

Block

2

POSITIVE PSYCHOLOGY

UNIT 6

Understanding of Self	5
------------------------------	----------

UNIT 7

Emotions and Well-Being	20
--------------------------------	-----------

UNIT 8

Promoting Well-Being	42
-----------------------------	-----------

UNIT 9

Positive Parenting	65
---------------------------	-----------

EXPERT COMMITTEE

Prof. V.N. Rajasekharan Pillai (Chairperson)

Vice Chancellor

IGNOU, New Delhi

Prof. Mathew Verghese
Head, Family Psychiatry Centre
NIMHANS, Bangalore

Prof. Girishwar Misra
Department of Psychology
University of Delhi, New Delhi

Prof. Reeta Sonawat
Dean & Head, Department of
Human Development, SNDT
Women's University, Mumbai

Prof. Shagufa Kapadia
Head, Department of Human
Development and Family Studies
The M.S. University of Baroda
Vadodara

Prof. Manju Mehta
Department of Psychiatry
AIIMS, New Delhi

Prof. Ahalya Raghuram
Department of Mental Health
and Social Psychology,
NIMHANS, Bangalore

Dr. Rajesh Sagar
Associate Professor,
Deptt. of Psychiatry, AIIMS &
Secretary, Central Mental Health
Authority of India, Delhi

Prof. Rajni Dhingra
Head, Department of Human
Development
Jammu University, Jammu

Prof. T.B. Singh
Head, Department of Clinical
Psychology, IHBAS, New Delhi

Prof. Anisha Shah
Department of Mental Health and
Social Psychology, NIMHANS,
Bangalore

Prof. Sudha Chikkara
Department of Human
Development and Family Studies
CCS HAU, Hisar

Prof. Aruna Broota
Department of Psychology
University of Delhi
New Delhi

Prof. Minhotti Phukan
Head, Deptt. of HDFS
Assam Agricultural University
Assam

Mrs. Vandana Thapar
Deputy Director (Child
Development), NIPCCD
New Delhi

Dr. Indu Kaura
Secretary, Indian Association for
Family Therapy, New Delhi

Dr. Jayanti Dutta
Associate Professor of HDCS,
Lady Irwin College, New Delhi

Mrs. Reena Nath
Practising Family Therapist
New Delhi

Dr. Rekha Sharma Sen
Associate Professor
(Child Development), SOCE
IGNOU, New Delhi

Prof. Vibha Joshi
Director, School of Education
IGNOU, New Delhi

Prof. C.R.K. Murthy
STRIDE
IGNOU, New Delhi

Mr. Sangmeshwar Rao
Producer, EMPC, IGNOU
New Delhi

Prof. Neerja Chadha
(Programme Coordinator)
Professor of Child Development
School of Continuing Education
IGNOU, New Delhi

Dr. Amiteshwar Ratna
(Convenor & Programme
Coordinator)
Research Officer, NCDS
IGNOU, New Delhi

Acknowledgement:

We acknowledge our thanks to Prof. Omprakash Mishra, Former PVC, IGNOU; Prof. C.G. Naidu, Former Director (I/c) P&DD and Head, Nodal Unit; Dr. Hemlata, Former Director (I/c) NCDS; and Dr. Arun Banik, Director, NCDS, for facilitating the development of the programme of study.

PROGRAMME COORDINATORS

Dr. Amiteshwar Ratna
Research Officer
NCDS, IGNOU, New Delhi

Prof. Neerja Chadha
Professor of Child Development
SOCE, IGNOU, New Delhi

COURSE COORDINATORS

Dr. Amiteshwar Ratra
Research Officer
NCDS, IGNOU, New Delhi

Prof. Neerja Chadha
Professor of Child Development
SOCE, IGNOU, New Delhi

COURSE WRITERS

Unit 6 Dr. Rachna Bhangaokar, Asstt. Professor, Dept. of HDFS, Faculty of Family and Community Sciences, The MS University of Baroda, Vadodara

Unit 7 Ms. Deepika Gupta, AIIMS, Delhi

Unit 8 Ms. Suparna Kailash, AIIMS, Delhi

Unit 9 Prof. Neerja Chadha, Dept. of Child Development, SOCE, IGNOU, New Delhi

BLOCK EDITORS

Prof. Manju Mehta
Department of Psychiatry
AIIMS, New Delhi

Prof. Neerja Chadha*
Professor of Child Development
SOCE, IGNOU, New Delhi

Dr. Amiteshwar Ratra*
Research Officer
NCDS, IGNOU, New Delhi

*** Course editing by the programme coordinators involved content editing, language editing, unit forming and transformation of the units.**

Acknowledgement:

We would like to express our gratitude to Dr. Jitendra Nagpal, Consultant Psychiatrist & HOD, Moolchand Hospital, New Delhi for his initial inputs in Unit 9.

We would like to express our gratitude to all those who provided photos of their near and dear ones and themselves for the cover page.

We would like to acknowledge the various authors, books, journals and websites from which matter related to this course was researched; though they have been duly acknowledged in the relevant Units, but might have inadvertently been missed.

Concept for Cover Design : Prof. Neerja Chadha & Dr. Amiteshwar Ratra

Preparation of Cover Design : Mr. Halder, Pink Chilli Communications, Delhi

July, 2011

© Indira Gandhi National Open University, 2011

ISBN:

All rights reserved. No part of this work may be reproduced in any form, by mimeograph or any other means, without permission in writing from the Indira Gandhi National Open University, New Delhi.

Further information on Indira Gandhi National Open University courses may be obtained from the University's office at Maidan Garhi, New Delhi- 110 068 or the official website of IGNOU at www.ignou.ac.in.

Printed and published on behalf of Indira Gandhi National Open University by Registrar, MPDD.

Laser Composed by: Rajshree Computers, V-166A, Bhagwati Vihar, (Near Sector-2, Dwarka), Uttam Nagar, New Delhi-110059

Printed by:

BLOCK 2 POSITIVE PSYCHOLOGY

The previous Block of this Course clarified basic concepts related to socio-cultural influences on humans. Units under the previous Block dealt with culture, socialisation, personality, adjustment, social cognition, prosocial behaviour, aggression and karma theory. In this Block, “Positive Psychology” you will be introduced to a new way of looking at quite familiar terms and concepts. You will study about self, emotions, well being and parenting. This Block consists of four Units.

Unit 6 is on “*Understanding of Self*”. The Unit starts with a discussion on important concepts like self, identity and personality also as relevant in Indian domain. It further highlights the theoretical perspectives in understanding of self. The various correlates of self have been outlined and described. Impact of culture and gender on self has also been discussed in the Unit. Indian perspectives on self have been described at length in the Unit.

Unit 7 is “*Emotions and Well-being*”, is the Unit which mainly deals with emotions. The former part of the Unit defines emotions, describes components and functions of emotions and discusses theories of emotions. As you go through the Unit you will know about the meaning of well-being and its dimensions. The inter-relationships between emotions and well-being has been described in detail keeping in view the role of facial expressions, nervous system and reactions to being in an emotional state. The role of emotions has also been discussed in relation to our body, family, religion and health in the latter part of the Unit.

Unit 8 is “*Promoting Well-being*”. As the name suggests, the Unit starts with introduction to well-being, its definition and types of well-being. The Unit further elaborates the criteria of psychological well-being. This Unit discusses the factors affecting well-being like life stages, personality factors, stress, etc. This Unit will help you in advocating strategies used to promote well-being. After studying this Unit you will be able to promote well-being in different population groups.

Unit 9 is entitled “*Positive Parenting*”. The term ‘parenting’ is quite a common term used by lay persons also. Thus, as the title of the Unit suggests, the Unit starts with orientation to the construal of positive parenting, highlighting the significance of the cultural context. The contemporary shifts in approaches and perspectives to understand the concept better, have also been discussed. Some strategies and tips for positive parenting have been outlined. A few myths involved in parenting have also been discussed.

UNIT 6 UNDERSTANDING OF SELF

Structure

- 6.1 Introduction
- 6.2 Self, Identity and Personality
- 6.3 Theoretical Perspectives in Understanding Self
- 6.4 Correlates of Self
 - 6.4.1 Self Concept
 - 6.4.2 Self Schema
 - 6.4.3 Self Reference
 - 6.4.4 Self Esteem
 - 6.4.5 Self Efficacy
- 6.5 Culture, Gender and Self
- 6.6 Indian Perspectives on Self
- 6.7 Let Us Sum Up
- 6.8 Glossary
- 6.9 Answers to Check Your Progress Exercises
- 6.10 Unit End Questions
- 6.11 Further Readings and References

6.1 INTRODUCTION

Place a mirror in front of you. What do you see? You see an image of yourself. Is that the real 'you', your real self? Or is it just a reflection of your physical being, your body? Does your body or your face represent your real personality, your likes, dislikes, attitudes, capabilities and weaknesses? Now, close your eyes and think about yourself — Who are you? How would you describe yourself? Do you need to see yourself to describe salient features of your personality? Do your verbal descriptions fully capture every aspect of your self?

Many such questions arise when we think about our 'self'. Psychologists give numerous explanations about this complex and multifaceted concept – the self. This Unit will explain some of these perspectives about the self. The self or its understanding is a basic requirement for human beings to function in society. The understanding of others, their motives and emotions is impossible without an adequate understanding of one's own self. The unit will cover many relevant aspects related to the self, the most important being, how did we understand that our 'self' exists? The concept of self is differentiated from other concepts like personality and identity with which the term is most often used interchangeably. Then an overview of theoretical perspectives about the self are discussed. These include the psychoanalytic, social learning (behaviourism) and developmental schools of thought. After understanding these, significant correlates of the self are understood in detail, with the help of examples. The last sections of the Unit will focus on the influences of culture and gender on self development. The Unit ends with some details about characteristics of the Indian self. The Unit will also cover how the

self operates under different circumstances and in different contexts. Let us take a look at the objectives of the Unit.

Objectives

After studying this Unit, you will be able to:

- Understand the concept of self from various theoretical perspectives;
- Describe the correlates of self and their relevance in everyday life;
- Analyse factors that influence the development of self; and
- Explain understand the functioning of self in different social contexts.

6.2 SELF, IDENTITY AND PERSONALITY

According to Sedikides & Skowronski (1997) (cited in Baron & Byrne, 2002), the evolution of self led to better adaptation. In the course of evolution, human beings began to have increasing levels of self awareness, that is, the ability to be aware of one's self or one's existence in the environment around oneself. This happened in three phases across species.

First, **subjective self awareness** came into existence. This is the awareness that the self is separate and distinct from other things in one's environment. So we understand that we are physically separate from other people and other things that surround us. So, we know that we are not part of the chair we are sitting on or the table on which we are writing. Plants however, do not have the capacity to make this separation or express it like humans.

Second, **objective self awareness** developed. This is the awareness that the self can be an object of its own attention. The person can concentrate on one's self and think about oneself. Apes and human beings developed this ability. This means that the person "knows that he or she knows" or "remembers that he or she remembers". When we see ourselves in the mirror, or think about our interests or our health, we are being objectively self aware.

Third, human beings finally developed the ability to express themselves through language and thought. This is called **symbolic self awareness**. This means, human beings could use symbols and language to represent themselves. They used language to communicate their own thoughts with themselves as well as with others around them. As human beings are evolutionarily advanced, endowed with intellect and have created culture, they are the only species who are symbolically self aware. We use many different forms and symbols to express our desires, our thoughts and our feelings. So, the self finds expression through language, poetry, art forms, dance, and drama. In our everyday life all three types of self awareness are put to use naturally.

Before we proceed to an in depth understanding of the self, let us understand the difference between some terms that are often used interchangeably. All three terms, self, identity and personality are used to explain human agency. Human agency includes ideas associated with being human — our intentions, willingness and behaviours there of thus become part of our agency.

Personality

Personality is a psychological concept which refers to an individual's unique and relatively stable patterns of thoughts, behaviours and feelings. Personality can be

assessed and explained in terms of some salient features and attributes that one possesses like being talkative or shy. Psychologists have identified five central dimensions or the 'Big Five' of personality which include extraversion, agreeableness, conscientiousness, emotional stability, and openness to experience.

Self

The self refers to personal and experiential aspects of living and is thus characterized by more 'inner' attributes and explanations within a person. The self includes being aware about one's physical body as well as psychological boundaries of one's self from other selves, including categories like descendants and ancestors. The self feels responsible for one's own actions (some of the times) and can also hold others responsible for theirs. Different notions of the self, like decontextualized / autonomous / independent or contextualized/ relational / interdependent are held to explain the interface of the self with its external context.

Identity

Identity is closer to the social and the observable and thus refers to the more 'outer' aspects of being perceived as a person. Identity thus depends much more on the social context of behaviour and at a given point of time; one could hold many salient identities. For example, if you are travelling alone to a secluded area, your gender identity as a man or woman may become salient with reference to issues of safety. Similarly, social class and caste identities become salient with reference to some practices like eating and dressing. Identity becomes more complex with reference to group or collective membership. For example, identity as a Gujarati or Punjabi or a Hindu or a Muslim is different from your professional identity as a doctor or a lawyer.

In a culturally diverse country like India, factors like caste, religion, region and language related identities influence the self in significant ways. On one hand, these identities integrate with the self and create social diversity but on the other hand, these very factors may become reasons for social and political upheavals in the country from time to time. Thus collective identities play a very important role in understanding the self in a social context, especially with reference to social stigma and issues of marginalization.

Check Your Progress Exercise 1

- Note:** a) Read the following question carefully and answer in the space provided.
b) Check your answer with that provided at the end of this Unit.

1. What is the evolutionary explanation for the development of self ?

.....

.....

.....

.....

Now let us understand the concept of self from a theoretical perspective. Many theorists have tried to explain the concept of self and its correlates. Let us understand a few of them.

6.3 THEORETICAL PERSPECTIVES IN UNDERSTANDING SELF

William James in *The Principles of Psychology* (1890) described the self as the material self, the social self, the spiritual self and the pure ego. Since then, many theoretical perspectives have come up to explain the self as a psychological entity. Let us take a look at some of them.

Psychoanalytic Theories

Psychoanalytic explanations of self and personality highlight intrapsychic (internal, within the person) processes. *Sigmund Freud's theory of psychosexual development* refers to the development of personality through structures of id, ego and super ego. Freud believed that the mind was governed by preconscious, unconscious and conscious realms. The conscious realm was only a small part of our mind which was concerned with immediate thinking or present experiences. A bigger realm than the conscious was the preconscious which contains memories which may not be part of current thinking but can be readily recollected, if need be. The biggest and the most crucial realm that lay beneath the conscious and the preconscious, was the unconscious which includes our thoughts, desires and impulses about which we are largely unaware. The unconscious is full of repressed thoughts that were considered anxiety provoking and thus pushed away into this inaccessible realm. Freud explained many neurotic and behavioural disorders by interpreting the unconscious. Freud's theory not only explained normal behaviours but also broadened the realm of the self to include areas other than the conscious and accessible. With reference to the self, Freud explained many types of personalities like the anal or compulsive personality that reflected typical behaviours like being overly possessive of things and people or being overly organized and concerned with cleanliness. Freud emphasized that our instinctual, bestial tendencies need to be controlled and explained the struggle between the ego and the id.

Other theorists disagreed with Freud on this assumption about human nature. These theorists believed in the positive and constructive human strivings for growth, dignity and self-determination. The theories they proposed were called the **Humanistic theories**. *Carl Roger's Self Theory* states that poorly adjusted selves have little overlap between their self concept and their experiences. In order to fulfill the expectations they have to distort their real self. On the other hand, well adjusted individuals experience more overlap between their immediate experiences and their self concepts and so they can behave the way they really are. For example, if a person is short tempered (part of self concept) but is always expected to control his anger and behave in a very calm and composed manner, he will experience frustration as he cannot really express his true feelings. He may withdraw from social situations or be unable to control his rage, leading to maladjustment. On the other hand, if a person is good at academics and is supported and encouraged to do well in school, there is a better fit between what he actually is and what he is expected to do. This leads to better personal growth.

Abraham Maslow's Self actualization theory is based on the study of psychologically healthy people, who reach their maximum human potential through peak experiences. Giving a *hierarchy of needs*, Maslow says that if lower order needs like food and safety are fulfilled, then a person moves to achieve higher order needs like intellectual innovations, self expression and creativity. He believed

that self-actualized people look at the positive aspects of life and are seldom bothered by problems of everyday life like boredom.

Social Learning Theories

Unlike Freudian perspectives, the early social learning theorists like B. F. Skinner highlighted the role of external, environmental factors and learning processes in the development of self and personality. However, with more research it was established that biological and internal factors like cognition, interact with environmental factors and reinforcement strategies (rewards, punishments) to produce consistency in behaviour. Albert Bandura's social cognitive theory explains the self system, which consists of cognitive processes by which a person perceives, evaluates and regulates his own behaviour. Through his theory, Bandura brought to light unique human capacities like self-regulation – the capacity to regulate and control one's actions with reference to their consequences and self-reinforcement – the capacity to reward themselves when goals set by the self are achieved. For example, when we participate in a marathon or prepare for an exam, everyone has different goals. Some may want to just finish the race or pass the exam, others may want to win the race or achieve a high percentage of marks. Each person, depending on his goals, will congratulate and encourage himself for moving to higher goals. They consciously regulate, monitor their behaviour and efforts to achieve their goals like changing their strategies of preparation or practising for longer times or overcoming their identified weaknesses.

Developmental Theories

Developmental perspectives explain how the self develops at various life stages and what are the most influential factors that enable or hinder self-development. The contributions of Erik Erikson and James Marcia are important to understand self from a developmental perspective. *Erikson's theory* essentially explains self as a psychosocial entity and emphasizes that throughout the stages of the human lifespan, the individual is concerned about understanding and furthering one's psychosocial identity. This process is heightened during the stage of adolescence and young adulthood where an adolescent experiences identity crises and actively seeks to understand and establish his / her identity in the social world. Erikson highlighted the role of culture in self-development and explained that identity development takes place in response to socio-cultural expectations.

James Marcia, a Canadian psychologist, *furthered Erikson's work on identity development in young adulthood*. Depending on whether adolescents have explored alternative selves or not, Marcia came up with four identity patterns which young adults were likely to experience. Like Erikson, Marcia concentrated on crises and commitments experienced by young adults in the areas like career choice, politics and religious views. These in turn determined their identity status. The identity statuses identified were:

Identity diffusion — where adolescents have not experienced the identity crises. This means they have not explored their own choices or preferences seriously. They have not experienced a crisis which requires them to choose or explore various alternative selves.

