, 2008). Mental health of each employee is important to the organization as it has a direct influence on the productivity of the organisation (Lim, Sanderson & Andrews, 2000). Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. The current paper focuses on providing a relationship between the concepts. The current paper refers to previous researches and theoretical frameworks related to each concept to formulate the conceptual map, which provides a graphical representation of the various degrees of relationship between each concept.

Keywords: *Psychological Wellbeing, Organizational Citizenship Behavior, Job Satisfaction, Mental health.*

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INTRODUCTION

In the ever changing dynamics of change in the workplace, various factors impact the employees' sustainability in the organizations. The factors that are being studied in this research are Psychological Well-being, Organizational Citizenship Behavior and Job Satisfaction and its effect on Mental Health.

Psychological Well-Being is usually conceptualized as some combination of positive affective states such as happiness (the hedonic perspective) and functioning with optimal effectiveness in individual and social life (the eudemonic perspective) (Deci & Ryan, 2008), while Job satisfaction is a positive feeling about once job resulting from an evaluation of its characteristics (Robbins. S. P, Judge. T. A, Millett. B, 2010) and Organizational citizenship behavior (OCB) refers to behaviors that are not part of employees' formal job descriptions (e.g., helping a coworker who has been absent; being courteous to others), or behaviors for which employees are not formally rewarded (Jex S. M, Britt. W. T, 2008).

More direct organizational evidence that psychological well-being is related to employee performance comes from two studies by Wright and his colleagues. Wright et al. (1993) found that psychological well-being was positively related to supervisory ratings of performance. In a second study, Wright and Bonett (1997) also found a significant relationship between employee well-being and job performance. Furthermore, previous research has shown a significant relationship between well-being and job satisfaction (e.g., Diener et al., 1999; Judge & Locke, 1993), (Wright & Cropanzano, 2008)

When considering Organizational citizenship behavior, though not being exponentially by researchers but well-being frequently is cast as an important antecedent of

pro-social activity. Well-being has been studied from two perspectives: subjective and psychological. Subjective well-being includes life satisfaction and emotional responses in the form of positive and negative affect (Diener et al., 1999). Life satisfaction is a cognitive evaluation of the quality of one's overall life experience (DeNeve and Cooper, 1998). Positive affect refers to the extent to which a person feels enthusiastic, active and alert, while negative affect encompasses distress or displeasure (Watson, Clark and Tellegen, 1988). Both can be operationalized either as a generalized affect or a more immediate or daily mood. In general, individuals in a positive mood are more likely to help than those in a negative or neutral mood (Isen and Baron, 1991). Experiences that improve mood precede helping behaviors. For example, pleasant aromas promote prosocial behavior even in the absence of a direct request for help (Gueguen, 2012). Well-being also has been shown to be a consequence of prosocial behavior. (Rodell, 2011) found that employees who participated in corporate volunteering more frequently reaped benefits in the form of higher self-esteem and life satisfaction. In a longitudinal study, (Kuskova, 2011) found that there was a reciprocal causal relationship between life satisfaction and volunteerism (Davila & Finkelstein, 2013).

Previous Studies have shown that there is negative yet strong relationship between mental health and work productivity (Lim, Sanderson & Andrews, 2000). This study aimed to identify the importance of individual mental disorders and disorder co-occurrences (co morbidity) as predictors of two measures of work impairment over the past month-work loss (number of days unable to perform usual activities) and work cutback (number of days where usual activities were restricted); to examine whether different types of disorder have a greater impact on work impairment in some occupations than others; and to determine whether work impairment in those with a disorder is related to treatment seeking. They found that for all disorders, stronger associations were obtained for work cutback than for work loss. No relationship was found between type of occupation and the impact of different types of

disorder on work impairment (Lim, Sanderson & Andrews, 2000). This implies that positive mental health will lead to less work loss and more productivity.

Job Satisfaction

Job satisfaction is a positive feeling about one's job resulting from an evaluation of its characteristics. A person with a high level of job satisfaction holds positive feelings about his or her job, while a person with a low level holds negative feelings. (Dormann, 2001).

Locke (1969) defined job satisfaction as feelings of contentment derived from the appraisal of one's job and the understanding that the job is assisting in achieving one's goals. Job dissatisfaction is the unpleasant affections that one feels if one appraises the job as a barrier in achieving one's values. (Locke, 1969) states that three factors exist in any appraisal process of the job: the perception about the facet of the job, a value system, and an evaluation of the relationship between the perception and the value system. People have set goals and values in mind. If their job assists them in achieving those goals, they are satisfied. Robbins (2005, p. 80) also defined job satisfaction as a set of emotions that one feels about one's job.

Smith, Kendall, and Hulin (1969) also defined job satisfaction as "feelings or affective responses to facets of the situation." Those feelings are caused by the difference between what is expected from the job and what is actually experienced, and comparing this difference to alternative jobs (Smith, Kendall, & Hulin, 1969).

Agho, Mueller and Price (1993, p. 1007) defined job satisfaction as the extent to which workers are happy with their jobs.

The Importance of Job Satisfaction

Monetary payment is only one of many reasons for which people work. Schultz and Schultz (1994, p. 4) state that in a survey conducted by Quintanilla in 1990 in the United

States, Germany, and Japan, 84% of the respondents indicated that they would continue to work even if they had no need for the money. The rewards for working go far beyond payment. Financial security, achievement, self esteem, and sense of belonging can contribute to the whole reward system that an employee may receive. If employees are happy with the outcome, they are satisfied with their jobs. If they are only partially happy, then they are only satisfied with some facets of their jobs.

Job satisfaction is a concept based on the premise that the happiest worker is also the most productive worker and that to people happy in their work; their job doesn't feel as if it is work at all. Many variables make a difference in the levels of job satisfaction experienced by workers; some variables are found within the organization, some within the framework of the job itself, and others are inherent in each worker's character and personality. Although there had been more than 12,000 studies published on the topic of job satisfaction by the early 1990s, job satisfaction is so important to both organizations and workers that there is still plenty of scope for more research (Franek and Vecera, 2008).

Organizational citizenship behavior (OCB)

It refers to behaviors that are not part of employees' formal job descriptions (e.g., helping a coworker who has been absent; being courteous to others), or behaviors for which employees are not formally rewarded. Even though such behaviors are not formally mandated by organizations, in the aggregate they are believed to enhance the effectiveness of groups and organizations.

OCBs are not evaluated as part of the formal appraisal system used to assess employees. The antecedents of OCB are different from those of in-role and extra-role performance. OCB in organizations can be categorized into five different types:

Altruism represents what we typically think of as “helping behaviors” in the workplace. This form of OCB is sometimes referred to as pro-social behavior. An example of altruism would be an employee’s voluntarily assisting a coworker who is having difficulty operating his or her computer.

Courtesy represents behaviors that reflect basic consideration for others. An example of behavior within this category would be periodically “touching base” with one’s coworkers to find out how things are going, or letting others know where one can be reached.

Sportsmanship is different from other forms of OCB because it is typically exhibited by not engaging in certain forms of behaviors, such as complaining about problems or minor inconveniences.

Conscientiousness involves being a good citizen in the workplace and doing things such as arriving on time for meetings.

Civic virtue is somewhat different from the others because the target is the organization-or, in some cases, the work group—rather than another individual. An example of this form of OCB would be attending a charitable function sponsored by the organization.

Factors affecting Organization Citizenship Behavior

It is a positive effect, typically in the form of job satisfaction. Theoretically, this view comes from a fairly long history of social–psychological research showing that a positive mood increases the frequency of helping and of other forms of spontaneous pro-social behavior. Furthermore, positive mood and helping behavior are actually mutually reinforcing because helping others usually makes people feel good.

Another explanation for OCB is cognitive evaluations of the fairness of employees' treatment by an organization. This view is theoretically rooted in Equity Theory, which states that employees evaluate their work situations by cognitively comparing their inputs to the organization with the outcomes they receive in return. If employees perceive that the organization is treating them fairly or justly, then they are likely to reciprocate the organization by engaging in OCB

According to viewpoint of dispositions, certain personality traits predispose individuals to engage in OCB. In other words, some people are naturally more helpful than others are. Compared to the first two explanations of OCB, the dispositional viewpoint has received much less attention in the OCB literature because proponents of this view have been vague as to the specific personality traits that should be related to OCB.

Motives surrounding the desire to help coworkers and possessing a citizenship-role identity (e.g., "helping the company is an important part of who I am") are more strongly related to OCB than motives associated with impression management.

Psychological well being

Psychological well-being is usually conceptualized as some combination of positive affective states such as happiness (the hedonic perspective) and functioning with optimal effectiveness in individual and social life (the eudaimonic perspective). The term Psychological Well being connotes a wide range of meanings, usually associated with wellness. The psychological well-being includes the absence of anxiety, absence of somatic symptoms, self-esteem positive effect, daily activities, satisfaction, absence of suicidal ideations, absence of tension and general efficiency.

According to (Ryff & Keyes, 1995), Psychological Well-being is said to consist of 6 areas namely, personal growth self- acceptance, and purpose in life, autonomy, environmental mastery and positive relations with others.

According to Carol Ryff's (1995) model of psychological well being, "a good life is balanced whole, engaging each of the different aspects of wellbeing" According to Huppert (2009), "psychological well being is about lives going well. It is the combination of feeling good and functioning effectively."

Importance of Psychological well-being

Numerous research studies have found an association between physical health and mental health. When such studies have found a correlation, or link, between physical and mental health, several themes have emerged consistently:

- Those with mental health concerns are at a higher risk of developing chronic health issues
- Poor mental health has been found to be a risk factor for chronic physical health problems
- Individuals that experience poor physical health are at a higher risk of developing mental health concerns

While the bidirectional link between physical and mental health has been established between many mental and physical health outcomes, there appears to be a strong correlation between physical health and depression and anxiety. One very impactful example of this link is a study that found that treating symptoms associated with anxiety and depression in cancer patients improved survival time. Other studies have noted links between conditions such as high blood pressure, heart attack, diabetes, digestive health, recovery post-operation and

mental health. These are a small sampling of examples from the research demonstrating the well supported link between mental and physical health.

Although this information may be concerning to those who experience mental or physical health conditions, there is good news. Working to establish healthy habits can aid in reducing the risk of these conditions becoming chronic. The following tips focus on areas that are helpful to keep in mind when attempting to improve physical health (Anderson, 2016).

Mental health

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (W.H.O, 2014).

Mental health is the foundation for thinking, communication, learning, resilience and self-esteem. Mental health is also key to relationships, personal and emotional well-being and contributing to community or society. It involves effective functioning in daily activities resulting in productive activities (work, school, care giving), healthy relationships, and ability to adapt to change and cope with adversity (Ranna parekh, 2015).

Psychological well-being, job satisfaction and organizational citizenship behavior are connected to the positive mental health of an employee. If an employee is psychologically sound, is happy and passionate about his work, he will produce good results for the company which will directly impact his loyalty and believe in the company's evaluation process; and as all these will lead to positive emotions in an employee, it will not only have a positive impact o his job life but also his personal life.

