

**Relationship Among Gratitude, Altruism and Subjective Well-Being
Among Emerging Adults**

A project submitted to
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Bachelor of Science in Psychology

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CERTIFICATE

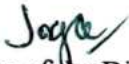
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DECLARATION

We do hereby declare that the project entitled "Relationship among gratitude, altruism and subjective well-being among emerging adults" submitted for the degree of Bachelor of Science in Psychology is our original work carried out under the guidance of Ms. Jeya Bala P, M.Sc., M.Phil., Assistant Professor, Department of Psychology (SSC), St. Mary's College (Autonomous), Thoothukudi and that it has not previously formed the basis for award of any degree.

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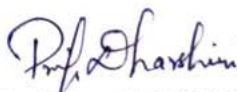
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CHAPTER I

Introduction

Emerging Adulthood

“Their lives are lived principally in hope.... have aspirations; for they have never yet been humiliated by the experience of life, but are unacquainted with the limiting force of circumstances.”

- Aristotle

Aristotle's notion about the youth of his time pretty much applies to Arnett's conceptualization regarding a new life stage, emerging adulthood- a period of life extending from 18-25 years of age. Individuals in this stage, termed as emerging adults are characterized by their strong desire to explore different options, it is the time of high hopes and big dreams accompanied by their optimistic outlook towards the future. The term emerging describes the exploratory unstable and fluid quality of this in-between period. It also is a time of anxiety as emerging adults are unsettled in life and are uncertain of where their exploration will lead. They believe that they can create their ideal future. There exists a possibility of falling short on achieving their high expectation of life. Emerging adults' greater belief of self-acts as a source of resilience to get back on track and go for it.

Some of the misconceptions about emerging adulthood are, it is a transition from adolescents to adulthood which is partly true, but labelling emerging adulthood as a transitional period shifts focus on what emerging adulthood is extended adolescents. Arnett (2015) does not accept this statement as emerging adults would have reached physical maturity and are not yet experiencing the dramatic physical changes of puberty. Individuals in this phase of life cannot be considered as young adults because most emerging adults are not ready for traditional roles or obligations of adult life especially in the contexts of marriage and parenthood.

Four revolutionary changes took place in the 1960s and 1970s. The youth movement, one of the changes profoundly altered youngsters' perspective of life. Young people of the earlier ages were eager to settle down, marry the love of their lives, yearn a secure job, have kids and just have the time of their lives in their older days. However, youngsters these days do not want to give in to the obligations of adulthood too early, rather they aspire to acquire education, be autonomous and explore the wide-open possibilities of life without having to carry the cruces of being labelled an adult that weighs them down from utilizing their potential.

Characteristics of emerging adulthood.

Some of the distinct characteristics of emerging adults from adolescents and young adulthood as described by Arnett (2004) are as follows,

- Identity exploration
- Instability
- Self-focus
- Feeling in-between
- Possible optimism

Apart from the values one's culture preserves, emerging adulthood trust in the concept of tolerance; they believe that everyone has the right to do what they want unless and until they harm others (Smith, 2011). Emerging adults are more susceptible to experience depression and substance abuse when their goals and dreams are not fulfilled.

Although the experience of this stage is more prominent in developing countries; India, one of the developing countries has also come to take on the characteristics exhibited in this period this is evident in the increasing preference of people in their twenties to marry late, cohabit, hop jobs and try out different things until they settle-in for what works for them (Arnett, 2015). Since this phase of life comes with its own set of demands and problems, emerging adults tend to experience a lot of issues regarding their mental health or well-being in other words and the struggles of this stage puts into test their positive traits like being altruistic or grateful.

Subjective Well-Being

In this age of technology, people tackle new challenges that interfere with their well-being. Well-being can be defined as the experience of health, happiness and prosperity. It includes having good mental health, high life satisfaction, a sense of meaning or purpose and ability to manage stress. A person with good well-being exhibits happiness and contentment in life.

Major types of well-being involve (Davis, 2019),

- Emotional well-being- The ability to practice stress management techniques, be resilient, and generate emotions that lead to good feelings.
- Physical well-being- The ability to improve the functioning of the body with good healthy food and exercise habits.
- Social well-being- The ability to communicate, maintain relationships and to develop a support network that helps to escape from loneliness.

- Workplace well-being- The ability to pursue your interest, values and to use your skills to lead a meaningful life professionally,
- Societal well-being- The ability to participate actively in the thriving community, culture and environment.
- Subjective well-being- A self-report measure of well-being, known as Subjective Well-being, which is typically obtained by questionnaires.

To develop overall well-being, each type of well-being must be taken care of. Well-being is the central concept in positive psychology. Well-being can be measured and reported only by the person himself. Diener (2000) defined subjective well-being as a person's cognitive and affective evaluations of his or her life. These evaluations include emotional reactions to events and cognitive judgments of happiness and contentment. Thus, subjective well-being involves experiencing high levels of pleasant emotions, low level of negative moods and high life satisfaction (Diener et al., 2000).

History of subjective well-being.

From the early 20th century, the experimental studies of subjective well-being began to take shape. Flugel's (1925) work of modern experience sampling approaches was the precursor to measure subjective well-being on-line as people move in their day to day life. After World War II, survey researchers began researching about the people's happiness and life satisfaction using global survey questionnaires. By the mid-1980, the field of subjective well-being started developing as a field of science.

In 2000, Diener proposed that subjective well-being can be created as a national index. Thus, subjective well-being can be tracked over time. Since Diener's proposal, many researchers were interested in the field of subjective well-being and many researches and books were published in a minimum amount of time. Hence leading to the development of subjective well-being as science. Subjective well-being grew rapidly in the field of science. This is due to, western people achieving material abundance and health greatly. Thus, leading them to seek a good life rather than a mere survival. The second reason is, subjective well-being is democratic. It takes people's thoughts and feelings about their life into consideration. People around the globe are entering a 'post materialistic' world, worrying about their quality of life. This also paved the way for subjective well-being to grow as a science discipline. Individualism is also a reason for its development. People believe that their own feelings and beliefs also matter, while considering their own well-being. The most significant reason for the increase in interest in the field of

subjective well-being is the development of scientific methods for studying subjective well-being. This poised subjective well-being as a major scholar and applied discipline.

Theories of subjective well-being.

Many theories have been proposed for better understanding of subjective well-being,

- Need and goal satisfaction theories
- Process or activities theories
- Genetics or personality predisposition
- Seligman's theory

Need/goal satisfaction theory.

As per the need and goal satisfaction theories, it is stated that, reduction of tension leads to happiness and positive well-being. Freud's pleasure principle and Maslow's hierarchical needs model represent this approach. Omodei and Wearing (1990) research findings state that when individual's needs are met to a certain degree, they tend to have a positive view on their life satisfaction. Goal theorists argue that when an individual's goals or valued aim is met, they attain a good subjective well-being. Thus, reduction of tension and satisfaction of biological and psychological needs and attainment of goals leads to happiness.

Process/activity theory.

The process or activities theory argues that happiness is attained when the person engages in interesting activities along with the usage of his or her own skills, thus resulting a good subjective well-being. Hence taking part in life events or participation in social event leads to happiness.

Genetic/personality disposition theory.

The above discussed theories are based on life events. Genetic and personality disposition theory proposes that happiness is also based on a person's genetic inheritance and personality. Even though happiness may result from life events, our personality also plays an important role in determining our subjective well-being. Individual differences influence an individual's subjective well-being. Cognitive dispositions such as hope, self-control and optimism also influence our subjective well-being.

Seligman's theory.

Seligman initially found that happiness is composed of three different elements; positive emotion, engagement and meaning. After doing further research he identified two other elements, accomplishment and relationship, which he believed that is necessary for one's own well-being. This gave birth to the new well-being theory. The goal of Seligman's well-being theory is to increase flourishing by developing the five main elements namely,

- Positive emotion (the pleasant life) is the first element of well-being defined by what you think and what you feel. It is the cornerstone of well-being theory. Happiness and life satisfaction, as subjective measures, are included under the element of positive emotion.
- Engagement is also assessed subjectively and the subjective state of engagement is retrospective.
- Meaning (belonging to and serving something that you believe, is bigger than the self) is the third element of well-being. It may be a subjective or objective component.
- Accomplishments are included to better describe what people, when free of coercion, choose to do for their own sake. People who lead accomplishing life are often absorbed in what they do, they often pursue pleasure avidly and they feel positive emotion when they achieve.
- Positive relationship is the final element of well-being theory. It refers to the relationship an individual has with other people in one's life.

Components of subjective well-being.

There are two components of subjective well-being (Diener, et al., 2000).

- Affective balance- refers to the moods, emotions and feelings a person has. These can be positive or negative or the combination of both positive and negative. The presence of positive affect does not mean the absence of negative and vice versa.
- Life satisfaction- Achievement of goals satisfaction of desires and needs etc., leads to life satisfaction (evaluations of one's own life). This results in a good subjective well-being. It can also be stated as a stable component of subjective well-being.

Factors that influence subjective well-being include a person's inborn temperament, health, wealth, physical characteristics, procrastination, cultural variations and family (Schult, 2014). Some of the demographic correlates of subjective well-being are as follows: People with

extrovert personality have good subjective well-being and the personality trait neuroticism is strongly associated with negative affect. A good income results in stable positive subjective well-being. Goals and expectations should be taken into considerations while studying the relation between income and subjective well-being. Age and sex are related to subjective well-being but they have lesser effects. Subjective well-being is not stable in each stage of life and it may differ among males and females. Marital status has a positive correlation with subjective well-being but it may differ in men and women. Religion also has a positive correlation with subjective well-being but it depends on the effects of the religious activity and religiosity being assessed. In recent years, the relation between cultural differences and subjective well-being are studied to find if there exists a profound difference in what makes people happy.

Altruism

Altruism is “acting out of concern for the well-being of others without regard to one’s own self-interest (Taylor, 2010). It is a thoughtful and voluntary act that profits others without impending self-advantage and self-interest (Eisenberg, 1983). Acts of kindness such as helping a hurt animal on the roadside, offering one’s seat to an elderly person in public transport, letting a disabled person cut one’s line in que, donating to charity are examples of altruism. Altruism can either be normative or autonomous. Normative altruism is a result of socially desirable behaviour and social recognition while autonomous altruism, that is innate altruistic characteristics are not influenced by such factors.

The term altruism was derived by Auguste Comte in 1851 from the Italian word “altru”, meaning “to other”. Altruism means benevolence or living for others (Smith et al, 2006). The terms *altruism* and *prosocial behaviour* are used interchangeably. A person is said to exhibit prosocial behaviour when one’s helpful action benefits others, which does not necessarily serve any benefit to the self and that prosocial act may even involve risk. True or pure altruism is an individual’s unselfish concern for the welfare of others. Altruism is a group phenomenon. It requires at least a group of two, an altruist that pays a cost and a recipient that receives a benefit.

Various religions display evidence of emphasizing the importance of helping others which explains the increased tendency of religious people to be helpful. Buddhism claims the need for altruism in sayings like “the more we care for the happiness of others, the greater our own sense of well-being becomes” (Dalai Lama, 2009). The following excerpt from The Bible “you should love your neighbour as yourself” suggests empathic-altruism. Islam describes the concept of “ithaar” which means altruism- as preferring others to oneself. The Bhagavad Gita states the virtue of “nishkaama karma” referring to actions without any expectation or desire for personal gain

which encompasses altruism. Although religion portrays altruism as a salient virtue, there is a possibility of an effect of in-group bias over a religious persons' helping behaviour.

Theories of altruism.

Kin selection theory.

The kin selection theory (Simmons et al., 1977) was based on egotism- a doctrine that individual self-interest is the actual motive of all conscious action; argues that human beings tend to favour helping one's kin because of genetic similarity. According to this theory, altruism is viewed as a behaviour that costs the individual who is on the helping end. Kin selection is the *group selection theory* which can be defined as differential elimination of preformed groups of individual organisms, or of groups that have formed themselves by action of the individuals concerned (Darlington, 1977). Because of pre-programmed genetic patterns of behaviour, an individual strives to fight for and facilitate safety of other members of the same group in community level or species level (Goodnight & Stevens, 1997; Cartwright, 2000; Zimmer et al, 2013).

Evolutionary theory.

Processes like adaptation and coevolution as proposed by evolutionary theorists must also be noted while studying altruism. Adaptation is the process of adjusting to the demands placed on an individual, either external or internal and co-evolution is a process where a group of organisms try to survive through different mechanisms such as conflict or cooperation. Conflict refers to fighting or conquering to attain one's needs whereas cooperation refers to cooperating with others either in terms of the altruist or in the place of one who receives help. In general, cooperation requires adaptation, which makes the individual better suited to certain situations. The success of survival as a group demands a set of reciprocal altruistic behaviours. This pattern of behaviour is evident in social animals, that is, animals living in groups such as human beings, dolphins and apes.

Learning theory.

Learning theory proposes that just like any behaviour, altruism is learnt through early life experiences. This begins when a child is motivated to share food and toys with fellow schoolmates and siblings. In this way, family and society implant and reinforce altruism in young minds. According to cognitive learning theory, altruistic behaviour is learned through modelling elders, media and even from the tales they are exposed to. When children observe that helping others is

recognised and appreciated by others, it serves as a motive to be altruistic. Later, when winning over the approval of others no longer seem significant and the helping tendency of an individual is maintained by experiences like, sense of worth and elated self-esteem accompanied with acts of pro-sociality.

Psychodynamic theory.

Engaging in altruistic behaviour is viewed as a mature defence mechanism as it facilitates better coping with stressful events or loss. Implications of such prosocial tendency are associated with Erikson's stages of development. For instance, in pre-school stage, the child experiences Oedipus or Electra complex and role experiments where altruism helps to gain appreciation from parents and teachers and for the development of leadership skills. This provides the child with a sense of mastery and self-worth resulting in an increase in confidence.

Social constructionist theory.

An individual gains knowledge from family, education, media, etc., which forms one's stored reality or existing reality which later develops into subjective reality- reality based on an individual's understanding and experiences. In social situations, people share ideas with one another leading to the formation of shared reality through which there exists a reciprocal influence on others resulting in a possible alteration in stored reality. For instance, a base of altruistic behaviour is passed down to an individual from one generation to the other by its members. This later develops into the individual's subjective understanding of altruistic behaviour. Finally, the individual exhibits altruistic tendency as appreciated by the society. Sociological theories (Simpson & Willer, 2015) view humans as social animals and society as an organism existing collectively which requires a set of rules, morals and reciprocal helping behaviours to maintain social equilibrium.

It is evident that there is a wide range of theories interpreting altruism. It is noteworthy that helping others is a default inclination of the human species which is based on both personality factors and social factors. Some people are just born with a greater tendency to be altruistic and such tendency is due to the contribution of genetic factors. Novak and Roch (2007) described the relationship between gratitude and altruism in terms of *reciprocal altruism*, the concept of the same and few other theories of gratitude are explained in the following section.

Gratitude

Feeling and expressing gratitude comes with the cost of positive outcomes which is supported by Seligman's (2011) notion that gratitude is one of the positive strengths that correlates more with happiness. It provides a feeling of social worth that the individual is adding value to the world and experiences the positive side of the human community. Although being an important source of happiness, gratitude is one of the most neglected emotions and the most underestimated of the virtues (Solomon, 2004). In their later developmental years, people tend to acquire, modify or even forget qualities which they had possessed in their childhood because of learning experiences. Gratitude is no exception. The first positive psychology movement was directed towards human strengths and virtues. It focused on gratitude as a virtue, the possession which enables a person to live well.

Being grateful toward one's parents for the struggles they have underwent and the sacrifices they had done for the sake of bringing up an individual is insisted in most religions like Judaism and Christianity. Not just feeling grateful, honouring one's parents and taking care of them in elderly days just like the parents did for one in their childhood is expected of a righteous man.

Gratitude, as defined by the Oxford English dictionary (1989) is "the quality or conditions of being thankful; the appreciation or an inclination to return kindness". Gratitude is a moral virtue widely taught in schools and well-functioning families in the forms of etiquette and mannerism since elementary days. Gratitude is rooted into an individual's morality in religious classes that an individual is bound to be grateful for everything one has. The term gratitude is derived from the Latin words "*gratia*" meaning *favour* and "*gratus*" meaning *pleasing*. Gratitude is a sensation of thankfulness or gratefulness regarding the benefits and assistances received from others (Watkins, Gelder & Frias, 2011) and the test of all happiness is gratitude (Chesterton, 1908). It is a compound of tender emotion and negative self-feeling (McDougall, 2004). Gratitude is the passion or sentiment that prompts us to reward others for the good that they have done us (Smith, 1790). Gratitude is more than just a feeling, it is an emotional component (Steindl-Rast, 1984). It is an important component of positive psychology research and an essential part of human wellbeing and prosocial behaviour (Kini et al., 2016).

We often feel grateful while receiving benefits from the external world and tend to reciprocate the feeling of gratefulness in the form of inspired helping which was tested and has been proven in experiments conducted by Grant & Gino (2010) in which participants who received expressions of gratitude were most likely to indulge in prosocial behaviour because of experiencing stronger feelings of self-efficacy and self-worth.

Theories of gratitude.

Theory of moral sentiment.

Smith views gratitude as one of the most basic social emotions. He describes gratitude as “the sentiment which most immediately and directly prompt us to reward” (Smith, 1976) for instance, when a benefactor- the person who helps has brought good fortune on a beneficiary- the person who receives help, the beneficiary tends to feel a sense of gratitude towards the benefactor. The theory of moral sentiment which views gratitude as amoral effect posits 3 psychological factors that govern the experience and expression of gratitude. In other words, the beneficiary tends to feel and express gratitude towards the benefactor who

- Intends to benefit them.
- Succeeds of benefiting them.
- Capable of sympathizing with the beneficiaries feeling of gratefulness.

Refining the insights of smith, various theorists propose that gratitude is the moral memory of mankind (Simmel, 1950) and is one of the empathic emotions (Lazarus, 1994). There are three moral functions of gratitude: First, it serves as a moral barometer that is sensitive to a change in one’s social relationship- the provision of a benefit by another moral agent that enhances one’s well-being (McCullough, Emmons, Kilpatrick, Larson, 2001). Based on the social cognitive input, a person experiences gratitude when;

- One receives a valuable benefit.
- High efforts and cost are expended.
- Expenditure of efforts is not linked with or based on the relationship between the benefactor and the beneficiary.

Secondly, gratitude serves as a moral motive which can be well explained by the norms of reciprocity (Gouldner, 1960).

- People should help those who have helped them.
- People should not injure those who help them.

Third, gratitude serves as a moral reinforce, that is gratitude facilitates behavioural manifestations such as being more prone to behave in an altruistic manner. These behavioural manifestations may also be a result of willingness to acquire/maintain social desirability or because of intrinsic motivation.

Gratitude through evolution.

Evolutionary theorists describe gratitude in favour of reciprocal altruism (Novak and Roch, 2007). They are three kinds of reciprocity namely.

- Upstream reciprocity- the tendency to help someone, because someone has helped an individual.
- Direct reciprocity- helping one another because of co-operation between two individuals.
- Indirect reciprocal- ‘I help you, someone helps me’ tendency. This can be further divided into two types.
 - Downstream indirect reciprocity- individuals who helped others in the past have a higher chance of receiving help.
 - Upstream indirect reciprocity- an individual who just received help experiences an urge to help others.

To summarize, the recipient of altruism who experience gratitude is most likely to help others or the same person whom recipient received help from.

Broaden and build theory.

Fredrickson’s (2001) theory on the ability of positive emotions to broaden people’s momentary thought- action repertoires and build enduring personal resources is applicable to gratitude too. This is evident from the study which identified gratitude as one of the 10 positive emotions that broaden and build: love, joy, gratitude, serenity, interest, hope, pride, amusement, inspiration and awe (Fredrickson, 2013). Gratitude broadens an individual’s model of thinking as one creatively considers a wide array of actions to benefit others. It builds and strengthens social bond, friendship, spirituality and the skills for loving and showing appreciation (Emmons and Shelton 2002; McCullough and Tsang, 2004).

Find-remind-and-bind theory.

The find-remind-and-bind theory (Algoe, Haidt & Gable, 2008) views gratitude as a socially interactive experience that the positive emotion of gratitude serves the evolutionary function of strengthening a relationship with a responsive interaction partner. In other words, when gratitude is experienced, our view of the benefactor is updated that results in an upgrade or the formation of a quality relationship between the interacting partners.

When gratitude cannot be reciprocated, the beneficiary feels obligated forever with strong, feeling of appreciation. This can be observed between children and their parents and a believer’s

view of god. Moreover, positive emotions like gratitude can generate an upward spiral towards optimal functioning and enhanced emotional well-being (Fredrickson, 2001; Fredrickson & Joiner, 2002).

In general, being grateful shifts the focus toward the positive aspects of life for instance, an individual who is grateful feels blessed and holds a favourable view of the internal and external worlds. Since it is beneficial in a wide range of ways, every individual should practice gratitude. This mainly would help youngsters to tackle the troubles and the uncertainty they face in life with ease, because a positive attitude brings a shift away from viewing a problem as an insurmountable one.