Identity moratorium — where adolescents are still searching for an identity. They are in the process of finding themselves, their priorities, and their goals. They may be trying out different alternative selves by doing different jobs or studying various courses.

Identity foreclosure – where adolescents have chosen an identity suggested by parents or other authority figures. If parents think that the adolescent should become a doctor or an engineer, the adolescent just follows the parent's goals set for them, without quite questioning what they really want.

Identity achievement – where adolescents have resolved the identity crises and shown commitment to a clear alternative. They have explored various roles and interests and identified what they like or shown preference for some alternatives more than others.

We have reviewed various theoretical perspectives concerning the self. The self is explained in recent psychological literature mainly through two broad perspectives – self as autonomous and bounded versus the self as relational and unbounded. The self as autonomous perspective understands the self as a decontextualized entity, mechanical and individualistic in nature. This view refers to the self independent of its context. On the other hand, the self as an unbounded and contextualized entity has permeable borders and is socially constituted. This self has social origins and is mainly relational and collectivistic in nature. Given this broad categorization, different cultures show preference for one or the other kind of self and many times even a mix of both types of selves. Recent researches have shown how cultures differ with reference to self construal. We will come back to a discussion of the same in another section. Now let us turn our attention to what constitutes the self. This means when we refer to the concept of self, what do we actually mean. These dimensions of the self are called the correlates of the self. They are explained in the next section.

Check Your Progress Exercise 2

Note: a) Read the following question carefully and answer in the space provided.

b) Check your answer with that provided at the end of this Unit.

1. What are the four identity statuses given by James Marcia?

.....

.....

.....

.....

6.4 CORRELATES OF THE SELF

6.4.1 Self–Concept

Self concept is an organized collection of beliefs, attitudes and values about the self. Self concept is all about your strengths, weaknesses, likes, dislikes, interests and much more. It includes peripheral as well as central aspects. The peripheral aspects include those qualities or abilities that are distant from the real self and are less likely to be associated with the person. On the other hand, the central aspects of one's self concept are closer to the real self and are more likely to be used to describe the person's strengths, abilities or weaknesses. For example, if you are a friendly and fun loving person in most situations, that is a central aspect of your self concept. This is because the characteristic of being friendly and fun

loving describes you best as a person. At the same time, it is a consistent characteristic, true about you in most situations. But, if you are not good at painting then your description as a painter does not describe you as a person adequately. So, although you can paint, you may not be known (or even want to be known) as a painter. This is thus a peripheral aspect of your self concept.

The self concept responds to some social influences. The self concept changes with age because of the different social and environmental demands made on us from time to time. Self concepts are also affected by the feedback we get from others, especially when what people believe about us, is inconsistent with our own self beliefs. Positive and negative life events like the birth of a child, a promotion or the death of a parent or spouse can affect our self concept. Our profession or jobs we hold from time to time also bring changes in our self concept as our roles and responsibilities change in accordance with our work. Research in India shows that parental warmth and child centeredness promotes positive self concept among children. While it is believed that a lower socioeconomic or marginalized societal status may negatively affect self concept, this may not be true. Comparative researches with these specific social groups show mixed results. This means, socioeconomic factors may or may not have a profound negative effect. In fact, some researches show children and adolescents from these vulnerable groups have an equal or higher emotional and moral self concept.

6.4.2 Self Schema

Another concept related to the self concept is self schema. Self schema includes everything related to the past, present and future of the self. It is everything a person remembers, knows and can imagine about oneself. With the help of a self schema, a person can make comparisons about how she was in the past with how she is now and what expected changes she will undergo in future. Self schemas guide our present behaviour for future outcomes. For example, if you want to lose weight, then you know how you look now (fat or overweight) and how you would like to look in future (leaner and slimmer than now). The same is true for behavioural expectations from the self also, for example, if I want to be more social and friendly than I am now; I will have to make new friends, I will have to meet new people and socialize in unfamiliar groups.

6.4.3 Self Reference

The self is the center of a person's social world. As self schemas are very well developed, we process self relevant information better than anything else. Self relevant information like our last names, our birthdays, the first alphabet of our name become important for us and we pay more attention in processing such information. We also remember such information better than other things. For example, if someone shares the same birth year or birthdate as our own, we tend to remember that person better than others. The same thing is true in case we share the same names or belong to same cities. This is called *self reference effect*. The self becomes the source of reference and has an effect on our attention and memory.

6.4.4 Self Esteem

Self esteem is an evaluation of your self. A person can have high self esteem or low self esteem, depending on how he or she evaluates her abilities and her own self worth. People with high self esteem tend to be confident of their abilities and

feel good and worthy about themselves. People with low self esteem generally are introverted, feel less confident and feel something is lacking in themselves. People compare themselves with other members of a group or society in order to measure their capabilities. This is called *social comparison*.

When people compare themselves with others who are “worse off” than their own self, they feel good about themselves. This is called downward social comparison. For example, if someone gets less marks than you, you feel good about your performance on the test. Similarly, if someone is fatter than you, you feel good about being slim. Downward social comparisons with strangers and peers or even in groups generally lead to higher self esteem. But when you downwardly compare yourself with a family member, it may lower your self esteem. So if your brother gets less marks than you or if your sister is obese, then your self esteem declines due to their characteristics and your association with them.

Upward social comparison involves comparing yourself to someone “better off” than you. So when you compare yourself with a stranger who is more beautiful than you are, it may not have any effect. But if your friend is more beautiful than you are, it may lead to a decline in your self esteem. Similarly, if your mother is more beautiful than you, or your brother gets a prestigious award, your self esteem goes up as you are associated with them. Thus upward and downward social comparison has differing effects on our self esteem depending on our own attributes and our evaluation of them as well as the group with which we are making a comparison.

Sometimes our actual competence does not match our self-evaluation. The result of such inconsistencies is a *paradoxical self esteem*. Let us understand this with the help of an example. Suppose Reena considers herself a very good painter, her painting abilities (according to her) give her high self esteem. However, when her paintings are reviewed by others, they do not find them good and they think she is not that good a painter. This leads to a paradoxical (confusing or contradictory) self esteem for Reena, where her beliefs about herself are unrealistically high and not supported by what others think about her. The same may happen when we think too lowly of ourselves with reference to some skills or abilities. For example, thinking that I am not so beautiful or I am really bad at mathematics. So when our thinking about ourselves is unrealistically high or low, we have paradoxical self esteem. As you may have noticed, paradoxical self esteem is a very relative idea, which means it depends to a great extent on who is making the judgement about you. Experts may have very strict judgements about performance as compared to family members or friends. In Reena’s case, professional painters and artists may have a stricter (more objective) opinion about her paintings than people she knows well, like her friends or family (who may have subjective opinions). However, research shows that having a higher or positive estimation of self (than what is actual) can temporarily benefit a person’s mental health.

6.4.5 Self Efficacy

Self efficacy is a component of self functioning along with self focussing and self monitoring. Self focussing means the act of diverting attention towards oneself as opposed to one’s surroundings. This ability to focus inward on one’s self, away from the external environment is called *self-focussing*. We self focus more when a mirror is put in front of us or when we are under someone’s observation. Similarly, when someone instructs us to ‘do as directed’, say describe what you

see out of a window, our focus of attention shifts from ourselves to the external world. Self focussing increases during adolescence and can considerably vary from person to person in the adult years. Too much self focus or too much external focus can both be problematic. Thus, a person needs to focus appropriately. This needs self regulation. *Self regulation* is the ability of controlling one's thoughts and consequently the area of focus. Through self regulation, we reflect or introspect on past actions and events. For example, if you are thinking about why you had an argument with your mother last week over something trivial, you are self focussing on your behaviour and whether what you did was appropriate or not.

Human beings have a tendency to monitor and regulate their own behaviour. This *self monitoring* can be caused by internal or external cues. External cues may include how others react to our actions while internal cues include our beliefs, attitudes and values on the basis of which we act. People who change their behaviour based on external cues are called 'high self monitoring' while those who behave consistently and in line with their internal cues are called 'low self monitoring'. High self monitoring people are not consistent in their behaviour and change according to what others or the external situation expects or demands. For example, if others do not appreciate your laughing out loudly or your accent, you make efforts to change and fit into what others expect, irrespective of how difficult it may be for you to make this adjustment. Low self monitors, on the other hand, remain consistent and stable (true to their beliefs) in varied circumstances. For example, if you are comfortable with your style of dressing, you will continue to wear what you wear, irrespective of what others say. Or if you are an honest and truthful person, even if there is no one watching over you, you will not steal or cheat. Extremely high self monitors and extremely low self monitors are both less well adjusted in social situations. Thus, it is best to maintain a golden mean or a middle range of self monitoring.

This brings us to the next component of self functioning, which is self efficacy. *Self efficacy* is a person's belief in her own ability to achieve some goals set by her. This means, self efficacious people are confident of their performance, can regulate their behaviour to achieve their set goals and also overcome barriers in the process of achieving their goals. Such people have more clarity about tasks that they can achieve or fulfill and those that they cannot. This helps them to allocate their resources and time in a better manner to tasks that they are confident of solving rather than those which they know they will not be able to solve. For example, Iqbal knows he cannot dance very well. So he may decide to participate in the singing competition in college, rather than the dance competition. He may also be confident of his ability to sing or learn a new song and perform before an audience. Thus, he concentrates on winning the singing competition by practicing more everyday than trying to learn how to dance! Self efficacy helps us to decide what we are good at and in a systematic, step by step manner, helps us achieve our goals. *Collective self efficacy* means a group feels sure about its performance or its ability to achieve a goal, like a cricket team or the sales department of a company. When members of a group are self efficacious, the group performs better, otherwise it becomes apathetic and each member starts believing that things will not change or that goals are set too high for achievement.

Self efficacy can be improved by intervention. This means that your belief in your own abilities can be enhanced if others show faith in you and take you from one level to another, higher level of performance. Positive feedback and encouragement can enhance self efficacy. Good teachers or mentors generally enhance the student's

self efficacy. If self efficacy is enhanced in certain areas, adolescents are able to show resistance to peer pressure and also have sustained and fruitful social relationships.

In one of the previous sections, we briefly came across how self construal and understanding may differ across cultures. Gender also plays an important role in defining the self with reference to specific cultural contexts. Both culture and gender thus become important influencers and determinants of the constituents of the self. Let us understand this in a little more detail in the next Section.

6.5 CULTURE, GENDER AND SELF

Culture is a pervasive category. This means, culture is ever present and influences all aspects of human functioning in subtle ways. No single definition of culture can actually capture the complexity present in the term. However, for our understanding it may be adequate to understand culture as a shared way of life, shared meanings associated with everyday events, activities, artifacts and social symbols. Language is a significant part of culture and necessary for cultural continuity. Like genetic or biological continuity, cultures also propagate themselves over generations, through individuals and groups, by continuing certain practices and beliefs related to them. At the same time, cultures are also highly dynamic. This means cultures respond to changing environmental demands and conditions and reinvent themselves. Thus, culture as a concept includes continuity and change in its very nature. It becomes necessary to situate individual selves in this ever changing and dynamic background of culture to understand the complex nature of self. Recent trends in the field of cultural psychology claim that culture and self (or psyche) are inseparable and co-constitute each other. Thus, when cultures continue, selves continue and when cultures change, these changes are evident in the self construal also.

Gender also plays an important role in a person's self construal. Gender based norms of behaviour, gender stereotypes and gender identity, all have roots in particular cultural ideologies. It is also important to note that most cultures in the world are predominantly patriarchal in nature and thus reinforce traditional gender norms and stereotypes that differentiate between men and women on many issues, mainly division of labour and status in family and society. So cultures more often than not, reinstate beliefs like women are supposed to care for families and bear children, while men go out to earn. Other gender-stereotypical beliefs may include that men are physically stronger and can make better decisions while women are emotionally stronger and cannot make rational decisions. As many of these beliefs are socially constructed, boys and girls are exposed to them early on in life and thus these become inseparable parts of their gender socialization and eventually, gender identity. *Gender identity*, which starts developing by age two, involves a person's identification as male or female. By age four to seven, children start showing *gender consistency*, which means they understand that gender is a constant and basic attribute of each person. Once these beliefs about gender consistency are established, later perceptions about gender stereotypes depend on what we are taught about gender. This leads to sex typing, where as children grow older, they understand "correct" male and female behaviour as per their own culture. Gender schema theory states that children have an inherent readiness to organize all information about the self on the basis of what their culture prescribes as appropriate male and female attributes. Children learn about gender mainly from role models like parents and teachers. Thus it is very important to have balanced, gender equitable role models before the child, rather than models which

send out gender biased messages like ‘women are weaker, less capable’, or ‘boys are brave and so should not cry’. On the other hand, tribal societies may have very different gender stereotypes and role models (mostly, more gender equal and less patriarchal) which are applicable in their own cultural context but very different from the mainstream. Thus a variety of gender based perceptions may develop and vary according to cultural diversity.

Cross-cultural research in the past showed the emergence of two distinct self construal patterns across cultures. One is the independent, bounded and autonomous self, essentially found in post-industrialized, individualistic western cultures. The other is an interdependent, unbounded, relational self, found mostly in collectivistic, eastern cultures. More comparative work in this area mostly from countries like the USA, Japan and others led to the formation of dichotomous self patterns on the individualism-collectivism continuum. This led to further debate about whether the individualistic and collectivistic cultures (and the two self construals, therefore) were diametrically opposite to one another. Later research showed that the independent and interdependent selves were not opposite to one another. So it was not as if all westerners were individualistic always and all easterners were collectivistic always. Rather, one kind of self (or its characteristics), generally, was found to be associated more with certain cultures. However, countries like India showed a mixed pattern of both independent and interdependent self or both aspects of individualism and collectivism. At the same time, the Indian self was considered to be extremely context-sensitive. In the next section, we understand the Indian self in some more detail.

Feminist scholars, however, have argued against the western, stereotypical notion of an individualistic, autonomous self which underplays the role of relationships and connections with others as an obstacle to self development. They believe that women have alternative pathways of self development which are more relational, interdependent and care-oriented. With specific reference to the Indian self, others (immediate family members, children) play a significant role in Indian women’s self construction. Adhering to traditional gender roles and fulfilling familial obligations are important components of their own selfhood, and inability to ‘fit in’ results in concerns about their own well being and self esteem. The contemporary scenario in India brings out many new trends for women who are educated and employed and those who are managing households.

Check Your Progress Exercise 3

Note: a) Read the following question carefully and answer in the space provided.

b) Check your answer with that provided at the end of this Unit.

1. What are the two distinct self conceptualizations that emerged from initial cross-cultural research?

.....

.....

.....

.....

6.6 INDIAN PERSPECTIVES ON SELF

Ideas about the self in the Indian tradition are constructed from a variety of sources including spirituality, religion and folk psychology. Self in the Indian context is mainly understood as a “deeper inner consciousness that identifies the individual with the entire universe or cosmos” (Misra, Akoijom & Misra, 2009). Non-material or spiritual as well as empirical aspects are included in the Indian conceptualization of the self. The *Atman* is transcendental in nature and represents the conscious selfhood. *Ahamkara* on the other hand is considered the source of all problems. Beliefs about *karma* (past, present and future) significantly influence the concept of self in India, giving it a unending, continuous and immutable characteristic. Religious texts like the *Bhagavad Gita* also mention the self as an indestructible entity which has no beginning and no end like time or consciousness itself. Many Buddhist ideas about the self link the concept of selflessness or no-self to explain the nature of selfhood. The *Taittiriya Upanishad* explains that the self has five sheaths or layers (*kosha*) nested into one another. The first is the *annamayakosha* or the physical body created due to the food we consume. The second layer is called the *pranamayakosha* which consists of life and includes breathing and other functional organs and systems of the body. The next layer is the *manomayakosha* which involves the sense organs and ego related personal involvements. The fourth layer is that of the *vigynamayakosha* which represents cognition or intellect. The innermost sheath is called the *anandamayakosha* and it represents a joyous state of selfhood which experiences bliss. The *gunas* or the properties of nature like *satva*, *rajas* and *tamas* also constitute and influence the self, creating different personality types like a rajasic personality or a tamasic personality.

Apart from the religious-spiritual explanations of the self, there are other empirical characteristics of the Indian self that have surfaced as a result of pertinent research studies. Ramanujan (1990) has called the Hindu self ‘allocentric’ which means the self is to a large extent determined by how others view you. The focus of our self on others’ reactions and perceptions about us is very common. Many of our actions are guided by ‘what people will say’ (*log kya kahenge*) or what others will think of us on the basis of how they will interpret our actions (*log hamare bare mein kya sochenge*).

Cross-cultural comparisons have brought forth other traits of the Indian self. The most prominent one is that the Indian self is highly context sensitive and many of its actions and thoughts are dependent on the immediate social and interpersonal context. Most responses are in line with the *desh* (place), *kala* (time) and *patra* (person) involved in any social situation. Indologists like Marriott have called the Indian self a ‘dividual self’ or divisible self and not an individual. Other psychologists like Roland have called the Indian self a spiritual and ‘familial self’ because of the primacy and significance attached to the immediate family and the extended network of caste and kin in the construction of personhood. Due to these reasons, many times the Indian self is categorized as a collective self. However, recent research on the Indian self brought out newer categories which include a mix of individualistic and collectivistic characteristics. According to this view, the Indian self can be categorized mainly as an ‘encompassing self’ which is embedded in relationships and extends beyond the person.

Thus, the Indian case demonstrates how the socio-historical context and cultural traditions influence the sense of self. The concept of self is complex and challenging

to study, but a lot of answers to the mysteries of our everyday behaviour probably lie in how well we understand our self. If we understand ourselves well, we can understand the motives and conditions of other selves also. This is the key to having harmonious social and interpersonal relationships as well as ensuring our own well being also.

Check Your Progress Exercise 4

Note: a) Read the following question carefully and answer in the space provided.

b) Check your answer with that provided at the end of this Unit.

1. What are the five sheaths or layers of the Indian self?

.....

.....

.....

.....