Theoretical framework

Job Satisfaction

Job satisfaction theories have evolved in a manner similar to motivation theories; some job satisfaction theories are also categorized under motivation theories such as two-factor theory, job characteristic theory, and high performance cycle theory. (mathieu.j.e., 1993)

Three models of job satisfaction

Franek and Vecera (2008) discuss three models of job satisfaction: situational model, dispositional model, and interactional model. The situational model of job satisfaction suggests that job satisfaction is derived from the job characteristics. This approach is based on the assumption that all persons have similar needs and are, therefore, satisfied by the same job characteristics. (e.g. a job characteristics model). In contrast, the dispositional job satisfaction model states that certain relatively stable characteristics of a person influence job satisfaction independently of the job characteristics and situation. The important model that narrowed the scope of the dispositional theory was the Core self-evaluations model, proposed by Judge et al. Judge proposed that there are four Core self-evaluations that determine one's disposition towards job satisfaction: self-esteem, general self-efficacy, locus of control, and neuroticism. This model states that higher levels of self-esteem and general self-efficacy lead to higher work satisfaction. Having an internal locus of control leads to higher job satisfaction, Lower levels of neuroticism lead to higher job satisfaction. Finally, the interactional model of job satisfaction argues that the fit between the person and the environment influences job satisfaction. This approach is known as the Person-Environment Fit. Person-environment fit is the degree of fit, or match, between a person and their work environment. The theory behind person-environment fit is that everyone has a work environment with which they are most compatible.

Two-Factor Theory (Frederick Herzberg, 1959)

In 1959, Frederick Herzberg, a behavioural scientist proposed a two-factor theory or the motivator-hygiene theory. According to Herzberg, there are some job factors that result in satisfaction while there are other job factors that prevent dissatisfaction. According to Herzberg, the opposite of “Satisfaction” is “No satisfaction” and the opposite of “Dissatisfaction” is “No Dissatisfaction”. This theory suggests that human needs fall under two categories. The first category is the animal needs such as physiological needs and the second category is higher level needs such as growth. Those aspects of the job that are related to first category of needs are called hygiene factors and those aspects that are related to the second category of needs are called motivator factors.

The Two-Factor theory implies that the managers must stress upon guaranteeing the adequacy of the hygiene factors to avoid employee dissatisfaction. Also, the managers must make sure that the work is stimulating and rewarding so that the employees are motivated to work and perform harder and better. This theory emphasize upon job-enrichment so as to motivate the employees. The job must utilize the employee’s skills and competencies to the maximum. Focusing on the motivational factors can improve work-quality.

Job Characteristic Theory Hackman and Oldham (1976)

The Job Characteristics Theory (JCT), also referred to as Core Characteristics Model and developed by Hackman and Oldham, is widely used as a framework to study how particular job characteristics impact job outcomes, including job satisfaction. The theory states that there are five core job characteristics: Skill variety, Task identity, Task significance, Autonomy and Feedback Each job has these characteristics to a greater or lesser extent. No one combination of characteristics makes for the ideal job; rather, it is the purpose of job design to adjust the levels of each characteristic to attune the overall job with the worker performing it. This alignment is important because the worker brings psychological

states to bear upon the job that affect job outcomes when combined with the core characteristics.

Organizational Citizenship Behavior

Leader behaviors and Leader-member exchange

The relationship-based approach to leadership research developed by Graen, Dansereau, and colleagues over two decades ago (Dansereau, Graen, & Haga, 1975) has undergone an interesting metamorphosis since its infancy.

According to the theory, leaders form different kinds of relationships with various groups of subordinates. One group, referred to as the in-group, is favored by the leader. Members of in-group receive considerably more attention from the leader and have more access to the organizational resources. By contrast, other subordinates fall into the out-group. These individuals are disfavored by the leader. As such, they receive fewer valued resources from their leaders.

Leaders distinguish between the in-group and out-group members on the basis of the perceived similarity with respect to personal characteristics, such as age, gender, or personality. A follower may also be granted an in-group status if the leader believes that person to be especially competent at performing his or her job. The relationship between leaders and followers follows three stages:

Role taking: When a new member joins the organization, the leader assesses the talent and abilities of the member and offers them opportunities to demonstrate their capabilities.

Role making: An informal and unstructured negotiation on work-related factors takes place between the leader and the member. A member who is similar to the leader is more likely to succeed. A betrayal by the member at this stage may result in him being relegated to the out-group.

Reutilization: During this last phase, routines between team members and their managers are established. In-Group team members work hard to maintain the good opinion of their managers, by showing trust, respect, empathy, patience, and persistence. Out-Group members may start to dislike or distrust their managers. Because it's so hard to move out of the Out-Group once the perception has been established, Out-Group members may have to change departments or organizations in order to "start over."

The LMX 7 scale assesses the degree to which leaders and followers have mutual respect for each other's capabilities, feel a deepening sense of mutual trust, and have a sense of strong obligation to one another. Taken together, these dimensions determine the extent to which followers will be part of the leader's in-group or out-group.

In-group followers tend to function as assistants or advisers and to have higher quality personalized exchanges with the leader than do out-group followers. These exchanges typically involve a leader's emphasis on assignments to interesting tasks, delegation of important responsibilities, information sharing, and participation in the leader's decisions, as well as special benefits, such as personal support and support and favorable work schedules.

Equity theory

Equity theory (Adams, 1963, 1965) draws from exchange, dissonance, and social comparison theories in making predictions about how individuals manage their relationships with others. Four propositions capture the objectives of the theory:

Individuals evaluate their relationships with others by assessing the ratio of their outcomes from and inputs to the relationship against the outcome/input ratio of a comparison other. If the outcome/input ratios of the individual and comparison other are perceived to be unequal, then inequity exists. The greater the inequity the individual perceives (in the form of either over reward or under reward), the more distress the individual feels.

The greater the distress an individual feels, the harder he or she will work to restore equity and, thus, reduce the distress. Equity restoration techniques include altering or cognitively distorting inputs or outcomes, acting on or changing the comparison other, or terminating the relationship.

The theory's distress prediction is based upon the assumption that individuals are equally sensitive to equity; that is, the general preference is that outcome/input ratios be equal to that of the comparison other.

Motivational theories

Recent research using motivation to measure an individual's disposition has renewed interest in examining Organ's (1994) model proposing that an individual's motives may relate to his or her organizational citizenship behaviors. Since no previous research had used motivation to predict OCB, they developed their propositions from the volunteerism research. Recently a new typology of motivation sources was proposed by (Leonard, Beauvais, & Scholl, 1999). The researchers proposed five sources of motivation measured include intrinsic process, instrumental, self-concept-external, self-concept internal, and goal internalization. Though the motivational theories work as antecedents for OCB, but the researchers cautioned that an individual's sources of motivation could have an impact on his or her level of OCB. As individual progress upward in an organization, motivational theories tend to be less applicable as antecedent. (Wanous, Keon & Latack, 1983)

Psychological Well-being

Social Cognitive Theory (Bandura 1977)

This theory identifies reciprocally influencing characteristics of the person the environment and the behaviour itself. An individual's behaviour is uniquely determined by the interaction of these characteristics. Important variables within this model include self

efficacy, outcome expectancies and self regulation. Bandura considers self efficacy to be the central determining factor of human action. Self efficacy is proposed to be multidimensional construct consisting of sub dimensions (e.g. barriers support seeking competing activities and environmental change) related to specific aspects of being physically active which in different contexts may have different levels of influences.

Carol Ryff's Model of Psychological well being

Carol Ryff's model of psychological well-being differs from past model in one important way: well-being is multidimensional and not merely about happiness or positive emotions. A good life is balanced and whole, engaging each of the different aspects of well-being instead of being narrowly focused. Carol Ryff's six categories of well-being are:

Autonomy- There are two types of autonomy, High autonomy people are self-determining and independent. They are able to resist social pressure to think and act in certain way; regulate behavior from within; and evaluate their self by personal standards. Whereas, low autonomy people are concerned about the expectations and evaluations of others; rely on judgments of others to make important decisions; and conform to social pressure to think and act in certain ways.

Environmental mastery- There is two types of environmental mastery. On one hand, high environmental mastery people have a sense of mastery and competence in managing the environmental; control complex array of external activities. They make effective use of surrounding opportunities; and are able to choose or create context suitable to their personal needs and values. On the other hand, low environmental mastery people have difficulty managing everyday affairs; feel unable to change or improve surroundings contexts; are unaware of surrounding opportunities; and lack a sense of control over the external world.

Self-acceptance - There are two types of self-acceptance. People with high Self-Acceptance possess a positive attitude toward themselves; acknowledge and accept multiple aspects of both good and bad qualities; and feel positive about their past life. People with low Self-Acceptance feel dissatisfied with themselves; are disappointed with what has occurred in their past life; are troubled about certain personal qualities; and wish to be different than what they are.

Positive relations with others - There are two types of positive relationships with others. People with Strong positive relationship has warm, satisfying, trusting relationships with others; are concerned about welfare of others. They are capable of strong empathy, affection and intimacy; and understand the give and take of human relationships. Whereas people with weak relationships have few close, trusting relationships with others; finds it difficult to be warm, open and concerned about others. They are isolated and frustrated in interpersonal relationships; and are not willing to make compromises to sustain important ties with others

Purpose in life - There are two types of purpose in life. On one hand there are people with strong purpose in life that have goals in life and a sense of directedness; feel there is meaning to the present and past life; hold beliefs that give life a purpose; and have aim and objectives for living. On the other hand, there are people with weak purpose in life that lack a sense of meaning in life; have few goals or aims; lack a sense of direction; do not see purpose of their past life; and have no outlook or belief that give life meaning

Sense of personal growth- There are two types of personal growth. Strong Personal growth people have a feeling of continued development; see themselves as growing and expanding; are open to new experiences. They have the sense of realizing their potential; see improvement themselves and behavior over time; are changing in ways that reflect more self-knowledge and effectiveness. Whereas, weak personal growth people have a sense of

personal stagnation; lack the sense of improvement or expansion over time. They feel bored and uninterested with life; and feel unable to develop new attitude or behavior. (r.winefield, 2012) (french, 1990)

Rationale of the study

Studies from past have studied various variables like Psychological well-being, Job satisfaction and organizational citizenship behavior in various workplace settings. However, their relationships and inter-connections were not established previously. Studying them in relationship provides better understanding and also helps in working with these variables.

Williams & Anderson in 1991 studied job satisfaction and organizational commitment as predictors of organizational citizenship behavior and in-role behaviors. Hierarchical regression analysis found 2 job cognitions variables (intrinsic and extrinsic) to be differentially related to the 2 types of OCBs, but affective variables and organizational commitment were not significant predictors. Also Wright and Cropanzano (2000) in part 2 of their study well-being, composite job satisfaction, and composite performance discussed psychological well-being as being more predictive of performance than job satisfaction. As in comparatively psychological well being effects job performance than job satisfaction.

This study will help in understanding of the relationship between mental health and three variables- Psychological well-being, Job satisfaction and organizational citizenship behavior; and their influence into two professions.