Need for the Study

The study concurs the argument of Seligman and Csikszentmihalyi (2000) that there is a negative bias dominating the field of psychology, most research studies focus on the negative aspects of human behaviour than on the positive side. Similarly, youngsters are viewed negatively by the society as troublesome and carefree beings. This study brings into focus the positive aspects of emerging adults by highlighting their altruistic nature, sense of gratitude and subjective well-being. On reviewing the literature, it was found that there were not many studies exploring the relationship between the variables subjective well-being, gratitude and altruism. Thus, this study focuses on understanding the relationship among subjective well-being, gratitude and altruism. This study on relationship among gratitude, altruism and subjective well-being would contribute to this specific area of positive psychology.

CHAPTER II

Review of Literature

This chapter presents a review of studies concerning the variables under study subjective well-being, gratitude and altruism. The review of literature is presented in the following order

- Subjective Well-being
- Gratitude
- Altruism
- Gratitude and altruism
- Subjective Well-being and Gratitude
- Subjective Well-being and Altruism
- Subjective Well-being, Gratitude and Altruism

Subjective Well-Being

Bordbar, Nikkar, Yazdani and Alipoor (2011) studied the psychological well-being level of students. The sample were selected from the first and the last academic years of students pursuing Bachelor of Arts (B. A). Comparing the levels of psychological well-being of females and males indicates a significant difference only for the factor self-esteem. Result also indicated that, while comparing married and unmarried students, unmarried students have high self-esteem and have positive marital relationship with psychological well-being. This could be because married students have responsibilities and restrictions in their relationship. Married students have more subjective well-being as they have a source of life satisfaction, their families.

Ali and Zaman (2014) explored the role of optimism as a predictor of life satisfaction among 120 students from Karachi University, Pakistan, wherein the sample consisted of female (n=60), male (n= 60), of age range 18-25 years. A positive relationship was found between optimism and life satisfaction. Optimism also provides faith, hope, and a positive attitude towards self and world. The best way to be happy and satisfied with life is to be optimistic not only at pleasant situation but also during stressful situations in life.

Hutz, Midget, Pacico, Bastianello and Zanon (2014) conducted a cross cultural study by comparing the relationship of hope, optimism, self-esteem, subjective well-being and personality in Brazilians and Americans. The participants were 179 Americans with the age range of 18 – 61 years and 499 Brazilians college student with the age range of 17 to 53 years. The results showed that Americans had an individualistic social configuration, meaning that they lived in nuclear families due to which

they searched for their own goals; this explained the higher level of hope and positive affect in Americans. On the other hand, Brazilians scored higher in optimism and negative affect. The researcher concluded that these differences are due to cultural differences among college students.

Santos, Magramo, Oguan, Paat (2014) established the relationship between general self-efficacy and subjective well-being. The samples were 969 college students of male (n= 500) and female (n= 469) of age range 15-21 years old. The result indicates that males have higher life satisfaction than females; self-efficacy and subjective well-being has a positive relationship. It was also found that a better understanding of the relationship between general self-efficacy and subjective well-being contributed to the development and achievement of a greater sense of happiness and satisfaction in living of college students.

Xing and Huang (2014) evaluated the relationship between age and subjective well-being based on the evidence from five capital cities in mainland China on a randomly chosen sample of 620 participants from each city, forming a sample size of 3,099 in total. The sample was divided into 10 age groups from childhood to old age as follows: below 24 (n= 507), 25-29 (n= 549), 30-34 (n= 472), 35-39 (n= 429), 40-44 (n= 357), 45-49 (n= 277), 50-54 (n= 156), 55-59 (n= 127), 60-64 (n= 107), 65 and above (n= 99). The study found a weak yet significant relationship between subjective well-being and age. Findings imply higher level of life satisfaction among the oldest age group (65 and above): 21.4 (SD= 6.7), while the lowest mean -score was reported by age 24 and under: 15.8 (SD= 5.9). Elderly people tend to possess higher life satisfaction than youngsters since they had experienced life through all the years acquiring knowledge about the 'content of happiness' and thus better subjective well-being, thus age is found to be directly proportional to global life satisfaction.

Siddiqui (2015) studied the impact of self-efficacy on psychological well-being among 100 undergraduate students consisting 50 females and 50 males from Aligarh Muslim University. The influence of self-efficacy on psychological well-being among males and females is supported by the four forces of self-efficacy: mastery, social learning, social persuasion and emotional and physical state. Individuals tend to feel good when they had accepted the self which leads to the development of trust in interpersonal relationship and enhances a positive relationship with others. The study found positive significant relationship between self-efficacy and psychological well-being which contributed to the level of engagement and life satisfaction among the participants

along with effects of positive human functioning, autonomy, environmental mastery, self-acceptance, purpose in life.

Malhotra, Ghosh, Singh and Tripathi (2016) explored the variations in subjective well-being based on two metropolitan cities in Gandhi Nagar (Gujarat) and Mumbai, India. Sample size in Gandhi Nagar is 395, Mumbai is 433 and age range from 15-60 years. Subjective well-being was measured based on happiness, optimism, and satisfaction. In Mumbai, level of happiness differed significantly with respect to religion and income, and highest level of satisfaction was found among Jains in Mumbai. In accordance with the social and economic categories; happiness, optimism and satisfaction were higher in Gandhi Nagar when compared to Mumbai. Hindus from Gandhi Nagar were significantly optimistic but they were less satisfied with life than Hindus in Mumbai.

Roslan, Ahmad, Nabilla and Ghiami (2017) attempted to determine the level of psychological well-being among post graduate students. Total of 192 students participated from the University of Putra Malaysia. Among 192 respondents, there were 162 females and 30 males. Descriptive analysis indicated that students had high level of psychological well-being. The highest mean score was obtained in the domains of personal growth, purpose in life, positive relations with others, self-acceptance, environmental mastery and autonomy. The research found that students from educational studies held high levels of personal growth and positive relationship with others. This finding indicates that students from the Eastern culture showed higher levels of positive relationship with others and individuals from the western culture showed higher levels of self-acceptance and autonomy.

Abdullahi, Orji and Kawa (2019) studied the distinct components of subjective well-being among 732 workers (52% males and 48% females) between two age groups (16-24 younger adults and over 65 older adults) and between male and female. The result indicates that older adults showed higher levels of psychological well-being, emotional well-being, subjective well-being and happiness which are the sub components of subjective well-being, compared to young adults; males show higher level of social well-being and life satisfaction than females because in Nigeria males are encouraged to spend time together and enjoy great privileges and rights while females are not entitled such privilege.

Suar, Jha, Das and Alot (2019) evaluated the structure and predictors of subjective well-being. The participants were 1779 Indians and most of the samples were males, age ranged from 16-27 years. The four components of subjective well-being: positive effect, negative effect, flourishing, life satisfaction were found to be interdependent. The important predictors of subjective well-being among millennials were satisfaction with personal relationships for fulfilling their affiliation needs and emotional stability for their calmness. Positive predictor of subjective well-being were income, education, health, personal relations, and the positive personality predictors were emotion stability, extraversion, agreeableness, conscientiousness and openness to experience. Millennials scored two-thirds of the scale on all measures of subjective well-being except on negative effect; the score was below the midpoint of scale on negative affect. Positive affect has also strongly correlated with subjective well-being compared to other components.

Gratitude

Kashdan, Mishra, Breen and Froh (2009) studied gratitude by examining the appraisal, narratives, willingness to express emotions, and changes in psychological needs. The research was done with two follow-up studies held among college students; female (n= 205), male (n= 83). The initial study on evaluating gratitude revealed that women express gratitude too often compared to men. The second follow up was continued with undergraduate college students of Mid-Atlantic University with 190 students; women (n= 118), men (n= 35). The research found that gratitude was greater among women than men. This was due to women's greater willingness to openly express emotions and men's tendency to view gratitude as more challenging, anxiety provoking and burdensome.

Kong, Ding and Zhao (2014) examined the relationship between gratitude, self-esteem, social support and life satisfaction. Participants of 427 Chinese undergraduate students, male (n= 159), female (n= 267), others (n= 225) of age from 18-27 years were selected. The study found that there was no significant difference among gender in life satisfaction, social support and self-esteem but females scored significantly higher than males in gratitude. When comparing the mean scores, males secured high score in social support and self-esteem because, as they had greater relationship with society and engaged more in social activities than females. Overall, grateful people are proven to perceive high level of social support from others, which may enhance their self-esteem which results in a satisfactory life.

Singh, Khan and Osmany (2014) examined gratitude and health among young adults. The researcher selected 80 college students consisting of equal number of males and females of age ranges from 17-22 years. On the measure of gratitude there was a significant gender difference; females were found to have a higher level of gratitude than males as men view gratitude as an evidence of weakness. There was no gender difference in health and its dimensions. A negative significant relationship was observed between gratitude and health. Overall health has an influence on gratitude because physical health is influenced by gratitude, as it increases happiness and decreases depression.

Ferrer (2017) studied the relationship between gratitude and life satisfaction. Sample of 309 students were drawn from a population of Spanish University; females (75%) and males (25%), of age ranging from 17 to 56 years, the average age being 21.58. The relationship between gratitude and life management was analysed using multiple linear regression analysis. The result suggested that gratitude has a positive significant relationship with life satisfaction (on psychological and physical well-being), therefore those with high levels of gratitude tend to experience more life satisfaction and those with high life satisfaction levels tend to experience more gratitude. While on the other hand, difference exists regarding gender in the relationship between gratitude and life satisfaction. The relationship between gratitude and life satisfaction in females was negatively significant, thus females exhibited greater life satisfaction than males.

Amin and Ashraf (2018) conducted a study to conceptualize and find the relationship between self-esteem and gratitude among 60 college students from both the genders: female (n= 30), male (n= 30), age group of 18-22 years. The findings revealed there was no significant relationship between self-esteem and gratitude and there was no significant difference among male and female students regarding self-esteem and gratitude.

Witvliet, Luna, Richie and Tongeren (2018) explored how gratitude predicts hope and happiness. The participants in Study 1 were 181 (150 females and 31 males) undergraduate students from a liberal arts college in the Midwest, age ranging from 17-27 years ($M = 20.07$, $SD = 1.19$). Participants with a greater disposition to be grateful for benefits and benefactor in their lives were found to be happier. Study 1 offered compelling evidence of the unique capacity of gratitude to predict hope and happiness. In Study 2 participants were 153 (101 females and 52 males) undergraduates from the same liberal arts college. Results of Study 2 revealed that more positive words were used by participants in the grateful remembering condition compared to the control

group. Overall, the two studies provided evidence that greater trait and state gratitude were positively related with hope and happiness.

Altruism

Maner and Gailliot (2006) studied the relationship between altruism and egoism among 154 undergraduate psychology students; females (n= 101), males (n=50), others (n=3). The result indicated that altruism was seen in case of kin condition, the tendency to help one's own relations. When participants considered a kin member in need, empathic concern and willingness to help was predicted. In contrast, when participants considered a needy stranger, willingness to help was predicted only on those who had perception of oneness. Thus, the study suggests that helping a close relationship is motivated by empathic concern and a true desire to enhance the welfare of another person. This study also suggests that altruism may less likely to be operated in distant social relationships.

Walker (2008) intended to study adult's engagement in positive behaviour such as identity, status, prosocial behaviour tendencies, religiosity among 491 undergraduate students (282 females and 209 males) of mean 20.10 years. The research suggested that young adulthood is neither a period of exploration nor commitment. It also suggests that these individuals not only engage in high level of risk behaviour but also in the lowest level of prosocial tendencies. The findings also suggest that there were only modest gender differences in prosocial behaviour.

Lampridis and Papastyliaou (2014) conducted a research based on the relationship between prosocial behaviour tendencies and individualism and collectivism among 484 Greek young adults; male (n=162) female (n=322), social science and humanity students (n=290), science and technology (n=194), orthodox Christians (n=440), atheists (n=39); of average age 20.2 years. The results indicate that females tend to be more positive in performing prosocial behaviour than males; it was also found that the field of studies formulated an orientation toward prosocial behaviour. Students of social science and humanities (mainly females) showed high positive orientation towards prosocial behaviours than science and technology students (mainly males). Regarding individualism and collectivism; social science and humanity students (mostly females) were found to be more collectivistic. Whereas students from science and technology streams (mostly males) were found to be collectivist. Overall, young students hold a positive view towards prosocial behaviour and are equally oriented towards individualism-collectivism.

Ali and Bozorgi (2016) studied the relationship of altruistic behaviour, empathetic sense, and social responsibility with happiness among university students. The research was done with 300 students out of which 53% were females and 47% were males, of age range 18-44 years. There was a significant relationship between altruism and happiness, empathy and happiness and responsibility and happiness, a significant relationship exists among altruism, empathy and responsibility. The researcher concluded that happiness was one of most fundamental positive feeling that enhances altruism, empathy in both individuals and the society.

Egilmez and Naylor (2017) intended to study the relationship between altruism and popularity. There were 120 American participants (51 females and 69 males) of age ranging from 18-65 were recruited for the study by using an online site. The participants read a scenario in which friends of the participants needed help because of a flat tire, and the participants helped the friends. It suggests that being grateful is significantly important in a relationship. The results showed that when previously helped, the participants were more likely to score high on empathetic altruism. Moreover, the level of aggression was rated significantly low by the participants when their friends were grateful for their help.

Peters (2017) proposed a thesis on the relationship between frequency of altruistic acts and willingness to forgive within emerging adults; age range varied from 18-25 years with a total sample size of 177 college students from a public university in the Southeast. The sample consisted of 70% of freshmen, 20.3% of sophomore 6.2% juniors and 3.4% of seniors; whereas female (87%) and male (13%). The relationship between frequency of altruistic acts and willingness to forgive was measured based on two subscales, pleasure-based motivation and pressure-based motivation. The result of this study indicates that there is no significant relationship between altruistic acts and willingness to forgive within emerging adults. Individuals within this age group have not fully learned to regulate their emotions and they were more deeply affected by hurtful situation than older adults. Emerging adults had general helping behaviour. Unexpectedly, the pleasure-based motivation has no significant relationship with altruistic acts but was significantly related with willingness to forgive. Helping others out of a desire to relieve their pain rather than doing it under the feeling of obligation tends to be less effective.

Gratitude and Altruism

Diaz and Meixueiro (2016) explored the relationship between gratitude, life satisfaction and importance of helping others. Participants of 1200 adults were selected in Mexico, females (n=

591), male (n= 609), age ranges from 18-89 (mean age= 42.53 and SD= 16.30 years). The results revealed that gratitude had a positive relationship with life satisfaction and financial satisfaction. The results also indicated that people with high level of income were more grateful compared to people with low level of income.

Subjective Well-Being and Gratitude

Rash, Prkachin and Marsuba (2011) studied the relationship between gratitude and subjective well-being using intervention for gratitude among 56 adults; female (n= 26); male (n= 30) of average age 22.5 years. Participants in the gratitude condition reported higher satisfaction with life and self-esteem than those who recalled memorable events. The result shows that gratitude may be a self-acceptance-related emotion. Gratitude also has a direct relationship with life satisfaction and this enhances subjective well-being. Overall, gratitude condition displays higher level of self-esteem and life satisfaction among adults.

Lai (2014) carried out a study based on the efficacy of gratitude practice on well-being among 108 students; female (n= 62), male (n= 46) of age range 18 to 36 years. This study inspected the levels of disposition and state gratitude exhibited by participants who completed gratitude-based intervention that requires them to count their blessings in life. Findings revealed that participants who engaged in the gratitude-inducing activity experienced higher levels of dispositional and state gratitude. Overall, gratitude practice enhanced well-being among students; gratitude and well-being have positive relationship with each other.

Beken, Lataster, Peels, Lechner and Jacobs (2017) intended to study subjective well-being in relation to gratitude and psychopathology among 706 Dutch speaking respondents. Men (n= 220) and women (n= 486) of the age range 18-80 years. The findings indicate that young adults show low levels of gratitude than older women. Older individuals more frequently confronted with disabled peers and deceased loved ones. Therefore, they accept their strengths and weaknesses, and learn to appreciate life. It was also seen that gratefulness is higher among highly educated, employed, non-parents and between relationships or family status. In this study, it was found that a higher level of gratitude was not related to lower level of stress and depression. Finally, the research concluded that gratitude is a positive affect which strengthens social bonds and enhances well-being through adaptive coping.

Subjective Well-Being and Altruism

Pareek and Jain (2012) intended to study subjective well-being in relation to altruism and forgiveness among school going adolescent females (n= 50) and males (n= 50) of age group 14-17 years. The result indicates that among adolescent males, forgiveness of self and situation influences subjective well-being; in female adolescents, altruism predicts and has an effect on subjective well-being. Females obtained higher altruistic scores than males suggesting that females are more altruistic than males. Overall, the relationship between altruism and subjective well-being is more pronounced in females than males.

Martela and Ryan (2016) intended to study whether prosocial behaviour enhances subjective well-being among 79 university students. They were made to play a simple computer game for 20 minutes. Out of these 64% were women and average age of participants was 20.4 years. The final sample size was 76, out of which 34 were in the benevolent condition. Participants were informed that for every correct answer the game donates rice to a trust. Whereas in controlled condition the participants were not aware of the fact. The result indicated that those in benevolent condition would experience more vitality, meaningfulness and enjoyment in the game than people in the controlled condition. Thus, the study indicated that benevolent game play was less draining for the players compared to control condition.

Feng and Guo (2017) studied the beneficial effect of altruism on well-being among Chinese college students. In study 1 (self-report altruism) 525 students (136 males, 386 females, 13 unreported) mean age of 20.13 years participated. In study 2 (peer-rated altruism) participants were 189 college students (48 males, 138 females, 3 unreported) their mean age was 19.21 years. Study 1 showed that high self-reported altruism and self-reported decision to help were related to high levels of self-esteem and general well-being and low levels of anxiety, depression, and general health. Self-esteem was related to high levels of general well-being and low levels of anxiety, depression, and general health. Results of study 2 showed that peer-rated altruism positive relationship with self-esteem. Overall, altruistic behaviour can enhance self-esteem and well-being, especially for college students of low family socioeconomic status.

Subjective Well-Being, Gratitude and Altruism

Khadim and Shahid (2017) conducted a research to predict psychosocial well-being using gratitude and altruism among 200 adolescent boys (n= 100) and girls (n= 100) studying in private and government institutes of Islamabad were selected using convenient sampling method, their age

range was 14-17 years. Pearson correlation and multiple regression analysis were computed to analysis the data. As far as demographic variables were concerned there was gender difference in psychosocial well-being; males were found to possess higher psychosocial well-being than females. Results indicate that altruism more significantly predicted psychosocial well-being than gratitude. Thus, psychosocial well-being was high among boys than girls among adolescents.

Overview

From reviewing the articles, it is understood that there is a significant relationship among subjective well-being, gratitude and altruism. Subjective well-being is higher among old and married people, since they have knowledge about life satisfaction. Subjective well-being has positive relationship with self-efficacy, hope, resilience, optimism and is influenced by personality, positive affect, religion and income. It is seen that psychological and social well-being is higher in males than in females and altruism plays a role in increasing psychological well-being. The trait gratitude enhances well-being in adults. Gratitude predicts hope, happiness and decreases depression. Gratitude is high in females and high-income participants. It has direct significant relationship with life satisfaction. Being thankful and practicing gratitude enhances subjective well-being. Altruism is higher in females, young students and in emerging adults. The field of studies such as social science, is positively related with prosocial behaviour. Altruism is motivated by empathic concern in case of kin condition, the tendency to help based on the hierarchy of relationship. Altruism and gratitude enhance self-efficacy that results in increasing subjective well-being.

CHAPTER III

Methodology

Aim

The study aims to understand the relationship among altruism, gratitude and subjective well-being among emerging adults and to find if there exists a gender difference in the aspects of gratitude, altruism and subjective well-being among emerging adults.

Hypothesis

- There will be no significant relationship between gratitude and altruism among emerging adults.
- There will be no significant relationship between gratitude and subjective well-being among emerging adults.
- There will be no significant relationship between altruism and subjective well-being among emerging adults.
- There will be no significant difference between male and female emerging adults in gratitude.
- There will be no significant difference between male and female emerging adults in altruism.
- There will be no significant difference between male and female emerging adults in subjective well-being.

Variables

Dependent variable.

- Subjective Well-Being

Independent variable.

- Gratitude
- Altruism
- Gender

Population

The population of this study comprised of students of Arts and Science Colleges located in the district of Thoothukudi.

Sample Size and Method

Purposive sampling method was used for drawing samples from a population of emerging adults of age range 18 to 25 (mean = 18.96, SD= 0.85). Participants consisted of 200 males (n= 96) and female (n= 104) emerging adults pursuing their Under Graduate degree.

Inclusion Criteria

- Only Under Graduate students were selected as participants for the study.
- Individuals of age group 18-25 years.
- Only Arts and science students were included.

Exclusion Criteria

- Individuals whose age range was lesser than 18 and greater than 25 years.
- Other stream students were excluded.
- Post Graduate students were excluded.

Operational Definition

Subjective well-being.

Well-being can be defined and measured objectively (e.g., sufficient resources to meet basic needs, opportunities for education, lack of environmental pollutants) or subjectively; the study focuses on the subjective side. Subjective Well Being is defined as ‘people’s evaluations of their life or of its various domains, e.g., health, work, family, income’ or ‘people’s actual feelings, both positive feelings such as happiness, pleasure or negative feelings such as pain, worry and anger’ (Diener 1984; Diener et al. 1999).

This research study uses The PERMA Profiler (Appendix D) to measure the Subjective Well Being of the participants.

Gratitude.