6.7 LET US SUM UP

The Unit takes you on a journey to understanding the self from a variety of theoretical perspectives. The influences of gender and culture on self construal are highlighted along with the measureable and observable correlates of self like self esteem and self efficacy. All these concepts need to be understood to know how a self functions in day to day life situations. Many factors like age, life events, work or profession and adult role models like parents and teachers influence the development of the self. Through child socialization and specific socio-cultural or familial practices, many beliefs about self –in-society and gender appropriate behaviour are constantly reinforce and thus become parts of our self. Thus, in line with the current trends and debates in the field of psychology, culture and gender become overarching frames of reference with respect to self development and hence are purported to vary cross culturally.

6.8 GLOSSARY

Objective self awareness	: Awareness that the self can be an object of its own attention, that the person “knows that he or she knows” or “remembers that he or she remembers”.
Self concept	: Self concept is an organized collection of beliefs, attitudes and values about the self.
Self efficacy	: Self efficacy is a person’s belief in her/his own ability to achieve some goals set by her. This means, self efficacious people are confident of their performance, can regulate their behaviour to achieve their set goals and also overcome barriers in the process of achieving their goals.

Self esteem	: Self esteem is an evaluation of oneself. A person can have high self esteem or low self esteem, depending on how he or she evaluates her/his abilities and her/his own self worth.
Self reference	: The self reference effect is when the self becomes the source of reference and has an effect on our attention and memory.
Self schema	: Self schema includes everything related to the past, present and future of the self. It is everything a person remembers, knows and can imagine about oneself.
Subjective self awareness	: Awareness that the self is separate and distinct from other objects and beings in one's environment.
Symbolic self awareness	: Awareness and the ability to use symbols and language to represent themselves.

6.9 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

1. The evolutionary perspective believes that the self developed for better adaptation of the human species. The first awareness of the self is called subjective self awareness which separates the self from other objects in the environment. This is followed by objective self awareness where the self is an object of its own awareness and lastly, symbolic self awareness developed, which is an expression of the self using symbols and language.

Check Your Progress Exercise 2

1. The four identity statuses given by James Marcia are: Identity achievement, Identity moratorium, Identity foreclosure and Identity diffusion

Check Your Progress Exercise 3

1. The two distinct conceptualizations of the self were independent and interdependent self. They emerged from the individualism-collectivism paradigm that lumped cultures together. However, with advances in cross-cultural research, these dichotomous categories were overthrown and a more culture inclusive idea of self emerged which included aspects of both independent and interdependent self, depending on the corresponding cultural context.

Check Your Progress Exercise 4

1. The five sheaths of the Indian (spiritual) self are: annamayakosha, pranamayakosha, manomayakosha, vigyanamayakosha, and anandamayakosha. Each sheath takes the person closer to the cosmic self which is in the state of bliss.

6.10 UNIT END QUESTIONS

1. With the help of examples from your daily life experiences, explain the correlates of self.
 2. How are the self, personality and identity different from each other?
 3. Give examples to explain the influence of culture on our understanding of self.
 4. Gender and self development are critically linked. Justify this statement with the help of relevant examples.
-

6.11 FURTHER READINGS AND REFERENCES

Baron, R. & Byrne, R. (2002). *Social psychology (10th ed.)*. New Delhi: Prentice-Hall of India.

James, W. E. (1890). *Principles of psychology*. New York: Dover.

Kakar, S. (1979). (Ed.). *Identity and adulthood*. New Delhi: Oxford University Press.

Kapadia, S. (1999). Self, women and empowerment: A conceptual inquiry. In T. S. Saraswathi (Ed.). *Culture, socialization and human development: Theory, research and applications in India (pp. 255-277)*. New Delhi: Sage.

Mascolo, M.F., Misra, G., Rapisardi, C. (2004). Individual and Relational Conceptions of Self in India and the United States. *New Directions for Child and Adolescent Development, 104*, 9-26.

Misra, A. K., Akoijom, A. B., & Misra, G. (2009). Social psychological perspectives on self and identity. In G. Misra (Ed.). *Psychology in India: Social and organizational processes. Vol. 2 (pp. 53-104)*. New Delhi: Pearson.

Ramanujan, A. K. (1990). Is there an Indian way of thinking? An informal essay. In M. Mariott (Ed.), *India through Hindu categories (pp. 41-58)*. New Delhi: Sage.

Sedikides, C. & Skowronski, J. J. (1997). The symbolic self in evolutionary context. *Personality and Social Psychology Review, 1*, 80-102.

UNIT 7 EMOTIONS AND WELL-BEING

Structure

- 7.1 Introduction
- 7.2 Emotions
 - 7.2.1 Definition and Meaning of Emotions
 - 7.2.2 Components of Emotions
 - 7.2.3 Functions of Emotions
 - 7.2.4 Theories of Emotions
- 7.3 Well-Being
 - 7.3.1 Definition and Meaning of Well-Being
 - 7.3.2 Dimensions of Well-Being
- 7.4 Inter-relationships between Emotions and Well-Being
 - 7.4.1 Facial Expressions and the Facial Feedback Hypothesis
 - 7.4.2 Role of Nervous System in Emotions
 - 7.4.3 Reactions to Being in an Emotional State
- 7.5 Our Body and Emotions
 - 7.5.1 Psycho-Physiological Disorders
 - 7.5.2 Management of Emotions to Foster Well-Being
- 7.6 Role of Family in Enhancing Well-Being
- 7.7 Emotions, Religion and Health
- 7.8 Let Us Sum Up
- 7.9 Glossary
- 7.10 Answers to Check Your Progress Exercises
- 7.11 Unit End Questions
- 7.12 Further Readings and References

7.1 INTRODUCTION

We all have commonly used the word emotions in our day-to-day conversations to express our feeling state and state of mind. However, the word emotion has a deeper meaning and is different from affect which is used to describe our temporary mood states. The interaction between the mind and body and how they influence each other has been well established. In the present Unit, we will strive to study more details about our emotions and how they impact our state of well-being.

Objectives

After studying this Unit, you will be able to:-

- Understand emotions and how we perceive them;
- Identify the state of well-being as well as its various dimensions;
- Analyse the relationship between our body and our emotions; and
- Discuss how we can better control our emotions to enhance well-being.

7.2 EMOTIONS

7.2.1 Definition and Meaning of Emotions

The word emotion is commonly used in our day-to-day communication, often interchangeably with the words mood, feeling, affect or state of mind. However, the word emotion, derived from the French word, *émouvoir*, means a complex psychological and physiological phenomenon involving an individual's state of mind and how it interacts between that individual and the respective environment. Emotions are feelings that generally have both psychological and cognitive elements which influence behaviour. These have the following essential characteristics:

- Physiological changes within our body (shift in heart rate, blood pressure, etc.)
- Subjective cognitive states (personal experience that we label as emotions)
- Expressive behaviours (outward signs of the internal reaction)

Emotions are triggered by external events and can be elicited by a wide variety of stimuli. It is a subjective response usually accompanied by a physiological change that is interpreted by an individual, readies the individual towards some action and has associated with it, a change in behaviour. For example, people may cry when they are sad and laugh when they are happy.

There are some emotions which are considered universal across all cultures and geographical boundaries like grief, fear, anger, joy, trust, disgust, anticipation and surprise. Emotions can be described as having two main types:

- Affect : Emotion is short lived emotional response to an idea or event
- Mood : Emotion is sustained and pervasive emotional response

It is no surprise that our feeling state affects our thinking as well as our behaviour. In this Unit, we will understand, to begin with, what are the different components of emotions and how do we come to understand our emotions. Following this we will learn the finer interactions between emotions and our state of wellness.

7.2.2 Components of Emotions

Frijda (1986) suggested that an intense emotion has at least the following six components:

1. Subjective experience of the emotion i.e. the feelings associated with the emotions
2. Internal bodily reactions, particularly those involving the autonomic nervous system
3. Collection of thoughts and beliefs (cognitions) that accompany the emotion and seem to come to mind automatically
4. Facial expression
5. Global reaction to the emotion which may influence one's outlook to the world
6. Action tendencies associated with the emotion

All these components come together to create a particular emotion and have an influence on another. For example, if you believe that a shopkeeper is cheating you, you will become angry; but if you already enter the situation angry then you will become even more angry.

7.2.3 Functions of Emotions

Besides adding more feeling to our thoughts and perception of ourselves and the environment, emotions also perform important functions. Some are enlisted as follows:

- **Preparing us for action:** Emotions act as a link between events in the external environment and behavioural responses that an individual makes. They act as stimulus for developing responses in given situations. For example, when we see a dog charging at us, the emotion of fear, evokes the response to run from the situation.
- **Shaping our future behaviour:** Emotions promote learning of information that will help us in making appropriate responses in the future. For example, after having unpleasant experiences at a shop, the likelihood that we will return to the same would be reduced.
- **Helping us to regulate social interaction:** Emotions aid in verbal and non-verbal communication by helping the listener/observer understand what we are experiencing.

7.2.4 Theories of Emotions

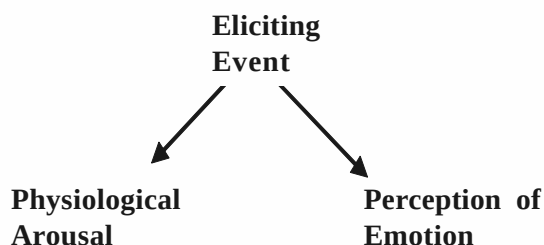
The nature and experience of emotions has been attempted to be understood across various research studies. Some of the theories explaining the sequence of events in emotional states are as follows:

1. **James-Lange Theory:** According to this theory, we experience emotions as a result of the physiological changes producing specific sensations.



- a) We perceive the situation that will produce the emotion;
- b) We react to the situation;
- c) We notice our reaction.

2. **Cannon Bard Theory:** According to this theory, felt emotions and bodily reactions are independent events and are triggered simultaneously. We first perceive potential emotion producing situations in the external world, then lower brain areas such as the hypothalamus are activated, which then send output in two directions:



- i. To the internal bodily organs and the external muscles to produce the bodily expressions of emotions; and
- ii. To the cerebral cortex, where the pattern of discharge from the lower brain areas is perceived as the felt emotion.

3. **Schachter-Singer Theory:** This theory proposes that the emotion we experience is due to the interpretation of an aroused bodily state. The theorists argued that the bodily arousal for all the emotions is almost the same and even if there are some differences in the physiological arousal, the individual cannot perceive them. However, individuals have different felt emotions or subjective experiences because of the differences in the way they interpret or label the physiological state. The sequence therefore followed is:
- Perception of a potential emotion producing situation;
 - An aroused bodily state which results from this perception and which is ambiguous; and
 - Interpretation and labelling of the bodily state so that it fits the perceived situation.
4. **Cognitive Appraisal Theory of Emotions:** Proposed by Lazarus (1991), this theory emphasizes the appraisal of information from several sources. Since appraisal involves cognition or the processing of information from the environment, the body and memory, this theory is a cognitive one. According to this theory, the emotions we feel result from appraisals, or evaluations, or information coming from the environmental situation and from within the body. In addition, memories of past encounters with similar situations, dispositions to respond in certain ways, and consideration of the consequences of actions that might result from the emotional state enter into the appraisal. The outcome of the complex appraisal of all this information is the emotion as is felt.



Reappraisal of potentially emotion evoking situation is also important. It is a way of coping effectively with stress. For example, being called by the principal causes apprehension, but finding out that it was actually for offering you a position in the Students' Council, turns the apprehension into pleasure.

The primary emotions and their appraisals can be briefly understood as in the following table:

EMOTION	APPRAISAL	EXAMPLE
Grief	Loss of loved one	Death of a close family member
Fear	Threat	Travelling alone at night in a train
Anger	Obstacle	Not getting good marks even after putting in hard work
Joy	Being liked	Being appreciated for your good work
Trust	Group member	Relying on a family member for your safety and wellbeing
Disgust	Gruesome object	Watching a video of an enraged wild animal eating an innocent prey
Anticipation	New territory	First day in a new school
Surprise	Sudden novel object	Receiving an unexpected gift

5. **Theory of relationships amongst emotions:** Plutchik (1980) proposed a descriptive theory concerning the primary emotions and how they can be mixed together. In order to show the relationships amongst emotions, Plutchik proposed that they differ in three ways: i) Intensity; ii) Similarity to one another; and iii) Polarity or oppositeness.

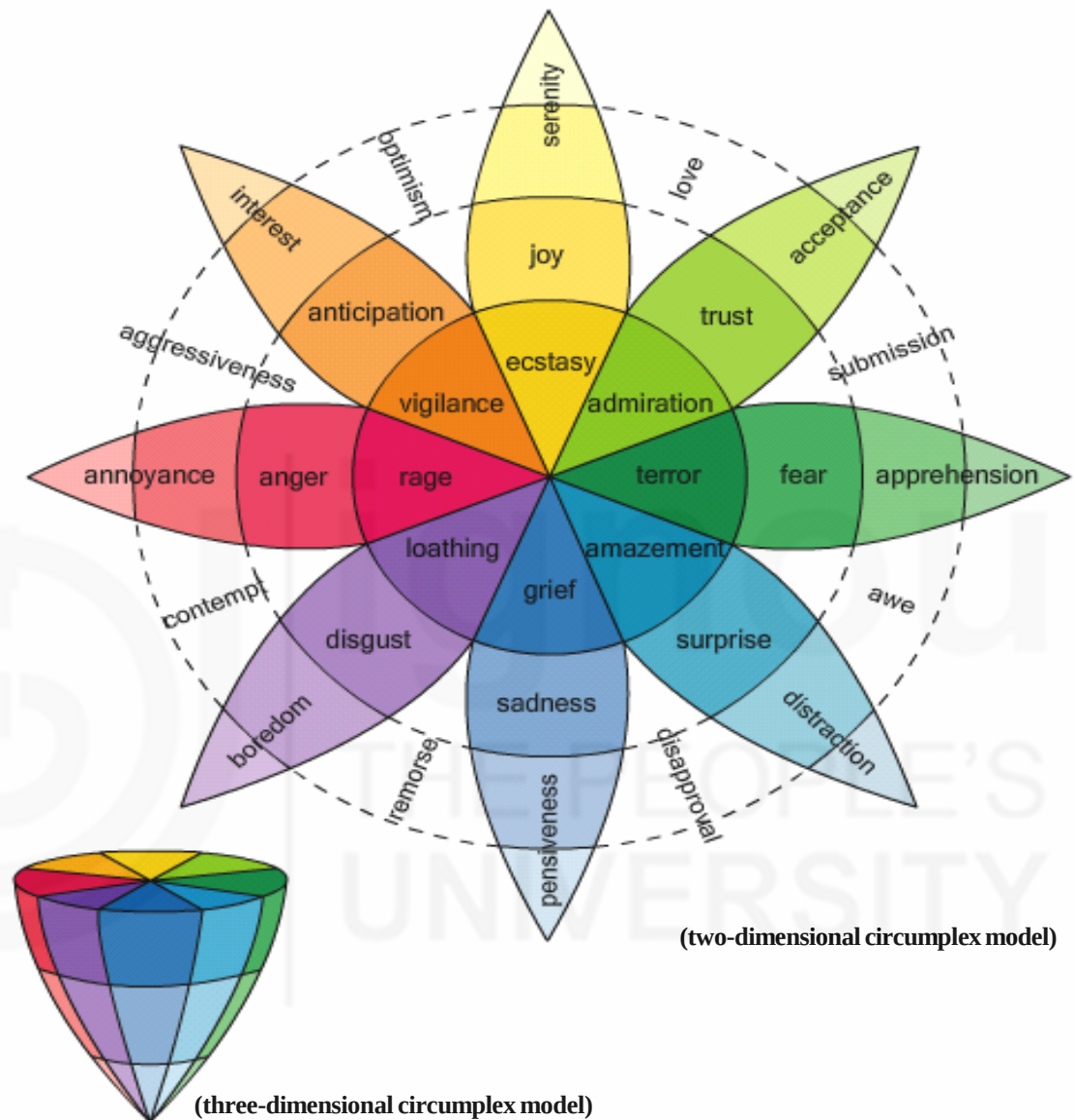


Fig. 7.1: Plutchik's Wheel of Emotions

Using these three dimensions, Plutchik drew a spatial model representing the relationships among the emotions. The 8 segments of the model represent 8 primary emotions. Plutchik maintained that these primary emotions are derived from evolutionary processes and therefore have adaptive value. Within each primary emotion segment, the strongest varieties of emotion are at the top of the segment with progressively weaker varieties towards the bottom. Emotions that are opposite to each other conflict, whereas emotions that are too close to each other around the figure are complimentary.

Check Your Progress Exercise 1

Note: a) Read the following questions carefully and answer in the space provided.

b) Check your answer with those provided at the end of this Unit.

1. What are the characteristics of emotions?

.....

2. Name the different theories of emotions.

.....

3. Match the following emotions with their appraisals

- | | |
|-----------------|------------------------|
| 1. Grief | a. New Territory |
| 2. Trust | b. Being liked |
| 3. Surprise | c. Threat |
| 4. Disgust | d. Obstacle |
| 5. Anger | e. Gruesome object |
| 6. Joy | f. Group member |
| 7. Fear | g. Sudden novel object |
| 8. Anticipation | h. Loss of loved one |

7.3 WELL-BEING

7.3.1 Definition and Meaning of Well-Being

The words well-being, life satisfaction and quality of life are often used interchangeably. These words come to indicate the level of enjoyment and fulfillment derived by humans from the life they live within their local economic, cultural, social, and environmental conditions. Well-being being a more global term indicates the state of being healthy, happy, and prosperous. It incorporates not just physical and mental health, but also social and spiritual health. According to the World Health Organization (2001), 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. The positive dimension of mental health is stressed in WHO's definition of health as contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Health is conceptualized from a bio-psycho-social approach, which views health and illness as the product of a combination of factors including biological characteristics (e.g., genetic predisposition), behavioural factors (e.g., lifestyle, stress, health beliefs), and social conditions (e.g., cultural influences, family relationships, social support).

As there is oneness of individual and his/her environment, not only internal processes but also external processes influence one's state of wellness.