REVIEW OF LITERATURE

Lim, Sanderson and Andrews (2000) aimed to identify the importance of individual mental disorders and disorder co-occurrences (co morbidity) as predictors of two measures of work impairment over the past month-work loss (number of days unable to perform usual activities) and work cutback (number of days where usual activities were restricted); to examine whether different types of disorder have a greater impact on work impairment in some occupations than others; and to determine whether work impairment in those with a disorder is related to treatment seeking. Data were based on full-time workers identified by the Australian National Survey of Mental Health and Well-Being, a household survey of mental disorders modeled on the US National Co morbidity Survey. Diagnoses were of one-month DSM-IV affective, anxiety and substance-related disorders. Screening instruments generated likely cases of ICD-10 personality disorders. The association of disorder types and their co-occurrences with work impairment was examined using multivariate linear regression. Odds ratios determined the significance of mental disorder prevalence across occupations, and planned contrasts were used to test for differences in work impairment across occupations within disorder types. The relationship between work impairment and treatment seeking was determined for each broad diagnostic group with t-tests. Results suggested that depression, generalized anxiety disorder and personality disorders were predictive of work impairment after controlling for impairment due to physical disorders. Among pure and co morbid disorders, affective and co morbid anxiety-affective disorders respectively were associated with the greatest amount of work impairment. For all disorders, stronger associations were obtained for work cutback than for work loss. No relationship was found between type of occupation and the impact of different types of disorder on work impairment. Only 15% of people with any mental disorder had sought help in the past month.

Bond, F.W. and Bunce, D. (2003) examined the ability of acceptance also to explain mental health, job satisfaction and performance, in the work domain. They hypothesized that

acceptance would predict these three outcomes, one year on, in a sample of customer service center workers in the United Kingdom (N=412). Results indicated that acceptance predicted mental health and an objective measure of performance, over and above job control, negative affectivity, and locus of control. Furthermore, these beneficial effects of having more job control were enhanced when people had higher levels of acceptance. Discussion noted the theoretical and practical relevance of this individual characteristic to occupational health and performance.

Hertel and Wilkins (2001) examined the impact of hours per week of paid employment on two indicators of psychological wellbeing (happiness and job satisfaction) and on self-assessed physical health of white Americans. They tested two primary hypothesis-work benefit hypothesis and work stress hypothesis. Results obtained a huge support for work benefit hypothesis i.e. increase in hours of paid employment produce gains in economic well being and in psychological as well as physical wellbeing.

Sharma and Joshi (2017) investigate subjective well being of employees of banks (public and private sector). The sample of the study comprised of 200 public sector bank employees and 200 private bank employees. The results showed that the subjective well being of public sector was better than private sector banks covering areas of emotionally/psychological well being.

Loggerenberg and Nienaber (2017) aimed to present a theoretical framework of nurturing employee well-being, which focused to facilitate a total safety culture within a nuclear power plant. This framework integrated some of the most often-used tools to improve employee well-being (i) job-demands-control-support model of stress of Karasek and Theorell (1990), which proposes that work should be reconstructed to minimize, if not avoid bad stress; (ii) the job-diagnostic survey of Hackman and Oldham (1975) proposing the

redesign of work as organizational change strategy directed at increasing employee motivation and productivity and thus improving organizational performance; and (iii) Kahn's concept of psychological presence, which forms part of employee engagement, which allows employees to be fully present in performing their work roles.

Janicke, Rieger, Reinecke and Connor (2017) extended research on the relationship between hedonic and eudaimonic entertainment and its potential for recovery experiences and aspects of well-being. With the broad notion of what hedonic and eudaimonic media can entail, this research focused on unique affective experiences, namely positive affect, and an expanded concept of meaningful affect. An online experiment with 148 full time employees in the US was conducted to investigate the unique role of positive and meaningful affect eliciting YouTube videos (compared to neutral control video) on recovery experiences and vitality and work satisfaction in the work context. A path model suggested that meaningful videos predicted mastery recovery experiences, whereas positive affect predicted psychological detachment and relaxation experiences.

Roncalez (2017) examined the dimensionality of several constructs of workplace aggression, and determine whether violence prevention climate perceptions could moderate potential negative ramifications within a well-established occupational stress framework. A Qualtrics panel of 315 employees from a diverse range of occupation answered a series of online questionnaires pertaining to their occupational risk and exposure to violence and aggression, psychological well-being, and fear of future violence. Results from confirmatory factor analyses indicated a six-factor structure such that all constructs of workplace aggression were empirically distinct from one another.

Boston Sedat and KilicTaskın (October, 2017) worked on Organizational Justice Perceptions and its Influence on Health Care Workers' Organizational Citizenship Behavior.

The study aimed to investigate the effect of sub-dimensions of organizational justice perceptions on the sub-dimensions of organizational citizenship perceptions in the hospital sector. It was seen that the perception of organizational justice of health workers affected organizational citizenship behavior.

TintiAdame Joel, Costa Venelli Luciano, Vieira Martins Almir and Cappelozza Alexandre (November, 2017) worked on the impact of human resources policies and practices on organizational citizenship behaviors. This study aims to investigate how policies and practices in human resources impact organizational citizenship behaviors. The results revealed significant impact from human resources policies and practices over organizational citizenship behaviors, and that only professional involvement exhibited significant relation.

Sharma Tripti (December, 2017) worked on Factors Influencing Organizational Citizenship Behavior and its Impact on Organization. The study attempted to fill the gap by studying the relationship between Organizational Citizenship Behavior and the performance of the organization and how Organizational Citizenship Behavior influences the market image of the company. The results indicate that organizational citizenship behavior influences the market image of the firm.

Dyne van linn and pierce I. Jon (2004) worked on Psychological ownership and feelings of possession: three field studies predicting employee attitudes and organizational citizenship behavior. The study was conducted to examine the relationships of psychological ownership with work attitudes and work behaviors. The results demonstrate positive links between psychological ownership for the organization and employee attitudes (organizational commitment, job satisfaction, organization-based self-esteem), and work behavior (performance and organizational citizenship).

Sri Harnani (2017) worked on Sustainable Performance Improvement Based on Organizational Citizenship Behavior in People Credit Board (BPR) East Java Indonesia. The research aimed to apply different variables with previous research variables, i.e., organizational behavior theory development. Testing Organizational Citizenship Behavior (OCB) variable in mediating transformational leadership and working satisfaction to improve People Credit Board's (BPR) performance. The research result shows that there significant influence of transformational leadership and working satisfaction towards OCB and OCB mediates transformational leadership and working satisfaction towards performance.

Wright and Cropanzano (2000) in part 2 of their study well-being, composite job satisfaction, and composite performance discussed psychological well-being as being more predictive of performance than job satisfaction. As in comparatively psychological well being effects job performance than job satisfaction.

Sun et.al (2015) in their meta analysis for correlation between leadership and job satisfaction considered 25 studies. The findings of the study showed that charismatic and transformational leadership behaviors had the highest positive correlations with worker job satisfaction while non-contingent punishment and abusive supervision showed low negative relationships.

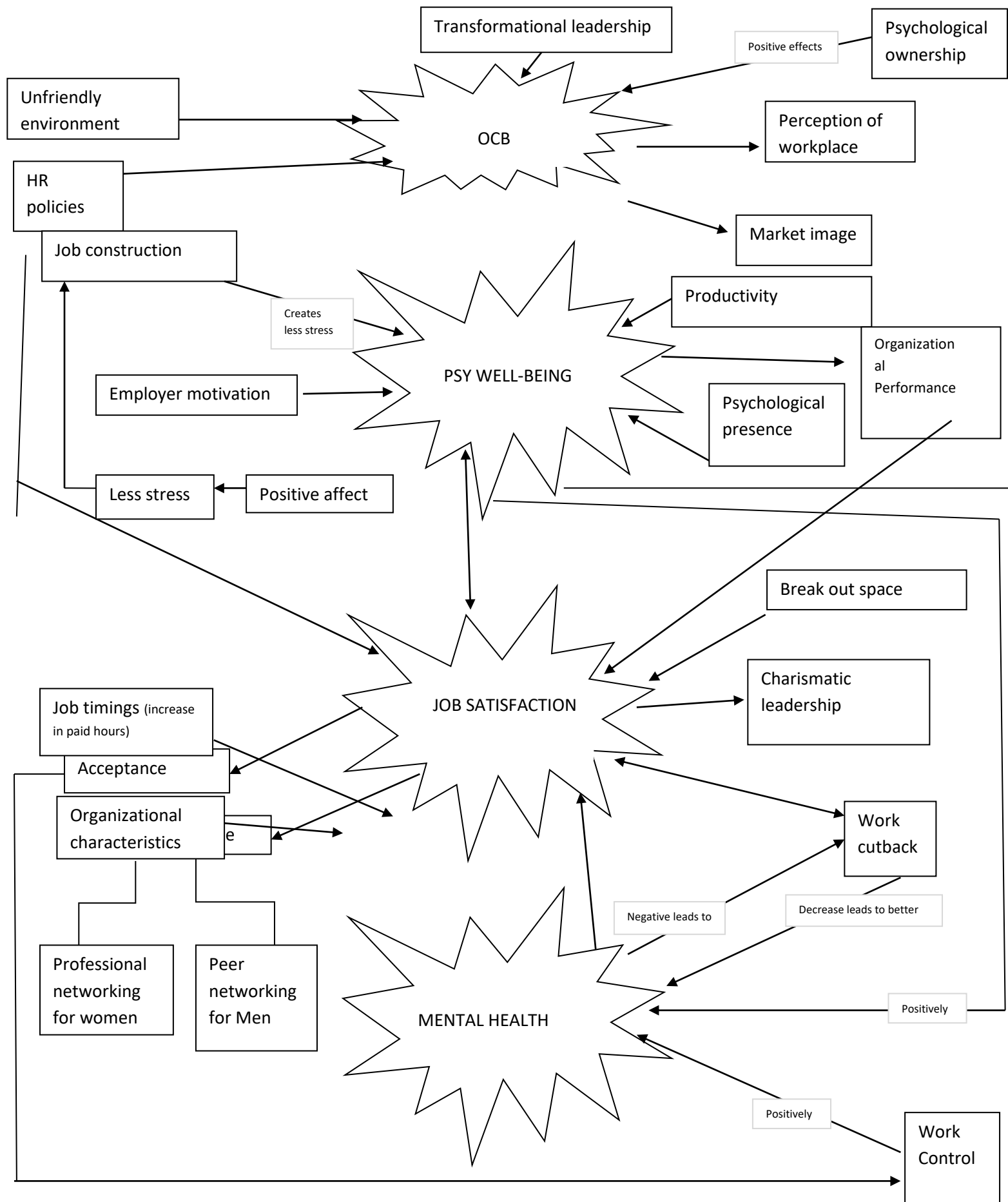
Macintosh and Krush (2014) aimed to study examine the extent to which gender moderates the relationships between three forms of salesperson networking behaviors, job satisfaction, and organizational commitment. The results support the contention that networking behavior is related to salesperson job satisfaction and organizational commitment. The relationships vary for male and female salespeople. When analyzed separately, job satisfaction relates positively to professional networking for women, while job satisfaction relates positively to peer networking for men. In addition, peer networking

directly relates to organizational commitment for women, rather than mediated by job satisfaction.