Gratitude may be defined as “a sense of thankfulness and joy in response to receiving a gift, whether the gift be a tangible benefit from a specific other or a moment of peaceful bliss evoked by natural beauty” (Emmons, 2004). Gratitude stems from the perception that one has experienced a positive outcome intentionally provided by another person or “moral agent,” often but not necessarily a person (Emmons & McCullough, 2003). The object of gratitude is other-directed to persons, or to impersonal (nature) or non-human sources (God, fate, the cosmos).

For measuring gratitude, Gratitude Questionnaire (GQ-6) (Appendix B) was used in this study.

Altruism.

Altruism refers to any organism's behaviour to promote the welfare of others by their own cost even by risking their own life. It is considered as a selfless behaviour without expecting any benefits in return. Smith et al (2006) considered altruistic behaviour as "behaviour that is intended to benefit others beyond simple sociability or duties associated with role (i.e., family or work). All altruistic behaviours, by definition, must be legal".

Helping Attitude Scale (HAS) (Appendix C) was used to measure the altruistic behaviour of the participants.

Gender.

Gender refers to the (biological) condition of being male or female, as applied to human beings (Haig, 2004).

Gender was declared by the participants in the personal data sheet (Appendix A).

Measures

The following standardized tools were used in the present study:

- The PERMA Profiler by Julie Butler & Peggy Kern (2016).
- Gratitude Questionnaire (GQ-6) by Michael E. McCullough, Emmons, & Tsang (2002).
- Helping Attitude Scale (HAS) by Gary. S. Nickell (1998).

Tool description

The PERMA Profiler.

The PERMA Profiler was developed by Butler & Kern (2016) to measure Subjective Well Being across multiple psychosocial domains. The tool consists of 16 items measuring five dimensions of Subjective Well Being as proposed by Seligman in his model of *flourishing* (2011) namely; (P)ositive emotions, the tendency toward feeling contentment and joy ($\alpha = .90$); (E)ngagement, being absorbed, interested and involved in an activity or the world itself ($\alpha = .58$); (R)elationships, feeling loved, supported and valued by others ($\alpha = .86$); (M)eaning, a sense of purpose and direction in life ($\alpha = .91$); (A)ccomplishment, working toward and reaching goals ($\alpha =$

.79) and a happiness item. The items are rated on an 11-point Likert scale ranging from labels “never= 0” to “always= 10” or “not at all= 0” to “completely= 10”. The subscales are scored by finding out mean for the three items that measure each of the dimensions of PERMA. Overall well-being is the average of the 16 items. The PERMA-Profiler demonstrates acceptable model fit, internal and cross-time consistency, and evidence for content, convergent, and divergent validity (Sun, Kaufman, & Smillie; Butler & Kern, 2016).

Gratitude Questionnaire (GQ-6).

GQ-6 is a six-item self-report questionnaire developed by McCullough, Emmons and Tsang (2002) assesses individual differences in the proneness to experience gratitude in daily life. It consists of 6 items with a 7-point Likert scale from 1 (strongly disagree) to 7 (strongly agree). Items 3 and 6 are reverse scored. Possible scores range of GQ-6 is 6 to 42. Four of the items were positively worded (e.g., “I am grateful to a wide variety of people”), while the remaining two items were negatively worded and were reverse scored (e.g., Item 6). The GQ-6 exhibits good internal reliability ($\alpha = .76$ to $.86$) and establishes factorial validity.

Helping Attitude Scale (HAS).

Nickell developed the Helping Attitude Scale (HAS) to measure beliefs, feelings and behaviours associated with helping, the Helping Attitude Scale (HAS) (1998). The 20 items are rated in a 5-point Likert scale ranging from 1 (strongly agree) to 5 (strongly disagree). Items 1, 5, 8, 11, 18, 19 are reverse scored. The scores for each item are summed up to form an overall score, ranging from 20 to 100. Per the author, a 60 is a neutral score. The scale demonstrates good internal reliability ($\alpha = .86$) and construct validity.

Procedure

Emerging adults (18-25 years) pursuing their Under Graduate degree from two colleges were selected as participants with prior permission from the institutional heads. After obtaining the participants’ consent to take part in the study they were requested to fill in their responses to a set of questionnaires which included self-report measures intended to measure the variables: Subjective Well Being, Gratitude and Altruism and items to measure demographic variables such as gender and age. The participants were instructed to read the items carefully and respond to each question by selecting an option from the response scale. They were insisted to select the option that comes to their mind once they read the question without over-thinking it and they

were informed that their responses will not be evaluated for marks. The participants took 10-15 minutes to fill the questionnaire set.

Ethical consideration.

The participants were assured confidentiality regarding the data provided by them. Voluntary participation of the samples was also assured. The participants were debriefed about the research study at the end.

Statistical Analysis

The collected data will be analysed statistically using Karl Pearson's correlation coefficient to determine the relationship among the research variables and t-test will be used to explore gender difference in gratitude, altruism and subjective well-being. The analyses will be carried out with Statistical Package for the Social Sciences Software.

Pilot Study

A pilot study was conducted with 30 samples (15 females and 15 males) of age range 18-25 years. The data obtained was statistically analysed and it was found that subjective well-being correlated with gratitude at 0.05 levels of significance; subjective well-being had a weak relationship with altruism but it was not statistically significant; and gratitude had a positive significant relationship with altruism among emerging adults. Results of independent sample t-test revealed that there exists a gender difference in subjective well-being, gratitude and altruism respectively.

CHAPTER IV

Results and Discussion

This chapter presents the results of the current study. The analyses were carried out to test the hypotheses. The analysis explains the relationship between subjective well-being, gratitude and altruism and explores the gender difference in subjective well-being, gratitude and altruism among emerging adults.

Table 1

Descriptive statistics

Variable (N=200)	Mean	Standard Deviation
Subjective Well-being	6.72	1.42
Gratitude	29.12	4.74
Altruism	78.77	8.86

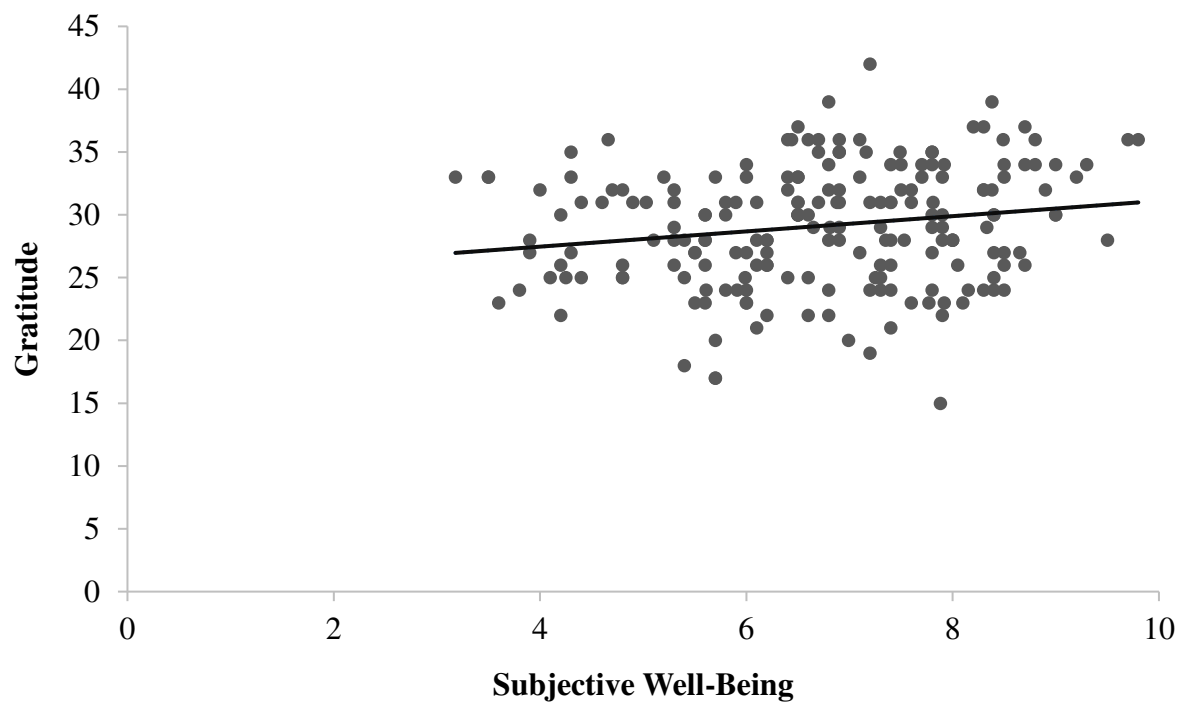
The descriptive statistics of the measured variables' scores are shown in Table 1. Mean and standard deviation of the scores obtained by the participants in this study are indicated.

Table 2

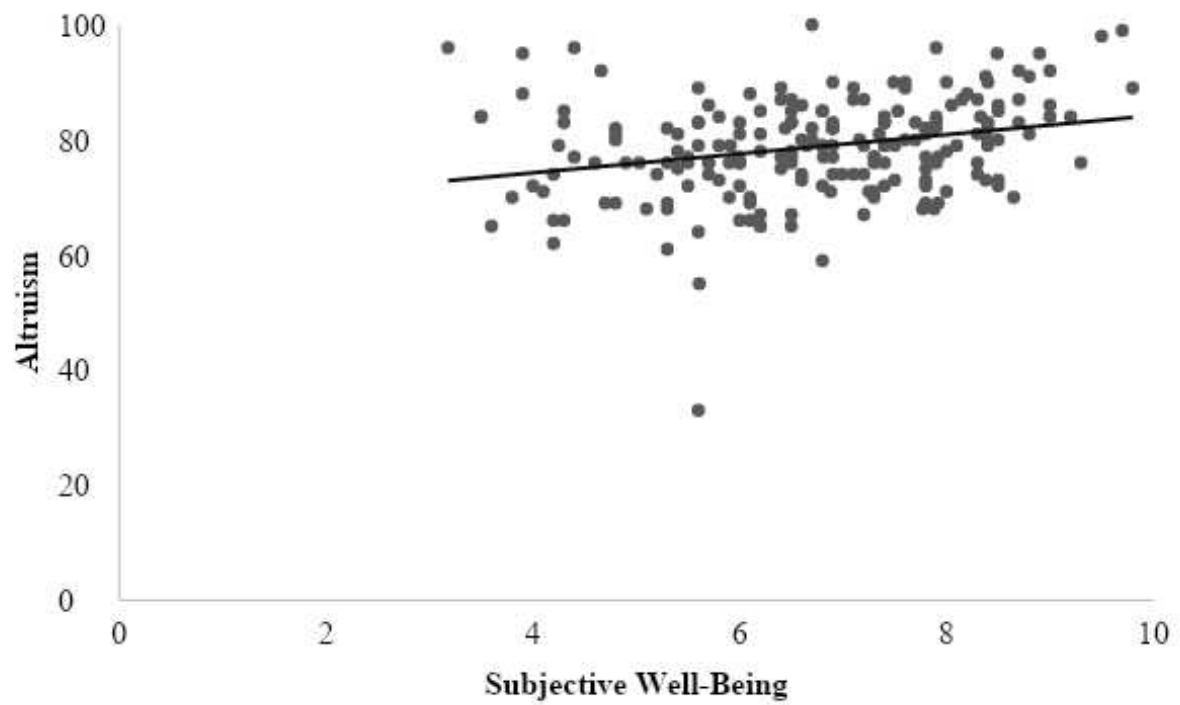
Correlation coefficient showing the relationship between variables

Variable (N=200)	Subjective Well-Being	Gratitude	Altruism
Subjective Well-being	1	.182**	.266**
Gratitude		1	.273**
Altruism			1

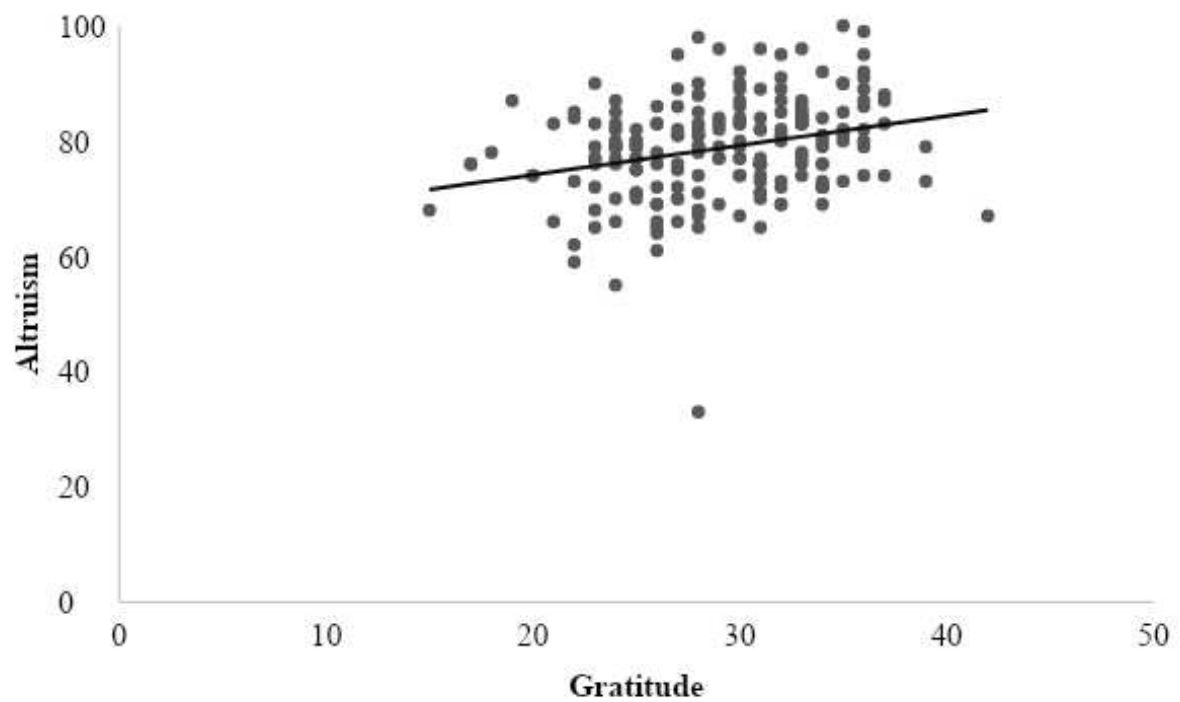
** $p < 0.01$



(a)



(b)



(c)

Figure 1: The relationship between (a) Gratitude and Subjective Well-Being (b) Altruism and Subjective Well-Being (c) Gratitude and Altruism

The results presented in the table 2 shows the correlation coefficient between subjective well-being, gratitude and altruism among emerging adults. The results revealed that there is a positive significant relationship between subjective well-being and gratitude with the r value of 0.182 which is significant at 0.01 levels. Thus, the null hypotheses stated that there will be no significant relationship between subjective well-being and gratitude among emerging adults is rejected.

The correlation analysis results also revealed that there exists a positive significant relationship between subjective well-being and altruism among emerging adults with the r value of 0.266 which is significant at 0.01 levels leading to the rejection of the null hypotheses that stated that there will be no significant relationship between subjective well-being and altruism among emerging adults.

There was also a positive significant relationship between gratitude and altruism among emerging adults at 0.01 levels with the r value of 0.273. Hence the null hypotheses that stated that there will be no significant relationship between gratitude and altruism among emerging adults is rejected.

Discussion

The results revealed that the variables subjective well-being, gratitude and altruism had significant relationship with each other.

From the results, it could be understood that gratitude has a moderate relationship with subjective well-being, that is, higher their scores of gratitude, the higher their subjective well-being scores. This could be because being grateful gives a feeling of contentment and improves their life satisfaction. The results also reveal that altruism has a positive significant relationship with subjective well-being, thus higher the emerging adults' scores on altruism, greater their scores on subjective well-being. This could be due to the enhancement of self-esteem and the sense of meaning an individual gets by helping others. It is evident from the results that there also exists a positive significant relationship between gratitude and altruism among emerging adults. Generally, people who receive help feel grateful and sense an urge to reciprocate it by helping others which further cultivates gratitude in some other person. The results obtained in the study are like the findings of Khadim and Shahid (2017) which showed a positive significant relationship between psychological well-being, gratitude and altruism.

Thus, it could be inferred from these results that there exists a positive significant relationship between subjective well-being and gratitude; subjective well-being and altruism; and gratitude and altruism.

Table 3

Significance of difference between male and female emerging adults in subjective well-being, gratitude and altruism

Variable	Gender	N	Mean	SD	<i>t</i>
Subjective well-being	Male	94	6.57	1.47	1.395 ^{ns}
	Female	106	6.85	1.37	
Gratitude	Male	94	28.29	5.30	2.284*
	Female	106	29.83	4.08	
Altruism	Male	94	76.84	9.34	2.930**
	Female	106	80.48	8.07	

ns= no significance; **p*<0.05; ***p*<0.01

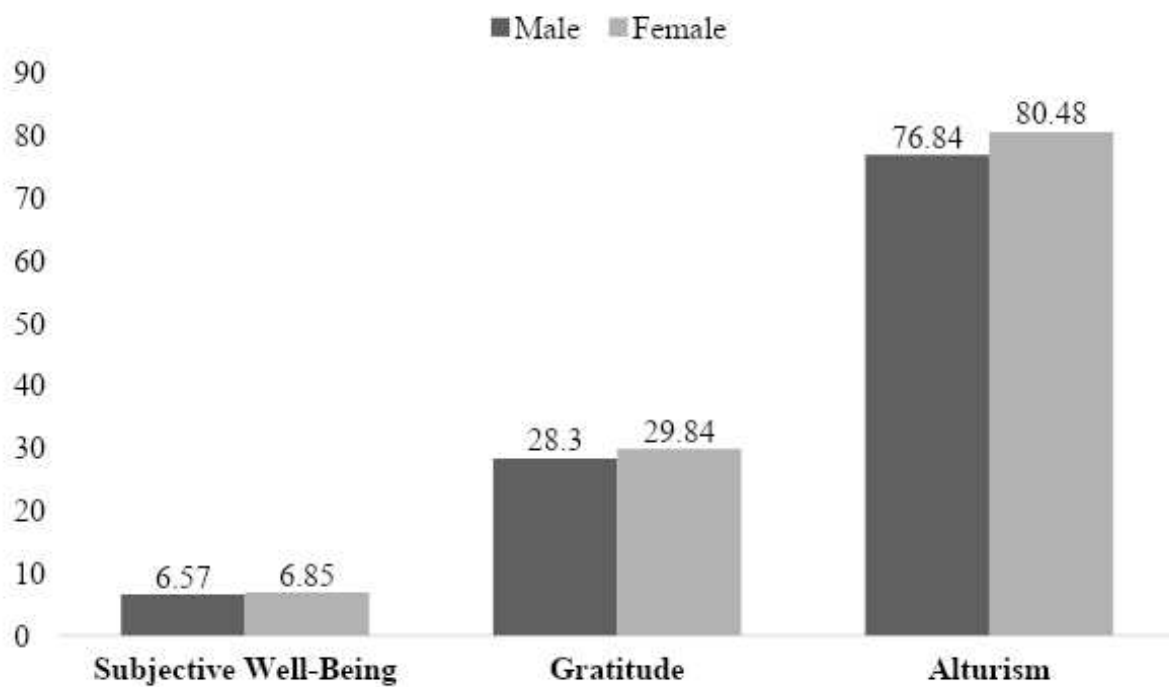


Figure 2: Gender difference in Subjective Well-Being, Gratitude and Altruism

From table 3, it could be seen that there is no significant difference in subjective well-being of male and female emerging adults, $t(191.034) = 1.395^{ns}$. Thus, the null hypothesis which states that there will be no significant difference between male and female emerging adults on- subjective well-being is not rejected.

The results indicate that there exists a gender difference in gratitude among male and female emerging adults. The t value of gratitude is found to be 2.284 which shows a significant difference between male and female emerging adults. The mean value of female is higher than male emerging adults. This leads to the rejection of the null hypothesis which stated that there will be no significant difference between male and female emerging adults on gratitude.

From the table, it is evident that the mean value of female is higher than the mean value of male emerging adults on altruism. The value of t is found to be 2.930, which shows that there is a significance difference between male and female emerging adults on altruism. This implies that female emerging adults are more altruistic than male emerging adults which deliberately leads the study to reject the null hypothesis that stated that there will be no significant difference among male and female emerging adults on altruism.

Discussion

This discussion focuses on the gender difference in subjective well-being, gratitude and altruism among emerging adults.

The results of the independent sample t-test revealed that there is no significant gender difference in subjective well-being among emerging adults. These results are in line with the research results of Kirmani (2016) which reveal that there was no significant gender difference in subjective well-being among college students. However, few studies found contradicting results like Friedman (2005) concluded that women tend to report greater happiness than men and thus had higher levels of subjective well-being; while Fujita (1991) observed that women had poor subjective well-being because they have more negative emotions than men. Putting it all together, the disparities in these research findings could be due to the altering gender roles with time, that is, Fujita (1991) found that women had poor subjective well-being at the time when women were denied of their rights and privileges; as time has changed a comparatively egalitarian society had developed.

The study also revealed that female emerging adults are more grateful than male emerging adult. Similar results were obtained by Kirmani (2016) where the findings revealed that female college students were more inclined to be grateful than male students except that the degree of strength varies.