The following are some variables that can reduce one's state of well-being:

- Malnourishment
- Physical or mental illness of self and/or family
- Accident/trauma/handicap
- Chronically ill dependent patient in the family
- Crisis & sudden trauma in family/death of a close one
- Environmental hazards: population explosion, pollution
- Natural calamities
- Social isolation, prejudice
- Lifestyle factors (smoking, alcohol, drug and substance use, eating habits)
- Individual personality characteristics (thrill seeking, impulsivity, hostility, emotional instability)
- High risk behaviour (road rage, unsafe sexual practices)
- Poverty and deprivation
- Hazardous occupation
- Job stress
- Inner turmoil, frustrations, conflict of motives, failed goal achievement

7.3.2 Dimensions of Well-Being

Well-being is not a uni-dimensional concept but a multifaceted holistic understanding of an individual's level of wellness. It comprises of the following dimensions:

1. **Physical well-being:** It is defined as the absence of pain and injury and receiving appropriate nutrition so as not to limit an individual in any field of social, occupational or vocational involvement. It is reduced by illness, stressful work leading to fatigue and bodily aches.
2. **Psychological well-being:** It is defined as being in a state free of stress and worry and being in a positive frame of mind. This dimension is assessed according to the patients' level of coping, happiness, self-concept and self worth and life satisfaction. Optimism and hardiness or resilience in times of stress is a hallmark of a psychologically healthy person.
3. **Social well-being:** It is understood as the satisfaction derived out of being in a healthy and purposeful relationship with immediate family and other social relationships. It is enhanced by receiving support, help, cooperation and motivation from family members, friends and other social support and networking groups. The social support and physical health are two very important factors that help the overall well-being of the individual. A general theory that has been drawn from many researches

over the past few decades postulates that social support essentially predicts the outcome of physical and mental health for everyone. There are six criteria of social support that researchers use to measure the level of overall social support available for the specific person or situation (Cutrona, Russell, & Rose, 1986). These six criteria are outlined below:

- The amount of attachment provided from a lover or spouse.
- The level of social integration that the individuals involved with; it usually comes from a group of people or friends.
- The assurance of worth from others such as positive reinforcement that could inspire and boost the self-esteem.
- The reliable alliance support that is provided from others, which means that the individual knows they can depend on receiving support from family members whenever it was needed.
- The assurance of support given to the individual from a higher figure such as a teacher or parent plays an integral role.
- The opportunity for nurturance. It means the person would get some social enhancement by having children of their own and providing a nurturing experience.

Adolescents could develop some kinds of sensitive feelings, which may impact on their health if they do not get adequate social attention from others. They may become involved in an unfortunate situation that makes them feel overwhelmed or awkward. The adolescent is still developing, and could easily experience some strain to their emotion if no help is immediately available. Anxiety and depression are two main psychological disorders that often can be seen among the adolescents. For adolescents, family support is the most important element in their lives. As part of their growth experience, adolescents usually expect a lot of things from their parents. Inadequate support from the parents is likely to increase the chances of depression among adolescents. This occurs because adolescents usually become confused when they expect to get plenty of help and positive reinforcement from their parents, but it does not happen (Stice, Ragan, & Randall, 2004).

4. ***Spiritual well-being:*** This dimension is understood as an individual's state of hopefulness for the future and idea of right and wrong. It also incorporates faith in self, in God or a higher power and dedication of one's life to a purpose in life.

7.4 INTER-RELATIONS BETWEEN EMOTIONS AND WELL-BEING

Emotions and well-being cannot be isolated and studied. In one way they can be understood as complementing one another and in another can be understood as byproducts of each other. For example, we can understand the complementing relationship between feeling happy emotionally when we recover from an illness, i.e. gain physical well-being. In this way, emotions present as avenues through which one can express the state of one's well-being and consequently communicate

unmet desires. For example, an individual would experience the emotion of grief when losing a loved one and through this grief reaction would help cope with the loss.

Emotions and well-being can also be understood as emotions being the byproduct of the state of ill-health or of wellness. For instance, a disease affects an individual's state of psychological well-being. An individual who becomes seriously ill or injured faces many different practical stressors. The stressors include problems meeting medical and other bills; problems obtaining proper care when home from the hospital; obstacles to caring for dependents; having one's sense of self-reliance compromised; gaining a new, unwanted identity as a sick person; and so on. These stressors can lead to feelings of depression and reduced self-esteem, thereby further compromising one's well-being.

Even though on the surface emotions may appear to be a completely psychological construct, there is a biological counterpart to them as well. Let us try to understand that in the following sub-section.

7.4.1 Facial Expressions and the Facial Feedback Hypothesis

An individual's emotional state can be expressed not only through the verbal delivery of the thought, but also through non verbal channels of communication. These include facial expressions, eye contact, body movements, tone of voice etc. Research suggests that the basic emotions of anger, fear, sadness, disgust, happiness and surprise are represented on the human face from an early age. However, the interpretation of these expressions is influenced by the situational context in which these occur.

The idea that facial expressions in addition to their communicative function also contribute to our experience of emotions is called the *facial feedback hypothesis* (Tomkins, 1962). According to this, the feedback that we receive about our facial expressions combines with the other components of emotion to produce an intense emotional reaction. This implies that if you smile and hold the smile for a few seconds, you will begin to feel happier.

7.4.2 Role of Nervous System in Emotions

The autonomic nervous system consists of many nerves leading from the brain and spinal cord out to the smooth muscles of the various organs of the body, to the heart, to the glands and to the blood vessels serving both to the exterior and interior of the body. The autonomic nervous system has two parts. The first; the sympathetic nervous system, is active during aroused states and prepares the body for extensive action by increasing the heart rate, raising the blood pressure, raising the blood sugar levels and raising the level of certain hormones like epinephrine and norepinephrine in the blood. This part of the nervous system is active during emotions like fear and anger. These changes help the body deal with threatening situations and therefore the pattern of activity in these emotions is known as the "*emergence reaction*" or "*flight or fright response*". The second; the parasympathetic nervous system, tends to be active during calm and relaxed emotional states. This is responsible for conserving the body's store of energy.

Some reactions that an individual experiences could be specific to the emotion being experienced (approaching someone who looks happy) and some could be more general. However, being in an emotional state can:

1. ***Determine what we attend to and learn:*** We tend to pay more attention to the events that are congruent to our mood and hence learn more about them. One's mood during learning increases the availability of memories that fit that mood, and such memories would be easier to relate to new material that also fits that mood.
2. ***Determine what kinds of judgements we make about the world:*** Our mood can affect our evaluation of other people and our own selves. It can be extended towards judging a friend, our own material possessions, our health, our achievements and possibilities towards a better or worse future.

Emotions not only cause general reactions, but also specific action tendencies; for example, we laugh when happy or become aggressive when angry. Out of the many action tendencies, one of the most studied is that of anger or aggression as how an individual or society reacts. In the present Unit, studying this aspect is even more important as it has a direct effect on one's well-being. When in an angry state, the individual not only experiences aggressive thoughts, but is also charged with bodily arousal, triggering him to react impulsively. When unable to manage these, the individual's health and interpersonal relations are affected. But what causes aggression? Once this is resolved, management of this emotional state becomes more easily possible, which in turn can directly affect their state of wellness. A common understanding of the cause of aggression derives from the *frustration-aggression hypothesis*, which holds that whenever a person's efforts to reach their goal is blocked, an aggressive drive is induced that motivates behaviour to injure the obstacle (person or object) causing the frustration (Dollard et al. 1939). Some other theorists propose that instead of being an instinct as above, aggression is a learned response. The more often it is reinforced, the more likely it is to occur. A person blocked in achieving his/her goal, experiences an unpleasant emotion. The response that this emotion elicits will differ, depending upon the kinds of responses the individual has learned to use in coping with stressful situations. The chosen response will be the one that relieved frustration most successfully in the past. In conditions when the coping response fails or proves to be inadequate, the individual responds through lowering the state of physical (poor sleep, poor immunity, vulnerable to cardiac illness, stomach ulcers, aches and pains), psychological (negative thinking, irritability, excessive emotionality, difficulty in attention and concentration, poor decision making and problem solving), social (reduced social interaction, staying occupied in solitary activities, not aligning with primary support systems) and spiritual (unable to find faith in oneself or anchor within or outside) well-being. Hence, we can now see a direct relationship between our emotional state and our overtly observable behaviour, the processes that the emotions trigger in our behaviour and how it influences our health. Let us take a closer look at the interplay of emotions and health now.

Check Your Progress Exercise 2

Note: a) Read the following questions carefully and answer in the space provided.
b) Check your answer with those provided at the end of this Unit.

1. Briefly explain the concept of well-being.

.....

.....

.....

.....

2. What are the dimensions of well-being?

.....

.....

.....

.....

3. Give an example explaining how emotions and well-being can be related.

.....

.....

.....

.....

7.5 OUR BODY AND EMOTIONS

Superficially it may appear that our emotions and bodily processes are not interlinked, but in reality, there is a strong relationship between the two. This interaction operates not only at the level of hormonal involvement and arousal, but also comes into play with the various emotional states that enhance or impair well-being. Let us find out how.

7.5.1 Psycho-Physiological Disorders

Psycho-physiological disorders, also called *somatoform* or *psychosomatic illnesses*, are categorized under mental disturbances that arise from psychological dysfunction, disorders or difficulties which are manifested through physical symptoms. However, these physical symptoms cannot be traced back to any serious physical disease or origin. Nor are they under the conscious control of the patient. These conditions are significantly correlated with psychological distress. Stress produces specific adverse physiological reactions and direct damage to the body. Stress damages the body indirectly by increasing unhealthy behaviours. Stress induces unhealthy cognitions and behaviours in certain personality types, making them vulnerable to physical illness. There has been no research suggesting that different kind of stress created different kinds of disorders in individuals, but it is the constitutional vulnerability of the individual that predisposes them to developing the illness.

- These find origin in negative emotional state and failed coping strategies. Cannon (1927) showed how different emotions produced patterns of physiological alterations, emphasizing the importance of the autonomic network. It is also known that certain inherited traits respond differently to certain stimuli such as stress and anxiety, causing physical system break downs.
- Another explanation for psychosomatic disorders is that some personality types themselves respond in vulnerable ways to contract physical symptoms. Friedman & Rosenman (1974) introduced the concept of a coronary prone personality, where the Type A personality type individuals who are competitive, ambitious, work with time urgency, aggressive and hostile have a greater predisposition towards developing psycho-physiological illness than their Type B counterparts who are more calm and relaxed.
- Negative emotions influence our hormones and lower our immunity to several diseases. Depression, anger, and social isolation contribute to heart diseases. Stress on the other hand, affects asthma, digestive tract disorders and many other physical ailments.
- The physically manifested symptoms are psychoanalytically interpreted as social communication whose result is to avoid obligations (e.g., going to school when the child is unable to cope with studies or adjust with classmates), to express emotion (e.g., anger at parents), coping with failure (e.g., failing an examination), bringing attention to unfulfilled needs (e.g., feeling neglected after birth of younger sibling) or to symbolize a feeling or a belief (e.g., pain in the gut).
- From the behavioural perspective, parental teaching, parental example and the cultural norms teach some children to somatize more than the others.

Some common symptoms as presented in an individual with these disorders are vomiting, difficulty swallowing, pain in arms and legs, abdominal pain, low back pain, shortness of breath without exertion amongst others. Pseudoneurological symptoms unrelated to a neurological disorder also present in the form of fainting spells, loss of touch or pain sensation, paralysis, aphonia, deafness etc. Psychological distress most commonly presenting as depression and anxiety with interpersonal problems are also observed.

Some of the physical conditions associated with psychological distress and emotional disturbances are as follows:

1. **Heart disease:** Psychological factors have been found to have a major role to play in the development of heart disease. Individuals who expressed or concealed their anger, were irritable, and complained a lot were found to be three times more likely to develop early heart disease and five times more likely to have a heart attack than others. Social isolation has been found to increase the risk for an individual to develop a coronary problem, whereas social conflict has been found to predict poor outcome of recovery for a heart patient.

2. *Conversion disorder*: An individual suffering from this disorder experiences impairment of ability to walk or move and is unable to use the senses in a normal way, without any neurological basis or cause having an impact on the physiology. Psychological factors such as stress and trauma play a major role in this disorder. Example is a situation where a person would lose his/her voice in a situation where he/she is afraid to speak. These symptoms may later develop into permanent conditions such as paralysis, loss of sensation (touch, taste), going blind or deaf amongst others.
3. *Pain disorder*: It is marked by severe pain and becomes the focus of the patient's concern. Pain disorders cover a range of patients with a variety of ailments, including back problems, chronic headaches, muscle aches and cramps, arthritis or pelvic pain. The source of pain is considered to be psychological in most of these cases. Pain behaviours are reinforced when rewarded and inhibited when punished or ignored. For example, a child complaining of abdominal pain just before going to school on the day of an exam, would be intensified or maintained when given attention by others or by permission to miss the exam.
4. *Hypochondriasis*: It is marked by excessive fear or preoccupation with having a serious illness that persists in spite of medical testing and reassurance. The individual misinterprets bodily symptoms and functions. Patients' preoccupation result in significant distress to them and impairs their ability to function in their personal, social, and occupational roles. This condition is often correlated with stressful events in one's life style. Some theorists posit that individuals with hypochondriasis amplify their physical symptoms stemming from the fact that they have a low threshold or low tolerance for physical discomfort. From the behavioural perspective, it is understood as the request for admission to the sick role made by a person facing seemingly insurmountable and unsolvable problems. The sick role allows the patient to not only avoid unwanted obligations and duties, but also is rewarded with increased sympathy and understanding.
5. *Body dysmorphic disorder*: It is another form where the individual becomes excessively and exaggeratedly pre-occupied with an imagined defect in appearance. They perceive themselves as highly ugly despite a normal or nearly normal appearance. This excessive concern in turn significantly influences the individual's feelings and functioning. Individuals may tend to develop these feelings following rejection from social group membership, individual rejection, failure and poor self confidence. Often it is found to be co-morbid with depressive disorders.
6. *Disorders of the gastrointestinal tract*: These are intimately intertwined with emotional life, past and present. For example, during depression there is a lack of appetite, decreased salivation and intestinal peristalsis resulting in constipation and weight loss.
7. *Peptic ulcers*: These are linked to psychological factors such as aggression and stress. Stress does not directly cause an ulcer, but may serve as a contributing factor for developing one, either by directly influencing acid secretion that destroys the stomach lining or indirectly by engaging the individual in poor lifestyle habits like irregular diet, smoking and alcohol consumption.

8. *Cancer*: Although there is no direct biological evidence which suggests that stress or a negative emotional state leads to production of cancerous cells, but research indicates that negative emotional state predisposes an individual towards developing illnesses like cancer, and the tumour growth is more rapid in the stressed individual than the non stressed one.

Other psycho-physiological disorders include asthma, anorexia nervosa, acne, blisters, headaches, hypertension, disturbances in urination and menstruation etc. Another short term symptom is diarrhoea resulting from changes in the usual life style such as marriage, moving into a hostel, etc.

7.5.2 Management of Emotions to Foster Well-Being

There clearly are linkages between our lifestyle, our thinking, our emotions and our health. Stress is correlated with poor well-being. However, to be able to better cope with stress, one needs to have a clear understanding about what is stress and what is a stressor. Any situation or event that exceeds our coping resources is termed stressful. So what may appear to be very easy and manageable by your friend, may be a source of immense stress for you. According to Lazarus (1991), stress is produced when:

1. The individual perceives the result as an important determinant of their success
2. The individual perceives it as taxing or exceeding their ability to prepare for and complete it successfully
3. The individual feels inadequacy in the personal resources and strategies available to deal with the event

Let us now try to understand how we can enhance our well-being by managing our negative emotional state more adaptively. **Emotion Regulation** means to be able to properly regulate one's emotions. It refers to the processes by which individual's influence which emotions they have, the intensity of these emotions and how these are expressed. It is a complex process that involves the initiating, inhibiting, or modulating the following aspects of functioning:

- internal feeling states (i.e. the subjective experience of emotion),
- emotion-related cognitions (e.g. thought reactions to a situation),
- emotion-related physiological processes (e.g. heart rate, hormonal, or other physiological reactions), and
- emotion-related behaviour (e.g. actions or facial expressions related to emotion).

Emotion regulation skills include the ability to:

1. Recognize that you are having an emotional response
2. Understand what the emotional response is
3. Accept your emotional responses (rather than reject them or react to them with fear)
4. Access strategies that allow you to reduce the intensity of the emotion when needed

5. Engage in goal-directed behaviour when upset
6. Control impulsive behaviours when upset

An individual's well-being can be enhanced by applying emotional regulation skills in combination with the following:

1. **Cognitions and perceptions:** It is our cognitions or our thinking and perception that mediates an event and the emotions that we experience. For instance, putting on a little weight can be a small setback for one, while it may become a major issue of stress for another, depending upon how we appraise the situation. The degree of control individuals prefer to have in their lives, as well as the amount of control they perceive they have over specific stressors, also influence their perception of threat.

A simple strategy that can be used in order to appraise adaptively would be to engage in positive self statements, like, and "I can solve this problem", and "I have the strength and the wisdom to overcome this issue".

2. **Coping:** Coping has been defined by some as a multidimensional process involving cognitive, behavioural, and emotional efforts to deal with stressful events that create demands on the individual. Coping strategies refer to the specific efforts, both behavioural and psychological, that people employ to master, tolerate, reduce, or minimize stressful events.

Two general coping strategies have been distinguished: *problem-solving strategies* are efforts to do something active to alleviate stressful circumstances, whereas *emotion-focused coping strategies* involve efforts to regulate the emotional consequences of stressful or potentially stressful events. An additional distinction that is often made in the coping literature is between active and avoidant coping strategies. *Active coping strategies* are either behavioural or psychological responses designed to change the nature of the stressor itself or how one thinks about it, whereas *avoidant coping strategies* lead people into activities (such as alcohol use) or mental states (such as withdrawal) that keep them from directly addressing stressful events. Generally speaking, active coping strategies, whether behavioural or emotional, are thought to be better ways to deal with stressful events, and avoidant coping strategies appear to be a psychological risk factor or marker for adverse responses to stressful life events (Holahan & Moos, 1987). Research indicates that people use both types of strategies to combat most stressful events (Folkman & Lazarus, 1980). The predominance of one type of strategy over another is determined, in part, by personal style (e.g., some people cope more actively than others) and also by the type of stressful event; for example, people typically employ problem-focused coping to deal with potential controllable problems such as work-related problems and family-related problems, whereas stressors perceived as less controllable, such as certain kinds of physical health problems, prompt more emotion-focused coping.

3. **Anger management:** Anger is a primary emotion and thereby has functional properties, for instance, standing up to injustice. As an emotion, it is not negative, but how it mediates our reactions can create a negative emotional state. To be angry or not depends upon how we appraise the

situation. Beyond that there are some simple steps that we can take so as to not view situations and people from a negative angry perspective, but be able to distance ourselves and then deal with the situation in a balanced manner.