Ting (1997) tried to find the determinants of job satisfaction based on the aspects of job characteristics, organizational characteristics and individual characteristics on the sample of federal employees. The results showed that job characteristics including pay satisfaction, promotional opportunity, task clarity, skills utilization, and task significance do influence job satisfaction. An organizational characteristic was also seen to influence job satisfaction especially in the area of relationships with others in the organization. However individual characteristics only effected through the mediums of race and age.

Prabhakar (2017) tried to study the factors influencing job satisfaction in architects and the results showed that insufficient storage space, lack in proper breakout spaces and unfriendly work environment (including mood and atmosphere) affect the job satisfaction of the employees.

Reviewing of existing literature points to a gap in research done pertaining to interaction effect of mental health and psychological well-being, OCB and job satisfaction. Job satisfaction, OCB and psychological well-being of the employees have a direct effect on their work performance and their happiness in overall life (mental health). This paper aims to investigate the effect of psychological well-being, OCB and Job satisfaction on the mental health of the employee.



CONCLUSION

This research intended to study the relationship between mental health and three variables- Psychological well-being, Job satisfaction and organizational citizenship behavior and also study. This paper systematically placed all the major variables (Psychological well-being, Job satisfaction and organizational citizenship behavior and mental health) with its previously studied variables. This when placed on the map it indicated a relationship which in some cases was found to be direct and in other cases was found be indirect or through other influencing variables.

As stated by the three models of job satisfaction studies show that situational factors such as organizational characteristics and organizational performance does have an influence. No hygiene factors were studied but however certain motivational needs as proposed in the two factor theory was considered responsible for job satisfaction. There was a gender difference also studied which indicated that women and men have different needs for job satisfaction which again supports the situational factors approach. The human resource policies was related to both OCB and job satisfaction which could be understood by the rational that better HR policies lead to better job satisfaction and therefore improve OCB. The leader member exchange theory suggests that these interactions influence the responsibilities an individual takes in an organizational setting and a study does support that transformational leadership influences better organizational behaviors through relational factors between the leader and the members. Studies show that perception of workplace, and unfriendly environment influence OCB, which can be understood with the help of equity theory which states that we are in distress when the input is not directly equal to the output received. It also shows that the organization can manipulate these factors which will make the individual reach equity by working a little more hard. Psychological ownership can be a

representative of goal internalization which is one of the motivating factors proposed in the motivation theory. Job satisfaction can affect psychological wellbeing as organizational performance was found to be related to both the variables. As proposed by Carol Ryff's model job satisfaction can be a representative of environmental mastery. Mental health is positively influenced by psychological wellbeing and further psychological well being is influenced by job satisfaction. Job satisfaction also influences mental health through better acceptance which is a part of work control. OCB is not directly connected to mental health, but is connect via other variables indicating that there is a relationship and presumably as a predictor of mental health which encompasses occupational functioning.

Most of the studies conducted had very few variables relating to self concept though a lot of theories did consider them, therefore further research should focus on how they influence the variables discussed here.

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Role of Religion and Spirituality in Mental Health: A Review

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ABSTRACT

Religious and spiritual factors are increasingly being examined in mental health research. Religious beliefs and practices have long been linked to various mental illnesses e.g., hysteria, neurosis, and psychotic delusions. However, recent studies have identified another side of religion that may serve as a psychological and social resource for overcoming from the psychological problems. After defining the terms religion and spirituality, this paper reviews research on the relation between religion and (or) spirituality, and mental health, focusing on depression, suicide, anxiety, and substance abuse etc. The results of an earlier systematic review are discussed, and more recent studies in the United States, India, and other countries are described. While religious beliefs and practices can represent powerful sources of comfort, hope, and meaning, they are often intricately entangled with neurotic and psychotic disorders, sometimes making it difficult to determine whether they are a resource or a liability.

Keywords: *Religion, Spirituality, Mental health*

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INTRODUCTION

The birth of religion can be traced back to the advent of mankind itself. The word religion is derived from the Latin word, “religio” which means to bind fast or fasten up. It is defined as reverence for God, or Gods, or the fear of God. Religion could be best defined as a human attempt to achieve the strongest and the best power in-universe. This power they usually call God (Puthenangady, 2005).

The term religion refers to beliefs, practices, and rituals related to a specific established religious tradition. Religion has been defined by the different psychologists from time to time. Galloway has defined religion as the faith in a power beyond himself whereby he seeks to satisfy emotional needs and gain stability of life (Joshi and Kumari, 2011). William James (1985) has regarded religion as the “feeling, acts, and experiences of individual men in their solitude..... in relation to whatever they may consider the divine”.

All religions are based on a single construct of a strong faith in a higher, invisible power that controls life and its elements. This can mean that humans have a psychological necessity/dependence which pushes them to face the challenges and uncertainties of life. However, the evolution of religion has made it lose its basic essence on “belief” and metamorphosed into superstitious practices. Some psychologists use the term religion and spirituality interchangeably (Wood et al., 2009). But there are differences between religion and superstition. Spirituality is used to refer to the personal, subjective side of religious experience. Thus, religiousness represents an institutional, formal, outward, doctrinal, authoritarian, inhibiting, subjective, emotional, inward, unsystematic, freeing expression (Koenig et al., 2001).

In other words, religion can be seen as fundamentally, a social phenomenon whereas spirituality is usually understood at the level of the individual within specific contexts.

Certain such superstitious and dogmatized practices may restrict healthy growth and lead to negative mental health (Bahere et. al., 2013).

Spirituality involves the recognition of a feeling or sense or belief that there is something greater than myself, something more to being human than sensory experience, and that the greater whole of which we are part is cosmic or divine in nature. Spirituality means knowing that our lives have significance in a context beyond a mundane everyday existence at the level of biological needs that drive selfishness and aggression. It means knowing that we are a significant part of a purposeful unfolding of Life in our universe.

Spirituality involves exploring certain universal themes - love, compassion, and altruism, life after death, wisdom and truth, with the knowledge that some people such as saints or enlightened individuals have achieved and manifested higher levels of development than the ordinary person. Aspiring to manifest the attributes of such inspirational examples often becomes an important part of the journey through life for spiritually inclined people.

Mental health as a concept reflects the equilibrium between the individual and the environment in a broad sense. Although there are many determinants of mental health such as individual factors and experiences, social support and other social interactions, societal structures and resources and cultural values (Lahtinen, et al., 1999) but religious values contribute a lot to mental health.

WHO defines mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community”. Mental health is now viewed as an essential element of our general health, well-being, and quality of life. The individual value of mental health is realized by positive feelings and different individual

skills and capacities that can be seen as components or consequences of good mental health (Korkeila, 2000).

Religious beliefs can shape a person's psychological perception of pain or disability as it creates a mindset that enables the person to relax and allows healing on its own (Joshi et al., 2008). Religiosity plays a major part in the life of an individual. It can provide hope in despair. In daily life, people report that they are able to experience deep peace even in the midst of mental distress (Underwood, and Teresi, 2002) such as psychosis, prejudice, self-esteem, and intelligence. There are some studies which report that religion is also associated with some indicators of poor mental health. But sometimes religiousness is accompanied by irrational thinking and emotional disturbance (Ellis, 1980). The manner in which the individual adheres to religion has tremendous effects on his personality, attitudes, behavior and overall outlook of life. It is closely related with the development and change of attitudes and beliefs, the arousal and reduction of anxiety and guilt and the determination of cognitive and motivational processes (Sahoo, 2009).

Historically and even today, religion and mental health are conflicting subjects. Present belief circulates around foundational myths of psychology to be the emancipation of humankind from clasp of superstitious medieval practices of witchcraft and the like. Middle ages were considered as Dark ages where insanity was confused with demonology and the insane tortured mercilessly. Contradicting, natural causes of mental disorders were proposed and accepted as well. Religion is said to provide guidelines for one's course of action in life, hurdles and stresses, making coping easier. However, the violation of religious norms can create considerable anxiety in the believer (Agarwal, 1989).

Literature reveals that statements made about the impact of religion and mental health are based on clinical experiences rather than empirical studies and hence often biased. Some

patients use religion as a positive coping mechanism while others expressed a depressive, psychotic or anxious understanding. David B Larson, Jeffery S Levin, and Harold G King are pioneers in this field. Religious commitment reflects the influence of religion on one's decisions and lifestyle. According to Gordon Allport, it may be extrinsic or intrinsic. Persons with an extrinsic orientation use religion to meet their own ends, to provide security, solace, sociability, distraction, status and self-justification while those with an intrinsic orientation find their master motive in religion, bringing in harmony with religious beliefs by intrinsically internalizing it, they are happier, well-adjusted while extrinsically oriented people are more concerned with dogmatism and prejudice (Moreira-Almeida et al., 2006).

IMPACT OF RELIGIOSITY ON MENTAL HEALTH

A large part of the research involving religion and health did not have religion as the focus of the study. Because of that, frequently, the measurement of religiosity involved only a single question, often simply religious denomination. However, the religious affiliation tells us little about what religiosity is and how important it is in someone's life. On account of that, studies using only the subject's religious affiliation have provided, with few exceptions, many inconsistent and contradictory findings (Koenig, 2009). Considering that religiousness is frequent and has associations with mental health, it should be considered in research and clinical practice. The clinician who truly wishes to consider the bio-psycho-social aspects of a patient need to assess, understand, and respect a person's religious beliefs, like any other psychosocial dimension. Increasing our knowledge of the religious aspect of human beings will increase our capacity to honor our duty as mental health providers and/or scientists in relieving suffering and helping people to live more fulfilling lives.

Religious methods have often been used to treat the mentally ill. Initially, the priest was the most important counselor because he had the authority of religion along with

psychological expertise. Faith and belief systems are very important constituents of psychological well-being and could be fruitfully utilized in psychotherapy. Their usage must be carefully evaluated. Hence, psychiatrists need to study religion vis-a-vis mental health more carefully as it is likely to increase the efficiency and acceptability of psychiatry to the masses. Finally, religion has a great influence on psychiatry including symptoms, phenomenology, and outcome (Behere, et al., 2013).

The strongest and most consistent results have been found among different religious denominations, but by comparing different degrees of religious involvement (from a non-religious to a deeply religious person). Church attendance, i.e. how often someone attends religious meetings, is one of the most widely used questions to investigate the level of religious involvement. Other questions are non-organizational religiosity (time spent in private religious activities such as prayer, meditation, and religious reading texts) and subjective religiosity (the importance of religion in someone's life). However, caution is necessary for interpreting the relationship between private religious practices and health in cross-sectional studies. People may pray more while they are sick or in stressful situations. Turning to religion when sick may result in a spurious positive association between religiousness and poor health. Conversely, a poor health status could decrease the capacity to attend a religious meeting, in that way creating another bias in the association between religiousness and health. Finally, a very important dimension of religiosity *religious commitment*, which reflects the influence that religious beliefs have on a person's decisions and lifestyle. According to the Harvard psychologist Gordon Allport, a persons' religious orientation may be intrinsic and/or extrinsic:

Extrinsic Orientation: Persons with this orientation are disposed to use religion for their own ends (...) (religion) is held because it serves other, more ultimate interests. (...) may find religion useful in a variety of ways - to provide security and solace, sociability and

distraction, status and self-justification. The embraced creed is lightly held or else selectively shaped to fit more primary needs.