The results obtained suggest that altruism is more pronounced in female than male emerging adults. This could be explained by the natural tendency of women to care for others selflessly since they intend to reduce the distress of others by lending a helping hand. The findings of the current study are in line with the findings of Dreber and Essen (2011); and Fehr and Glatzle-Rutzler (2013) which identified females to be more altruistic than males.

To conclude, male and female emerging adults are expected to act in accordance with their respective gender roles. The pressure of the societal norms on male and female emerging adults differ due to which women are more likely to express gratitude in a variety of situations and help others whereas in case of men, It is possible that men regard the experience and expression of gratitude as evidence of vulnerability and weakness which may threaten their masculinity and social standing (Levant, 2005). Therefore, men may adopt avoidance orientation toward gratitude, showing a preference to conceal rather than express it. Although men always try to be on the helper side, they are less empathetic than women. This would make them less altruistic.

CHAPTER V

Summary and Conclusion

The objective of the present study was to determine the relationship between subjective well-being, gratitude and altruism among emerging adults. The study also aimed to examine whether gender difference existed in subjective well-being, gratitude and altruism.

The independent variables were altruism, gratitude and gender (male and female) and the dependent variable was subjective well-being. The samples were drawn using purposive sampling method. The sample size was 200 which includes 94 male and 106 female emerging adults pursuing their under graduate degree of age range 18-25 years and mean age of 18.96 years. The samples were drawn from two different colleges of the district of Thoothukudi. The sample covered emerging adults from both arts and science departments.

The following standardized tools were used in the study,

- The PERMA profiler by Julie Butler and Peggy Kern (2016) was used to measure subjective well-being.
- Gratitude Questionnaire (GQ-6) by Michael E. McCullough, Emmons and Tsang (2002) was used to measure gratitude.
- Helping Attitude Scale (HAS) by Gary. S. Nickel (1998) was used to measure the helping attitude among emerging adults.
- Demographic data was collected using brief personal data sheet.
- Data was collected through direct administration with the previously mentioned tools.

The following null hypothesis were adopted for the study,

- There will be no significant relationship between gratitude and altruism among emerging adults.
- There will be no significant relationship between subjective well-being and gratitude among emerging adults.
- There will be no significant relationship between subjective well-being and altruism among emerging adults.
- There will be no significant difference between male and female emerging adults in gratitude.
- There will be no significant difference between male and female emerging adults in altruism.

- There will be no significant difference between male and female emerging adults in subjective well-being.

The statistical techniques used for data analyses were Pearson's correlation and independent sample t-test. The data was analysed using statistical package for social sciences (SPSS) version 20.0.

Conclusion

The following conclusions were drawn from the study,

- There was a significant relationship between subjective well-being and gratitude.
- There was a significant relationship between subjective well-being and altruism.
- There was a significant relationship between gratitude and altruism.
- There was no significant difference between male and female emerging adults in subjective well-being.
- There was a significant difference between male and female emerging adults in gratitude.
- Female emerging adults were more altruistic than male emerging adults.

Limitations

The limitations of the present study are discussed below,

- The samples were drawn from only few Arts and Science departments from the aided stream, so the number of departments could have been increased and could have included self-finance stream for generalizing the results despite of the variability in the departments and stream.
- Only emerging adults who were pursuing their under graduate degree was drawn as samples. Working emerging adults and those who pursue post graduate degree could have been included.
- Gender is the only demographic variable employed in the study. More demographical and social variables could have been used, for example, higher and lower socio-economic status, birth order or family type.
- Non-probability sampling technique was used in this study; instead probability sampling technique could have been used which would ensure the normality in the sample population.

- All the tools used in the study were developed by western authors and the questionnaires could have been translated to the mother tongue of the sample for better understanding of the items. (or could have used an Indian authors' tool or some tools which are more appropriate/relevant to this society/culture)
- The present study does not explain a causal relationship between the variables.

Suggestions for Future Research

Similar studies could be conducted with certain modifications as follows,

- The research could include statistical analyses like regression to further understand the variables.
- Measurement tools that have lie score could be used to eliminate socially desirable responses.
- Future studies could include other factors that influence subjective well-being such as forgiveness or life satisfaction.
- Samples from a broader geographical location could be used to ensure generalizability of results.
- The tools used to measure the variables could be constructed based on the context of Indian population which would be more appropriate to generalize the results.

Implication of the Study

The research provides better understanding of the relationship between subjective well-being, gratitude and altruism among Indian emerging adults. The findings of this research would help further in the application of positive psychology in counselling settings. Furthermore, results of the present study could be used to spread awareness among people who have a misconception about emerging adults. Instead of viewing them as indifferent, emerging adults can be portrayed as what they are, optimistic explorers of life.

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APPENDICES

Appendix A

Informed consent

You are being asked to take part in a research study. You will be provided with a set of questionnaires which you are expected to read carefully and select the option you most resonate with. This will take approximately 10-15 minutes of your time. Your participation in this study is voluntary. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Your responses to this study will be treated confidentiality.

I Ms. / Mr. _____, undersigned agree to give my concern to participate in the study.

Signature of the participant_____

Date:

Personal Data Sheet

Name :

Age :

Gender :

Name of the Institution :

Department :

Year :

Appendix B

Instructions

Please respond to the following items. Tick under an option beside each question. Make sure that you've answered all the questions. Be honest – there are no right or wrong answers!

S. NO	QUESTION	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1	I have so much in life to be thankful for.							
2	If I had to list everything that I felt grateful for, it would be a very long list.							
3	When I look at the world, I don't see much to be grateful for.							
4	I am grateful to a wide variety of people.							
5	As I get older, I find myself more able to appreciate the people, events, and situations that have been part of my life history.							
6	Long amounts of time can go by before I feel grateful to something or someone.							

Appendix C

Instructions

Below are twenty statements with which you may agree or disagree. Using the scale ranging from “strongly disagree” to “strongly agree”, indicate your agreement with each item by ticking under an option. Do not leave any fields blank. Be honest – there are no right or wrong answers!

S. NO	QUESTION	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1	Helping others is usually a waste of time.					
2	When given the opportunity, I enjoy aiding others who are in need.					
3	If possible, I would return lost money to the rightful owner.					
4	Helping friends and family is one of the great joys in life.					
5	I would avoid aiding someone in a medical emergency if I could.					
6	It feels wonderful to assist others in need.					
7	Volunteering to help someone is very rewarding.					
8	I dislike giving directions to strangers who are lost.					
9	Doing volunteer work makes me feel happy.					
10	I donate time or money to charities every month.					

11	Unless they are part of my family, helping the elderly isn't my responsibility.					
12	Children should be taught about the importance of helping others.					
13	I plan to donate my organs when I die with the hope that they will help someone else live.					
14	I try to offer my help with any activities my community or school groups are carrying out.					
15	I feel at peace with myself when I have helped others.					
16	If the person in front of me in the check-out line at a store was a few cents short, I would pay the difference.					
17	I feel proud when I know that my generosity has benefited a needy person.					
18	Helping people does more harm than good because they come to rely on others and not themselves					
19	I rarely contribute money to a worthy cause					
20	Giving aid to the poor is the right thing to do.					

Appendix D

Instructions

Please respond to the following items. Tick under an option beside each question. It is not a test, so there are no right or wrong answers. Please answer the questions as honestly as possible.

S No	QUESTION	RESPONSE ANCHOR											
		Never				Some- times				Always			
		0	1	2	3	4	5	6	7	8	9	10	
1	How much of the time do you feel you are making progress towards accomplishing your goals?												
2	How often do you become absorbed in what you are doing?												
3	In general, how often do you feel joyful?												
4	How often do you achieve the important goals you have set for yourself?												
		Not at all				To some degree				Completely			
		0	1	2	3	4	5	6	7	8	9	10	
5	In general, to what extent do you lead a purposeful and meaningful life?												
6	To what extent do you receive help and support from others when you need it?												
7	In general, to what extent do you feel that what you do in your life is valuable and worthwhile?												
8	In general, to what extent do you feel excited and interested in things?												
		Never				Some- times				Always			
		0	1	2	3	4	5	6	7	8	9	10	
9	In general, how often do you feel positive?												

[illegible]

Occupational Stress and Resilience among Fishermen and Saltpan workers

A project submitted to

St. Mary's College (Autonomous), Thoothukudi

Re-accredited with A+ Grade by NAAC

Affiliated to

Manonmaniam Sundaranar University,

Tirunelveli

In partial fulfilment of the award of the degree of

Bachelor of Science in Psychology

Submitted By

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Re-accredited with 'A+' Grade by NAAC

Thoothukudi – 628001.

April – 2020

CERTIFICATE

This is to certify that this project work entitled "**Occupational stress and resilience among fishermen and saltpan workers**" is submitted to St Mary's College (Autonomous), Thoothukudi affiliated to **Manonmaniam Sundaranar University, Tirunelveli** in partial fulfilment of the award of the degree of **Bachelor of Science in Psychology** done during the year 2017 – 2020 by **Lohitha V (17SUPS05), Mariya Jenci M (17SUPS09), Pon Bala Priya G (17SUPS13), Rajalakshmi Y (17SUPS16), Thangarathi H (17SUPS18)**. This dissertation does not form the basis for the award of any Degree/ Diploma/ Associate ship/ Fellowship or other similar title to any candidate of any University.



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Signature of the Examiner

DECLARATION

We do hereby declare that the project entitled "Occupational stress and resilience among fishermen and saltpan workers" submitted for the degree of Bachelor of Science in Psychology is our original work carried out under the guidance of Ms Yuvabala M., M. Sc., Assistant Professor, Department of Psychology (SSC), St Mary's College (Autonomous), Thoothukudi and that it has not previously formed the basis for award of any degree.

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CHAPTER I

Introduction

Resilience:

“When you choose to connect with others under stress, you can create resilience”

–Kelly McGonigal

The term resilience refers to a “class of phenomena characterized by patterns of positive adaptation in the context of significant adversity or risk”. The key to resilience is to recognize our own thoughts and structures of beliefs and the ability to manage the emotional and behavioural consequences more effectively. This ability thus can be measured, taught and improved. Being resilient depends on one’s personal experiences and also personal characteristics i.e., how he/she faces (or) overcome from those crises. It may differ from one person to another. For ex: After facing any adverse situation, one person may totally fed up and also he would started to think about his previous attempts in which he have failed and he assumes himself that he is useless where as another person may take this situation as a learning experience instead of recollecting his odd beliefs and he tries to manage the situation. Thus it is necessary to change our thinking pattern in order to build resilience.

Achieving resilience in terms of excellence in functioning or absence of psychopathology must depend on the seriousness of the crisis or risks under consideration. This is the reason why people react to traumatic or stressful life events differently

Protective factors:

Some protective factors play an important role in promoting resilience in children. It includes the factors within the child, within the family and within the community. The interaction between these factors gives the child strength, skills and motivation to cope in difficult situations. It is evident that intellect, physical robustness and emotional stability are the raw materials for resilience. These are mostly inborn qualities with the network around the child, the culture and many practical situations decide how much resilience a child will develop. Not only these protective factors are responsible for building resilience, it is the process that happens within the individual. Rutter (1990) identified three processes. Firstly, they create resilience by building a positive self image which would motivate the child to make a greater effort and thus contribute to resilience. Secondly, resilience can be developed by reducing the effect of the risk factors. Thirdly, by breaking a negative circle and opening up new opportunities.

Cultural influences:

Culture has a strong influence on resilience because it decides what skills and activities that is appreciated and should develop. It comprises of values, norms, rules and ways of life that we get from the generations before us. Every culture has different values, virtues and beliefs to follow. Thus ‘bounced back to what?’ may differ from one culture to other. This is because each culture considers different state as normalcy.

Genetic influences:

Genetic factors do play an important role in determining how an individual responds to adverse situations. DNA studies proved that polymorphisms of genes that regulate the sympathetic nervous system, the hypothalamic- pituitary- adrenal axis, and the serotonin system partially determine whether our biological response to adversity is too strong, too muted, or within a range that is optimal for adaptive functioning. The scientific research has found that resilience can be strengthened by activating the connected neurobiological systems. For example: mindfulness meditation and training in cognitive reappraisal can increase activation of the left prefrontal cortex. This is because that people with greater activation of this region were found to recover quickly from negative situations.

Theories of resilience:**Family Resilience Theory:**

One way of defining the family of resilience is that “the characteristics, dimension, and properties of families which help families to be resistant to disruption in the face of change and adaptive in the face of crisis situation. Walsh proposed nine dynamic processes and these helps to develop and strengthens the family’s competencies. They include meaning making, positive outlook-hope, transcendence (Belief system); flexibility, connectedness, social & community resources (Organizational processes); clear information, emotional sharing, problem solving (Communication processes).

Shame theory of Resilience:

Shame Resilience Theory is a theory concerned with how people respond to feelings of shame. It was first articulated in 2006 by Brene Brown. Shame is an universal emotion which

can have serious negative consequences if left unchecked, so examining what resilience in the face of shame looks like is an important scientific undertaking.

Community Resilience Theory:

This theory is defined as that the “existence, development and engagement of community resources by community members to thrive in an environment characterized by change, uncertainty, unpredictability and surprise”. The key focus of community resilience includes understanding the strength and establishing the process of both the individual and community resources.

Organizational Resilience Theory:

Organizational Resilience Theory focuses on the role modelling behaviors. It is the ability of an organization to anticipate, prepare for, respond and adapt to incremental change and sudden disruptions in order to survive and prosper. The behaviors include:

- ✓ Persisting in the face of adversity.
- ✓ Providing support to and mentoring others.
- ✓ Leading with integrity.
- ✓ Showing decisiveness.

The Model of Resilience:

Seligman 3P’s model of resilience:

The 3P’s of emotional responses include:

- ✓ Personalization
- ✓ Pervasiveness
- ✓ Permanence.

These three responses help to understand and analyze our belief system, thought processes and mindset. When we positively flexible to the challenges in our life, we tend to be more resilient in nature.

Michael Rutter’s model of resilience:

Rutter defined resilience as the combination of risky experience and to bounce back from the experience through relatively positive psychological outcome. He also states that

resilience is apart from the positive mental health and the social competence and it is based on the individual aspects.

Norman Garmezy's model of resilience:

This model includes how to prevent mental illness caused by adversity through protective factors of resilience such as motivation, cognitive skills, social change and personal voice. There are two findings:

1. Resilience is a dynamic process that changes over time.
2. Concept of developmental cascades- how functioning in one domain can influence other levels of adaptive functioning.

Scales for measuring resilience:

Connor- Davidson Resilience Scale (CD-RISC):

This scale was originally developed by Connor Davidson (2003) as a self report measure of resilience within the Post Traumatic Stress Disorder (PTSD) clinical community. It is a validated and widely recognized scale with 2.10 and 25 items which measure resilience.

Resilience Scale for Adults (RSA):

This scale was authored by Friborg et.al (2003) as a self report scale targeting adults. This scale has five scoring items which examine both the intrapersonal and interpersonal protective factors that promote adaptation to adversity.

Brief Resilience Scale (BRS):

The Brief Resilience Scale is a self- rating questionnaire aimed at measuring an individual's ability to "bounce back from stress". This instrument was developed by Smith et al. (2008) has not been used in the clinical population , however it could provide some key sights for individuals with health related stress. It consists of six items, three positively worded items, and three negatively worded items. All six relate to the individual's ability to bounce back from adversity.

Resilience Scale:

This scale was developed by Wagnild and Young in 1993 was created and validated with a sample of older adults (aged 53 to 95 years). It consists of 25 items and the results have been found to positively correlate with physical health, morale and life satisfaction, while negatively correlating with depression.

Scale of Protective Factors (SPF):

This scale was developed by Ponce - Garcia, Madwell and Kennison in 2015 to capture a comprehensive measurement of resilience. It consists of 24 items measuring two social - interpersonal factors and two cognitive- individual factors.

Predictive 6- Factor Resilience Scale:

This scale was developed by P.J. Rossouw and Jurie G. Rossouw based on the neurobiological underpinnings of resilience and theorized relationship with health hygiene factors. It measures the crucial resilience skills that lead to the achievement of wellbeing and personal success.

Ego Resilience Scale:

This scale consists of 14 items and was developed by Block and Kremen in 1996 to measure resilience in non-psychiatric contexts. Scores on this scale have been found to positively correlate with intelligence as it relates to the ability to adapt, supporting the scale's ability an individual's ability to bounce back from failure and disappointment.

Academic Resilience Scale (ARS - 30):

It is a recently developed measure used to assess resilience in a particular context: academic success. Simon Cassidy (2016) describes academic resilience as the tendency to preserve and succeed in education despite meeting with adversity. It is a multi- dimensional construct focusing on both cognitive affective and behavioral responses to academic adversity.

Occupational Stress:

Occupational stress is psychological stress related to one's job. Occupational stress often stems from pressures that do not align with a person's knowledge, skills, or expectations. Job stress can increase when workers do not feel supported by supervisors or colleagues, feel as if they have little control over work processes, or find that their efforts on the job are

incommensurate with the job's rewards. Occupational stress is a concern for both employees and employers due to the link between stressful job conditions and employee emotional well-being, physical health, and job performance.

Causes:

Job stress results from the interaction of the worker and the conditions of work. It includes:

- ✓ Workload (quantitative, qualitative & under workload)
- ✓ Reduced autonomy
- ✓ Low levels of support
- ✓ Pay and recognition incommensurate with effort
- ✓ Number of hours worked
- ✓ Occupational status
- ✓ Bullying
- ✓ Sexual harassment
- ✓ Workplace conflict
- ✓ Lack of work-life balance

Theories of Occupational stress:

Transactional theories of work-related stress:

The most commonly used transactional theory suggests that stress is the direct product of a transaction between an individual and their environment which may tax their resources and thus threaten their wellbeing. In this sense, any aspect of the work environment can be perceived as a stressor by the appraising individual. Yet the individual appraisal of demands and capabilities can be influenced by a number of factors, including personality, situational demands, coping skills, previous experiences, time lapse, and any current stress state already experienced (Prem et al. 2017). One multidisciplinary review provides a broad consensus those stressors really only exert their effects through how an individual perceives and evaluates them.

Interactional theories of stress:

Interactional models emphasize the interaction of the environment stimulus and the associated individual responses as a foundation of stress (Lazarus and Launier 1978). For

instance, the Effort-Reward Imbalance (ERI) theory posits that effort at work is spent as part of a psychological contract, based on the norm of social reciprocity, where effort at work is remunerated with rewards and opportunities (Siegrist 1996). Here it is the imbalance in this contract that can result in stress or distress. Yet in contrast to transactional theories of stress, this imbalance may not necessarily be subject to any appraisal, as the stressor may be an everyday constant occurrence.

Person-Environment Fit theory:

This theory is one of the earliest interactional theories of work-related psychological distress, suggesting that work-related stress arises due to a lack of fit between the individual's skills, resources and abilities, and the demands of the work environment (Caplan 1987, French, Caplan and Van Harrison 1982). Here, interactions may occur between objective realities and subjective perceptions and between environmental variables and individual variables. In this case, it has been argued that stress can occur when there is a lack of fit between both the degrees to which the job environment meets the worker's needs (French, Rodgers and Cobb 1974).

Job Demand-Control (JDC) theory:

This theory supposes the work-related stress can result from the interaction between several psychological job demands relating to workload such as cognitive and emotional demands, interpersonal conflict, job control relating to decision authority (agency to make work-related decisions) and skill discretion (breadth of work-related skills used).

Demand Control Support (DCS) theory:

The original concept of job demand and control was explained in 1988 to become the Demand Control Support theory, describing how social support may also act as a buffer in high demand situations (Johnson and Hall 1988). As social support as a coping mechanism can moderate the negative impacts of job stress, another later version of the JDC theory was developed to suggest that it is those individuals who experience high demands paired with low control and poor support who are at risk of work-related psychological distress.

Allostatic Load Model of the Stress Process:

Early psychological models of stress may be suitable for describing how environmental events generate stressful appraisals for individuals. Yet another theoretical model, devised via

a multidisciplinary review of Work Stress and Employee Health identifies the intervening physiological processes that link stress exposure to health outcomes.

Allostasis is the process of adjustment for an individual's bodily systems that serve to cope with real, illusory, or anticipated challenges to homeostatic (stable) bodily systems. This model proposes that continued overstimulation leads to deregulations and then to poor tertiary health outcomes.

Cooper and Palmer's model of work stress:

Another model of work stress developed by Cooper and Marshall sets out the sources of stress at work, factors which determine how an individual may respond to such stressors, go on to experience acute symptoms, and eventually go on to reach the chronic disease phase affecting one's physical and/or mental health (Cooper and Marshall 1976). This model is concerned with the long-term consequences of work-related stress, as well as the acute symptoms of, sources of, and the individual characteristics associated with work-related stress.

Conservation of Resources (COR) model:

Conservation of Resources model, an integrated model of stress looks to encompass several stress theories relating to work, life and family (Hobfoll 1989). According to this theory, stress occurs when there is a loss, or threat of loss of resources. This is because individuals ultimately seek to obtain and maintain their resources, loosely described by the authors as objects, states, conditions, and other things that people value. Some of these stressors may relate to resources such as one's home, clothing, self-esteem, relationship status, time and/or finances. In this context, work/relationship conflicts may result in stress, because resources such as time and energy are lost in the process of managing both roles effectively (Hobfoll 2001). This may in turn result in job dissatisfaction and anxiety, although other resources such as self-esteem may moderate such conflicts and stress.