ANGER MANAGEMENT TIPS

- Become aware of the frequency of anger outbursts and its signs in your life
- Maintain a journal in which you document situations/people that make you angry
- Take a deep breath and relax yourself
- Distract yourself towards something that is enjoyable and relaxing
- Count backwards from 10 to 0
- Think about what made you angry instead of thinking how dare that happen
- Express feelings clearly and honestly to the person at whom your anger is directed
- Clearly express the point of disagreement without impinging on others' right to difference in opinion
- Empty chair technique: express angry feelings in front of an empty chair in a constructive, non self-defeating manner

4. **Conflict resolution:** The clash of desires or goals creates emotional disturbances, which further affect our personal, professional and interpersonal domains. Hence conflict resolution is an important skill one must be armed with in order to gain mastery over one's sense of well-being. There are different kinds of conflict that one may come across:

- a) *Approach-approach conflict:* When an individual has to make a choice between two seemingly likeable alternatives (watch T.V. or play on the computer)
- b) *Approach-avoidance conflict:* It appears to be an easy choice to make between what one would like to do and want to avoid to do, but these are difficult; for example, whether to study or play before an exam. Even though play appears to be a more likeable option, the conflict would arise.
- c) *Avoidance-avoidance conflict:* When an individual needs to make a choice between two aversive conditions.

To resolve conflict, the first step is to not avoid the conflict but face it. We need to be able to decide what goal we are trying to achieve through this conflict. We can also be aware whether the choice is being made according to what introduces short term pleasant emotion only or even long term benefit.

Check Your Progress Exercise 3

Note: a) Read the following questions carefully and answer in the space provided.
b) Check your answer with those provided at the end of this Unit.

1. Give 3 reasons explaining psychosomatic disorders.

.....

.....

.....

.....

2. Name any three psychosomatic disorders.

.....

.....

.....

.....

3. Name any three emotion regulation skills.

.....

.....

.....

.....

4. What are the different types of conflict situations?

.....

.....

.....

.....

7.6 ROLE OF FAMILY IN ENHANCING WELL-BEING

A family is the basic unit where an individual lives in an enmeshment of roles and relationships. The family as a structural and functional unit takes care of basic needs of the individuals and also educates about the societal norms and cultural practices. In many cases, family circumstances and relationships can serve as a source of stress, but more often than not, it provides a buffer protecting the members from stress leading to breakdown of functioning. As a primary social support system, it allows successful coping with stressors through development of confiding relationships and allowing for self disclosure about the effect of stressors on one's life. Family helps enhance both physical and psychological well-being, helping individuals meet the basic needs of survival by making available food,

clothing and shelter; security needs by having the unit support an individual through ups and downs; and individual growth needs by allowing for education, recreation, creative thinking and development into an independent fully functioning individual contributing to society. Research supports that when faced with stress, turmoil or frustration of needs, having a close and confiding social unit where the individual can share accomplishments, defeats and mistakes without being judged helps the individual maintain self confidence and solve problems more effectively.

7.7 EMOTIONS, RELIGION AND HEALTH

“Religion” can be considered a collection of beliefs and practices that are external expressions of spiritual experience. These expressions can be organizationally based or private, but are usually grounded in a collective tradition. “Spirituality” can be considered an orientation toward or experiences with the transcendent, existential, or sacred dimensions of life. That which is transcendent or sacred is considered as something beyond oneself, whether it be conceptualized as a divine being, higher power, nature, spirit, or the ultimate ground of being. It is possible for people to engage in religious activities independent of having spiritual experiences, just as some people consider themselves intensely spiritual without being religious.

The relationship between religion and emotion is a long and intimate one, for religion has always been a source of intense emotional experience. Silberman (2003) suggests three ways in which religion and spirituality influence emotion:

1. Religion prescribes appropriate and inappropriate emotion and the extent of their intensity;
2. Beliefs about the nature and attributes about God may give rise to specific emotions as well as influence overall emotional well-being; and
3. Religion offers the opportunity to experience a uniquely powerful emotional experience of closeness to the sacred.

Correlational studies of religious or spiritual involvement and health outcomes have shown a positive association with longer life; less cardiovascular disease; less hypertension; more engagement in health promoting behaviours; decreased risk of depression, anxiety, substance abuse, and suicide; better coping with illness; and better health-related quality of life. Sacred emotions like gratitude, awe, reverence and hope motivate the inner self to overcome difficulties without grudge, feel undefeated in times of crisis and help the individual not feel alone and uncared for. These emotions motivate the individual to engage in pro-social behaviour which further enhances the sense of psychological, social and spiritual well-being.

Emotional regulation that we studied earlier as well is influenced by one’s religious state. For instance, forgiveness is a religiously based technique which has been found to be powerful in regulating negative emotions. Religion lends a spiritual meaning to the act of forgiveness and religious role models facilitate this act. This further helps in reducing anger, sadness and overall negative arousal.

Mindfulness based techniques are also increasingly gaining influence in bringing about mental health benefits. It involves being more conscious of what is happening in the here and now. Research indicates that those who are more mindful, are more attuned to their emotions.

7.8 LET US SUM UP

Emotions form a very central aspect of our human experience. They comprise bodily changes, associated thinking and outward reaction to events. They have a very strong influence on our physical and psychological sense of wellness where the body and mind share a reciprocal relationship. A negative emotional state and poor ability to cope with stress predisposes an individual towards developing physiological disorders with no organic basis. These can be prevented and be coped with by implementing emotional regulation skills, coping skills, anger management and conflict resolution skills. How we feel and act stems from what we believe in, which in the larger milieu is built in through religious faith and family functioning.

7.9 GLOSSARY

Affect	:	Short lived emotional response to an idea or event
Anxiety	:	Being in a state of worry or concern
Appraisal	:	To give meaning or reason
Cognition	:	The higher mental processes by which we understand the world, process information, make judgements and decisions, and communicate knowledge to others
Coping	:	The efforts to control, reduce, or learn to tolerate the threats that lead to stress
Depression	:	Clinically significant low mood state, disinterest in ordinarily pleasurable activities, psychomotor retardation, often associated with physical symptoms as well
Emotions	:	Feelings that generally have both physiological and cognitive elements and that influence behaviour
Health	:	State of being well in mind or/and body
Hypothesis	:	Proposition made as a basis for reasoning; without supposition of its truth
Malnutrition	:	Dietary condition resulting from the absence of healthy foods
Mental health	:	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
Mood	:	Sustained and pervasive emotional response

Nervous system	:	Body's network of specialized cells that transmit nerve impulses between parts of the body
Perception	:	Apprehend with the mind; understand
Physiological	:	Of concerning the functions of living beings and their parts
Religion	:	Particular system of faith and worship
Spirituality	:	Concerning the spirit as opposed to matter
Stress	:	Physical/ mental strain or distress

7.10 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Answers to Check Your Progress Exercise 1

- Physiological changes within our body (shift in heart rate, blood pressure, etc.)
 - Subjective cognitive states (personal experience that we label as emotions)
 - Expressive behaviours (outward signs of the internal reaction)
- James Lange theory, Cannon-Bard Theory, Schachter-Singer Theory, Theory of cognitive appraisal, theory of relationships amongst emotions.
- 1h, 2f, 3g, 4e, 5d, 6b, 7c, 8a

Answers to Check Your Progress Exercise 2

- Well-being refers to the level of enjoyment and fulfillment derived by humans from the life they live within their local economic, cultural, social, and environmental conditions.
- Physical well-being, psychological well-being, social well-being and spiritual well-being
- When an individual is physically ill, for ex, meets an accident or develops chronic illness, it is accompanied by a negative feeling state. And when an individual is very joyful, (s)he is more active and work productivity is also higher.

Answers to Check Your Progress Exercise 3

- Failed coping strategies, personality types- type A, excessive somatic preoccupation in families predispose some individuals to somatize more than others.
- Coronary (heart) problems, ulcers, bodily pains (headaches/stomach aches)
- Correct appraisal of the situations, effective coping strategies and effective anger management skills.
- Approach-approach conflict, approach-avoidance conflict, avoidance-avoidance conflict.

7.11 UNIT END QUESTIONS

1. What do we understand by 'emotions'? What are the components and functions of emotions.
2. Briefly explain the theories of emotions?
3. What is the meaning of well-being? What are the factors that influence well-being?
4. What role do emotions play in enhancing/reducing the well-being of an individual?
5. Outline some strategies for better management of emotions to enhance well-being.
6. Does religion serve to influence emotions and well-being in any way? How?

7.12 FURTHER READINGS AND REFERENCES

Cannon, W. B. (1927) The James-Lange theory of emotion: A critical examination and an alternative theory. *American Journal of Psychology* ;39:10-124.

Cutrona, C., Russell, D., & Rose, J. (1986). Social support and adaptation to stress by the elderly. *Psychology and Aging*, 1, 47-54.

Dollard, J.D., Miller, L.W., Neal E., Mowrer, O.H., and Sears, Robert R. *Frustration and Aggression*. New Haven: Yale University Press, 1939.

Ekman, P. & Davidson, R.J. (1994). *The nature of Emotions: Fundamental Questions*. Oxford University Press

Feldman, R.S. (1997). *Understanding Psychology*. Tata McGraw Hill.

Folkman S, Lazarus, RS. An analysis of coping in a middle-aged community sample. *Journal of Health and Social Behaviour*, 1980; 21: 219-239.

Friedman, M. & Rosenman, R. H. (1974). *Type A Behaviour and your Heart*. New York: Knopf.

Frijda, N.H. (1986). *The Emotions*. Cambridge University Press.

Greene, J.O. & Burleson, B.R. (2003). *Handbook of communication and social interaction skills*. Routledge.

Holahan CJ, Moos RH. (1987). Risk, resistance, and psychological distress: A longitudinal analysis with adults and children. *Journal of Abnormal Psychology*, 1987; 96: 3-13.

Lazarus, R.S. (1991). *Emotion and Adaptation*. New York, NY: Oxford University Press

Plutchik, R. (1980), *Emotion: Theory, research, and experience: Vol. 1. Theories of emotion*, 1, New York: Academic.

Silberman, I., ed. (2003). *Religion as a meaning system*. *J. Soc. Issues* (In Press).

Stice, E., Ragan, J., & Randall, P. (2004). Prospective relations between social support and depression: Differential direction of effects for parent and peer support? *Journal of Abnormal Psychology*, 113, 155-159.

Tomkins, S. S. (1962), *Affect Imagery Consciousness: Volume I, The Positive Affects*. London: Tavistock.

World Health Report 2001 - Mental Health: New Understanding, New Hope, World Health Organization.



UNIT 8 PROMOTING WELL-BEING

Structure

- 8.1 Introduction
- 8.2 Definition of Well-Being
- 8.3 Aspects of Well-Being
 - 8.3.1 Psychological Well-Being
 - 8.3.2 Emotional Well-Being and Social Well-Being
 - 8.3.3 Physical Well-Being
 - 8.3.4 Cognitive Well-Being
- 8.4 Factors Affecting Well-Being
 - 8.4.1 Life Stages
 - 8.4.2 Personality Factors
 - 8.4.3 Individual Differences
 - 8.4.4 Stress
 - 8.4.5 Healthy Values and Goal Attainment
- 8.5 Assessment of Well-Being
- 8.6 Strategies to Promote Well-Being
 - 8.6.1 Cognitive Restructuring
 - 8.6.2 Behaviour Modification
 - 8.6.3 Relaxation Exercises
 - 8.6.4 Social Support
 - 8.6.5 Time Management
 - 8.6.6 Art
 - 8.6.7 Journal Writing
 - 8.6.8 Humour
 - 8.6.9 Music
 - 8.6.10 Exercise and Nutrition
- 8.7 Promoting Well-Being in Different Populations
 - 8.7.1 Promoting Well-Being in Children and Adolescents
 - 8.7.2 Work Environment and Well-Being
 - 8.7.3 Well-Being and Special Population
 - 8.7.4 Well-Being Among the Elderly
- 8.8 Let Us Sum Up
- 8.9 Glossary
- 8.10 Answers to Check Your Progress Exercises
- 8.11 Unit End Questions
- 8.12 Further Readings and References

8.1 INTRODUCTION

The goal of positive psychology is to “learn how to build the qualities that help individuals and communities not just endure and survive but also flourish”. (Seligman, 2002)

Positive psychology emphasizes on well-being, satisfaction, happiness, interpersonal skills, perseverance, talent, wisdom, and personal responsibility. It is concerned with understanding what makes life worth living; with helping people become more self-organized and self-directed.

The concept of well-being originated from positive psychology.

Objectives

After studying this Unit, you will be able to:

- Outline the various aspects of well-being;
- Identify factors affecting well-being; and
- Discuss strategies to promote well-being.

8.2 DEFINITION OF WELL-BEING

Well-being is a state of human existence in which a person’s basic needs are adequately met and satisfied. It is a broader concept, which deals with many aspects such as self confidence, adjustment, self esteem, level of aspiration, self concept etc.

Well-being is categorically defined as a positive state of human being which consists of pleasure or happiness and lies in the actualization of human potentials. The Indian philosophical thought endorses the assumption that the natural state of the human being is positive. They call it “*sat-chit-ananda*” – meaning the real internal bliss. The striving of a human being is toward actualization and sustenance of this state. Thus, there seems to be unanimity in understanding the natural positive state of human being.

If the natural human state is well-being, then why and how does one lose it? Most of us are born healthy, and made sick as a result of personal misbehaviour and environmental conditions. Viewed from the perspective of behavioural science, the abilities of an individual are optimally manifested only when there is appropriate action and interaction with a congenial environment. The actions, in turn are initiated and directed by the internal factors related to the individual’s personality and the external factors such as reinforcements. Thus the consequence of the synergy between the personality and environmental factors may be viewed as the determinant of the degree of well-being in an individual. It subscribes to the assumption that well-being is a natural state in human beings while variation of this state is only of degree. This basic assumption of ‘wellness’ as the natural state is the very cause for neglect of the ‘study of wellness’ for long.

Well-being is a complex construct. Just as positive affect is not the opposite of negative effect, well-being is not the absence of mental illness (Ryan & Deci, 2001). Well-being consists of three factors, viz. life satisfaction, presence of positive mood and absence of negative mood where evidently the latter two are not mutually exclusive.

8.3 ASPECTS OF WELL-BEING

8.3.1 Psychological Well-Being:

It Includes:

Self-acceptance	Possess positive attitude toward the self; accept multiple aspects of self; feel positive about life.
Personal growth	Have feeling of continuous development and potential and openness to new experience; feel increasingly knowledgeable and effective.
Purpose in life	Have goals and a sense of direction in life; hold beliefs that give purpose to life.
Environmental mastery	Feel competent and able to manage a complex environment; choose or create personally suitable contexts.
Autonomy	Be self-determining, independent and regulate behaviours-internally; resist social pressures to think and act in certain ways; evaluate self by personal standards.
Positive relations with others	Have warm, satisfying, trusting relationships and are concerned about others' welfare; have strong empathy, affection and intimacy; understand give-and-take of human relationships.
Social acceptance	Have positive attitudes toward people; acknowledge others and generally accept people, despite others' sometimes complex and perplexing behaviour.
Social actualization	Care about and believe society is positive, think society has potential to grow positively.
Social contribution	Feel they have something valuable to give to society; think their daily activities are valued by their community.
Social coherence	See a social world that is intelligible, logical and predictable; care about and are interested in society and community.
Social integration	Feel part of community; think they belong to and feel supported; share commonalities with community.

8.3.2 Social and Emotional Well-Being

Social and emotional well-being encompasses multiple elements:

- The development of emotional understanding and regulation;
- The ability to cope with stressors;
- The development of autonomy and trust;
- The development of self-system, including identity, self-concept, and self-esteem; the development of empathy and sympathy;
- The formation of positive social relationships with parents, siblings, and peers.

This group represents a core set of essential strengths of social and emotional well-being as defined by the literature and experts in the field.

A striking commonality between the elements of this domain is the influence that each has on the other and how each can be promoted by the others. For example, a child's ability to regulate his or her internal emotional reactions is a key contributor to the quality of relationships with parents, siblings, and peers. At the same time, loving and supportive relationships with parents, siblings and peers help to increase feelings of security and happiness and reduce the prevalence of psychological problems such as depression and anxiety.

Another common theme of socio-emotional well-being is that the elements of this domain can promote and be promoted by the core elements of both the cognitive and physical domain. For example, warm and responsive parenting styles promote the development of trust and autonomy, which foster feelings of security within the infant which in turn lead to increased exploration of his or her physical environment. Context also plays an important role in the development of the elements of social emotional well-being.

Each of the elements in the socio-emotional domain can be promoted through various interventions. More specifically, social and emotional well-being can be promoted by individual characteristics, interpersonal relationships, and environmental factors.

8.3.3 Physical Well-Being

Key components of physical well-being include the following:

- Good nutrition,
- Preventive health care,
- Physical activity,
- Safety and security,
- Substance abuse prevention.

These elements of physical well-being also contribute to both the socio-emotional development and the cognitive development. Physical well-being is affected by the contexts in which people live.

Many factors including the family's and societal system's values, community security, availability and accessibility of a public health system, institutional practices, environmental quality, accessibility of basic services, and economic

considerations affect an individual's well-being. Based on this information, it is imperative to consider the entire context in which an individual lives to ensure that their physical well-being is supported and nurtured.

8.3.4 Cognitive Well-Being

“Cognition refers to the processes of perceiving, remembering, conceiving, judging, and reasoning in order to obtain and use knowledge, and communication refers to skills that permit the exchange of thoughts, wishes, and feelings so necessary to developing and maintaining social relationships with others” (Bornstein, 2003). These skills are essential for adaptation to one's environment, maintenance of health, and participation in productive activities that will improve social and environmental interactions.

It is inferred that as cognitive elements develop and improve, overall well-being will also improve. Consequently, it is important to acknowledge that the cognitive elements are dependent upon and can be positively impacted by the external influences to which an individual is exposed.

In short, it is important to pay attention to both objective measures of cognitive skills and subjective evaluations of those same skills to determine cognitive well-being (Bornstein, 2003).

Check Your Progress Exercise 1

Note: a) Read the following questions carefully and answer in the space provided.

b) Check your answer with those provided at the end of this Unit.