Intrinsic Orientation: Persons with this orientation find their master in religion. Other needs, strong as they may be, are regarded as of the ultimate significance, and they are, as far as possible, brought in harmony with the religious beliefs and prescriptions. Having embraced to believe the individual endeavors to internalize it and follow it fully (Allport, and Ross, 1967).

Usually, the intrinsic orientation is associated with healthier personality and mental status, while the extrinsic orientation is associated with the opposite. Extrinsic religiosity is associated with dogmatism, prejudice, fear of death, and anxiety, it does a good job of measuring the kind of religion that gives religion a bad name (Donahue, 1985). This very important and consistent finding totally contradicts Ellis (1988) who argued that one way that religiosity sabotaged?? Mental health was a lack of self-interest (...) rather than be primarily self-interested, devout deity-oriented religionists put their hypothesized god (s) first and themselves second - or last. It is exactly this behavior that has been most consistently associated with better mental health.

Although the research on religion and mental health involves many other outcomes (e.g.: psychosis, personality, marital satisfaction and stability, anxiety, delinquency), we will focus on the four that have been investigated more thoroughly, findings: one indicator of positive mental health (psychological well-being); and three indicators of mental disorder (depression, suicide, and drug abuse).

Religion as a Coping Behavior:

Systematic research in many countries around the world finds that religious coping is widespread. For the general population, research published in The New England Journal of

Medicine found that 90% of Americans coped with the stress of September 11th (2001) by “turning to religion” (Schuster et al., 2001). Even prior to the year 2000, more than 60 studies had documented high rates of religious coping in patients with an assortment of medical disorders ranging from arthritis to diabetes to cancer. One systematic survey of hospitalized medical patients found that 90% reported they used religion to cope, at least to a moderate extent, and more than 40% indicated that religion was the most important factor that kept them going (Koenig, 1998). Psychiatric patients also frequently use religion to cope. A survey of patients with persistent mental illness at a Los Angeles County mental health facility found that more than 80% used religion to cope. In fact, most patients spent as much as one-half of their total coping time in religious practices such as prayer. Researchers concluded that religion serves as a “pervasive and potentially effective method of coping for persons with mental illness, thus warranting its integration into psychiatric and psychological practice (Tepper et al., 2001).”

Religious beliefs provide a sense of meaning and purpose during difficult life circumstances that assist with psychological integration; they usually promote a positive worldview that is optimistic and hopeful; they provide role models in sacred writings that facilitate acceptance of suffering; they give people a sense of indirect control over circumstances, reducing the need for personal control; and they offer a community of support, both human and divine, to help reduce isolation and loneliness. Unlike many other coping resources, religion is available to anyone at any time, regardless of financial, social, physical, or mental circumstances.

Depression:

A recent systematic review with meta-analysis summarized the results of 147 independent investigations involving a total of 98,975 subjects on the association between religiousness and depressive symptoms. The authors found that religiousness is modestly but

robustly associated with lower level of depressive symptoms. The size of this association, although modest, is similar to that found between gender and depressive symptoms. The association between religiousness and depression did not vary among the different age, gender or ethnic groups. However, the studies used several types of religious measures and included people under various levels of stress. Therefore, performing the analysis of all these studies together may have decreased the strength of the association that might exist in more specific situations. Corroborating this hypothesis, the review showed that the association between religiousness and depressive symptoms is higher for people under severe life stress than for people with minimal life stress. The association was also stronger for samples having a moderate instead of a minimal level of depression. These findings are in line with those described above for well-being, the protective effect of religiousness appearing to be stronger for people under psychosocial stress (Smith et Al., 2004).

The same meta-analysis discussed above showed that the association between religiousness and depressive symptoms differed across the type of religiousness measured. Two specific measures of religiousness had a positive association with high frequency of depressive symptoms: extrinsic religious orientation and negative religious coping. On the other hand, intrinsic religious orientation was associated with low levels of depression.

Koenig et al. conducted the only prospective study investigating the impact of religiousness on the course of depressive disorders. They found out that among 87 depressed senior adults hospitalized for medical illness, intrinsic religious motivation was associated with faster remission from depression in a median follow-up time of 47 weeks. For every 10-point increase in intrinsic religiosity scores (score range 10-50), there was a 70% increase in speed of remission after controlling for functional status, social support, and family psychiatric history. Among patients whose physical disability did not improve during the one-year follow-up (that means a poor response to medical treatment), the speed of remission from

depression increased by 106% for every 10-point increase on the scale of intrinsic religiosity (Koenig et al., 1998). Thus studies in medical patients, older adults with serious and disabling medical conditions, and their caregivers suggest that religious involvement is an important factor that enables such people to cope with stressful health problems and life circumstances. However, this may not be true in all populations, as studies of pregnant unmarried teenagers and nonstressed community populations above suggest. Critics say that most studies reporting positive results are observational and that some unmeasured characteristic may be related both to religion and to depression, confounding the relation.

Suicide:

Lawrence, Oquendo, and Stanley (2016) noted that suicide and religion are both complex dimensions (e.g. suicide ideation versus attempts versus death, religious affiliation versus attendance.) Being part of a majority religious community was found to be a greater protective factor against suicide than a minority community, but that attending religious services was not as important as having social supports (whether religious or not.) Norko et. al. (2017) noted that all major faith communities (including Islam, Hinduism, Judaism, Buddhism, and Christianity) have strong objections to suicide, and in the study by Lawrence et. al. (2016) reveal that a sample of clinically depressed patients in a hospital setting was found to have a higher rate of suicidality if they identified a religious affiliation, the more they attended religious services, and the more they indicated religion was important. Another study analyzing over 5000 participants across several large studies identified the three elements that are responsible for the protective factor of suicide: being of a western culture, being older, and living in an area with religious homogeneity (Wu, Wang, and Jia, 2015).

Spirituality can be examined through a lens different from organized religion. While religion may entail specific doctrine, spirituality instead examines one's relationship with

“self, others and ‘God’”, in whatever form that takes. Mandhoui et. al. (2016) surveyed individuals who were in the hospital for suicide attempts. Those individuals lower in spirituality were more likely to attempt suicide at 18 months, with the “value of life” tending to reduce the chance that someone re-attempts. Amato, et. al. (2016) noted that spirituality can be integrated into suicide prevention programs such as case management, therapy, and suicide assessment to determine the impact for that individual. He summarizes the impact of spirituality by noting that “some individuals at high risk of suicide may find fellowship in an affirming community of faith; others may be helped by rituals that confer atonement or a state of exaltation; still others may learn, through mindfulness meditation, to suspend their inclination to judge themselves harshly.”

Anxiety:

While religious teachings have the potential to exacerbate guilt and fear that reduce the quality of life or otherwise interfere with functioning, the anxiety aroused by religious beliefs can prevent behaviors harmful to others and motivate pro-social behaviors. Religious beliefs and practices can also comfort people who are fearful or anxious, increase the sense of control, enhance feelings of security, and boost self-confidence (or confidence in Divine beings).

Many recent studies had examined the relationship between religious involvement and anxiety.⁴⁷ Sixty-nine studies were observational. Among the observational studies, 35 found significantly less anxiety or fear among the more religious, 24 found no association, and 10 reported greater anxiety. However, all 10 of the latter studies were cross-sectional, and anxiety and (or) fear is a strong motivator of religious activity. People pray more when they are scared or nervous and feel out of control (Koenig et al., 2001). Religious involvement may also interact with certain forms of psychotherapy to enhance response to

therapy. Investigators at the University of Saskatchewan explored coping and motivation factors related to treatment response in patients with panic disorder participating in a clinical trial. Subjects were treated with group cognitive behavioral therapy and then were followed up at 6 and 12 months after baseline evaluation. Self-rated importance of religion was a significant predictor of panic symptom improvement and lower perceived stress at the 12-month follow-up. While positive forms of religious coping may reduce anxiety in highly stressful circumstances, negative forms of religious conflict may exacerbate it (Bowen et al., 2006). For example, one recent study of women with gynecological cancer found that women who felt that God was punishing them, had deserted them, or did not have the power to make a difference, or felt deserted by their faith community, had significantly higher anxiety (Boscaglia et al., 2005).

Substance use/abuse -

Religious beliefs and practices provide guidelines for human behavior that reduce self-destructive tendencies and pathological forms of coping. This is particularly evident from research that has examined associations between religious involvement and substance abuse. As a form of social control, most mainstream religious traditions discourage the use and abuse of substances that adversely affect the body or mind. In a review of studies published prior to 2000, Koenig et al identified that had examined the religion–substance abuse relation, 90% of which found significantly less substance use and abuse among the more religious. Most of these studies were conducted in high school or college students just starting to establish patterns of alcohol and drug use.

A study by Dunn, M. S. (2005)., provided a descriptive profile of the alcohol, cigarette, marijuana and cocaine use practices among adolescents and to examine the relationship between employment, political beliefs, religious beliefs and substance use behaviors among high school Analysis showed that males and females who believed religion

was very important were less likely to have initiated alcohol use, to be a current user, and to have binge drank. A significant association was found for all alcohol use variables for those individuals who worked moderate amounts at an after-school job. Political beliefs were found to be associated with initiation and current alcohol use but not for binge drinking. Political beliefs, religion, and employment were all significantly associated with cigarette use and cocaine use. Conceptualization of substance use behavior and its prevention and treatment should include consideration of such key cultural and social factors as religiosity, employment and political beliefs of adolescents.

Analyses by Mason and Windle, (2001) revealed that family social support was indirectly associated with decreased alcohol consumption among the respondents, primarily through variables measuring religiosity, school grades and peer alcohol use. In addition, adolescent alcohol use was directly associated with subsequent increases in peer alcohol use and later decreases in school performance. Results also showed that receiving good grades in school predicted moderate increases in family social support. The findings of this study are discussed in terms of the interrelationships that exist among multiple socializing influences and alcohol use among adolescents.

A cross-sectional study of students' ages 17–35 years in college undergraduate general education classes at three large schools in Utah, may–July 2003 revealed that the highest use of tobacco smoking and marijuana or other illicit drug use was among those with no religious preference. Catholics had the highest level of alcohol drinking during adolescence. The lowest use of tobacco, alcohol, or illicit drugs was among Latter-day Saints (LDS or Mormons). Family church attendance and religiosity among parents during the participants' adolescent years were both significantly protective against substance use in LDS but not among those of other religions or in those with no religious preference. LDS were most likely to agree that they chose to abstain or quit using tobacco, alcohol, or illicit drugs

during their adolescent years because such behavior was inconsistent with their religious beliefs. LDS were also more likely to agree that current substance use was inconsistent with their religion, thus family weekly church attendance and parental religiosity during the participants' adolescent years were associated with lower substance use among LDS (Merrill et al., 2005).