Negative health and other effects:

Occupational stress can lead to three types of strains:

- ✓ Behavioral (e.g., absenteeism)
- ✓ Physical (e.g., headaches)
- ✓ Psychological (e.g., depressed mood)

Also job stress has been linked to a broad array of conditions, including psychological disorders (e.g., depression, anxiety, post-traumatic stress disorder), job dissatisfaction, maladaptive behaviors (e.g., substance abuse), cardiovascular disease, and musculoskeletal disorders. Stressful job conditions can also lead to poor work performance, higher absenteeism, and injury. Chronically high levels of job stress diminish a worker's quality of life and increase the cost of the health benefits the employer provides.

Ways to manage Occupational Stress:

- ✓ Relaxation strategies
- ✓ Problem-solving
- ✓ Mindfulness
- ✓ Reappraising negative thoughts

CHAPTER II

Review of Literature

Resilience:

Suniya S. Luthar (1991) measured the vulnerability and resilience: a study of high risk adolescents by using a quantitative survey. The primary aim of the study was to explore variables that promote resilience, that is, that allow children to remain competent despite exposure to stressful life experiences. The participants of this study were 144 adolescents (62 boys, 82 girls) enrolled in an inner-city school in Connecticut. Following theoretical models by Garmezy and Rutter, distinctions were made between compensatory factors (relating to competence) and protective/ vulnerability factors (which interact with stress in influencing competence). Ego development was found to be compensatory against stress. Internality and social skills proved to be protective factors, while intelligence and positive events were involved in vulnerability processes. This study revealed that children labelled as resilient were significantly more depressed and anxious than were competent children from low stress backgrounds.

Jan Smith, Margot Prior (1995) measured temperament and stress resilience in school age children. Stress resilience was assessed in children from within 32 families acknowledging severe psychosocial stress. Resilient and non resilient children, identified via competence and behavior disorder measures from school and home were compared. 81 school aged children were observed by the researchers. Teachers' ratings of positive temperament (low emotional reactivity, high social engagement) best discriminated children showing resilience on all indicators i.e., behavioural & social competence both at home and school, with maternal warmth and the number of adverse life events also contributing but the child's age, sex, ability and self-concept were not significant discriminators of behavioral adjustment. The findings emphasize the salience of a positive temperament as a resilience factor as well as the need to consider different estimates and contexts in assessing resilience for children growing up in stressful situations.

Beverly SiglFelten (2000) measured resilience in a multicultural sample of community-dwelling women older than age 85. The purpose of the study was to explore characteristics of resilience in community-dwelling women older than age 85. Using a snowball recruitment technique, the researcher studied 7 community-dwelling women representing various socio economic, religious, ethnic and cultural backgrounds. They collected information via interview method. At the end, the participants identified very practical strategies resulting in resilience

after devastating illness late in life. Unlike the abstract themes of Wagnild and Young (1990) participants identified very practical strategies resulting in resilience after devastating illness late in life. Resilience for these women occurred as a result of a plan, a strategy, not by chance or coincidence.

David JP Barker, Tom Forsen, Antti Uutela, Clive Osmond, Johan G Eriksson (2001) held a longitudinal study of size at birth and resilience to effects of poor living conditions in adult life. This study determines whether men who grew slowly in utero or during infancy are more vulnerable to the later effects of poor living conditions on coronary heart disease. 3676 men who were born during 1934-44 attended child welfare clinics in Helsinki were observed. The result suggests that men who grow slowly in utero remain biologically different to other men. They are more vulnerable to the effects of low socio economic status and low income on coronary heart disease.

Jean Marie McGloin and Cathy Spatz Widom (2001) measured resilience among abused and neglected children. The aim of this study was to operationalize the construct of resilience across a number of domains of functioning and time periods to determine the extent to which abused and neglected children grown up demonstrate resilience using standard research-specialized research method. The researcher collected information through sustained case of child abuse and neglected children. The results indicate that there is a substantial group of victims of childhood abuse and neglect who when followed up into young adulthood appear to illustrate resilience across a number of domains of functioning and at different time periods. They have survived and in fact, thrived despite these experiences of their childhood.

Arlene Michaels Miller, Peggy J. Chandler (2002) measured acculturation, resilience and depression in midlife women from the former Soviet Union. The aim of the study was to examine the relationships among demographic characteristics, acculturation, psychological resilience and symptoms of depression in midlife women from the former Soviet Union who recently immigrated to the United States. The samples include 200 women from the former Soviet Union, 45-65 years old in this cross-sectional study. The results corroborate previous studies that suggest high levels of depression in immigrant women, but additional validation was suggested to differentiate symptoms of depressed mood from clinical depression in this culture. This study also suggests that by enhancing resilience may help in decreasing the symptoms of depression in midlife women who are recent immigrants from the former Soviet Union.

Patricia E Deegan (2005) measured a qualitative study of resilience in people with psychiatric disabilities by using the qualitative method. The present study seeks to understand how people with psychiatric disorders demonstrate the capacity for resilience in the ways they use or do not use psychiatric medications in their daily lives among participants of 29 people diagnosed with psychiatric disorders. People with psychiatric disorders demonstrate resilience through the use of non-pharmaceutical, personal medicine in the recovery process. The result of this study suggests that medication adherence may be improved when clinicians inquire about patient's personal medicine and use pharmaceuticals to support, rather than interfere with these self-assessed health resources.

Robin D Everall, K Jessica Altrows, Barbara L Paulson (2006) measured a study of resilience in suicidal female adolescents by using qualitative method. The purpose of the study was to develop an understanding of how adolescents overcome the suicidality from the subjective perspective of previously suicidal female participants with the subjective perspective of 13 previously suicidal female participants. Researchers have come regard resilience not as a fixed attribute or specific outcome but more as a dynamic process that evolves over time. In defining resilience, a multi dimensional perspective is important along with a consideration of the text in which resilience occurs. It was noted that the more participants experienced success across the four domains of resilience (social, emotional & cognitive processes and purposeful & goal directed action), the greater was their hope & desire to plan for the future.

Syamak Samani, Bahram Jokar, Narges Sahragard (2007) held a cross sectional study on the effects of resilience on mental health and life satisfaction. The aim of the study was to investigate how and whether resilience has effects on mental health and life satisfaction. 287 Shiraz University students (173 females and 114 males) were included in this study. It was noted that negative emotions such as depression, anxiety and stress have significant mediating roles on family resilience and life satisfaction. The result suggests that resilience would lead to life satisfaction by means of reduced levels of negative emotions. Also resilience has, in fact, an indirect effect on life satisfaction.

Bruce W. Smith, Alex J. Zautra (2008) measured vulnerability and resilience in women with arthritis. The aim of the study was to test a 2- factor model of affective health in women with rheumatoid arthritis or osteoarthritis. The researchers have collected data from 263 women participants. This study was done via telephone screening interview. This study generally supports a two-factor model of affective health in women with arthritis. As a result, the two

factors evaluated here consisted of negative and positive personal characteristics, social interactions and affects that appear to support either vulnerability or resilience in the face of the stresses of the illness.

Bruce W. Smith, Jeanne Dalen, Kathryn Wiggins, Erin Tooley, Paulette Christopher and Jennifer Bernard (2008) have assessed the ability to bounce back. The purpose of this article was to clarify the study of resilience by presenting a scale for assessing the original and most basic meaning of the word resilience. The researchers used two student's sample-cardiac and chronic pain patients. The questionnaire used here is Brief Resilience Scale (BRS). In conclusion, it was found that BRS is a reliable means of assessing resilience as the ability to bounce back or recover from stress and may provide unique and important information about people coping with health related stressors.

Scott E. Wilks (2008) did a study on resilience amid academic stress- the moderating impact of social support among social work students. The purpose of this study was to examine the relationship between academic stress and perceived factor of resilience among social work students, and to identify social support as a protective factor of resilience on this relationship. The information is collected from 314 social work students using self-report questionnaire. It was found that academic stress negatively related to social support and resilience. Social support positively influenced resilience and academic stress accounted for the most variation in resilience scores. This study demonstrated the likelihood that friend support plays a protective role with resilience amid an environment of academic stress and implications for social work faculty and internship agency practitioners are also discussed by the researchers.

Brigid M Gillespie, Wendy Chaboyer, Marianne Wallis (2009) held a predictor study on the influence of personal characteristics on the resilience of operating room nurses. The aim of the study was to identify the level of resilience, and to investigate whether age, experience and education contribute to resilience in an Australian sample of OR nurses. The information were collected from 1430 Australian OR nurses using Connor-Davidson resilience scale and by demographic questions. As a result, resilience appears to be predicted by other attributes and is not necessarily dependent on an individual's personal characteristics in OR nurses. It was noted that a set of 12 explanatory variables contributed to resilience in OR nurses. Five variables (hope, self-efficacy, coping, control and competence) explained resilience at statistically significant levels. Age, experience, education and years of employment did not contribute to resilience at statistically significant levels.

Todd B. Kashdan, Patty Ferrisizidis, R. Lorraine Collin and Mark Muraven (2009) measured emotion differentiation as resilience against excessive alcohol use by using questionnaires. The aim of this study is some people are adept at using discrete emotion categories (anxious, angry, sad) to capture their felt experience; other people merely communicate how well or bad they feel. We theorized that people who are better at describing their emotions might be less likely to self-mediate with alcohol. In this study the participants were 106 (49 men and 57 women) underage social drinkers from the community who met the following criteria: age between 18 and 20 years, consumption of at least three drinks per week, and no prior medical diagnosis or treatment for alcohol abuse. This study concluded that the results from ecological momentary assessment procedures revealed that people with intense negative emotions prior to drinking episodes consumed less alcohol if they were better at describing emotions. It was noted that low emotion differentiation showed increased risk of alcohol consumption when they experienced intense negative emotions whereas people with high emotional differentiation showed resilience to intense negative emotion.

Jack A. Naglieri, Sam Goldstein, Paul LeBuffe (2010) held an exploratory study of resilience factors and situational impairment. This study was used to examine the relationships between social emotional factors related to resilience and the degree of impairment using set of questionnaires. The participants were 49 children of age group 6-14 years who diagnosed with ADHD, ADHD combined type, ADHD not otherwise specified learning disabilities, mild mental retardation, depression and combined depression and ADHD. The primary goal of this study was to begin the examination of the relationship between protective factors as measured by the Devereux Student Strengths Assessment and behaviors that reflect situational impairment seen in the home as measured by the Home Situations Questionnaire. The findings suggest that, in this sample of clinic-referred children, an inverse relationship may exist between these two sets of variables. That is, the lower protective factors as measured by the DESSA the higher the degree of impaired behavior as measured by the HSQ. This finding suggests that children with greater reported behavioral and situational problems may in fact be less resilient as defined by the DESSA.

Lena Alex (2010) measured resilience among very old men and women. The aim of this study was to explore how the oldest of men and women with estimated high resilience talk about experiences of becoming and being old, and to discuss the analysis of their narratives in terms of the fundamental concepts of the Resilience Scale. In this study, the participants were 24 old people (17 women and 7 men). The researchers used quantitative (questionnaire) - qualitative

method (Thematic narrative interviews). The results of this qualitative study differed from the resilience scale which showed no difference between men and women with high resilience. But there lies a difference between them in this qualitative study. It was found that similarities between the oldest men and women included connection with both society and the religious sphere of life; self-reliance & physical strength and just living and doing one's duty whereas the dissimilarities includes: women stressed the importance of relationships with close family & friends as well as environment, the men focused on themselves in relating to others, women's creative activities mostly took place at home whereas for men- it is mostly outside the home.

Gill Windley, Kate M Bennett, Jane Noyes (2011) have done a methodological review of resilience measurement scales. The evaluation of interventions and policies designed to promote resilience and research to understand the determinants and associations, require reliable and valid measures to ensure data quality. This paper systematically reviews the psychometric rigor of resilience measurement scales developed for use in general and clinical population. Out of 19 resilience measures, 4 are received the best psychometric ratings. We found no current 'gold standard' amongst 15 measures of resilience. A number of the scales are in the early stages of development, and all require further validation work. Given increasing interest in resilience from major international funders, key policy makers and practice, researchers are urged to report relevant validation statistics when using the measures.

Jacqueline Scali, Catherine Gandubert, Karen Ritchie, Maryvonne Soulier, Marie-Laure Ancelin, Isabelle Chaudieu (2012) assessed the effects of psychiatric disorder and lifetime trauma history on the resilience self-evaluation using the Connor-Davidson Resilience Scale (CD-RISC-10) in a high risk women sample. Two hundred and thirty eight community dwelling women, including 122 participants in a study of breast cancer survivors and 116 participants without previous history of cancer were asked to complete the CD-RISC-10. The researchers have found that there was no significant association between cancer history and high resilience level whereas lifetime trauma was strongly and significantly associated with high resilience level. This suggests that this association was more likely related to the traumatic situation surrounding breast cancer.

Georgina Spies, Soraya Seedat (2013) measured depression and resilience in women with HIV and early life stress. The aim of this study was to assess the relationship between depressive symptomatology and resilience among women infected with HIV and to investigate whether trauma exposure (childhood trauma, other discrete lifetime traumatic events) or the presence

of post-traumatic stress symptomatology mediated this relationship. Convenience sampling of 95 women infected with HIV in peri-urban communities were included in this cross-sectional study. As a result, they found that higher levels of resilience were associated with lower levels of self reported depression. It demonstrated a significant association between depression and resilience, with resilience acting as a protective buffer.

Odeya Cohen, Dima Leykin, Mooli Lahad, Avishay Goldberg, Limor Aharonson Daniel (2013) aimed at profiling and predicting community resilience for emergencies. This study demonstrates the use of the Conjoint Community Resilience Assessment Measurement (CCRAM) for estimating the ability of a community to be resilient in the face of disaster. The data were collected from nine small to medium size towns (midsize urban towns, villages and planned communities, collective communities) through survey. As CCRAM detects the current strength of five key elements in community function following disaster: Leadership, Collective efficacy, Preparedness, Place Attachment and Social Trust- it can serve as a tool for community leaders to assess, monitor and focus actions to enhance and restore community resilience for crisis situations. The innovative approach presented in this paper uses the CCRAM tool to provide information that would support planning and reinforce community capacity to sustain and withstand disasters.

Shobitha Shanthakumari R, Prabha S Chandra, Ekaterina Riazantseva, Donna E Stewart (2013) measured resilience among Indian women experiencing Intimate Partner Violence. This includes 16 consenting women who reported IPV and whose husbands were being treated for alcohol problems at a psychiatric centre in Bangalore, India. This study aimed to gather the perspectives of Indian women self identified as resilient in the face of IPV and tried to understand the strategies and resources that helped them to maintain or regain resilience. They used a qualitative method to assess the degree of resilience among those samples. The results suggest that among these women, supportive social networks, personal attributes and aspirations were major clusters contributing to resilience.

Yongju Yu, Li Peng, Long Chen, Ling Long, Wei He, Min Li, Tao Wang (2013) studied the associations between resilience, social support, positive coping and posttraumatic growth of women with infertility. This study examined whether the resilience and social support could predict PTG in women with infertility. The role of positive coping as a potential mediator was also assessed. The samples include 182 women with infertility. Each participant was asked to complete a separate response booklet with structured and self-reported questionnaires. These

findings demonstrated that higher resilience and more social support might enhance the level of positive coping that would, in turn, facilitate PTG for women with infertility.

Linda Theron, Linda Liebenberg, Macalane Malindi (2014) investigated whether and how schooling experiences that are respectful of child rights encourage youth resilience. The information were collected from 951 school attending youths whose age ranges from 13 to 19 years old through explanatory mixed method. The result suggests that when schooling experiences are supportive of child rights, resilience processes are promoted. The conclusion urges school psychologists and school communities toward transactional practices that support positive youth development in child rights centered ways.

Barbara Resnick, N. Jennifer Klinedinst, Laura Yerges Armstrong, Eun Yong Choi, Susan G. Dorsey (2015) investigated the impact of genetics on physical resilience and successful aging with 116 participants. The purpose of the study is to better understand the impact of genetics on resilience and successful aging, by using descriptive method. The result suggests that there was also a significant association between gene and resilience, although in this study the focus was on physical resilience versus psychological resilience. It is noted that physical resilience is more likely to be associated with characteristics of individuals (includes self efficacy, positive interpersonal relationship, high self esteem etc) rather than demographic variables (age, gender) are health-related factors.

Arielle M Silverman, Aimee M Verrall, Kevin N Alschuler, Amanda E Smith, Dawn M Ehde (2017) held a qualitative study of resilience in people with multiple sclerosis. The purpose of the study was to describe the meaning of resilience, factors facilitating resilience and barriers to resilience, from the perspective of persons with multiple sclerosis, their care partners and community stakeholders. Four focus groups-two with middle aged (36-62 years) individuals with MS (one with men and one with women), one for partners of individuals with MS and one with community stakeholders serving people with MS were included in this study. The result suggests that unpredictable nature of MS can prevent unique challenges to resilient adjustment, especially during middle age. People with MS develop resilience through psychological adaptation, social connection; life meaning, planning ahead & physical wellness and barriers to resilience with MS include burnout, negative thoughts & feelings, social difficulties, stigma & fatigue.

Occupational stress:

Irma Astrand, P Fugelli, C G Karlsson, K Rodahl, Z Vokac (1973) measured energy output and work stress in coastal fishing. The aim of this study was to discover stress by direct measurement of oxygen uptake and by indirect assessment based on continuous recording of the heart rate. In this study, 14 fishermen were studied by direct measurement and indirect assessment. The researcher have concluded that about a tenfold increase in epinephrine and a fourfold increase in nor epinephrine excretion were observed during work as compared to resting night values.

Stephan J. Motowidlo, John S. Packard and Michael R. Manning (1986) did a study to know the occupational stress and its relation with antecedent variables and job performance. In the first study, 104 nurses participated in group discussions and 96 nurses completed a questionnaire, identified 45 stressful events for nurses. In the second study, 171 nurses who completed another questionnaire were also rated by a supervisor and/or a co-worker. Methods used in the study were Group discussion and Questionnaire. The primary analyses in this report are multivariate; they included only nurses for whom scores on all variables were available. There were no significant differences in years of nursing experience, fear of negative evaluation, frequency of stressful events, intensity of stressful events, subjective stress, anxiety, hostility, depression, composure, warmth toward other nurses, tolerance with patients, tolerance with nurses and doctors, interpersonal effectiveness, cognitive/motivational effectiveness, age, tenure in their nursing unit, tenure in their hospital, or whether they worked full time or part time.

Timothy R Driscoll, Guncha Ansari, James E Harrison, Michael Frommer, Elizabeth A Ruck (1994) measured Traumatic work related fatalities in commercial fishermen in Australia. The aim of this study was to describe the types and circumstances of traumatic work related fatalities in Australian commercial fishermen. In this study, 47 cases were obtained from inspection by survey method. This study has shown fishing to be a high risk occupation in this country, as it is in many others. Efforts directed towards vessel and equipment maintenance and training of inexperienced workers; more widespread use of and easy access to personal flotation devices are likely to improve the safety of commercial fishermen.

Sharon G. Clarke and Cary L. Cooper (2000) studied the risk management of occupational stress. The aim of the study was to identify the hazards of occupational stress and assess the level of risk associated with those hazards. They used well-validated stress audit instruments (Occupational Stress Indicator) among the employees. It concluded that employers have lacked a risk management methodology to assess and evaluate the risk associated with workplace

stress. The level of risk can be reduced through stress interventions, either by reducing exposure or by affecting outcomes. It also suggests that further researches in this area are required in order to produce a validated assessment for evaluating the risks associated with occupational stress.

Gary. A. Mirka, Gwanseob Shin, Kristen Kucera, Dana Loomis (2005) measured the use of the CABS methodology to assess biomechanical stress in commercial crab fishermen. The aim of this study was to find the use of CABS methodology to assess the quantification of the biomechanical stresses placed on the lumbar spine during the work activities of commercial crab fishermen. The participants of this study were crew members on a two- or three-man crabbing crew. They used continuous assessment of back stress (CABS) method. The researchers have concluded that for three man crew, the captain has relatively low stress levels throughout the work day. The third man of the crew experiences static awkward postures (forward flexed postures held for up to 5 min at a time) as he sorts and packs the crabs. For the two-man crew, the results show a more even distribution of the high stress activities between the crew members.

Jennifer McGowan, Dianne Gardner and Richard Fletcher (2006) did a study on Positive and negative affective outcomes of occupational stress. The study is done to know the work related distress and eustress. Three New Zealand Organizations are taken as sample (74 Males and 67 Females). Before answering the questions on appraisals and coping, participants were asked to identify one specific event they had recently experienced at work and to answer the questions in relation to that event. The research showed that the relationships between primary appraisal and coping support one of the key propositions of the cognitive appraisal model of stress: the choice of coping strategy is affected by appraisals as to whether a demand represents a threat or a challenge.

Nina OginskaBulik (2006) investigated the role of Type D personality in perceiving stress at work and the development of adverse effects of experienced stress, i.e. mental health disorders and burnout syndrome. The samples of 79 healthcare professionals (51 psychiatrists and 28 nurses) were used in this study. Subjective work evaluation questionnaire was used. Modification of type d personality aimed at reducing tendency to experience negative emotions and enhancing skills to express them combined with improving social relations is desired to prevent healthcare professionals from adverse health outcomes.