1. Well-Being is defined as the positive state of human beings which consists of _____ and lies on the _____ of human potentials.

2. What are the different types of well-being?

.....

.....

.....

.....

.....

3. What do you understand by social actualization?

.....

.....

.....

.....

.....

8.4 FACTORS AFFECTING WELL-BEING

8.4.1 Life Stages

Society today is driven by competition and is putting pressure on the people. This results in individuals of all ages experiencing stress from one source or the other. There are certain crucial stages in life which are more prone to vulnerability. One such stage is the late adolescence and young adulthood stages. Youth and particularly students require not only career guidance but also counselling in promoting well-being.

8.4.2 Personality Factors

Research suggests that the level of well-being is determined by stable individual characteristics i.e. personality traits.

Cloninger (2006) reported that personality traits of self-directedness, cooperativeness and self-transcendence are each essential for well-being.

Research also suggests that the level of well-being is determined by stable self-esteem (Sharma, Sharma and Yadav, 2004) and general mental health.

Hariharan (1995) enlisted three personality factors that effect well-being:

- 1) General disposition to anticipate
- 2) Flexible coping style
- 3) Judicious use of social support

8.4.3 Individual Differences

Not all activities will help a particular person become happier. People have varying values, interests, strength and indications which predispose them to benefit more from some activities than others. Thus one act that makes one individual very happy and promotes well-being might not do so for another; therefore emphasizing on the role of person-activity fit.

8.4.4 Stress

Stress and adverse environment with variation in degree, is a universal phenomenon. However, well-being is not solely determined by the environmental factors such as opportunities and reward, as the organism is not a passive respondent to the environmental stimuli. What finally decides the coping mechanism of the individual and the subsequent attainment of well-being is the individual's appraisal of the situation vis-à-vis his/her autonomy, competence and relatedness to handle the environment appropriately so as to restore the homeostasis and sustain the state of well-being. This is the crucial aspect that distinguishes between those who are vulnerable and those who remain invulnerable.

The invulnerable or resilient are those who sustain and promote well-being by manifesting optimal functioning despite multiple adversities in the environment.

The vulnerable are those who become dysfunctional or manifest inadequate functioning owing to the disadvantaged environmental conditions.

Table 8.1: Well-being of Invulnerable in Adverse Environment

Environment Conditions		Wellness	
		<i>Presence</i>	<i>Absence</i>
	<i>Positive</i>	Advantaged	Laidback
	<i>Negative</i>	Invulnerables	Vulnerables

The presence of psychological well-being amidst negative environmental conditions (where invulnerables are located) and absence of well-being despite positive environmental conditions (Laidback) are the outcomes that have led to greater research in well-being.

8.4.5 Healthy Values and Goal Attainment

Some values, motives and goals are inherently positively associated with well-being, while others might have a negative impact on well-being. Well-being also results from psychological need satisfaction.

There are two kinds of motives — intrinsic and extrinsic.

Table 2 : Distinction between Intrinsic and Extrinsic Motives

<i>Intrinsic Motives</i>	<i>Extrinsic Motives</i>
Stem from basic psychological needs	Derived from the need to obtain other people's approval, admiration and praise
Reflect "psychological" growth	Derived from the need to avoid social punishment
Essential to well-being	Do not promote well-being

8.5 ASSESSMENT OF WELL-BEING

The common and most usual method of measuring well-being is through self-report surveys in which the respondent himself/herself judges and reports about his/her life satisfaction and the frequency of his/her pleasant/unpleasant emotions.

Subjective Well-being Inventory (SUBI): The SUBI (Sell and Nagpal, 1992) is a 40 items instrument that assesses subjective well-being of the respondents on 11 factorial dimensions and has been standardized on adult Indian population. These 11 factors include, General well-being, positive affect [GWB-PA], expectation-achievement congruence [EAC], confidence in coping [CC], Transcendence [Trans], Family group support [FGS], Social support [SS], Primary group concern [PGC], Inadequate mental mastery [IMM], perceived ill-health [PIH], Deficiency in social contacts [DSC], and General well-being – negative affect [GWB-NA].

Satisfaction with Life Scale (SWLS): The life satisfaction of the subjects can be assessed using the SWLS (Diener, Emmons, Larson and Griffin, 1985). This scale is originally in English language and contains five items requiring a general evaluation of the respondent's life as whole on a 7-point scale ranging from strongly disagree to strongly agree. So, the total score may range from 5 to 35. Scores on SWLS can be interpreted in terms of absolute as well as relative life satisfaction. A score of 20 represents the neutral point on the scale, the point at which the respondent is about equally satisfied and dissatisfied.

Check Your Progress Exercise 2

Note: a) Read the following questions carefully and answer in the space provided.

b) Check your answer with those provided at the end of this Unit.

1. What personality traits are essential for well-being?

.....

.....

.....

.....

2. What factors affect well-being?

.....

.....

.....

3. Well-being can be assessed using &

8.6 STRATEGIES TO PROMOTE WELL-BEING

The objective in promoting well-being is to draw out a person's existing strengths.

8.6.1 Cognitive Restructuring

Stressors come in all shapes, sizes and degrees of intensity. The circumstances are not so stressful but their interpretation. Especially when the interpretation is exaggerated, it is referred to as cognitive distortion. Sometimes we can turn everyday problems into gigantic monsters. Cognitive restructuring refers to changing a perception from negative to neutral or positive one, thus making it less stressful. So by altering how we look at the problem or everyday life, we can feel better. Thus, well-being can be promoted by:

1. Assuming responsibility for your own thoughts
2. Facing the reality of the situation
3. Resolving whatever causes stress
4. Creating and adopting a positive frame of mind

5. Fine tuning expectations
6. Handling the toxic thoughts (Negative thoughts)
7. Positive affirmations
8. Looking at positive aspects of the situations
9. Making self-talk positive

Self-talk

Much of what an individual feels is caused by what the individual says to himself/herself. According to Davidson (1988), 80% or more of our internal dialogue that we carry on with ourselves all day long is with little awareness of it. This is because self-talk is automatic and is carried out repeatedly. An individual however can make conscious efforts to focus on positive self-talk.

Self-talk is a coping technique that involves consciously replacing negative self-talk with positive statements. Well-being can be promoted by focusing on positive statements to be used as the basis of self-talk such as:

- I am capable.
- I am doing my best.
- I can achieve my goal.
- I choose to be happy.

Coping

It involves cognitive and behavioural flexibility in the face of environmental demands that cause stress to the internal and external resources of the individual. Some coping techniques lead to greater well-being. For instance, confrontive coping refers to a technique whereby the individual tries to face the problem squarely. Here, the individual tries to address the crux of the problem by winning the situation through logical arguments, aggressive encounters or convincing methods. The strategy calls for perseverance, conviction and angle of continued apprehension of adversities and preparedness to face it.

Effective coping may involve:

- Coping through passive appraisal, reframing, spiritual and religious support
- Coping through use of social support or formal support

Learned optimism training

Learned optimism training is designed to transform negative thinking into positive cognitive processes that promote flexible thought and resiliency. In learned optimism, intervention processes have the three components of explanatory style (i.e. permanence, pervasiveness and personalization) and are modified with cognitive techniques so that people are able to respond in a healthier manner to both positive and negative outcomes of daily events. (Seligman, 1999)

Creative problem solving

Well-being can be promoted by finding innovative ways to handle everyday life using following the steps given below:

- i) Description of the problem,
- ii) Generating ideas,
- iii) Idea selection and refinement,
- iv) Idea implementation, and
- v) Evaluation and analysis of action plan.

Hope

A hope therapy system has been developed (Lopez, Ulven & Snyder, 2000). Hope therapy is based on the prerequisite skills necessary to produce well conceptualized goal thoughts, along with the requisite associated pathway and agency thoughts.

Well-being is promoted by:

- Helping clients to conceptualize clearer goals,
- Producing numerous pathways to attainment of goal,
- Summoning the mental energy to maintain pursuit, and
- Reframing insurmountable obstacles as challenges to be overcome.

Communication skills

Good communication skills promote well-being. As you are aware, communication skills can be improved by using the following strategies:

- Speak with precision and directness.
- Enhance your vocabulary.
- Use language appropriate for your listening audience.
- Attack issues not people.
- Avoid putting others on the defensive.
- Avoid asking someone else to pass on your thoughts and feelings to a third party.
- Avoid information overload.
- Validate your assumptions.
- Resolve problems when they arise.

8.6.2 Behaviour Modification

At one time or another, everyone has considered some plan of action for self improvement. The following steps lead to well-being:

1. Select a behaviour that you want to incorporate or change.
2. Ask yourself how motivated you are to change this behaviour.
3. Think about what changes in your perceptions and attitudes must accompany this behavioural change.

4. Specify what new behaviour you wish to adopt.
5. Evaluate effectiveness of new behaviour. Evaluate the new attitude and decide how beneficial it was.

Assertiveness

Assertiveness is an important part of promoting well-being. It is described as the ability to be comfortably strong-willed about one's thoughts, feelings and actions and be neither inhibited nor aggressive in actions for the betterment of oneself in the surrounding environment.

In order to promote well-being, one should be assertive; that includes:

- To say no and not feel guilty
- To take your time to form a response to a comment or question
- To ask for assistance with instructions or directions
- To ask for what you want
- To experience and express your feelings
- To feel positive about yourself under any condition
- To make mistakes without feeling embarrassed or guilty
- To form your own opinions and convictions
- To protest unfair treatment or criticism
- To be recognized for your significant achievements and contributions
- Focus on problem and not to belittle self or others.
- Recognize your rights & others' rights; stand up to protect those rights
- Overcome feeling of fear
- Handle feeling of anger diplomatically
- Avoid manipulation
- Practise peaceful disagreement
- Use assertive body language
- Use eye contact
- Learn to use "I" statements

8.6.3 Relaxation Exercises

The relaxation exercises can be used to promote well-being in a number of ways:

- a) **Yoga:** One needs to be aware of the positive effects of the technique on the body as well as the psyche. Yoga is an age old indigenous technique as well as an art of healthy living. In order to promote well-being yoga should be practised regularly and systematically. Studies have shown that people who practice yoga tend to have positive self image, greater self esteem and higher degrees of self efficacy.

- b) *Meditation:*** Meditation is a powerful method of coping with stress and promoting well-being. Meditation is thought to be the oldest form of relaxation. In simple terms, it is mind cleansing or emptying process. At a deeper level, meditation is focused concentration and increased awareness of one's being. When the mind has been emptied of conscious thought, unconscious thoughts can enter the conscious realm to bring enlightenment to our lives.

In fact according to Bhamgara (1997), meditation is of far greater importance than medication for whatever afflicts humankind today." Meditation is a practical, systematic method which enables an individual to gain relaxation, peace and happiness. There are a variety of forms of meditation. Common to all forms of meditation is a stimulus on which the one who meditates will focus his/her attention. For example focusing on one's own breath; a candle flame; flower; etc. Focusing on such stimuli enables the individual to gain relaxation and achieve mental well-being.

c) *Mental Imagery/Visual Imagery*

Steps to initiate mental imagery are as follows:

1. *Assume a comfortable position:* Mental Imagery can be done anywhere. You can close your eyes momentarily to your current surroundings and allow your imagination to replace it with a setting more conducive to relaxation.
2. *Concentration and attitude:* As with other relaxation techniques, mental imagery requires sound concentration.
3. *Visual themes:* Choice of mental images is unlimited. Begin by deciding the purpose of your visualization. Promote a healthier lifestyle.

For example, individuals can be asked to visualize their future in terms of positive mental imagery. To illustrate, seeing themselves as getting high ranks in the examinations; as individuals who have achieved their academic goals; etc. They are then asked to put in consistent efforts to make this mental imagery a reality.

8.6.4 Social Support

Social support is believed to be another important factor in enhancing well-being. Performing an activity as a group or with the support of a close, with others, it is likely to promote greater and more sustained well-being than doing the activities alone. Thus well-being can be promoted by:

- Building a good social-support network
- Nurturing relationships
- Judicious use of social support network (Henderson & Brown, 1988)

Social support promotes well-being as it satisfies the individual's need for affiliation and enhances self esteem and self efficacy and it also reduces environmental demand or pressure that generate stress. It also attenuates the relationship between stress and well-being by enhancing the recipients' cognitive and behavioural coping strategies (Parasuraman et al 1992). Thus, instead of having direct effects on stress or health, social support modifies the relationship between stress and health and protects the individual from negative consequences of stress (Williams & House; 1985).

8.6.5 Time Management

Well-being can be promoted through effective time management. Some effective time management techniques are as follows:

- *Prioritization*: Prioritization means ranking responsibilities and tasks in their order of importance. Before this can be done, however, a list of all current responsibilities must be made.
- *ABC rank-order method*: It involves assigning the letters A, B, C, to various responsibilities. A for the highest priority activities (Must do immediately), B for second-priority activities (anything that is not A or C but should do soon), and C for low-priority tasks or things you would like to do (can wait to do).
- *Important-versus-urgent method*: It involves assigning tasks as urgent, which need to be done immediately vs. those that are important and can be done after the urgent tasks are done.
- *Scheduling*: Scheduling is time allocation for prioritized responsibilities, or the skill of matching a specific task or responsibility with a designated time period in which to accomplish it.
- *Execution*: The execution of responsibilities is a systemic progression of steps taken toward the satisfactory completion of each task more specifically; execution can be described as the implementation of an established schedule.

8.6.6 Art

Art can be used to promote well-being by building on the individual's inner strength, and enhancing an individual's positive image. Art can be used to promote well-being by doing exercises such as the following:

- *Draw something that represents you*: This could be a symbol of yourself, a picture of something you identify yourself with or something that gives you inner strength.
- *Draw two fantasy animals*: Whatever two animals come to mind, even creations of animals that do not exist on the planet. Then describe the animals you have drawn in a few words (approximately three adjectives) on the back of the paper.
- *Draw a picture of a part of your body you feel needs special attention (Healing images)*: Draw an area that you feel is perhaps a target organ of stress, one that shows signs of excessive wear and tear, or a part of your body that does not feel completely whole.
- *Draw a peaceful image*: Draw an image that makes you feel relaxed just by thinking about it. It can be a place you have never been to but have always wanted to go to.
- *Draw how you feel now*: What emotion(s) are you feeling now? Anger, fear, guilt, worry, love, joy, peace? What does your anger look like to you? How would you illustrate your feelings of love? Try to visualize your emotions on paper.
- *Draw a dream image*: Try to include whatever fragments of a particular dream you can recall. Include the use of colours.

8.6.7 Journal Writing

Journal writing includes writing personal events, thoughts, feelings, memories and perceptions. Journal writing can be used to promote well-being as it:

- Can be used to express worry.
- Provides for emotional catharsis by getting out on paper the toxic thoughts roaming through ones mind.
- Nurtures self awareness process and honest expression.
- Acts as a vehicle for meditation.
- Helps in self exploration.
- Helps in planting, and harvesting the seeds of creative problem solving.

Strategies for promoting well-being through journal writing:

- Try to identify the concerns and problems that cause tension.
- Ask yourself what emotions are elicited when these stressors are encountered.
- Allow the writing process to augment your creative process further.

8.6.8 Humour

Humour can also be used to promote well-being.

Learn not to take life too seriously. Take your work seriously, but take yourself lightly. This attitude means seeing yourself as more than your work. Many times we place all our eggs in the career basket and if we have a bad day at work, then our self-esteem withers away. See yourself as a whole person, with many aspects and talents, not just as a student, spouse, or professional. People who are able to laugh at their mistakes are considered more emotionally sound than those who fret at the slightest hint of imperfections.

Find one humorous thing a day. Humorous events and concepts are around us all the time. Life is full of ironies, incongruencies and just plain funny stuff. One's frame of mind is either receptive to these, or simply dismisses them.

Work to improve your imagination and creativity. Creativity and humour are virtually inseparable. Play with children. Kids have wonderful imaginations. Maybe some of theirs will transfer to you!

Start a tickler notebook. Buy a notebook and fill it with anything that puts a smile on your face. It can include, among other things, cartoons, favourite jokes, letters, funny photographs with yours captions attached, favourite newspaper columns, love poems, and a host of personal items (birthday cards, postcards, photographs, etc.) that make you feel good inside.

8.6.9 Music

Music can also be used to promote well-being. The following aspects need to be taken into consideration:

- *Musical selection:* The type of music that is most conducive to relaxation and helps return to homeostasis should be selected.

- *The music should preferably have a slow tempo.*
- *The selection should be enjoyable rather than disturbing.*
- *Listening environment should be comfortable.*
- *Postures and cognition:* The individual should recline in a comfortable position with eyes closed to minimize distractions.
- *Making your own music also helps.*

8.6.10 Exercise and Nutrition

Exercises

The psychological benefits from regular exercise and the intuitive holistic link between physical exercise and well-being are well documented. Evidence base supports the existence of a strong relationship between physical activity and well-being. Physical activity impacts well-being by preventing mental health problems and by improving the quality of life for people with mental health problems. (Fox, Boutcher, Faulkner, & Biddle, 2000).

Any exercise has a de-stressing ability because it burns up the extra energy. Exercise increases blood circulation and this improved flow of blood to the brain provides additional supplies of oxygen and sugars which are essential in helping the individual function properly when stressed. Among the many common exercises, the most desirable techniques are walking and simple aerobics.

Nutrition

Well-being is promoted by:

- Eating a well balanced diet.
- Eating a good breakfast and spacing meals evenly throughout the day.
- Avoiding or minimizing the consumption of caffeine and sugar.
- Eating a diet that provides adequate levels of vitamins and minerals.

Check Your Progress Exercise 3

Note: a) Read the following questions carefully and answer in the space provided.

b) Check your answer with those provided at the end of this Unit.

1. How can cognitive restructuring techniques be used to promote well-being?

.....
.....
.....

2. How can assertiveness training be done?

.....
.....
.....

3. Can music be used to promote well-being and how?

.....

.....

.....

8.7 PROMOTING WELL-BEING IN DIFFERENT POPULATIONS

8.7.1 Promoting Well-Being in Children and Adolescents

Role of Parents

Parents are important influences on children. Parental role in the life of the Indian adolescent is much greater and the influence they exert on their wards is even stronger when compared to adolescents of the west.