Adolescents whose parents were authoritative were less likely to drink heavily than adolescents from the other three parenting styles, and they were less likely to have close friends who used alcohol. In addition, religiosity was negatively associated with heavy drinking after controlling for other relevant variables. Authoritative parenting appears to have both direct and indirect associations with the risk of heavy drinking among adolescents. Authoritative parenting, where monitoring and support are above average, might help deter adolescents from heavy alcohol use, even when adolescents have friends who drink. In addition, the data suggest that the adolescent's choice of friends may be an intervening variable that helps explain the negative association between authoritative parenting and adolescent heavy drinking (Bahr and Hoffmann, 2010).

SUMMARY AND CONCLUSION

Many people suffering from the pain of mental illness, emotional problems, or situational difficulties seek refuge in religion for comfort, hope, and meaning. While some are helped, not all such people are completely relieved of their mental distress or destructive behavioral tendencies. In other instances, especially in the emotionally vulnerable, religious beliefs and doctrines may reinforce neurotic tendencies, enhance fears or guilt, and restrict life rather than enhance it. In such cases, religious beliefs may be used in primitive and defensive ways to avoid making necessary life changes.

However, systematic research published in the mental health literature to date does not support the argument that religious involvement usually has adverse effects on mental health. Rather, in general, studies of subjects in different settings (such as medical, psychiatric, and the general population), from different ethnic backgrounds, in different age groups (young, middle-aged, and elderly), and in different locations (such as the United States and Canada, Europe, India, and countries in the East) find that religious involvement is related to better coping with stress and less depression, suicide, anxiety, and substance abuse. While religious delusions may be common among people with psychotic disorders, healthy normative religious beliefs and practices appear to be stabilizing and may reduce the tremendous isolation, fear, and loss of control that those with psychosis experience. Clinicians need to be aware of the religious and spiritual activities of their patients, appreciate their value as a resource for healthy mental and social functioning, and recognize when those beliefs are distorted, limiting, and contribute to pathology rather than alleviate it. Considering that religiousness is frequent and has associations with mental health, it should be considered in research and clinical practice. The clinician who truly wishes to consider the bio-psycho-social aspects of a patient needs to assess, understand, and respect his/her religious beliefs, like any other psychosocial dimension. Increasing our knowledge of the religious aspect of human beings will increase our capacity to honor our duty as mental health providers and/or scientists in relieving suffering and helping people to live more fulfilling lives.

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Sexist Dogma and Self-Subjugation: Role of Self-Objectification and Self-Surveillance

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ABSTRACT

The focus of this research study is to find the relation between sexist exposure and its effect on self-objectification and self-surveillance which is leading to self-subjugation. The research has used data from men and women of early adulthood (N = 220) under different demographic status using questionnaire method (Ambivalent Sexism Inventory, Glick & Fiske, 2001 ; System Justification- Gender, Jost & Kay , 2005 ; Self- Objectification Questionnaire, Noll & Fredrikson, 1998 ; The Objectified Body Consciousness Scale, McKinley & Hyde, 1996) and appropriate statistical analysis – t test , ANOVA and Pearson Correlation was applied. The study found that participants in gender groups and marital status groups had no statistically significant difference in their effect on self-objectification while age groups and area of dwelling have significance as caused by varied sexist exposures. Gender has an influence on body surveillance as opposed to age, marital status and place of residence groups. Correlation Analysis revealed that there is a statistically significant relationship between Complementary sexism and body surveillance (positive correlation) & benevolent sexism and body surveillance (negative correlation) respectively. There was statistically significant difference between religious groups as determined by one way ANOVA on state body surveillance. There were few meaningful differences across the variables. The findings support that the expressions of traditional gender role stereotypes are not much relevant..

Keywords: *Self-Objectification, Self- Surveillance, Self-Subjugation, Sexism, Hostile, Benevolent.*

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INTRODUCTION

Awareness of oneself as a social object is a distinct component of being human. According to Cooley (1902/1964), “we perceive in another’s mind some thought of our appearance, manners, aims, deeds, character, friends, and so on”. Yet, scholars have also documented that taking such an external observational standpoint on the self can have significant psychological and social costs when people come to view themselves predominantly through an objectified social lens. The present research focuses on this cultural milieu that encourages people to adopt an objectified perspective on their bodies, so that eventually they view and “treat themselves as objects to be looked at and evaluated”. This process is referred to as self-objectification, and it may represent yet another way in which members of disadvantaged groups internalize harmful beliefs about themselves, thereby perpetuating their own state of disadvantage (Jost, 1995; Jost, Banaji, & Nosek, 2004).

Self-Objectification

Self-objectification is defined as the adoption of a third-person perspective on the self as opposed to a first-person perspective. An objectified body is a malleable, measureable, and controllable body. By viewing and treating themselves as sexual objects, the body becomes the site of reparative action and vigilant monitoring to manage the sexual objectification - pervasive and chronic view of the self as an object.

Whether engaged as a state or a trait, taking this external vantage point on the self is accompanied by a form of self-consciousness characterized by vigilant monitoring of the body’s outward appearance. This chronic body monitoring is referred to as self-surveillance (also referred to as body surveillance) and represents the behavioural manifestation of self-

objectification. In these types of studies, self-objectification is set to predict self-surveillance, which, in turn leads to other negative outcomes predicted by objectification theory.

Self-Surveillance

Self-surveillance refers to habitual monitoring of the body's outward appearance (McKinley & Hyde, 1996). If individuals believe their outward appearance determines how they will be valued and treated by others, vigilantly monitoring their appearance (i.e. self-surveillance) may allow them to anticipate, and thus exert some control over, how others perceive them (Calogero et al., 2011).

Research with Caucasian women has found self-surveillance to be strongly associated with self-objectification (Steer & Tiggemann, 2008; Tiggemann & Kuring, 2004; Tiggemann & Slater, 2001), and self-surveillance is theorized to, like self-objectification, also develop as a consequence of accumulated sexual objectification experiences.

Like self-objectification, self-surveillance has been linked with an array of negative consequences, including depressive symptoms, eating disorder symptoms, impaired awareness of internal bodily cues, and fewer flow states (Greenleaf, 2005; Muehlenkamp & Saris-Baglama, 2002; Tylka & Hill, 2004).

Sexism and Self-Objectification

Sexism is an insidious component of women's everyday social environments. According to an investigation of sexism using a daily diary methodology, women experience significantly more sexism than do men, reporting at least one to two sexist incidents per week (Swim, Hyers, Cohen, & Ferguson, 2001).

Although sexism occurs in a variety of ways, hostile and benevolent sexism represent two well-known forms (Glick & Fiske, 1996, 2001). Hostile sexism refers to an openly

antagonistic attitude toward women, whereas benevolent sexism refers to a subjectively positive orientation toward women (Glick et al., 2004; Eagly, Mladinic, & Otto, 1991).

Complimentary sexism is the combination of both hostile and benevolent form of sexism.

Benevolently sexist ideology may serve a dual function of legitimizing gender inequality and eliciting gendered behaviour by increasing women's self-objectification and appearance management. Thus, women may engage in self-objectification following exposure to benevolent sexism as an indirect way of bringing themselves into line with socially valued feminine ideals.

SIGNIFICANCE OF THE STUDY

- ▶ There is a significant cost of Self- Objectification in women's subjective well-being.
- ▶ It is also associated with greater fear and perceived risk of rape; greater hostility towards other women, greater likelihood to self-harm and stronger endorsement of cosmetic surgery and a disproportionately higher rate of mental health risks including depression and sexual dysfunction.
- ▶ The culturally prevalent sexist ideologies are conforming women to traditional gender roles.
- ▶ According to system justification theory; dominant ideologies that justify group inequality can affect the attitudes and behaviours of disadvantaged group members in ways that lead them to accept and preserve the status quo.
- ▶ Women may engage in self-objectification following exposure to benevolent sexism as an indirect way of bringing themselves into line with socially valued feminine ideals.

METHOD

AIM

The study is planned to find the relation between sexist exposure and its effect on self-objectification and self-surveillance which is leading to self-subjugation.

HYPOTHESIS

- ▶ There is no significant relationship between sexism (benevolent /hostile) and Self-Objectification leading to Self-Subjugation.
- ▶ There is no significant relationship between sexism (benevolent /hostile) on Self-Surveillance leading to Self-Subjugation.
- ▶ There is no significant gender difference on the impact of Sexism leading to Self-Objectification and Self-Surveillance.
- ▶ There is no significant age difference on the impact of Sexism leading to Self-Objectification and Self-Surveillance.
- ▶ There is no significant marital status difference on the impact of Sexism leading to Self-Objectification and Self-Surveillance.
- ▶ There is no significant difference in the area of residence (Rural/Urban) on the impact of Sexism leading to Self-Objectification and Self-Surveillance.
- ▶ There is no significant religion difference on the impact of Sexism leading to Self-Objectification and Self-Surveillance.
- ▶ There is no significant educational status difference on the impact of Sexism leading to Self-Objectification and Self-Surveillance.

SAMPLE

The sample constituted of a total of 220 individuals aged between 20 and 40 years, divided between six demographic groups : age , gender , marital status , place of residence , religion

and educational qualification. The samples were obtained from Thrissur district using convenience sampling method.

INCLUSION CRITERIA

- ▶ Males and females of Young Adulthood (20-40yrs).
- ▶ People residing in the rural and urban areas of Thrissur district.
- ▶ Believers of Hindu, Christian and Muslim community.
- ▶ People with minimum SSLC qualification.

EXCLUSION CRITERIA

- ▶ Transgender and others.
- ▶ Divorced and separated individuals.
- ▶ People with mental retardation and severe physical disability.
- ▶ People who denied consent.

PROCEDURE

Individuals under study were provided with questionnaires with brief instructions on how to fill it. They were also given assurance of confidentiality of details collected and were asked to answer as honestly as possible. Questionnaires were scored and coded.

DESCRIPTION OF TOOLS

Ambivalent Sexism Inventory (ASI)

Ambivalent Sexism Inventory (ASI) by Glick and Fiske in 1996. The ASI is a 22-item self report of sexism on which respondents indicates their level of agreement with various statements, which are placed on a 6-point Likert scale .It is composed of two sub-scales that may be independently calculated for sub-scale scores or may be averaged for an overall composite sexism score. The first sub-scale is the hostile sexism scale, which is composed of 11 items and the second sub-scale is the benevolent sexism scale, which is composed of 11 items. The Cronbach's Alpha for the ASI is 0.85. Computed test-retest reliability coefficient is 0.87.

System Justification Scale

Jost and kay (2005) presented the scale in non-sexist control condition with eight questions in total. It was a 6-point grading scale with 2 items for reverse scoring. The reliability for System Justification Scale is 0.727 and the scale has good criterion validity.

Self- Objectification Questionnaire

A modified version of the Self Objectification Questionnaire (Noll & Fredrickson, 1998) was used to measure state self objectification. Respondents were instructed to rank 10 attributes in order of their impact on their physical concept (Rank 0 – 9). The same rank could not be assigned to more than one attribute. The possible range of scores was -25 to 25, with higher scores indicating higher self-objectification. The Cronbach's Alpha for the questionnaire is 0.83. SOQ has demonstrated acceptable construct validity.