Raman Sachdev, Murli L Mathur, K R Haldiya and HN Saiyed studied work-related health problems in salt workers of Rajasthan, India (2006). Around 865 salt workers above 14 years

were included in this study. Workers of salt manufacturing units were invited for their free health examination and studied. Prevalence of ophthalmic symptoms was 60.7%, that of dermatological symptoms was 43.8% and symptoms like headache, giddiness, breathlessness, muscular and joint pains were experienced by 52.1% salt workers. The ophthalmic problems were most common, probably due to irritation by direct sunlight and its glare caused by salt crystals and brine as well as irritation caused by fine salt particles suspended in the air of the working environment. Traumatic ulcers, dermatitis, muscular and joint pains, headache and giddiness were other more common symptoms observed among the workers.

David G. Johnson, Catherine A. Riordan, J. Stephen Thomas & Cecelia Formichella (2010) measured occupational stressors, social support, and perceived stress among shrimp fishermen of the Northern Gulf of Mexico coast. The aim of this study was to compare the occupational stress between shrimp fishermen and land based workers. In this study participants were 211 shrimp fishermen and 99 land based workers from a coastal community in Alabama. The survey method was used. The researcher have concluded that the shrimp fishermen were exposed to greater numbers of occupational stressors, experience greater amounts of stress, and benefit from greater amounts of social support than land based workers.

Shanmugarajah Srikanthan (2013) measured the impact of Climate Change on the Fishermen's Livelihood Development (case study of village in Coromandel Coast). The aim of the study was to analyze the impact of climate change on fishermen livelihood development. Climate change is defined a change in the statistical properties of the climate system in particular region when considered over long periods of time, regardless of cause. However it is classified into two categories namely predictable and unpredictable climate change based on the discussion with village dwellers. In this study, 20 participants were selected as purposive sample population and inquired for this study. Out of 20 informants, 60 percent were fishing labourers' another 30 percent were small boat owners who used traditional equipment's for fishing and only 10 percent of informants were selected from the engine boat owners. They used qualitative and quantitative methods. The researcher have concluded that this recent study has also revealed the impacts of unpredictable climate change on the fishermen livelihood development under the four major sub issues like Occupational uncertainty, income disorganization, equipment's damages and lost, psycho-social problems.

Muthu Raj. S (2017) analyzed the job satisfaction of workers of salt pan in Thoothukudi district. Sample of 205 male and 295 female were included in the study. This study concluded that the job satisfaction among the salt pan workers who were in the age group of below 35

years, 36-45 years, 46-55 years was found to be work variety and behavior of the owner and who were in the age group of 56-65 years was health care facilities and work variety and who were in the age group of above 65 years was relationship with co-workers and task changes. The job satisfaction among the male salt pan workers were completeness of the work and work variety and among the female salt pan workers - their relation with co-workers and job security. A good work environment and good work conditions can increase employee job satisfaction and the employees will try to give their best which can increase the work performance.

Shibaji Mandal, Irteja Hasan, NazmulHuq Hawlader, Israt Sultana, Md. Mustafizur Rahman, Md. Sagirul Islam Majumder (2017) measured Occupational Health Hazard and Safety Assessment of Fishermen Community in Coastal Zone of Bangladesh. The aim of this study was to assess the occupational health hazard and safety of Boga fishermen community in Kachua Upazila of Bagerhat district. In this study, 40 participants were randomly selected. They used qualitative type of research. The researcher concluded that the majority of the total fishermen did not take any training program ever on their occupational activities where only minority of fishermen have taken by the Upazila fisheries office. The Government and different NGO of Bangladesh are trying to help the fishermen community for their health safety but it is not well enough for enhancing their health safety. The knowledge gap of the fishermen and insufficient material support are the main constraints for their health/life safety.

Gopal Muthukrishnan, Suresh Balan Kumaraswamy Pillai Uma, Anantharaman V.V. (2018) did a cross sectional study to find out the prevalence of hypertension and its associated risk factors in fishermen of Chennai, Tamil Nadu, India. It was conducted among 519 fishermen at the coastal areas of north Chennai district selected by multistage cluster sampling method. The researchers have concluded that the prevalence of hypertension was higher than the general population. The present study showed a significant association between the duration of alcohol use and prevalence of hypertension although smoking was not found to have significant association. Also it supports the association of obesity with hypertension.

Omar Laraqui, Nadia Manar, SalwaLaraqui, Tarik Ghailan, Frederic Deschamps, Chakib El Houssine Laraqui (2018) measured Occupational risk perception, stressors and stress of fishermen. The aim of this study was to assess the stress in fishermen by analyzing their relationship with socio demographic and professional characteristics, by evaluating work stressors, and by estimating psychosomatic symptoms. In this study, the participants were 828 artisanal and coastal fishermen. They were the representatives of this group of fishermen. All

participants were men and had a regular activity for at least 2 years. They used observational and cross-sectional method. The researchers have concluded that the fishermen were at a high risk of developing chronic stress. Also it includes that health promotion and education initiatives should be conducted to raise fishermen's awareness of the dangers of occupational stressors.

Tarik Ghailan, Mustapha Eresearc (2018) measured Occupational lung cancer among fishermen: a triple case report. The aim of this study was to expose medical and occupational data of 3 fishermen with lung cancer and discuss a possible occupational origin of their pathology. In this study, the participants were 3 fishermen working in the port of Tangier (Morocco) who have lung cancer and they were studied by using Interview method. The researcher concluded that the results obtained after studying these 3 cases suggest the possibility of occupational origin in the genesis of lung cancer among fishermen; however, the increased smoking rate in this population remains the most probable factor and helps the preventive approach to be adopted. More detailed epidemiological studies would highlight the possible role of occupational causes in the carcinogenesis of this pathology.

Overview:

From the above articles, it was understood that resilience would lead to life satisfaction by means of reduced levels of negative emotions. Also social support plays a vital role in enhancing the level of positive coping i.e., individuals with supportive social networks, personal attributes and aspirations were found to be more resilient. Only lifetime trauma was strongly and significantly associated with high resilience level. And one's physical resilience is more likely to be associated with characteristics of individuals (self efficacy, positive interpersonal relationships, high self esteem etc) rather than demographic variables. Stress at work place is very common. In the same way, it was found that fishermen were also at a high risk of developing chronic stress; however the shrimp fishermen were exposed to greater occupational stressors than land based fishermen. A good working environment and working condition thereby can increase their job satisfactions which in turn increase their work performance.

CHAPTER III

Methodology

Aim:

The aim of this study is to compare and determine the relationship between occupational stress and resilience among fishermen and salt pan workers.

Hypotheses:

H1 - There exist a significant relationship between resilience and occupational stress among fishermen.

H2 - There exist a significant relationship between resilience and occupational stress among saltpan workers.

H3 - There exist a significant difference in resilience among fishermen and saltpan workers.

H4 - There exist a significant difference in occupational stress among fishermen and saltpan workers.

Sample:

50 fishermen and 50 saltpan workers (male and female) above the age of 25 from Thoothukudi district were chosen.

Sampling method:

Snowball sampling method was used in this study. Snowball sampling is a process of drawing a sample by asking the initial subjects to identify another potential subject, who also meets the criteria of the research. Here, the sample is drawn in a chained manner.

Tools Used:

- The Occupational Stress Index(Appendix B)
- The Brief Resilience Scale(Appendix D)

Description of the tools used:

The Occupational Stress Index

The Occupational Stress Index (Srivastava, A.K., and Singh, A.P., 1981) consists of 46 items, each to be rated on the five point scale. Out of 46 items 28 are 'True - Keyed' and last 18 are 'False - Keyed'.

Reliability:

Reliability is one of the important characteristics of any test. Reliability refers to this consistency of scores or measurement which is reflected in the reproducibility of the scores.

The reliability index ascertained by Split Half (Odd Even) method and Cronbach's alpha-coefficient for the scale as a whole were found to be .935 and .90 respectively. The reliability indices of the 12 subscales were also computed on the split- half method.

Reliability Index of OSI:

SI.NO	SUB SCALES	RELIABILITY INDEX
1.	Role overload	.684
2.	Role ambiguity	.554
3.	Role conflict	.696
4.	Unreasonable group & Political pressure	.454
5.	Responsibility for persons	.840
6.	Under participation	.630
7.	Powerlessness	.809
8.	Poor peer relations	.549
9.	Intrinsic impoverishment	.556
10.	Low status	.789
11.	Strenuous working conditions	.733
12.	Profitability	.767

Validity:

Validity is another important characteristic of a scientific instrument. The term “validity” means truth or fidelity. “A test is valid to the extent that inferences made from it are appropriate, meaningful, and useful”.

The validity of the OSI was determined by computing co-efficient of correlation between the scales on the OSI and the various measures of job attitudes and job behavior. The correlation between the scores on the OSI and the measure of job anxiety was found to be 0.59 (N=400)

The Brief Resilience Scale

The Brief Resilience Scale (BRS) was developed by B. W. Smith., J. Dalen, K. Wiggins., E. Tooley, P. Christopher and J. Bernard (2008) and it consists of six items. It is a 5-point Likert scale, ranging from Strongly Disagree to Strongly Agree. The BRS is a reliable means of assessing resilience as the ability to bounce back or recover from stress and may provide unique and important information about people coping with health-related stressors.

Reliability:

The reliability analysis using Cronbach’s Alpha was .93, indicating that the scale has good reliability.

Validity:

For the validation of the measure, Smith et.al (2008) used four different samples, composed of undergraduates, cardiac rehabilitation patients and women who either have fibromyalgia or healthy controls. The items presented loadings above 10.67 on one single factor in all samples, with Cronbach’s alpha ranging from 0.80 to 0.91.

Inclusion criteria:

- ✓ Only fishermen and saltpan workers of Thoothukudi district were included in the study.
- ✓ Age limit of above 25 years only were included in the study.

Exclusion criteria:

- ✓ The fishermen and saltpan workers of other districts were not included in the study.
- ✓ Age limit of below 25 years were also not included in the study.

Ethical consideration:

An individual's participation in this study was voluntary. It was up to them to decide whether or not to take part in this study. An informed consent was provided to each subject regarding the purpose of the study and to ensure their involvement in this study.(Appendix A)

Data collection:

The occupational stress index and Brief resilience scale were translated into Tamil language with the help of our Tamil Department (Appendices C&E). We individually met saltpan workers and fishermen to collect data from them. They were administered with the Personal Information Schedule to obtain their personal and socio-demographic information. All the items in the questionnaire were individually explained and responses were collected from 50 saltpan workers and 50 fishermen.

Statistical analysis:

SPSS 20 was used for the statistical analysis. The correlation coefficient is a statistical measure of the strength of the relationship between the relative movements of two variables. Here, Pearson product moment correlation was used to study the degree of relationships between variables.

T-test was employed to measure the difference among samples which is a type of inferential statistic used to determine if there is a significant difference between the means of two groups, which may be related in certain features.

CHAPTER IV

Results and Discussion

Table 4.1: shows frequency and percentage of socio demographic data

(N=100)

Socio Demographic Data	Categories	Frequency	Percentage
Age	Mean Age – 44.05		
Gender	Male	76	76
	Female	24	24
Marital Status	Married	93	93
	Unmarried	7	7

Table 4.2: The relationship between the Occupational stress and resilience among fishermen

Variables	‘r’ value
Occupational stress	
Resilience	.242

Table 4.2 shows the relationship between the occupational stress and resilience among fishermen. The correlation value (r) is found as .242. The results indicate that the occupational stress and resilience among fishermen are positively correlated. There is a weak positive correlation between these two variables. It is clear that any change in one variable has an impact on the other.

Table 4.3: The relationship between the Occupational stress and resilience among saltpan workers

Variables	'r' value
Occupational stress	
Resilience	.245

Table 4.3 shows the relationship between the occupational stress and resilience among saltpan workers. The correlation value (r) is found to be .245. The results indicate that the occupational stress and resilience of saltpan workers are positively correlated. There is a weak positive correlation between these two variables. It is clear that any change in one variable has an impact on the other.

Table 4.4: The significant difference between Occupational stress among fishermen and saltpan workers

Occupational stress	Mean (SD)	't' value
Fishermen	135.84 (17.934)	
Saltpan workers	149.2 (9.122)	4.695

Table 4.4 shows the significant difference in occupational stress among fishermen and saltpan workers. The mean values of occupational stress of fishermen and saltpan workers are 135.84 and 149.2 respectively and their standard deviation are 17.934 and 9.122 respectively. Using t- test, the value of t is found to be 4.695. This implies that there is a difference in occupational stress between the two groups.

Table 4.5: The significant difference between resilience among fishermen and saltpan workers

Resilience	Mean (SD)	‘t’ value
Fishermen	3.0482 (0.492)	
Saltpan workers	3.1164 (0.506)	0.682

Table 4.5 shows the significant difference between resilience among fishermen and saltpan workers. The mean values for resilience of fishermen and saltpan workers are 3.0482 and 3.1164 respectively and their standard deviation are 0.492 and 0.506 respectively. The differences between the two groups were found to be .682. Thus it is very clear that there is a difference between the resilience of fishermen and saltpan workers.

Discussion:

The present study aimed at determining the relationship between resilience and occupational stress among fishermen and saltpan workers and also it measures the difference in the variables among the samples.

From table 4.2 and 4.3, it is revealed that occupational stress and resilience of both fishermen and saltpan workers are correlated. If two variables are correlated, it does not mean that one variable causes the changes in another variable. It only asses relationships between variables and there may be different factors that lead to this relationship. In this study, the two variables are positively correlated with each other.

However, there are a few studies that tried to find relationship between occupational stress and resilience (Grant, Curtayne, & Burton, 2009) among teachers (Howard & Johnson, 2004) healthcare workers (Siu, et al, 2009, Ablett & Jones, 2007) social workers (Kinman & Grant, 2011). And a study by Cooper and Cartwright (1997) suggested an intervention strategy that was dedicated toward reduction of workplace stress. Another study, which emphasized the effectiveness of yoga for the improvement of well-being and resilience to stress in the workplace, has been conducted by Hartfiel, Havenhand, Khalsa, Clarke and Krayner (2011).Also, negative relationship of resilience to occupational stress has been previously

found out by Shakerinia and Mohammadpour (2010) in their study in a sample of nurses. The present results show that the inverse relationship between these two factors.

Rutter (2000) defined resilience as relative resistance to psychosocial risk experiences. This approach focuses on a range of outcomes, not just positive ones; it does not necessarily expect that protection from stress and adversity should lie in the positive experience and nor indeed is there any assumption that the answer will lie in what the individual does about the negative experience at the time (how he or she copes with it). In the same way, the group with high level of resilience may emerge from negative experiences i.e., high occupational stress.

From table 4.3 and 4.4, the significant difference between the occupational stress and resilience among the fishermen and saltpan workers were found by using t- test. It is found that there is a significant difference in the occupational stress and resilience between fishermen and saltpan workers. Since the mean scores of occupational stress and resilience of fishermen and saltpan workers are 135.84 & 3.0482 and 149.2 & 3.1164 respectively. From this, it is evident that the saltpan workers have high occupational stress than fishermen. Also they are the one who have high level of resilience too. This is because that these workers may be highly resilient due to their repeated experiences of prolonged stress.

CHAPTER V

Summary and Conclusion

The present study was to determine the relationship between occupational stress and resilience among fishermen and saltpan workers. It is also aimed to examine whether there is a significant difference in the variables among the samples.

The independent variable used in this study was occupational stress and the dependent variable was resilience. The samples were drawn using snowball sampling method. The sample population was 100 workers in which 50 include fishermen and the remaining 50 include saltpan workers of Thoothukudi.

The following standardized tools were used in the study.

- Occupational Stress Index (OSI) by Srivastava and Singh (1981) was used to measure their occupational stress.
- Brief Resilience Scale (BRS) by Bruce W. Smith, Jeanne Dalen, Kathryn Wiggins, Erin Tooley, Paulette Christopher, & Jennifer Bernard (2008) was used to measure the level of resilience.

Data was collected through direct administration with the previously mentioned tools.

The following hypothesis was adopted for the study,

- There exist a significant relationship between occupational stress and resilience among fishermen.
- There exist a significant relationship between occupational stress and resilience among saltpan workers.
- There exist a significant difference in occupational stress among fishermen and saltpan workers.
- There is a significant difference in resilience among fishermen and saltpan workers.

SPSS 20 was used for the statistical analysis. The statistical techniques used for data analyses were Pearson's correlation and independent sample t-test.

Conclusion

- 1) There is a positive relationship between occupational stress and resilience among fishermen.

- 2) There is a positive relationship between occupational stress and resilience among the saltpan workers.
- 3) There exists a significant difference between the occupational stress among fishermen and saltpan workers.
- 4) There exists a significant difference between the resilience among fishermen and saltpan workers.

Limitations and implications

Limitations:

- Sample size (N=100) is relatively small.
- Socio demographic data category could have been increased.
- Samples were collected only from Thoothukudi district and not from the entire state of Tamilnadu.

Implications:

- This is a significant contribution to the field of research concerning saltpan workers and fishermen
- The present study is a supplement to the research regarding saltpan workers and fishermen.
- From the ergonomic point of view, the overall performance can be increased by reducing the occupational stress

Suggestions:

- Providing safety gears such as glasses, shoes and gloves to the vulnerable sect.
- Conducting medical camps as they develop risk of blindness, knee injury, body aches, heat exhaustion, bronchial diseases, skin lesions, women specific diseases (Saltpan workers), non-fatal injuries, skin disease, lip, lung and stomach cancer (Fishermen).
- Saltpan workers are more prone to eye disease due to the fact that they work in the hot sun throughout the day. Therefore, eye camps should be conducted.
- Awareness program should be given to both fishermen and saltpan workers regarding the usage of modern technology in order to improve their productivity.

- The Indian government has formulated numerous schemes and beneficiary plans for both saltpan workers and fisher folk. Huge portions of the fund remains unavailed due to lack of awareness and knowledge about them. Steps should be taken to remove this.

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APPENDICES

Appendix A

விவரம்:

பெயர்:

வயது:

பாலினம்:

திருமணமானவர்/

திருமணமாகாதவர்:

கல்வி:

தொழில்:

நாங்கள்மூன்றாம்இளங்கலைஉளவியல்துறையைச்சேர்ந்தமாணவர்கள்,தூயமரியன்னைகல்லூரியில்பயில்கிறோம்.நாங்கள்மேற்கொள்ளும்ஆராய்ச்சிற்குசிலதகவல்கள்உங்களிடமிருந்துதேவைப்படுகிறது.

ஆய்வில்பங்கேற்கலாமாவேண்டாமாஎன்பதைநீங்கள்தீர்மானிக்கவேண்டும்.இந்தஆய்வில்பங்கேற்கநீங்கள்முடிவுசெய்தால்,ஒப்புதல்படிவத்தில்கையொப்பமிடவும்.வழங்கப்பட்டதகவல்களைநான்படித்துபுரிந்துகொண்டேன்.எனதுபங்கேற்புதன்னார்வமானதுஎன்பதையும்தெரிவிக்கிறேன்.

தேதி: கையொப்பம்

Appendix B

Occupational Stress Index (OSI)

Please read each statement carefully and decide how you feel about your occupation described by the following statements.

S.NO	Statements	SDA	DA	U	A	SA
1.	I have to do a lot of work in this job.					
2.	The available information relating to my job-role and its outcomes are vague and insufficient.					
3.	My different officers often give contradictory instructions regarding my works.					
4.	Sometimes it becomes complied problem for me to make adjustment between political/group pressures and formal rules and instructions.					
5.	The responsibility for the efficiency and productivity of many employees is thrust upon me.					
6.	Most of my suggestions are heeded and implemented here.					
7.	My decisions and instructions concerning distribution of assignments among employees are properly followed.					
8.	I have to work with persons whom I like.					
9.	My assignments are of monotonous nature.					

10.	Higher authorities do care for my self-respect.					
11.	I get less salary in comparison to the quantum of my labour/work.					
12.	I do my work under tense circumstances.					
13.	Owing to excessive work load I have to manage with insufficient number of employees and resources.					
14.	The objectives of my work-role are quiet clear and adequately planned.					
15.	Officials do not interfere with my jurisdiction and working methods.					
16.	I have to do some work unwillingly owing to certain group or political pressures.					
17.	I am responsible for the future of a number of employees.					
18.	My co-operation is frequently sort in solving the administrative or industrial problems at higher level.					
19.	My suggestions regarding the training programmes of employees are given due significance.					
20.	Some of my colleagues and subordinates try to defame and malign me as unsuccessful.					

21.	I get ample opportunity to utilise my abilities and experience independently.					
22.	This job has enhance my social status.					
23.	I am seldom rewarded for my hard labour and efficient performance.					
24.	Some of my assignments are quite risky and complicated.					
25.	I have to dispose of my work hurriedly owing to excessive work load.					
26.	I am unable to perform my duties smoothly owing to uncertainty and ambiguity of the scope of my jurisdiction and authorities.					
27.	I am not provided with clear instructions and sufficient facilities regarding the new assignments trusted to me.					
28.	In order to maintain group conformity sometimes I have to do/ produce more than usual.					
29.	I bear the great responsibility for the progress and prosperity of this organization.					
30.	My opinions are sought in framing important policies of the Organization/Department.					
31.	Our interest and opinions are duly considered in making appointments for important post.					