Apart from the developmental changes that occur at an accelerating speed, the academic pressures exerted on them by their parents beset adolescents to even greater pressure. Though parental pressure can be positive, most adolescents perceive it as negative. The adolescent perceives this pressure both as highly threatening and challenging, thereby experiencing intolerable stress. They thus face additional adjustment problems as well. Unable to cope with such stressful situations, the adolescent may get frustrated and irritated. Parents can play a very crucial role in promoting well-being in their children by helping their child focus only on positive expectations and believe that their efforts would bring them great success as negative expectations would increase anxiety and stress.

Role of teachers

Positive beliefs about our self are a very important aspect in promoting and sustaining well-being. For some children it may be essential to reinforce feelings of self worth externally. This, in turn may induce and strengthen the positive feelings that might help temporarily laidback children, with support from teachers.

Some children have a tendency to restrict their social network. The teachers can expose them to a wider variety of interaction with varied groups in a secure group environment, where they would enjoy the interaction and thereby develop a more positive sense of self.

Planning and designing games demanding high alertness and actions of reflex and swift-solving skills may help in enhancing their state of anticipation of adversity and preparedness of encountering the same.

8.7.2 Work Environment and Well-Being

Baldry et al (1997) argued that the social processes which generate occupational ill-health can be understood through examining the degree of 'fit' between three interrelated components of any work system: the social environment (work organization, managerial control); the proximate environment (work station design) and the ambient environment (lighting, air quality). The mismatch of these components may result in strain which may be experienced by the worker as

physical discomfort or actual ill-health. A fit between all the interrelated components of the work system would promote well-being.

8.7.3 Well-Being and Special Population

For promoting psychological well-being among families of people with special needs, the measures should be need-based. Identifying and meeting individual needs of various members in the family is one way to strengthen the family. Family intervention model will work effectively after knowing family needs only. The following are a few examples of need-based interventions:

1. Counselling family members and handling emotional reaction.
2. Communicating diagnosis and assessment.
3. Facilitating contacts with other similar parents.
4. Providing material and information and awareness building.
5. Behaviour modification programme for the child.
6. Facilitating parent-teacher contact and relationship.
7. Facilitating parent participation in parent-support group.
8. Train parents in time management skills.
9. Counselling family to identify sources to raise family income to meet expenditure on long term basis.
10. Providing needed help to avail government benefits and concessions.
11. Helping parents understand assets and limitations of the disabled person.
12. Helping build informal/formal social security support for the child.
13. Greater acceptance of disability, thereby demonstrating a sense of meaning in their circumstances.

Professional Help

Professional help can play an important role in promoting psychological well-being among the families of disabled children. Psychologists, psychiatrists, trained counsellors, family therapists, and social workers are professionals to contact who can help families resolve their problems. They help them in understanding their problem well and finding a proper solution to the problem. Professionals together can help initiate interaction between interested parents by bringing them initially together at a neutral place for contact. Depending upon the further need of a particular parent group, the a professional could provide support such as helping in identifying needs of the group, facilitating parent group meetings, fostering mutual concern among parents, helping develop policies and programmes to be undertaken, providing technical guidance, motivating parents to mobilize resources and their activities which could help parents in helping themselves.

For example, programmes such as interpersonal and social-skills training and innovative interventions such as aerobic exercise training have been found to lead to an increase in sense of well-being, and acceptance of disabilities among persons with physical disabilities.

Cognitive-behavioural interventions designed to enhance coping effectiveness may have beneficial effects on people's ability to positively reappraise their situations and to increase their sense of hope, with corresponding improvements in psychological adjustment (King & Kennet, 1999). Strategies that include family members as an integral part of the rehabilitation process may be particularly effective (Moore, 1989); moreover, these approaches may be couched within cognitive-behavioural frameworks and delivered in innovative, home-based programmes (e.g. Roberts et al, 1995).

8.8.4 Well-Being Among the Elderly

Improvement in standard of living and prosperity, availability of advance healthcare services and practices have led to impressive gains in the life span of older people. Though lives are becoming longer, they are not necessarily well lived. To live long and live well is a common human endeavour.

Strategies for promoting well-being among the elderly include the following:

1. ***Incorporate healthy lifestyle in one's life:*** Healthy lifestyle will include.
 - a) Eating hygienic and nutritious food
 - b) Exercising/walking/jogging regularly
 - c) Adopting constructive good habits
 - d) Seeking medical advice and following prescriptions systematically
 - e) Controlling stress through coping mechanisms
 - f) Time management
2. ***Life study management:*** Advice elderly people on how to manage major life events.
3. ***Positive attitude:*** Guide elderly people to have and develop positive attitude and to tackle new challenges with enthusiasm.
4. ***Control over one's own financial affairs:*** Guide elderly to plan for secure future, supplementary income, dealing with financial crises and property management.
5. ***Independence:*** Advice elderly to have freedom to move about, doing things for oneself, freedom to choose one's own clothes etc.
6. ***Degree of autonomy:*** Greater the autonomy older people can achieve, greater the chances for happiness.
7. ***Social contacts:*** Elderly people will be happy if they have opportunities for social contact with outsiders, than if their contacts are limited to the family members.
8. ***Emotional adjustments:*** Express negative emotions with less intensity and express positive emotions, explicitly (laughter and humour clubs are abundant).
9. ***Self concept:*** Develop positive self concept (through optimizing view, self confidence etc.)

10. ***Spiritual and religious practices:*** Spirituality has always been in the center stage of Indian culture. Studies have shown that increase in the amount of religious practices has beneficial effects on the well-being of older people. Prayer helps to reduce anxiety.
11. ***Yoga:*** Yoga and meditation help to promote well-being systematically. One should practice yoga and meditation regularly.
12. ***Living conditions:*** Elderly are advised to live in non polluting environment, proper ventilation, in hygienic living conditions including use of safe water.
13. ***Support services:*** Awareness and availability of support services to elderly is important.
14. ***Recreational activities:*** Involvement and participation in recreational and sports activities enhance well-being.
15. ***Creativity:*** Participation in arts and music activities is beneficial.

Check Your Progress Exercise 4

Note: a) Read the following questions carefully and answer in the space provided.
b) Check your answer with those provided at the end of this Unit.

1. How do teachers promote well-being in student?

.....

.....

.....

.....

2. Elucidate the role of professionals in working with special population.

.....

.....

.....

.....

8.9 LET US SUM UP

What attracts the scientific and academic attention is the deviation from the norm more than the norm itself. The prolonged neglect of research into wellness and the major preoccupation of mental health experts with the study of etiology, symptoms and treatment of illness perhaps are responsible for evolving intervention modules based on the assumptions rather than the facts of health and well-being.

Well-being is a state desirable for one and all. Some of the characteristics associated with well-being are optimism, positive work attitudes, understanding relationships, reaching out to people, maintaining good health, ability to sustain relationships, ability to handle crisis effectively etc. The above characteristics sound utopian in the context of present day lifestyle.

8.9 GLOSSARY

- Behavior modification** : Behaviour modification is a treatment approach, based on the principles of operant conditioning, that replaces undesirable behaviors with more desirable ones through positive or negative reinforcement.
- Cognitive restructuring** : Cognitive restructuring is a skill taught in Cognitive behaviour therapy. The main goals of cognitive restructuring are identifying irrational or unhealthy thoughts and modifying them to present a more accurate view of the situation.
- Positive Psychology** : Positive psychology is a branch of psychology that focuses on improving the mental functioning of human beings above that of normal mental health.
- Well-Being** : Well-Being is most commonly used to describe what is non-instrumentally or ultimately good *for* a person.

8.10 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Answers to Check Your Progress Exercise 1

1. Well-being is defined as the positive state of human beings which consists of pleasure and lies in the actualization of human potentials.
2. The different types of well-being are:
 - i) Psychological well-being
 - ii) Emotional well-being and Social well-being
 - iii) Physical well-being
 - iv) Cognitive well-being
3. Social actualization includes the personality traits of self-directedness, cooperativeness and self-transcendence that are each essential for well-being.

Answers to Check Your Progress Exercise 2

1. Personality traits of self-directedness, cooperativeness and self-transcendence are each essential for well-being.
2. Factors such as life stages, personality factors, individual differences, stress, healthy values, and goal attainment affect well-being.
3. Well-being can be assessed using subjective well-being inventory & satisfaction with life scale.

Answers to Check Your Progress Exercise 3

1. Cognitive restructuring techniques be used to promote well-being by:
 - Assuming responsibility for your own thoughts
 - Facing the reality of the situation

Resolving whatever causes stress

Creating and adopting a positive frame of mind

Fine tuning expectations

Handling the Negative thoughts

Positive affirmations

Looking at positive aspects of the situations

Making self talk positive

2. In order to promote well-being one should be assertive that includes:

To say no and not feel guilty

To take your time to form a response to a comment or question

To ask for assistance with instructions or directions

To ask for what you want

To experience and express your feelings

To feel positive about yourself under any conditions

To make mistakes without feeling embarrassed or guilty

To own your own opinions and convictions

To protest unfair treatment or criticism

To be recognized for your significant achievements and contributions.

Focus on problem and not to belittle self or others.

Recognize his/her rights & others rights, stands up to protect those rights.

Overcome feeling of fear

Handle feeling of anger diplomatically

3. Music can also be used to promote well being. One should:

Select the type of music most conducive to relaxation,

The music should be instrumental with a slow tempo, and

The selection should be enjoyable and the listening environment should be comfortable with minimizing distractions.

Answers to Check Your Progress Exercise 4

1. Teachers can promote well-being in children by reinforcing feelings of self worth ,that, in turn may induce and strengthen the positive feelings. Support from teachers & those who have a strong and health social support network report more well-being.

Planning & designing games demanding high alertness and actions of reflex and swift-solving skills may help in enhancing the children's state of anticipation of adversity and preparedness of encountering tough situations.

2. Professional can play an important role in promoting psychological well being among the families of disabled children. They help them in understanding their problem well and finding proper solution to the problem. Depending upon the further need of particular parent group, the professional could provide support such as helping in identifying needs of the group, facilitating parent group meetings, fostering mutual concern among parents, helping develop policies and programmes to be undertaken, providing technical guidance, motivating parents to mobilize resources and their activities which could help parents in helping themselves.

Programmes such as interpersonal and social-skills training ,cognitive-behavioural interventions designed to enhance coping effectiveness may have beneficial effects on people's ability to positively reappraise their situations and to increase their senses of hope, with corresponding improvements in psychological adjustment. Formal vocational rehabilitation intervention programmes that support a return to career-related activities-broadly defined to include support for independent living assistive devices, and meaningful social activities.

8.11 UNIT END QUESTIONS

1. Name any five components of psychological well-being.
2. How do intrinsic and extrinsic motives differ from each other?
3. What are the different steps of creative problem solving?
4. Give any 4 strategies for promoting well-being among the elderly.

8.12 FURTHER READINGS AND REFERENCES

Baldry,C., Bain, P. and Taylor, P.(1997) Sick and tired? Working in the modern office, *Work, Employment and Society*,11(3):519-539.

Bornstein, M. H. (2003). Positive parenting and positive development in children. In. R. M.Lerner, F. Jacobs, & D. Wertlieb (Eds.), *Applying developmental science for youth and families: Historical and theoretical foundations*. Volume 1 of *Handbook of applied developmental science: Promoting positive child, adolescent, and family development through research, policies, and programmes* (pp. 187–209). Editors: Richard M. Lerner, Francine Jacobs, and Donald Wertlieb. Thousand Oaks, CA: Sage Publications.

Cloninger,C.R.(2006): *The Science of well being: an integrated approach to mental health and its disorders*. *World Psychiatry*,5,71-76

Diener,E., Emmons,R.A., Larsen,R.J., & Griffin,S.(1985) *The Satisfaction with Life Scale*. *Journal of personality Assessment*,49,71-75.

Fox, KR;Boutcher,SH;Faulkner,G; Biddle SJH(2000). *The case for exercise in the promotion of mental health and psychological well-being*. In Biddle SJH, Fox KR, Boutcher SH (eds) *Physical Activity and Psychological Well-being*. London: Routledge.

Hariharan,M(1995) Positive Health and Well –being in adverse environment: A leaf from the invulnerable. In Amrita Yadav and Nov Rattan Sharma (eds) Positive Health Psychology(2007) Global Vision Publishing House, New- Delhi(71-82)

Lopez,S.J., Floyd,R.K.,Ulven,J.C., &Snyder,C.R.(2000)Hope Therapy:Helping Clients build a house of hope. In Snyder,C.R., Handbook of Hope: Theory, measures, and applications.London: Academic Press.

Moore,A.,Bombardier, C.H., Brown, P,& Patterson, D(1994)Coping and emotional attributions following spinal cord injury, International Journal of Rehabilitation Research,17,39-48.

Parasuraman, S; Greenhaus, JH; and Granrose,CS(1992)Role stressors,social support and well-being among two career couples.journal of organizational behavior, Vol 13, pp339-356.

Ryan, R.M., & Deci,E.L.(2001)To be happy or to be self-fulfilled: A critical review of research on hedonic and eudaimonic well-being. In S. Fiske (Ed.), Annual review of psychology vol 52;141-166.Palo Alto,Annual Review/ Inc.

Seligman, M.E. P. (2002). Authentic Happiness: Using the New Positive Psychology to Realize Your Potential for Lasting Fulfillment. New York: Free Press

Williams D.,House,J.S.(1985)Social support and stress reduction, In : Cooper CL, Smith MJ (eds) Job stress and blue collar work.Wiley,London:pp207-224.

UNIT 9 POSITIVE PARENTING

Structure

- 9.1 Introduction
- 9.2 Looking at Parenting from a Positive Perspective
- 9.3 Parenting in the Cultural Context
 - 9.3.1 Individualistic and Collectivistic Worldviews
 - 9.3.2 Variations in Family Structure and Organization
 - 9.3.3 Parenting Styles and the Cultural Backdrop
 - 9.3.4 A Move Away from 'Parenting Styles'
- 9.4 Toward a Better Understanding of Parenting
 - 9.4.1 Extending Focus Beyond the Mother
 - 9.4.2 Mutuality of Influence in Parenting Relationship
 - 9.4.3 Adopting a Developmental Framework
- 9.5 In Search of Positive Parenting
- 9.6 The Significant Role of Grandparents
- 9.7 Contemporary Concerns and Challenges
- 9.8 Rising Above Some Myths
- 9.9 Let Us Sum Up
- 9.10 Glossary
- 9.11 Answers to Check Your Progress Exercises
- 9.12 Unit End Questions
- 9.13 Further Readings and References

9.1 INTRODUCTION

The quality of parent-child relations and parenting is considered to be an important influence on both adaptive and maladaptive functioning.

Every parent desires to be a “good” parent. The extent of unanimity, however, ends at this point. The debate regarding what constitutes good parenting continues unabated, among parents and experts alike. All parents have their moments of doubt. And there is lack of consensus among experts as well regarding optimal modalities of parenting, and the extent to which the ‘recommended’ strategies and processes can be effectively and consistently transacted in real life on a day-to-day basis.

Parents typically desire that their children should behave in socially desirable ways and should grow up to be responsible adults. And yet, what is being increasingly witnessed in the youngsters of the day is increasing narcissism and self-centeredness on the one hand, and lowered levels of tolerance, respect and patience on the other. In this contemporary era, the need for positive parenting seems to be tremendous indeed.

In this Unit, we shall learn more about positive parenting and related aspects.

Objectives

After studying this Unit, you will be able to:

- Appreciate the increasing emphasis on parenting from a positive perspective;
- Understand the construal of parenting in the cultural context;
- Analyse the shift in perspective with reference to extending the focus beyond the mother, understanding mutuality of influence of parent-child interactions, and the need to adopt a developmental framework in the context of positive parenting;
- Explain the desirables in the context of positive parenting; and
- Provide a critique of some myths that prevail with reference to positive parenting.

9.2 LOOKING AT PARENTING FROM A POSITIVE PERSPECTIVE

The benefits of focusing on the positive in daily life, and on human strength and virtues, is now being increasingly recognised.

For too long, the focus has been on negatives; on trying to correct them, both in the context of psychological and child development research and practising advice. Now, however, there is a diagrammatic shift, with an increasing emphasis on the need to maintain a balance and emphasize fostering the positives.

The result is the emergence and increasing acknowledgement of the vital significance of construals such as positive psychology and positive parenting.

Positive parenting pertains to nurturing what is best within our children.

9.3 POSITIVE PARENTING IN THE CULTURAL CONTEXT

Psychosocial development and processes do not occur in a vacuum - these occur in the specific socio-cultural milieu. This is particularly valid, yet usually ignored, in the context of parenting. On examining the research studies, prepositions and postulations in the domain of parenting, one finds that most of these are based on Western values and experiences! It is important to take a holistic view and give due emphasis to ethnotheories of parenting as well. After all, what is deemed to be “good” parenting would necessarily be influenced by what qualities are desired in children and adults in the particular cultural context.

9.3.1 Individualistic and Collectivistic Worldviews

“Strengths” and “weaknesses” indeed are determined by the cultural value systems. Most Western cultures are individualistic in nature, focusing on the individual, who is held above the group in terms of importance. Thus competition and personal achievement are emphasized in these cultures. On the other hand, in collectivistic cultures, including India, the group is valued above the individual. The emphasis, thus, is on cooperation. Fitting-in and accommodating are traditionally fostered, rather than encouraging the individual to stand out. This difference in the basic perspective and worldview results in differences in what is valued, and what characteristics, attributes, dispositions and constructs are deemed to be strengths in any given culture. While individualistic cultures foster self-efficacy, collectivistic cultures promote interdependence. While the former believe in self-reliance and carving-out one’s own future, the latter recognize the wisdom of the elders. This feature itself has a bearing on how parents, grandparents, and other significant others in the family and kin group are perceived, and the influence they have – including that on parenting.

Likewise, the greater emphasis on harmony and compassion, rather than fighting for one’s own right, is likely to influence the socialization emphasis, including in the familial context.

9.3.2 Variations in Family Structure and Organization

There is tremendous variation in family structure, organization and functioning mechanisms; including roles and responsibilities of various family members, evident in different societies. And yet, in most of the discussions on parenting, the template assumed is that of a nuclear family located in the West. Don’t you think that we need to rethink the contemporary models of parenting in the context of, for instance, extended and joint family systems, especially when the responsibility of parenting is shared across several caregivers? In our country, for instance, one finds that unlike the nuclear family scenario of the West, it is not just the parents, but also the grandparents, uncles and aunts – particularly paternal, who are involved in the upbringing of the child, more so if they are members of the household. Thus, it may be the paternal grandmother or even the grandfather who looks after the young child, while the mother is involved in household chores or in an economically gainful activity. Caregiving and parenting is often a shared activity, with other members of the larger family and kin group playing an active role. The experience of growing-up would obviously be different for a child in such a milieu. Implication and impact of maternal employment also, obviously, would be different. Parenting thus needs to be located in its complete systemic context, with due attention accorded to the various sub-systems involved.