Objectified Body Consciousness Scale (OBCS)

The Surveillance scale of Objectified Body Consciousness Scale (McKinley & Hyde, 1996) was used to measure the degree to which individuals monitor their bodies as an outside observer would. Participant's rated eight items from 1 (*strongly disagree*) to 7 (*strongly disagree*). Mean item scores were calculated to provide an index of self – surveillance, with

higher scores indicating more body monitoring. The Cranach's Alpha ranged from 0.79 to 0.89 for the surveillance subscale. Additionally the measure's developers reported that it demonstrated construct, convergent and divergent validity.

STATISTICAL ANALYSIS

Statistical Package For Social Sciences (SPSS) – 16.0 Version was used to carry out the statistical analysis. Statistical analysis including independent student's t-test, Pearson's correlation and Analysis Of Variance (ANOVA) was applied.

RESULTS AND DISCUSSION

The study attempted to find the relation between sexist exposure and its effect on self-objectification and self-surveillance which is leading to self-subjugation. The research has used data from men and women of early adulthood (N = 220) under different demographic status: age, gender, marital status, place of residence, religion and educational qualification. The independent variable sexism had four sub-variables: Benevolent, hostile, complementary and no sexism. Dependent variables under the study were self objectification and self surveillance. There are not much systematic studies which had specifically looked into the parameters of sexist exposure.

Two sets of correlation analysis were conducted to test the relation between self objectification and sexism & self surveillance and sexism. As hypothesized there is no significant impact of sexism (benevolent /hostile/No sexism/Total) on Self-Objectification leading to Self-Subjugation. (Table 1) Sexist exposure had no effect on self objectification which denied the causal link between environmental exposure to culturally prevalent, system – justifying sexist beliefs and self objectification. The results were contradictory to the study by Rachel M Cologero, John T Jost (2010) that exposure to benevolent and complementary

forms of sexism, but not hostile or no sexism, increased state self-objectification and self-surveillance.

Table 1

The coefficient of correlation obtained between self objectification and sexism

Variable	Sexism			
	Hostile	Benevolent	No sexism	Total
Self objectification	-0.40	-0.114	0.005	-0.101

Correlation analysis to find the relation between self surveillance and sexism revealed a positive correlation between total (Complementary sexism) and self surveillance whereas a negative correlation between self surveillance and benevolent sexism. As predicted in the hypothesis there is no significant correlation between hostile and no sexism sub variables with self surveillance (Table 2). As negative correlation with benevolent sexism indicate that self surveillance is monitored by engaging in various forms of appearance management behaviors in varying degrees. Complementary sexism i.e., combination of both hostile and benevolent sexist beliefs stereotypes indicate that people would take care of how their bodies appear to others. The results were supporting studies by Rachel M Cologero, John T Jost (2010). Benevolent and complementary stereotypes are increasing individuals focus on self as an object of evaluation. We could see that individuals may have unmoved public self – consciousness and self esteem by trying to maintain their identity.

Table 2

The coefficient of correlation obtained between self surveillance and sexism

Variable	Sexism			
	Hostile	Benevolent	No sexism	Total

Self surveillance	0.120	-0.35**	0.009	0.044**
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$p < 0.05^*$

t – tests was used to determine group differences based on age , gender , marital status and place of residence. There is a significant effect of participant age on state self objectification such that age group 30-40 yrs ($M = -7.84$) of early adulthood reported higher scores than individuals of 20-30 yrs ($M = -11.09$) group (Table 3). Self objectification increases with age as they are becoming more visible to public consumption. The number and quality of people they are dealing with is significantly increased and hence is their preoccupation about being observed by others. The potential buffer or protective function that increases with age has an effect on increasing self objectification.

Table 3

The mean, SD and t-values of self objectification obtained by groups based on age

Variable	Age				t-value
	20-30yrs		30-40yrs		
	Mean	SD	Mean	SD	
Self Objectification	-11.09	9.059	-7.84	12.201	-2.252*

$p < 0.05^*$

In contrast to most of the studies, there is no significant difference in gender on self objectification indicating that there is no fragmentation and compartmentalized views when considering the culturally prevalent sexist ideologies (Table 4). They may be striving to maintain a satisfying and pleasing appearance which may regarded in a positive sense. The specific reactance from men and women in response to sexism by self objectification has no contrast.

Table 4

The mean, SD and t-values of self objectification obtained by groups based on gender

Variable	Gender				t-value
	Men		Women		
	Mean	SD	Mean	SD	
Self Objectification	-8.26	11.177	-10.83	10.255	1.778

Married and non-married individuals did not represent any significant difference in self objectification (Table 5) . It depicts that relationship status have no influence even though the presence of a spouse in married life was predicted to have a third person perspective effect on individuals under study. A person's relationship with significant other and its absence is associated with a tendency to show no response to self objectification.

Table 5

The mean, SD and t-values of self objectification obtained by groups based on marital status

Variable	Marital Status				t-value
	Married		Not-Married		
	Mean	SD	Mean	SD	
Self Objectification	-10.16	10.668	-8.87	10.917	-0.887

Human settlement in rural and urban areas have an impact on their self objectification of reducing themselves to the status of "mere instruments" (Table 6). Urban area of residing have higher values ($M = -7.46$) than the rural areas ($M = -11.70$) showing the effect of urbanization , modern thinking , norms and social conflicts are making individuals more concerned about body , body parts and sexual functions from their personal identity and mental life.

Table 6

The mean, SD and t-values of self objectification obtained by groups based on place of residence

Variable	Place of residence				t-value
	Rural		Urban		
	Mean	SD	Mean	SD	
Self Objectification	-11.70	9.232	-7.46	11.749	-2.966*

p < 0.05*

Body monitoring of the outward appearance have no significant impact on age differences (Table 7). Early adulthood is marked as a phase of transition where every individual is striving to solve identity crisis. Individuals have a positive attitude to portray oneself in a self approving way rather than to impress others. Results suggest that activating communal age stereotypes served to have no effect. Age remains no barriers for rumination and concept about the self.

Table 7

The mean, SD and t-values of self surveillance obtained by groups based on age

Variable	Age				t-value
	20-30yrs		30-40yrs		
	Mean	SD	Mean	SD	
Body Surveillance	30.15	5.887	30.17	4.568	-0.029

There is significant difference in gender in the form of self consciousness. Males have higher values (M = 30.58) than females (M = 29.72) as they consider themselves as more functional and their bodies as more holistic (Table 8). Specific reactance from men was seen for self monitoring in the form of self presentations, expressive behaviors and non-verbal

affective displays. They are seen to closely monitor their audience in order to ensure appropriate or desired public appearances.

Table 8

The mean, SD and t-values of self surveillance obtained by groups based on gender

Variable	Gender				t-value
	Male		Female		
	Mean	SD	Mean	SD	
Body Surveillance	30.58	4.457	29.72	6.008	1.206*

$p < 0.05^*$

Relationship status had no significant difference in the habitual appearance management in the sample under study (Table 9).

Table 9

The mean, SD and t-values of self surveillance obtained by groups based on marital status

Variable	Marital Status				t-value
	Married		Not-Married		
	Mean	SD	Mean	SD	
Body surveillance	30.11	5.709	30.21	4.833	-0.144

Area of dwelling in a sexually objectifying cultural milieu in contrast to expectation had no impact on self surveillance (Table 10).

Table 10

The mean, SD and t-values of self surveillance obtained by groups based on place of residence

Variable	Place of residence				t-value
	Rural		Urban		
	Mean	SD	Mean	SD	

Body Surveillance	30.16	5.943	30.16	4.593	-0.001
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Analysis of variance obtained between the dependent variable self objectification and groups based on religion indicated no significant difference. Religion is not a relatively powerful tool of self objectification. Certain religious teachings was expected to form biases in individuals for treating themselves as objects to be looked at and evaluated (Table 11).

Table 11

Results for ANOVA of self objectification obtained by groups based on religion

Variable	Religion	
	F	Sig
Self objectification	4.890	0.008

Educational qualification indicated no significant difference in state self objectification showing that environment have more prominence in behavior learning than acquired knowledge (Table 12)

Table 12

Results for ANOVA of self objectification obtained by groups based on education

Variable	Education	
	F	Sig
Self objectification	1.012	0.365

The frequency with which individuals monitor their physical appearance had found a significant difference in religion (Table 13). It portrays that religious dimensions advance the focus of individuals on body. Post Hoc results depicting the multiple comparisons showed significant difference between Muslim and Hindu religion. Religion and ethics are bearing mistrust and fear in the member of religious community.

Table 13

Results for ANOVA of self surveillance obtained by groups based on religion

Variable	Religion	
	F	Sig
Self surveillance	5.752	0.004*

$p < 0.05^*$

Learned knowledge proves to be not a powerful predictor for deriving significant differences in individuals on their monitoring behavior. The prominence of habitual appearance concern is dependent on environmental cues (Table 14).

Table14

Results for ANOVA of self surveillance obtained by groups based on education

Variable	Education	
	F	Sig
Self surveillance	0.874	0.419

On the whole the study indicated significant difference in certain aspects of groups based on the various demographic statuses. It is evident that the prolongation of the sexist exposure or the intensity of the effect becomes a more prominent factor.

CONCLUSION

Self objectification and self surveillance serve a critical factor for people bringing themselves into the line with social acceptance. The exposure to benevolent and complementary form of sexism is developing a form of self consciousness characterized by habitual monitoring of body's outward appearance. This contemporary westernized society has crucial implications of age and area of dwelling in viewing oneself from a third-person perspective to a first-person perspective. Gender and religious body affirmations of participants prove to be symbolic in self surveillance. The study posed several limitations to find the core hunches of self subjugation and further studies can be developed, focusing more on the present sexist ideologies.

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Prevalence of Depression among Undergraduate Students of Thrissur

District

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ABSTRACT

Depression among college students represents a neglected public health problem in India. It is very important to prevent the ill-effects of depression on ones educational attainment and career through early detection and proper interventional measures. Few studies have been conducted at a global level to assess the prevalence of depression among college students. In India, epidemiological studies on depression among college students are scanty. Clearly, depression among college students is of paramount importance and warrants serious study. Depression is a state of low mood and aversion to activity that can affect a person's thought behaviour, feelings and sense of well being. According to the recent estimates of WHO, over 200 crores of people are already under depressed states. Objective of the study was to determine the prevalence of depression among undergraduate students of Thrissur district and to find out the significant differences among males and females. The study was conducted in different colleges across Thrissur district. The sample consists of 300 students, both males and females of age 18-21, selected using multistage sampling technique .Various demographic variables were used such gender, stream of study, socioeconomic status, and relationship status. Beck's Depression Inventory (BDI- II) was used as the tool, which is a self report inventory .Student t - test was used to find out the significant differences among males and females Point prevalence indicates over 6.5% of college students are under depressed state. For this particular study it shows that there is significant difference among males and females. Each of the prevalence rates were analyzed and possible reasons were sorted out.

The findings suggest that general Awareness about illness and Professional support should be enhanced for the management of the problem.