32.	My colleagues do cooperate with me voluntarily in solving administrative and industrial problems.					
33.	I get ample opportunity to develop my aptitude and proficiency properly.					
34.	My higher authorities do not give due significance to my post and work.					
35.	I often feel that this job has made my life cumbersome.					
36.	Being too busy with official work I am not able to devote sufficient time to my domestic and personal problems.					
37.	It is not clear that what type of work and behaviour my higher authorities and colleagues expect from me.					
38.	Employees attach due importance to the official instructions and formal working procedures.					
39.	I am compelled to violate the formal and administrative procedures and policies owing to group/political pressures.					
40.	My opinion is sought in changing or modifying the working system, instrument and conditions.					
41.	There exists sufficient mutual co-operation and team-spirit among the employees of this Organization/Department.					

42.	My suggestions and cooperation are not sought in solving even those problems for which I am quite competent.					
43.	Working conditions are satisfactory here from the point of view of our welfare and convenience.					
44.	I have to do such work as ought to be done by others.					
45.	It becomes difficult to implement all of a sudden the new dealing procedures and policies in place of those already in practice.					
46.	I am unable to carry out my assignment to my satisfaction on account of excessive load of work and lack of time.					

Appendix C

Occupational Stress Index (OSI)

ஒவ்வொருவாக்கியம்கவனமாகப்படித்து,
பின்வரும்அறிக்கைகளால்விவரிக்கப்பட்டுள்ளஉங்கள்தொழில்குறித்
துநீங்கள்எப்படிஉணருகிறீர்கள்என்பதைத்தீர்மானியுங்கள்

		கண்டிப்பாக ஒப்புக் கொள்ளவில்லை	ஒப்புக் கொள்ளவில்லை	தீர்மானிக்கப்படவில்லை	ஒப்புக் கொள்கிறேன்	கண்டிப்பாக ஒப்புக்கொள்கிறேன்
1	இந்தப்பணியில்நான்நிறையவேலைசெய்யவேண்டும்					
2	எனக்களிக்கப்பட்டபணியில்கிடைக்கக்கூடியதகவல்கள்தெளிவற்ற,திருப்தியற்றமுடிவுகளைத்தருகிறது.					
3	எனதுபணியில்வெவ்வேறுஅதிகாரிகள்பெரும்பாலும்முரண்பாடானவழிமுறைகளைவழங்குகிறார்கள்					
4	சிலநேரங்களில்முறையானவிதிகளையும்,ஆலோசனைகளையும்அரசியல்குழுக்களிடையேசரிசெய்வதுஎன்பதுபிரச்சினையாகவேஅமைகிறது.					
5	பலஊழியர்களின்உழைப்புமற்றும்உற்பத்தித்திறனுக்கானபொறுப்புஎன்மீதுசெலுத்தப்படுகிறது					
6	எனதுபெரும்பாலானபரிந்துரைகள்இங்குஏற்றுக்கொள்ளப்படுகின்றன					
7	ஊழியர்களிடையேபணிகளைபகிர்ந்துகொடுப்பதற்குஎனதுமுடிவுகளும்ஆலோசனைகளும்சரியாகபின்பற்றப்படுகின்றன					
8	நான்விரும்பும்நபர்களுடன்நான்பணியாற்றவேண்டும்					
9	எனதுபணிகள்மாற்றமேஇல்லாதஇயல்பாகநடக்கக்கூடியவை.					

10	எனதுசுயமரியாதையைஉயர்அதிகாரிகள்வனித்துக்கொள்கிறார்கள்					
11	எனதுஉழைப்பின்அளவோடுஒப்பிடுகையில்எனக்குகுறைந்தசம்பளம்கிடைக்கிறது					
12	பதட்டமானசூழ்நிலையில்எனதுவேலையைச்செய்கிறேன்					
13	அதிகவேலைசுமைகாரணமாகநான்போதியஎண்ணிக்கையிலானஊழியர்கள்மற்றும்வளங்களைநிர்வகிக்கவேண்டும்					
14	எனதுபணிக்கானகுறிக்கோள்கள்மிகவும்தெளிவானதாகபோதுமானஅளவுதிட்டமிடப்பட்டுள்ளதாகவும்உள்ளது.					
15	அதிகாரிகள்அதிகாரவரம்புமற்றும்வேலைமுறைகளில்தலையிடுவதில்லை					
16	சிலகுழுஅழுத்தங்கள்காரணமாகநான்விருப்பமின்றிசிலவேலைகளைசெய்யவேண்டும்					
17	பலஊழியர்களின்எதிர்காலத்திற்குநான்பொறுப்பு					
18	மேலிடத்தில்ஏற்படும்நிர்வாகஅல்லதுதொழில்துறைபிரச்சினைகளைதீர்ப்பதில்எனதுஒத்துழைப்புஅடிக்கடிஎதிர் பார்க்கப்படுகிறது					
19	ஊழியர்களின்தொழிற்பயிற்சிகளுக்குஎனதுபரிந்துரைகள்உரியமுக்கியத்துவம்வாய்ந்தவை					
20	எனதுசகாக்கள்மற்றும்துணைஅதிகாரிகள்சிலர்என்னைதோல்வியுறவும்அவதூறுசெய்யவும்முயற்சிக்கிறார்கள்.					
21	எனதுதிறன்களையும்அனுபவத்தையும்சுயாதீனமாகப்பயன்படுத்தஎனக்குஏராளமானவாய்ப்புகள்கிடைக்கின்றன					
22	இந்தவேலைஎனதுசமூகநிலையைமேம்படுத்தியுள்ளது					
23	எனதுகடினஉழைப்புமற்றும்திறமையானசெயல்திறனுக்காகநான்சிலநேரங்களில்வெகுமதிபெறுகிறேன்					
24	எனதுபணியில்சிலவேலைகள்மிகவும்ஆபத்தானவைமற்றும்சிக்கலானவை					

25	அதிகப்படியானபணிச்சுமைகாரணமாகநான்அவசரமாகஎன்வேலையைமுடிக்கவேண்டும்					
26	அதிகாரவரம்புமற்றும்அதிகாரிகளின்நிச்சயமற்றமற்றும்தெளிவற்றதன்மையால்என்னால்கடமைகளைசமூகமாகசெய்யமுடியவில்லை					
27	நம்பகமானபுதியபணிகள்குறித்துதெளிவானஆலோசனைகள்மற்றும்போதுமானவசதிகள்எனக்குவழங்கப்படவில்லை					
28	குழு இணக்கத்தை பராமரிக்க சில நேரங்களில் நான் வழக்கத்தை விட அதிகமாக செய்ய வேண்டும் / தயாரிக்க வேண்டும்.					
29	இந்தஅமைப்பின்முன்னேற்றம்மற்றும்செழிப்புக்கானபெரும்பொறுப்பைநான்ஏற்கிறேன்					
30	அமைப்பு / துறையின் முக்கியமான கொள்கைகளை வடிவமைப்பதில் எனது கருத்துக்கள் தேடப்படுகின்றன					
31	முக்கியமானபதவிகளுக்குநியமனம் செய்வதில்முறையானவழிமுறையை கடைபிடிக்கிறோம்.					
32	நிர்வாகமற்றும்தொழில்துறைபிரச்சினைகளைதீர்ப்பதில்எனதுசகாக்கள்என்னுடன்தானாகமுன்வந்துஒத்துழைக்கிறார்கள்					
33	எனதுதிறனையும்திறமையையும்சரியாகவளர்த்துக்கொள்ளஎனக்குஏராளமானவாய்ப்புகள்கிடைக்கின்றன					
34	எனதுஉயர்அதிகாரிகள்எனதுபதவிக்கும்பணிக்கும்உரியமுக்கியத்துவம் கொடுக்கவில்லை					
35	இந்தவேலைஎன்வாழ்க்கையைசிக்கலாக்கியதாகநான்அடிக்கடிஉணர்கிறேன்					
36	உத்தியோகபூர்வவேலைகளில்மிகவும்பரபரப்பாகஇருப்பதால்எனதுஉள்நாட்டுமற்றும்தனிப்பட்டபிரச்சினைகளுக்குபோதுமானநேரத்தைஒதுக்கமுடியவில்லை					

37	எனது உயர் அதிகாரிகளும் சகாக்களும் என்னிடமிருந்து என்னவகையான வேலை மற்றும் நடத்தையை எதிர்பார்க்கிறார்கள் என்பது தெளிவாக இல்லை					
38	உத்தியோகபூர்வ முறையான பணி நடைமுறைகளுக்கு ஊழியர்கள் உரிய முக்கியத்துவமான ஆலோசனைகளை இணைக்கின்றனர்					
39	குழு / அரசியல் அழுத்தங்கள் காரணமாக முறையான மற்றும் நிர்வாக நடைமுறைகள் மற்றும் கொள்கைகளை மீற நான் நிர்ப்பந்திக்கப்படுகிறேன்					
40	வேலை முறை, கருவி மற்றும் நிபந்தனைகளை மாற்றுவதில் அல்லது மாற்றியமைப்பதில் எனது கருத்து முன்வைக்கப்படுகிறது					
41	இந்த அமைப்பு / துறையின் ஊழியர்களிடையே போதுமான பரஸ்பர ஒத்துழைப்பு மற்றும் கூட்டு முயற்சி உள்ளது					
42	பிரச்சினைகளை தீர்ப்பதில் கூட திறமையான எனது பரிந்துரைகளும் ஒத்துழைப்பும் முன்வைக்கப்படவில்லை					
43	எங்கள் நலன்கள் மற்றும் வசதிகளுக்கு ஏற்றாற்போல் வேலை நிலைமைகள் இங்கு திருப்திகரமாக உள்ளன					
44	மற்றவர்களால் முடிக்கப்பட வேண்டிய வேலைகளை நான் செய்ய வேண்டும்					
45	ஏற்கனவே நடைமுறையில் இருக்கும் இடத்தில்திடீரென புதிய கையாளுதல் நடைமுறைகள் மற்றும் கொள்கைகளை செயல்படுத்துவது கடினம்					
46	அதிக வேலை சுமை மற்றும் நேரமின்மை காரணமாக எனது திருப்திக்கு எனது வேலையை என்னால் செய்ய முடியவில்லை					

Appendix D

Brief Resilience Scale (BRS)

Please respond to each item by marking one box per row:

S.NO	Statements	SDA	DA	N	A	SA
1.	I tend to bounce back quickly after hard times.					
2.	I have a hard time making it through stressful events.					
3.	It does not take me long to recover from a stressful event.					
4.	It is hard for me to snap back when something bad happens.					
5.	I usually come through difficult times with little trouble.					

6.	I tend to take a long time to get over set-backs in my life.					
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Appendix E

Brief Resilience Scale (BRS)

ஒவ்வொருவாக்கியம் ஒருவரிசையில் ஒரு பெட்டியைக் குறிப்பதன் மூலம் பதிலளிக்கவும்:

		கண்டிப்பா கொப்புக் கொள்ளவி ல்லை	ஒப்புக் கொள் ளவில் லை	நடுநி லை	ஒப்புக் கொள் கிறேன்	கண்டிப்பா கொப்புக் கொள்கிறே ன்
1.	நான்கடினமான நேரங்களு க்குப்பிறகு விரைவாகத்திரு ம்புவேன்					
2.	மனஅழுத்தநிகழ்வுகள்மூல ம் அதை உருவாக்க எனக்கு கடினமாக உள்ளது					
3.	மனஅழுத்தநிகழ்வுகளிலி ருந்து மீள எனக்கு அதிக நேர மீளடுக்காது					

4.	ஏதேனும்மோசமானகாரிய ம்நடந்தால்பின்வாங்குவது எனக்குகடினம்					
5.	நான்வழக்கமாககடினமா னகாலங்களில்சிறியசிரம ங்களுடன்வருகிறேன்					
6.	நான்என்வாழ்க்கையில்பி ன்வாங்குவதற்குநீண்டநேர ம்எடுத்துக்கொள்கிறேன்					

REJECTION SENSITIVITY AND GENERAL WELL- BEING AMONG TRANSGENDER PEOPLE

Study

A project submitted to

St. Mary's College (Autonomous), Thoothukudi

Affiliated to

Manonmaniam Sundaranar University,

Tirunelveli

in partial fulfilment of the award of the degree of

Bachelor of Science in Psychology

Submitted By

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Mary Vadhana Devi K,

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Department of Psychology (SSC)

St. Mary's College (Autonomous)

Re-accredited with 'A+' Grade by NAAC

Thoothukudi – 628001

March – 2020

CERTIFICATE

This is to certify that this project work entitled "Rejection Sensitivity and General Well-Being Among Transgender" is submitted to St. Mary's College (Autonomous), Thoothukudi affiliated to **Manonmaniam Sundaranar University, Tirunelveli** in partial fulfilment of the award of the degree of **Bachelor of Science in Psychology** done during the year 2017 – 2020 by **Manicka Devi S (17SUPS06), Mary Vadhana Devi K (17SUPS10), Nisha Priyadharshini D (17SUPS11), Ummul Rizwana S (17SUPS19)**. This dissertation has not formed the basis for the award of any Degree/ Diploma/ Associateship/ Fellowship or other similar title to any candidate of any University.



Signature of the Guide



Signature of the Coordinator



Signature of the Director
Director
Self Supporting Courses
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Signature of the Principal
Principal
St. Mary's College (Autonomous)
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Signature of the Examiner

DECLARATION

We do hereby declare that the project entitled "Rejection Sensitivity and General Well-Being Among Transgender" submitted for the degree of Bachelor of Science in Psychology is our original work carried out under the guidance of Dr. S. Jeya Bharathi M.Sc., M.Ed., Ph.D. Assistant Professor, Department of Psychology (SSC), St. Mary's College (Autonomous), Thoothukudi and that it has not previously formed the basis for award of any degree.

Place: *Thoothukudi*

Date: *29.07.2020*

Signature of the Candidates



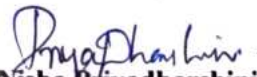
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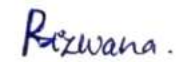
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Introduction

Introduction

“Transgender” is a person whose gender at present is not consistent with the gender he or she had at birth. They also have another name called “Transsexuals” (transition from one sex to another). Transgender term is an umbrella term which not only includes people with opposite sex but also people who are not exclusively masculine or feminine” (like genderqueer, bigender, pangender, genderfluid etc). Total population of transgender in India is around 4.88 lakh (2011 census).

Types of Transgender

Various terms have been used to refer to transgender. These names are based on regional variations among India.

Hijras: This is a word derived from Persian word “hiz” (ineffective or incomplete).

Khusra: This term is mostly used in north India and this name is associated with impotence, incompetence, powerlessness.

Eunuch: A person who is formed to be a man but gets neutered. Transgender people think this term as an insult as it indicates depriving the power of vitality of the transgender person. The word eunuch was derived from the Greek word “Euneukhos” (bed chamber attendant).

Kinnar: It is a local name for hijras used in parts of Delhi, Maharashtra and others.

Aravani: This is the name for transgender in Tamil Nadu. And another term referred to it is “Thirunangai” in Tamil. Aravani is a mythological term from Mahabharata, where Aravani was the son of Arjuna, who sacrificed himself to win the war.

Kothi: A person born as male but behaves in a feminine manner. That is they are biologically male but show feminine behaviours.

Shiv-Shakthi: These people show feminine expressions and start to assert themselves as the wives of Lord Shiva. This name is generally called out in Andhra Pradesh.

Jogt as/Jogappas: They are males who turn into females and decide to serve the goddess Renukha Devi (Yellamma). This goddess’s temples are situated at Maharashtra and Karnataka.

Guru-Chela: Tran genders who accept themselves and come voluntarily to live as groups; there one person among them take the role of a “guru” while others like disciples (chelas). (Konduru, D., & Hangsing, C.,2018)

History of Transgender

There has been always a mention about Transgender from ancient history till now. From the Hindu mythology to religious texts like epics of Mahabharata, Ramayana, Jataka stories, Vedic literature has mentioned about the existence of transgender in it and they were mentioned as “tritiyaprakrithi” and “napunsaka” (person with loss of procreative ability). Lord Shiva’s one of the most popular avatar was transgender. This third gender community has also been recognised in western cultures long ago. In Mahabharata, Aravan the son of Arjun and Nagakanya voluntarily compromised himself to goddess Kali in a war and it is believed from him is born the lineage of the transgender. Due to this the transgender in Tamil Nadu call themselves as “Aravan”. And in the epic of Ramayana, Lord Rama bestowed transgender known as Hijras with power so they blessed childbirth, marriage (etc) where they sang and danced.

Mughal Period:

At this period the transgender known as Hijras played an important and significant role in the courts of Islamic world. They became the trusted domestic insiders of the Muslim rulers and was well aware of the secrets of Muslims. Hijras were considered clever and trustworthy and were given high positions in the rule mainly in political areas. They were specially positioned in guarding the holy places of Mecca and Medina. They also received lots of money from kings and queens of that period. (Michelraj, M., 2015)

British Period:

During the Colonial Rule in India (1858) the perception changed over Hijras. They were deemed as “a breach of public decency” (Preston, 1987) and was considered as “criminal tribe” or “criminal caste” under Criminal Tribes Act 1871. They were punished if they did any offences for about two years in prison. Due to this abandonment, they were noticeable to enjoy facilities like education, healthcare, housing and employment. They soon became isolated and abandoned from their own families and this made them to beg in streets

and get abused of prostitution. This in turn led to the increase of HIV among them. Over all the name Hijra became disrespectful and as an offensive word. (Michelraj, M., 2015)

Contemporary Period:

In the past decade the LGBT community has acquired many favours. The government of India has started various welfare policies for the transgender. The MGNREGA that is the Mahatma Gandhi National Rural Employment Guarantee Act was not only framed to bring rural development but also to provide employment opportunities for the transgender. As a result of all these, the development started hitting the LGBT community only when the Naz Foundation (2009) a non-governmental organisation filed a petition against the Indian Penal Code calling it as unconstitutional and violating the rights.(Michelraj, M. ,2015)

Rejection Sensitivity

The feeling of belongingness, being attached and being accepted is one of the significant needs of human being and also a fundamental motivation. People often look for affectively positive interactions in long term caring relationships. The level of satisfaction on these needs has an impact on the development, well-being and behavior of an individual. Lack of these needs contribute to the development of emotional distress. Number of factors play a part in perceiving interpersonal rejection. It is assumed that whether a person feels rejected or not is determined by their level of rejection sensitivity. Rejection sensitivity is defined as *'the disposition to anxiously expect, readily perceive and intensely react to rejection'* (Downey, Mougios, Ayduk, London, & Shoda, 2004, p.668). Rejection sensitivity is developed of early, protracted or profound rejection experiences in significant relationships. Through such experience an individual starts expecting rejections which are emotion laden. This anxious expectation of rejection characterizes the beginning of rejection sensitivity. People at this stage are found to have lowered threshold in perceiving negativity and increased tendency of personalizing negative cues. (Staebler, K., Helbing, E., Rosenbach, C., & Renneberg, B. 2011).

The Rejection Sensitivity Model

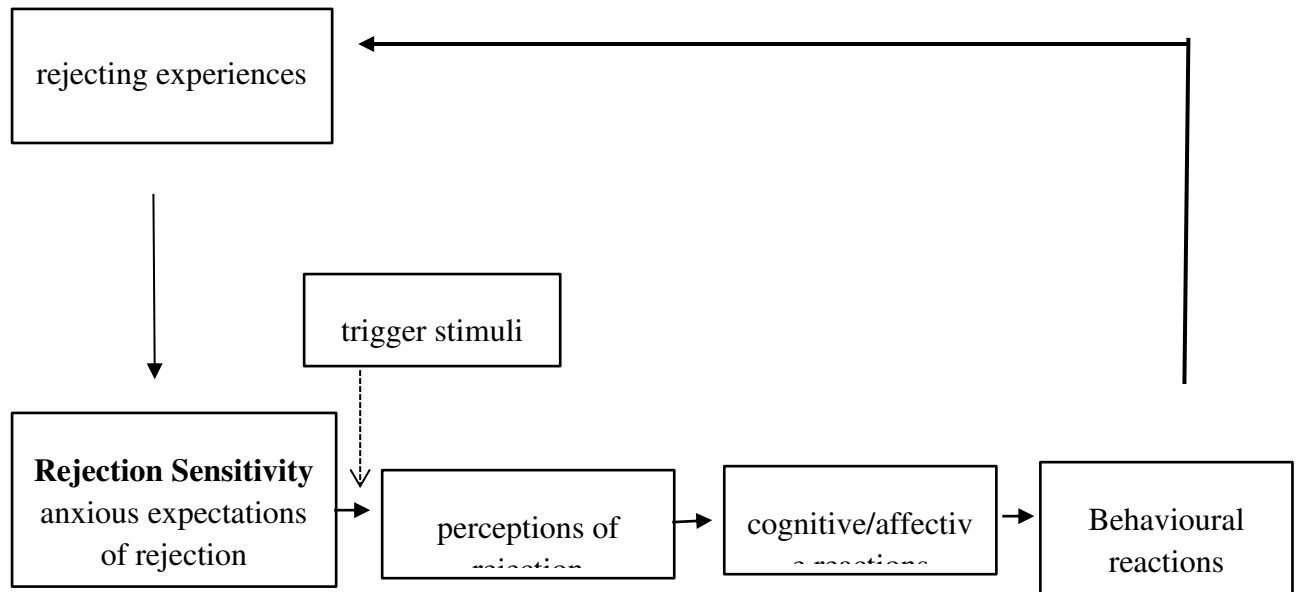


Figure 1.1: The Model of Rejection Sensitivity (Levy, Ayduk, Downey, & Leary, 2001; p. 252)

Downey developed the rejection sensitivity model to examine why people stay stable even after facing rejection cues and why people express dysfunctional reactions which can diminish their well-being and interpersonal relationship. The RS model contributes to the process of linking previous social learning and current social situation. This model adopts social-cognitive approach and focuses on the processing of social and affective information to explain how these elements influence relationship behaviour in a social situation. This model also focuses on the anxious expectation of rejection that leads to hypervigilance for rejection cues that can have an impact on an individual's perception, attribution and responses to others behaviour. Childhood maltreatment is also connected with rejection sensitivity. The child's initial stage of interaction with parents, peers and teachers forms a basic understanding and expectations for all the further interactions. This basic concept may grow stronger as a result of repeated experience of rejection. A dual process model was used to study the balance between the cognitive response and affective response for any situation of threat. This approach also helps to integrate the variations in behavioural patterns exhibited by every individual with cognitive histories of maltreatment. The approach also helps to study the reason behind why childhood maltreatment that later leads to aggression in some

individuals and social withdrawal in some individuals, why some individual reacts with anger to rejection and others react with anxiety and why some people cope up with rejection through self-silence and others through violence. These questions are answered through social-cognitive process which is the reason behind why individuals respond uniquely. (Pietrzak, J., Downey, G., & Ayduk, O.,2005).