9.3.3 Parenting Styles and the Cultural Backdrop

You have read about Baumrind’s classification of parenting styles in Unit 13 (Block 3) of Course 1 of this programme of study. You are thus aware that authoritative parenting is said to be associated with higher levels of well-being of children and adolescents compared to the other parenting styles. On the other hand, authoritarian parenting, according to Baumrind, results in children lacking initiative, spontaneity, and social competence. While typologies and the propounded corresponding child outcomes have practically

dominated the field for the last four decades, recent studies have raised serious doubts about the generalizability of parenting styles across socio-cultural groups or socio-economic strata. For instance, research evidence from cross-cultural studies (e.g., Chao, 1994) challenges the strongly believed notion that authoritative style of parenting is essentially and universally beneficial. Baumrind's categories reflect the dominant North American view of child development, and the typology and the child outcomes proposed may not be valid or applicable across all cultures or socio-economic groups. Rather, in some groups, aspects of authoritarian style of parenting have been found to be associated with more positive child outcomes than predicted by Baumrind; for example, firm parental control may be a necessary safeguard for children in families living in slums or amidst other high risk factors. Further, with regard to traditional Asian child rearing that is typically described as authoritarian according to Baumrind's typology, one needs to take note of a significant difference – that of parental concern and involvement in the children's lives. And this is something we all would unhesitatingly agree to in the Indian context as well. While parents do exercise control and expect obedience and conformity from their children, there is ample parental warmth, commitment, involvement and concern with regard to the child. When control is perceived together with the warmth and concern, the children's perception of parental control is also likely to be different; it is more likely to be seen as "caring" rather than "domineering". This aspect alone makes a significant difference to the resultant implications of the parenting style. Thus, cultural and contextual factors need to be given due importance when considering any type or style of parenting or child rearing. "Positive" aspects are with reference to the particular socio-cultural context!

9.3.4 A Move Away From 'Parenting Styles'

Researchers are now pushing the pendulum back from 'parenting styles' to more specific aspects of parenting. The focus is shifting to specific aspects such as expectations, attribution and issues or factors impacting parent-child interactions, such as contingent responsiveness. To illustrate, research studies have pointed out that children's transgressions do not meet with a set pattern of parental response. Rather, parental response is likely to be contingent upon parental mood, the severity of transgression, and perception of the child's response to the misbehaviour.

Check Your Progress Exercise 1

Note: a) Read the following questions carefully and answer in the space provided.

b) Check your answers with those provided at the end of this Unit.

1. State whether the following statements are 'True' or 'False':

- i) Individualistic cultures focus on personal achievement and competition. ()
- ii) Positive parenting focuses on curbing anger and aggression. ()
- iii) Parenting processes and goals are influenced by the socio-cultural milieu. ()

9.4 TOWARD A BETTER UNDERSTANDING OF POSITIVE PARENTING

Early theories of parenting were typically characterized by preoccupation with the role of mother; unidirectionality of parental influence on children; and primarily non-developmental conceptualizations. For a better understanding of positive parenting, one needs to appreciate the fundamental shift and the change in perspective, that has occurred with regard to each of these aspects.

9.4.1 Extending Focus Beyond the Mother

Much of the early work on parenting primarily focused on the mother's role. Given that, in any case, the areas of interest were various forms of disorders and psychopathology, the evidence generated held mothers (not fathers) as the primary source of children's problems. Yet, there's been some evidence that mothers and fathers are deemed to be equally responsible for children's positive behaviour!

Considerable significance has been assigned to maternal attachment and the quality of mother-child relationship. As you studied in Course 1, Bowlby and Ainsworth in the context of maternal attachment proposed that the mother, because of her unique biological relationship to the child, also has a unique psychological relationship, which is so significant that the quality of this early relationship influences the quality of all subsequent emotional relationships that the child would have. Since, within this paradigm, the father and other important persons in the child's life are relegated to a peripheral role, theoretically, mother blaming is inevitable!

There is now an increasing recognition of the need to shift the focus from the mother to the more complex web of relationships in which child development takes place.

The role of other family members; in particular the father, is being increasingly focused upon. Indeed, fathers in urban, nuclear families now play a more active role in bringing-up their children. While it is often believed that the fathering role has evolved in a linear manner from the position of a remote authority-bearing patriarch to an involved caregiver leaning towards egalitarianism, it is not really the case. As several scholars have pointed out, men's roles in families have varied; influenced by factors such as historical period, geographical region, race, ethnicity, class and the like.

The key characteristics of fathers that have been found to promote children's well-being include responsiveness, and emotional availability.

9.4.2 Mutuality of Influence in Parenting Relationship

It is generally assumed, erroneously, that the direction of influence is one-way; from the parents to the child. The common belief is that parenting influences the child. This, however, is not the complete story. The reverse direction of influence is equally a reality. Thus, the nature of parenting, at least partly, is a response to the characteristics and temperament of the child. Studies indicate that parents are more controlling and less involved when they perceive their children to be difficult. There is increased recognition of the child's role in the socialization process, as well as the bi-directional nature of parent-child interactions. It is important to acknowledge this aspect, so that it can be accommodated.

At the same time, it is also vital to recognize the fact that since the sub-systems in the family (including dyadic) are inter-dependent; one usually has to reckon with multi-directionality of influence. For instance, the quality of husband-wife relationship has consistently been linked with the quality of parenting, and vice-verse.

Parenting and the Child's Temperament

Many modern day parents do not really accept the importance of the child's temperament till the second child is born. The first child's behaviour is often considered to be the result of how the child was socialized. However, subsequent experiences may drive home the point that the strategies (for instance, in the context of feeding, sleeping, toilet training, and responding to strangers) that work with one child may simply not be required, or may not work, with another child; who may instead present a different set of issues and problems. Such experiences make one realise the existence and significance of dispositional and temperamental differences in children, and the implications of the same for parent-child interactions.

While in Western literature, this aspect is being 'increasingly recognized' now, in Indian tradition, this acknowledgement always existed, and was an essential component of the child rearing practices. Talk to any grandmother and she would confirm this!

Each child is unique, and calls for adaptive parenting.

9.4.3 Adopting a Developmental Framework

An effective positive parenting framework requires one to adopt a comprehensive developmental perspective; recognizing not only the development of the child, but also that of the parents as individuals and as a couple, along with development of the family as a unit. A developmental perspective includes paying attention to transitions in a life-cycle (at the individual, sub-system, and familial levels) that may be normative or non-normative, and the effects of these transitions on the lives of those involved. Awareness and understanding constitute the first step to doing the right thing!

Check Your Progress Exercise 2

Note: a) Read the following questions carefully and answer in the space provided.

b) Check your answers with those provided at the end of this Unit.

1. Does positive parenting encompass only the mother? Give reasons for your answer.

.....

2. What is the primary focus in positive parenting?

.....

9.5 IN SEARCH OF POSITIVE PARENTING

Children do better when parents:

- Are warm, affectionate, responsive, involved
- Act as authorities; setting limits, providing rules and guidelines
- Focus on both quality and quantity of time spent with the children
- Are neither punitive nor aloof
- Are neither negligent nor overindulgent
- Maintain a harmonious (not acrimonious) relationship with each other, and with other members of the household as well
- Are good role models
- Adapt to the individuality of the child
- Provide unconditional love and acceptance to the child (separating the child from his behaviour)
- Nurture the child's self esteem
- Catch the child being good, and reinforce the desired behaviour
- Stay connected with the child, in terms of warmth in the relationship and communication.

In the Indian context, with multiple parenting caregivers, the above would be valid for all family members who are involved in parenting the child.

Several factors located in the home and parenting climate promote positive psychosocial development in children and youth. These include the following:

- Close relationships with caregiving adults
- Parenting that is high on warmth and structure/monitoring
- Positive family climate with low discord
- Organized home environment
- Close relations to competent, prosocial and supportive adults

Positive discipline is a part of the positive parenting concept. The foundation of this style of disciplining is a close and loving relationship, so that the child will want to please his parents. To achieve this, it is important for the child to spend some time with the parent(s). Day-to-day activities provide spontaneous opportunities for teaching the child and imparting a sense of do's and don'ts. It also paves the way for better communication and connectedness. Discipline and teaching work best among positive relationships. Further, according to experts, other important aspects include reasonable and age appropriate expectations, feeding healthy foods, ensuring enough rest, giving clear instructions and repeating them if necessary, looking for causes of any misbehaviour and addressing the same, and building routines that provide predictability without regimentation.

9.6 THE SIGNIFICANT ROLE OF GRANDPARENTS

Grandparents, in the Indian context, tend to play a significant role in the upbringing of children. Most grandparents welcome the opportunity to observe

the grandchildren's development and share in their activities something often described as the best feature of being a grandparent.

Grandparenting is often described as more enjoyable than parenting. Many grandparents admit that they value this second chance in life since they were too busy and overwhelmed by their then responsibilities to enjoy the childhood and the process of growing-up of their own children!

For parents too, particularly working mothers, this support and help is welcome. In the Indian context, in particular, it is realized that no crèche or child care centre, or a maid or paid help, provides the quality or emotional warmth that a family member, particularly grandparents can. Parents often also lack the time and patience that children tend to require; something which grandparents are readily able to provide. The supportive role of grandparents in the parenting process enhances children well-being. The special affectionate bond between children and grandparents is a common observation. At the same time, common conflicts that arise in the relations between grandparents and parents; or put another way, between parents and adult children, include communication and interaction style (e.g., he is always yelling or she's too critical), habits and lifestyle choices, child-rearing practices and values (e.g., being permissive/controlling or the freedom and choice of activities permitted).

Positive parenting is inclusive of positive grandparenting.

In the Indian joint or extended family context, what has been said above for grandparents could well be true of other members of the family or kin group; including other older paternal or maternal uncles and aunts, older cousins, etc.

9.7 CONTEMPORARY CONCERNS AND CHALLENGES

The day-to-day practicality of modern times and circumstances may render the task of providing positive parenting experiences to the children somewhat difficult for the parents to accomplish on a consistent basis. Modern day phenomena such as changing nature of families including single-parent families, with concomitant higher levels of stress, including economic stress, high rates of maternal employment outside the home, work stress and its impact on family life, increasing marital discords and divorces, etc. pose a number of challenges which parents need to effectively overcome.

For instance maternal employment per se does not have detrimental effects on the child's development, an extended or joint family offers clear advantages in this case. In some families and circumstances, however, work related stress can spill over and have a negative impact on parenting. This is no generalizable rule though. Some handling stressful jobs provide better parenting as a balancing mechanism for themselves and the child! In others, a greater sense of overall well-being produced by work can lead to more positive parenting.

Separation and divorce, however, are a different issue. It is more difficult for a single parent to provide an optimal family environment, and most researchers agree that children from divorced families show poorer adjustment

than those from intact families. However, this does not mean that parents who continue with a marriage marked by high marital discord are doing any favour to their children. In fact, if the stress and negativities in the family environment associated with an unhappy marriage, that erode the well-being of children, are reduced through the divorce, then divorce can be advantageous.

9.8 RISING ABOVE SOME MYTHS

- ***Giving children what they want will make them happy***

In the present era, one commonly observes parents desperately trying to ensure that their children get what (in fact whatever!) they want. They find it difficult to say ‘No’, and try to avoid anything that might cause the child distress, including discipline.

The irony of the situation is that this constant indulgence is likely to ensure long term unhappiness rather than happiness for the children.

What we need to consider is that ‘wants’ are unending, and the child has to learn to operate in the larger world.

When these children step out into the world, they are in for a rude shock. They find that they cannot always get what they want something that they had started considering their fundamental right! They learn, in fact, that people do not like them because they are rude and selfish. As parents, we need to emphasize the children’s long-term good rather than short-term happiness. The old fashioned methods of parenting had distinct advantages, because children were brought-up as a part of the family, kin group and society instead of making them the fulcrum of all activities and making them feel as if they were the center of the universe. Children were corrected without hesitation, and they still felt loved while viewing the parents and other elders in the family with a healthy awe. We need to teach children that one does not always get what one wants! This lesson needs to begin at home. Children need to be taught to accept a ‘No’; to accept an instruction they don’t like. Watching their parents handle similar situations cheerfully could help!

How I treat my spouse and other family members doesn’t matter as long as I am loving towards my child

In the present times, it is not an uncommon sight to observe a parent being highly indulgent and affectionate towards the child, and having no qualms about misbehaving with the spouse, the grandparents, or others in the family.

One forgets the saying: “Life is a boomerang – what you give comes back to you”. Larger issues notwithstanding, the fact is that this doesn’t do much good to the child. Children learn a lot by observing – regardless of whether the same is intended or not! Conflicts and discord are best avoided. Rather, one should focus on being a good role-model for the child.

You should always explain the reason to the child

Giving explanations and elaborating on the rationale is deemed to help children understand ‘why’ they have been asked to do something. However, the flip side is that the children grow up expecting justifications and explanations from their parents for every request and instruction! Imagine having to provide

a reason to the child (and ensure its acceptability to the child!) for each and everything you want the child to do; from childhood through adolescence! Life may become a constant battle of wits. Further, at times it may be vital that the child follow the instruction instantaneously (say, when crossing the road), with the parent being assured of the same.

You should be a friend to your child

This statement should not be implemented in toto! While you would do well to always be available to your child, and inspire enough confidence that your child is able to share his/her wishes, dreams and worries with you, you need to basically remain a parent! Thus, you need to ensure that the child does the right thing; placing limits and drawing boundaries, and making clear that everything is not negotiable. A parent needs to have a certain degree of authority and provide clear leadership. Children too, in deep honest moments, desire this. It is a primary responsibility of parents to raise decent, well-adjusted members of society, and fulfillment of this responsibility is not possible without setting limits. Friendships are based on casualness and equality. Yet, for parenting to be affective, children need to respect parental authority.

Parents should always praise children to motivate them to behave well

Do not take children to be fools! They are able to make out when the praise is genuine and well-earned, and when it is not! Praise works best when it is well-deserved. Often a simple smile or look of approval, or a pat on the shoulder is enough to make the child glow. Experts opine that both praise and criticism have a greater impact when they are used sparingly and in well-deserved instances.

9.9 LET US SUM UP

This Unit focussed on positive parenting, and various associated aspects and issues. After an orientation to positive parenting, the significance of the cultural context was discussed. The contemporary shifts in perspectives were also discussed. Some do's and don'ts in the context of positive parenting were outlined. The significant role, in the Indian context, of grandparents and other family members was also highlighted. The Unit concluded with examination of some contemporary concerns and challenges, and an analysis of some prevalent myths dominating the field of parenting.

9.10 GLOSSARY

Extended family : A family unit that includes not just a couple and their children, but other family members as well; including grandparents, uncles, aunts, cousins etc.

Nuclear family : A family unit consisting of the husband, wife and their children.

Positive parenting : Nurturing what is best within our children.

9.11 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

1. i) True
- ii) False
- iii) True

Check Your Progress Exercise 2

1. No. It encompasses the father and other family members as well, since they too play a vital role in parenting and influencing the child's well-being.
2. Promoting the positives in the child (rather than curbing the negatives).

9.12 UNIT END QUESTIONS

1. With the help of examples, discuss the issue of mutuality of influence in parenting relationship.
2. From your personal experience and observations, what tips and strategies would you suggest for positive parenting?
3. Analyse any two contemporary challenges in the context of positive parenting.

9.13 FURTHER READINGS AND REFERENCES

Chadha, N. (2011). Socio-emotional development in the cultural context. In G. Misra (Ed.), *Handbook of psychology in India* (pp. 181-192). New Delhi: Oxford University Press.

Chadha, N. (2007). *Prosocial development in children: Helping, sharing and comforting*. New Delhi: Mittal.

Chao, R.K. (1994). Beyond parental control and authoritarian parenting style: Understanding Chinese parenting through the cultural notion of training. *Child Development*, 65, 1111-1119.

McHale, J.P., & Grolnick, W.S. (Eds.) (2002). *Retrospect and prospect in the psychological study of families*. New Jersey: Lawrence Erlbaum.

Papalia, D.E., Olds, S.W., Feldman, R.O. (2004). *Human development*. 9th Edition. New Delhi: Tata McGraw Hill.

Ratra, A. (2006). *Working and non-working women*. Delhi: Mittal.

Ratra, A., Kaur, P. & Chhikara, S. (2006). *Marriage and family in diverse and changing scenario*. Delhi: Deep & Deep.

Santrock, J.W. (2007). *A topical approach to life span development*. 3rd Edition. New Delhi: Tata McGraw Hill.

Snyder, C.R., & Lopez, S.J. (2007). *Positive psychology*. New Delhi: Sage.

<http://parentingmyths.webs.com>

<http://en.wikipedia.org/wiki/child-discipline>

http://kidshealth.org/parent/positive/family.nine_steps.html

MCFT-006 *APPLIED SOCIAL PSYCHOLOGY*

Block 1 : Socio-Cultural Influences

- Unit 1 : Culture and Socialization
- Unit 2 : Personality and Adjustment
- Unit 3 : Social Cognition
- Unit 4 : Prosocial Behaviour and Aggression
- Unit 5 : Karma Theory

Block 2 : Positive Psychology

- Unit 6 : Understanding of Self
- Unit 7 : Emotions and Well-Being
- Unit 8 : Promoting Well-Being
- Unit 9 : Positive Parenting

Block 3 : Interpersonal Relationships

- Unit 10 : Cohesiveness, Adaptation and Resilience
- Unit 11 : Problem Solving and Conflict Resolution
- Unit 12 : Interpersonal Communication
- Unit 13 : Interface with Family and Workplace

Block 4 Human Sexuality and Couple Relationships

- Unit 14 : Sexuality: Issues, Attitudes and Behaviour
- Unit 15 : Alternate Sexuality and Sexual Identities
- Unit 16 : Intimate Relationships
- Unit 17 : Marital Harmony
- Unit 18 : Separation, Divorce and Future Options

Manual for Supervised Practicum (MCFTL-006)