Keywords: *Prevalence, Depression*

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INTRODUCTION

Prevalence is the proportion of a population who have specific characteristic in a given time period-in medicine, typically an illness, a condition, or a risk factor such depression or smoking. Prevalence is usually expressed as a percentage or the number of cases per 10,000 people. Depression is a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing clinically significant impairment in daily life. There are more than 10 million cases per year. As per the World Health organisation's report Depression and other depression and other common mental disorders – "Global Health estimates" released in 2017 ,the estimated prevalence of Depressive disorder in India is 4.5% of the total population. The central government conducted a National Mental health survey through which National institute of mental health and neurosciences. As per the study the prevalence of depressive disorder in India is estimated to be 2.7% of the total population. Various studies have been conducted even in Kerala on the prevalence of depressive disorders among community resident older people. Here the high rate prevalence can be attributed as a matter of life experiences and their withdrawal. Another significant study on the prevalence and correlates of depression among college students of district Amritsar estimated an overall prevalence of 16.5%.

The most common type of depression found in almost all studies are moderate followed by severe grade of depression. Moderate depression was again the major type of depression in a Trivandrum based study conducted among 13-19 year college students. The prevalence reported here was 9.6%. The same study also reported the prevalence if mild depression to be 6.8% and severe depression as 2%. Prevalence studies on depression has also been conducted among ever-married women in a coastal Panchayat of rural Trivandrum district which showed that nearly 1/4th of the women screened positive for depression which is at a high magnitude keeping in view the prevalence rates of the country and the Global view. Depression among college students is extremely prevalent and widespread problem across the country. Trying to fit in good grade plan for the future is away from home often causes anxiety for a lot of students, as a reaction to this stress some students get depressed.

Early onset depression among college students interferes with psychological, social and academic functioning placing him or her at greater risk for problems such as substance abuse and suicidal behaviour.

Depression describes wide range of emotional lows from mere sadness to a pathological suicidal state. It can affect all ages, communities and race. The incidence of depressive symptoms has been increasing among college students. In a cross-sectional study, 200 subjects aged 18-24 years were studied from January 2014 to June 2014 in various educational institutes of district Amritsar. Demographic history, various risk factors and prevalence of depression were assessed using patient health questionnaire (PHQ-9). The overall prevalence of depression among college going students was found to be 16.5%. There is a need to focus upon some aspects of parenting and education counseling among students to decrease the prevalence of depression among college students.

“Every ray of hope destroyed and not a wish to gild the gloom”-Robert Burns (1759-1796).

We all experience a moment of sadness, but these moments usually pass within a couple of days and are not indicative of depression. Depression is a prolonged sadness accompanied by various reasons such as economy, academic. Due to the advancement in technology and non-healthy lifestyle threats to the health problems have increased.

Depression was initially known as “melancholia”. Sigmund Freud (1856-1939): Founder of psychoanalysis. Melancholia could result from mourning for an objective loss and of a subjective one when the individual’s ego is compromised.

Significance of the Study

According to the research based estimates of world health organization (WHO), which was conducted recently on mental health, it is said that by 2020, depression can be the main cause of death of hundreds of population. Their result suggests that over 200 crores of people are already under depressed state and with no wonder these years main theme world mental health day was depression. Early adulthood is considered as a transition period during which individuals undergo significant changes in personal as well as social life. Thus, university students are under great pressure to cope with the rapidly changing conditions in life which may ultimately lead to the state of depression. Hence in order to estimate the degree of prevalence of depression among undergraduate students in the district of Thrissur this study was selected.

METHOD

Aim

To study the prevalence rate of depression among undergraduate students of Thrissur district.

Sample

The sample was collected from the undergraduate students of Thrissur district using multistage sampling Technique. The sample consists of 300 students of which 150 are females and 150 of males. Thrissur district consists of 6 talukas namely Chavakkad, Thrissur, Mukundapuram; Chalakudy, Thalapalli, Wadakancherry. From each taluka one college was selected conveniently. From each college five different courses were selected using lottery method. A total of 50 samples were collected from each college.

Exclusion criteria

- Students studying in other types (professional colleges) are excluded.
- Mentally challenged and physically disabled students were excluded.

Inclusion criteria

- Students studying in degree colleges of Thrissur district.
- Age group ranging from 18-20 years.
- Both males and females are included.

Tools

The *Beck's Depression Inventory* (BDI, BDI-1A, BDI-II), created by Aaron T. Beck, is a 21-question multiple-choice self-report inventory, one of the most widely used psychometric tests for measuring the severity of depression. Its development marked a shift among mental health professionals, who had until then, viewed depression from a psychodynamic perspective, instead of it being rooted in the patient's own thoughts.

In its current version, the BDI-II is designed for individuals aged 13 and over, and is composed of items relating to symptoms of depression such as hopelessness and irritability, cognitions such as guilt or feelings of being punished, as well as physical symptoms such as fatigue, weight loss, and lack of interest in sex.

There are three versions of the BDI-the original BDI, first published in 1961 and later revised in 1978 as the BDI-1A, and the BDI-II, published in 1996. The BDI is widely used as an assessment tool by health care professionals and researchers in a variety of settings.

Like the BDI, the BDI-II also contains 21 questions, each answer being scored on a scale value of 0 to 3. Higher total scores indicate more severe depressive symptoms. The standardized cutoffs used differ from the original:

- 0–13: minimal depression
- 14–19: mild depression
- 20–28: moderate depression
- 29–63: severe depression

The BDI test is widely known and has been tested for content, concurrent, and constructs validity. High concurrent validity ratings are given between the BDI and other depression instruments as the Minnesota Multiphasic Personality Inventory and the Hamilton

Depression Scale; 0.77 correlation rating was calculated when compared with inventory and psychiatric ratings. The BDI has also showed high construct validity with the medical symptoms it measures. Beck's study reported a coefficient alpha rating of .92 for outpatients and .93 for college student samples. The BDI-II positively correlated with the Hamilton Depression Rating Scale, $r = 0.71$, had a one-week test-retest reliability of $r = 0.93$ and an internal consistency $\alpha = .91$.

Procedure

The study was conducted in the Thrissur district of Kerala using multi-stage sampling technique. Questionnaires were administered and proper instructions were given. Personal data sheet contained variables including age, gender, socio-economic status, stream of study, birth order and relationship status. It was ensured that their data would be kept confidential and will be used only for research purpose. Proper statistical techniques were used for analysis.

Statistical analysis

Percentages were calculated which was compared with the available data from previous studies.

RESULTS AND DISCUSSION

The present study was conducted to study the prevalence of depression among college students of Thrissur district. Depression among university students is extremely prevalent and widespread problem across the country. The average onset of depression is generally regarded as late adulthood or in rare cases middle adulthood. But the average onset is on the decline, making depression a particularly salient problem area for college population. In the

current study, the Beck Depression Inventory (BDI-II) has been utilized to detect the prevalence of depression among college students. Although it is not used or designed for diagnostic purposes, its epidemiologic utility has been evaluated in several studies, which concluded that it is a reliable and valid instrument for detecting depressive disorders in non-clinical populations.

Table 1

Indicates the prevalence of depression among males and females in Thrissur district

Levels	Sex	
	Males	Females
Minimal	1.2%	0.8%
Mild	0.3%	1.8%
Moderate	0.5%	1.2%
Severe	0.2%	0.5%

The study showed that the prevalence of depression among college students of Thrissur district was 6.5%. The results implicate that female population estimated higher rates of depression than males. Depression rates of males constitute 2.2% and that of females constitute 4.6%. This study can be connected with a Trivandrum based study which showed an average prevalence of 9.5%. This result can also be correlated with another similar study conducted in Amritsar University which showed an estimated prevalence of 16.5%. The present study demonstrates the percentage of mild depression at a prevalence of 0.3% which can be compared with Amritsar based study of 6.8% prevalence.

Table 2

Indicates the prevalence of depression among various streams of study in college students of Thrissur district

Course	Rate
Arts	3.9%
Science	1.1%
Commerce	1.5%

In this present study streams like arts, science and commerce were included as demographic variables. The prevalence of depression among arts students constitutes higher percentage than that of science and commerce. The results show that among science students 1.1% is already under depressed state. The commerce students constitute depression rate of 1.5% out of 6.5% of overall estimated prevalence.

Table 3

Indicates the prevalence of depression among different birth order in college students of Thrissur district

Birth order	Rate
First born	2.2%
Second born	1.3%
Last born	0.5%
Single	2.5%

Among birth order first born, middle born and last born was compared. Moreover the single child constitutes highest prevalence rate of 2.5%.The first born constitutes prevalence

rate of 2.2%. This result is contradictory with the study conducted by Putter (2003) which showed that the effect of birth order in depression would be highest among first born.

Table 4

Indicates the prevalence of depression among different socio-economic status in college students of Thrissur district

Socioeconomic status	Rate
Low	1%
Middle	5%
High	0.5%

College students with middle socioeconomic status are more depressed than that of low and high socioeconomic status. Students belonging to middle class families constitute prevalence of 5%. This result can be correlated with the so called fact that students from low socioeconomic status have better insight of their condition, but the students from middle class families tend to expect and aspire more than they should. The prevalence rate among low and high socioeconomic status are 1% and 0.5% respectively.

Table 5

Indicates the prevalence of depression among two different family size in college students of Thrissur district

Family size	Rate
Joint	3.8%
Nuclear	2.7%

Students from joint families constitute a prevalence of 3.8% while students from nuclear families constitute a prevalence rate of 2.7%.

Table 6

Indicates the prevalence of depression in terms of relationship status among college students of thrissur district

Relationship status	Rate
Single	1.6%
Relationship	4.9%

College students with a committed relationship status showed higher depression rate than that of students who are single. The prevalence of students those who are single is 1.6% and that of students with a committed relationship status is 4.9%.

SUMMARY AND FINDINGS

- The overall prevalence of depression among undergraduate students of Thrissur district according to the present study is 6.5%. This result can be compared with the depression prevalence of Kerala which is estimated to be 9%.
- There exists a gender difference in the prevalence of depression among undergraduate students. Female population tends to be more depressed than male population.
- Arts students showed higher depression prevalence than science and commerce students.
- Among the dimensions of birth order singles showed depression prevalence higher than that of other dimensions.
- Among the various socioeconomic status students with middle socioeconomic status showed higher depression prevalence that of other.

- Undergraduate students from joint families constitute higher depression prevalence than students from nuclear families.
- Those undergraduate students with an emotional affair are more prone to depression than students with a single relationship status.

CONCLUSION

The overall result shows the depression rate among under graduate students needs to be evaluated further. Most of the sample in this study never taken professional help at their life time shows lack of awareness or the social stigma regarding illness prevents students to seek professional help.

Limitations

- Generalization of data is difficult as the sample selected from restricted geographical location
- Beck's depression inventory is highly subjective.

Suggestions

The study shows the importance of deeper evaluation of the current problem. Keeping Beck Depression Inventory as a base tool more qualitative evaluations must be one in this area. More demographical variables can be considered such as academic and socio cultural correlates must be evaluated.

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