Transgender and Rejection

Indians have high sense of acceptance, tolerance and respect towards the wide range of variations in culture, religion and language. Despite all of this people are not yet completely aware of people whose gender identity and their expressions are contradictory with their birth sex. Due to this lack of knowledge transgender people are constantly exposed to rejection. Most of the families do not accept when their male starts acting more like a female. Those people are scolded, threatened or even assaulted for behaving in such a way that is inappropriate to their birth sex or their appearance. Some children are even kicked out of their home being assumed that they may bring disgrace and shame to the family and this the place where rejection begins initially. The transgender community is exposed to so many abuses, forced sex, extortion of money and materials and discriminated by the members of the society. They face difficulties in accessing healthcare services and public bathrooms. Some of the legal issues that are commonly faced by the transgender community are recognition of gender identity, child adoption and employment discrimination. All of these experiences make them more prone to rejection.

Well-being

“Well-being” refers to a positive rather than neutral state, framing health as a positive aspiration (WHO). It is a positive outcome that gives meaning for people and other sectors associated with them. There is no single definition for well-being but there is general agreement at minimal level. Having good living conditions like (housing, employment) is the fundamental for well-being. There are two dimensions of well-being they are,

Objective Well-being: Which is based on assumptions about basic human needs and rights such as food, education etc. It is mostly measured through self-report.

Subjective Well-being: It is also known as personal well-being and is measured by asking people directly and by measuring the life satisfaction, positive emotion and whether they live a meaningful life.

(Diener E, Seligman ME. Beyond money 2004)

PERMA Model of Well-being:

This theory says that flourishing arises from five well-being constructs, they are, Positive Emotion, Engagement, Relationship, Meaning, and Accomplishment. This theory was proposed by Seligman (2011). This theory has quickly risen but still needs empirical support and measures. Seligman gives three properties for each element of well-being:

- It contributes to well-being.
- People pursue it for its own sake, not merely to get any of the other elements.
- It is defined and measured independently of the other element.

Positive Emotions:

Positive Emotions include hedonic feelings like happiness, comfort etc. It produces flourishing. Example, according to broaden-and-build model of Frederickson (1998) positive emotions broaden individuals thought action repertoire, which in turn will enhance resources in those individuals.

Engagement:

It is a deep psychological connection to a particular activity, organization, or cause. Complete levels of it have been defined as state of flow. Positive feelings may be absent at this state.

Relationship:

It includes feelings of integration with society or a community, feelings of being cared, being satisfied with one's social network. There is evidence that social relationships

are beneficial for health behaviors such as chronic illness, self-management and decreased suicidal tendencies.

Meaning:

It refers to having a sense of purpose and direction in life. People having meaningful life tend to be happy and satisfied.

Accomplishment:

Achieving goals can lead to both external recognition and personal sense of accomplishment. It is both objective and subjective. It is often pursued for its own sake.

(Khaw, D., & Kern, M., 2014)

Need for the study

Transgender itself is a significant topic that must be studied. This study is also conducted to bring their struggle to be considered as normal people to the limelight. This study also enhances the understanding of the society towards them and also helps in building good relationships avoiding social exclusion. As psychologists we can also help them with the results.

Review of Literature

Review of Literature

Transgender

Jae M. Sevelius (2008) conducted a research titled *Gender Affirmation: A Framework for Conceptualizing Risk Behavior among Transgender Women of Colour*. This study examined the intersection of gender with racial and ethnic identity among trans women of colour to expose associations proposed by the gender affirmation framework. Twenty two (22) self-identified transgender women of colour participated in this study and the mean age was 35.3 years. And 16 of them had HIV. Interview method was used and it took 60 to 90 minutes. The interviews were recorded. The interview questions were about experiences of incarceration, regarding sexual risk behaviors, drug use, reasons for incarceration, and experiences of violence while incarcerated, etc. The results say that participants experienced pain and feelings of loneliness due to family rejection. The sexual objectification and standards of beauty of trans women of colour depended upon their sociocultural perspective, most of the trans women desire was to look or have a body like non-trans women. On the basis of high risk context, most of the participants said due to family rejection they did sex work in order to survive and also to obtain gender affirmation.

Dietrat and Dentice (2009) made a research on gender identity issue and workplace discrimination. The purpose of this research was to study the work place experiences of male identified transgender individuals or FMT (female-to-male) individuals. The research illustrated how male identified transgender express their gender identity in their workplace. The research has brought out the work place discrimination and its impact on transgender individuals. The method used in data collection was face to face and telephonic interview. A total number of 26 male identified transgender were included in the study. The participants were between the age range of 18 to 57. Physical transition was not a major requirement of the study. Samples were recruited through purposive sampling and snowball sampling technique. The interview lasted from about 45 minutes to 2 hours. The interview included questions addressing self-identity, physical transition, family, friends, intimate relationships, public spaces, health care and employment experiences. Such wide range of questions were asked in order to gain insight in numerous aspects of their lives. The collected data were and NVivo a QAD software was used to organize and code the data. Lack of support in

workplace and pronoun and name issues were analysed. The study brought out that the individuals belonging to western culture were expected to stick to the two normative gender categories. Individuals who expressed their gender out of the binary conception were often exposed to punishments. The result discussed about various dilemmas faced by transgender population in their daily lives and the workplace discrimination they go through. The findings of this research highlighted the need for change such as addressing transition, creating awareness through education enhancing the restroom facilities that accommodated their new identity.

H. Grossman, Et. al (2011) investigated on the aspects of psychological resilience among transgender youth. In this study the investigators mainly focused on examining the measures of mental health problem and their relationship to the aspects of psychological resilience. This was a correlative study which investigated if there were any connections between mental health and psychological resilience. A total number of 55 transgender were the sample of the study among whom 31 were male to female (MTF) and 24 were female to male (FTM). The age range was between 15 to 21. The samples were chosen using convenience sampling technique and snowball sampling technique. The assessment procedure was interview which was later followed by the participants responding to the certain battery of standard mental health measures. The interview mainly focused on the experience of the transgender youth which included questions like demographic characteristics, sexual oriented or gender oriented developmental milestone, the age that they identified themselves as transgender, the age that they were identified by others as transgender and self-rating on gender conforming and non-conforming expressions. Generally youth encounter challenges of anticipating and constructing many identities during adolescence but in the case of transgender they feel psychologically different from their birth sex due to which they square up to issues of sex, gender, sexual orientation along with the minority status and its associated stereotypes, stigma, prejudice and discrimination. This study examined a model with four variables which are commonly associated to psychological resilience to determine whether or not they predict resilience. The particular variables were self-esteem, a sense of personal mastery, perceived social support and emotion-oriented coping. The result shows that higher self-esteem, high sense of personal and greatly perceived social support predicted positive mental health outcomes whereas emotion oriented coping predicted negative mental health outcomes.

Levitt H and Maria R. Ippolito, MS (2014) studied the “Experience of Transgender Identity Development” in Aug 2014. The aim of the study was to know about transgender identity development. The sample used in this study included 17 self-identified transgender participants. Although all the participants were identified as transgenders, many endorsed a variety of different sex and gender identities. Also, they varied in their desire for and use of surgical and hormonal interventions to alter their assigned birth sex. This diversity was valued in qualitative research as researchers seek to develop understandings that are as rich and encompassing as possible. the main contributions of this study were (1) the identification of commonalities across transgender identities in their identity development processes and (2) the articulation of the process by which gender identity is developed in relation to a sense of authenticity but also in relation to an understanding of the constraints within one’s resources and social sphere. The author discussed that, whereas most individuals were exposed to representations of their sex and gender experience throughout their lifetime, transgender people often developed with few models of transgender experience and little or no language that accurately described their internal sense of sex and gender. The process of developing a positive gender identity and gender expression might entail harsh compromises in their sense of authenticity in order to secure their relationships or economic and physical safety.

Tanveer Abas et al. (2014) explored on the social adjustment of transgender and their survival. This research also focused on psychological, social, political, religious, and individual adjustment of transgender. The study aimed to elaborate their psychological, physical and social differences, educational problems, political problems and individual point of view on them. 120 transgender people were selected as the sample of the study. Purposive sampling, a type of non-probability sampling was used to recruit samples. Data were collected through face to face personal interviews. Statistical Package for Social Sciences (SPSS) was used to analyse data. Relationship between the dependent variable and the independent variable was assessed using chi square test and gamma test. The research found out that majority of the respondents agreed that they need a separate school, job and education. They also reported the problems faced by them in performing religious customs. The findings also showed that some transgender individuals were tried to get killed by their parents. The research concluded by suggesting that the government should provide health, educational and other basic needs to the transgender community.

Emily Bariola, et al., (2015) measured the ‘Demographic and Psychosocial Factors Associated With Psychological Distress and Resilience Among Transgender Individuals’ in 2011. The aim of the study was to examine the independent demographic and psychosocial factors associated with psychological distress and resilience among transgender men and women. They used Methods for collecting their data which come from an online survey. They used sample of 169 transgender men and women in 2011. They used Survey method and used questions which assessed the demographics; sources of support; contact with lesbian, gay, bisexual, and transgender peers; and experiences of victimization. The authors assessed the outcomes with the Kessler Psychological Distress Scale and the Brief Resilience Scale for this study among transgender individuals. The results of this study showed, 46.0% of the sample reported high or very high levels of psychological distress. Younger age, feeling unable to turn to family for support, and victimization experiences were associated with greater psychological distress, whereas higher income, identifying as heterosexual, and having frequent contact with lesbian, gay, bisexual, and transgender peers were associated with greater resilience. The authors concluded that with different factors identified for psychological distress and resilience, these findings may help inform the development of tailored mental health interventions and resilience-building programs for this vulnerable population.

Karan Jajal (2015) did a study on the topic “A social consciousness identity development and contemporary conundrums in LGBTQ community-Ahmedabad scenario”. This paper mainly focused on the LGBTQ community aspect governing the general public (society) consciousness identity development that what they perceived about the LGBTQ community. The extensive study has been carried out in the Ahmedabad arena only. The basic research lies in the contextual identity development and the problems faced by the LGBTQ community. Qualitative and quantitative approach with the exploratory fundamentals, this study has been processed. The paper gives instance purview of what is this and how it is carried out and what are the challenges they are facing at all. The needed confidentiality has been made or tried to be made due to the illegality by Indian constitution.

David B. Foresman (2016) (University of Central Florida) did a study on the Representations and Impacts of transgender and gender non-conforming ideals in children’s literature for young children in 2016. The aim of the study was to know the impact of transgender, gender non conformity, gender stereotype and gender stereotype flexibility in

children and also to find out the current attitudes towards the transgender. This study used a qualitative content analysis that focused on the themes and main ideas of the selected elementary children's literature (Mayring, 2000). Because the goal was "establishing the existence and frequency of concepts," a conceptual content analysis was selected as the most effective approach (Busch, 2012). The author concluded and focused on the significant role those children's literature play in shaping how children view themselves and the world around them. This is especially true in regard to out groups such as the transgender and gender nonconforming communities. This thesis's purpose was to examine how transgender and gender nonconforming concepts were portrayed in children's literature for young children and to highlight the possible impacts of the trends.

Tiffany R. Glynn et al., (2016) investigated on the role of gender affirmation in psychological well-being. The research included 573 transgender women. Purposive sampling technique was used to recruit samples. The inclusion criteria were self-reported gender identity as transgender; above 18 years of age; self-identified as African American, Asian/Pacific Islander (API), Latina, or White; and self-reported exchange of sex for money or drugs at some time in the past month. Depressive symptoms, self-esteem and lifetime suicidal ideations were assessed in order to measure psychological well-being. To measure psychological gender affirmation, comfort with one's gender was assessed. Medical gender affirmations were assessed by having done any type of gender affirmative surgery and using hormones. Social gender affirmation was assessed using the satisfaction with familial social support scale. The result showed that there was a remarkable difference in depressive symptom and self-esteem between HIV negative/unknown and HIV positive patients. Individuals who had gender affirming surgery and who had been using hormones seemed to have higher self-esteem comparatively. A positive relationship between psychological and familial social affirmation and self-esteem and a negative relationship psychological and familial social affirmation was reported. Lower level of psychological and familial social affirmation was found to be a cause of life time suicidal ideation.

Alexandra Suppes, et al., (2018) measured the "The Palliative Effects of System Justification on the Health and Happiness of Lesbian, Gay, Bisexual, and Transgender Individuals" in 2018. The aim of this study was to examine the correlates of subjective well-being and mental and physical health among members of a historically disadvantaged group,

namely, lesbian, gay, bisexual, and transgender (LGBT) individuals. Here, the authors examined how the minimization of LGBT discrimination could be another potential route to perceiving system fairness. The method and procedure they used recruited men who have a sexual preference for men to participate in an online survey about partner preferences through Amazon's Mechanical Turk. Of the 151 respondents, nine reported that they were female, and nine male respondents reported they sexually prefer "exclusively" or "mainly" women, yielding a final sample of 133 men who sexually prefer "exclusively men" "mainly men" or "men and women". The sample size they used was sufficient to capture a moderate effect size with power. The study was consistent with the prediction that minimizing the disadvantage of a stigmatized in group can promote subjective well-being because of the system justifying function it serves. The authors concluded that with their demographic variables, internalized homo negativity, frequency of discriminatory experiences, group identification and minimization of discrimination predicted social and psychological well-being, self-esteem feelings, mastery over depressive symptoms and feelings of guilt

Rejection Sensitivity

Ayca Ozen, et. al., (2000) conducted a study on predicting friendship quality with rejection sensitivity and attachment security. A total number of 407(265 women, 142 men) university students participated in this study and the mean age was 21.14 years. Psychology instructors were contacted to administer the study. Measures such as Experiences in Close Relationships-Revised (ECR-R; Fraley, Waller, & Brennan, 2000) was used to measure the attachment dimension, Downey and Feldman's (1996) Rejection Sensitivity Questionnaire (RSQ) was used to measure rejection sensitivity, McGill Friendship Questionnaire-Friend's Functions (MFQ-FF; Mendelson & Aboud, 1999) measured the friendship quality in both sexes. Finally the result showed that individuals with low rejection sensitivity showed higher levels of friendship quality than high rejection sensitivity individuals, and in attachment dimension attachment anxiety and avoidance had strong effects on rejection sensitivity.

Geraldine Downey, et al., (2000) This study used the startle probe paradigm to test whether the affect-based defensive motivational system is automatically activated by rejection cues in people who are high in RS. Artists whose work is characterized by

nonrepresentational depictions of positive and negative themes. Participants in a second study viewed slides of the selected paintings in a startle probe paradigm. The general procedures for the startle paradigm were adapted from those used by Lang and his colleagues. Participants were 43 undergraduate students. Participants were tested individually in one experimental session lasting approximately 1 hr. Each participant first completed questionnaires measuring RS and general psychological distress. The data were analysed using a mixed-linear-model approach with artist treated as a within-subjects factor and RS treated as a between subjects factor. The results were adjusted for first-order autocorrelation in the within-subjects error terms. This finding is inconsistent with the hypothesis that HRS individuals consciously avoid rejection stimuli.

Ozlem Ayduk, et. al., (2001) conducted a research on Rejection sensitivity and Depressive Symptoms in Women. They studied the role of Rejection Sensitivity in causing depression among women due to rejection in significant relationship. The hypothesis tested in this was to predict increased depressive symptoms in high rejection sensitive women following a partner-initiated breakup and not a self-initiated or mutually initiated breakup. A total number of 223 women participated as UG (Undergraduate) students in a dating relationship were studied longitudinally. Mean age was 18.5 years. The first year students entering the university who were interested in the longitudinal study were mailed two sets of questionnaires, first Rejection Sensitivity Questionnaire (RSQ) (Downey&Feldman,1996), the Adult Attachment Questionnaire-Continuous version(M.B. Levy& Davis,1988) and basic demographics. The second was Beck Depression Inventory (BDI) (Beck , Mendelson , Mock , & Erbaugh , 1961) and also interview questions about dating history and expected & actual academic performance. The data were analysed and RSQ scores were standardized as z scores to make it interpretable and all the results were reported using regression analysis test. The result showed that HRS women who experienced partner-initiated breakup showed increase in depressive symptoms, the only significant interaction term was between rejection sensitivity and partner-initiated breakup, the attachment dimension and rejection interaction were not significant unless RS and its interaction with partner-initiated relationship were connected, academic stress did not have any link with depressive symptoms. The overall findings indicate that HRS women were at great risk for

depressive symptoms. This study also challenged future researches to explore how the relationship between rejection and depression can be altered.

Lora E. Park , et al., (2007) conducted a study on Appearance based Rejection Sensitivity predicts Body Dysmorphic Disorder Symptoms and Cosmetic Surgery Acceptance. This study examined the associations among Appearance-RS, self-reported symptoms of Body Dysmorphic Disorder (BDD) and motivations underlying acceptance of cosmetic surgery. A total number of 349 students (221 women, 128 men) from Introductory Psychology courses at the University at Buffalo participated in the study. Measures such as Appearance -RS Scale, and Rejection Sensitivity Questionnaire (RSQ; Downey & Feldman, 1996) measured anxious expectations of rejection across situations, Leary's (1983a) Brief Fear of Negative Evaluation Scale, Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977) (to assess depressive symptoms over the past week), were used. Hierarchical regression analyses was used to analyse the data. According to the results the relationship between Appearance-RS and self-reported Body Dysmorphic Symptoms were significant and also Appearance-RS was significantly related to consideration of cosmetic surgery.

Annemarie Miano, et. al., (2009) held an exploratory study on the topic "Rejection sensitivity is a mediator between borderline personality disorder, features and facial trust appraisal". There were three hypothesis for this study, the first one was, BPD features were correlated with negative trait appraisal of neutral facial stimuli, second one was BPD features were positively correlated with rejection sensitivity, and finally third one was rejection sensitivity works as a mediator between negative trait appraisal and BPD features. A total number of 95 undergraduate students from public participated in this study and they were not clinical samples. The mean age was 19.8 years. A total number of four questionnaires were used. They were SCID II Screener for Personality Disorder Version 2.0 (First, Gibbon, Spitzer, Williams, & Benjamin, 1997), Rejection Sensitivity Questionnaire (Downey & Feldman, 1996), Face Rating Task and Facial Appraisal Ratings. In statistical analysis after inspecting validity and excluding invalid ones the total sample consisted 95 participants and SPSS version 17.0 was used for

the statistical analysis. As a result, BPD Correlated with both untrustworthy trait and Rejection Sensitivity and Rejection Sensitivity works as a mediator between both. From the findings the study also supports a mediational model showing that the appraisal of untrustworthiness was influenced by the degree of rejection sensitivity.

Julie McLachlan, et. al., (2010) conducted a research on Rejection Sensitivity in Childhood and Early Adolescence: Peer Rejection and Protective Effects of Parents and Friends. The aim of this study was to examine how relationship experiences directly and indirectly were associated with their rejection sensitivity. A total number of 417 children and early adolescents from two large Australian public schools participated in this study. Grades of 5 to 7 were eligible to participate and their age ranged from 9 – 13 years (53% girls , 47% boys). The Children's Rejection Sensitivity Questionnaire (CRSQ; Downey et al., 1995; Downey, Lebolt, Rincon, & Freitas, 1998) was used to measure anxious and angry expectations of rejection, Parents Social Context Questionnaire (PSCQ; Skinner, Johnson, & Snyder, 2005) was used to measure children's perceived parental acceptance and rejection. Perception of Peers and Self Questionnaire (POPS; Rudolph, Hammen, & Burge, 1995) were used to measure perceptions of peer rejection and exclusion. Network of Relationships Inventory (NRI; Furman & Buhrmester, 1985) assessed children's satisfaction with their best friendship. Result showed that participants who were reporting more parental rejection also reported more rejection sensitivity and participants who were reporting more peer rejection also reported more rejection sensitivity. In conclusion Parent and peer rejection were uniquely associated with more rejection sensitivity, but there were no significant associations of parental acceptance or friendship satisfaction with rejection sensitivity.

Katherine A. et. al., (2011) did a study on how "Rejection sensitivity prospectively predicts increased rumination". Converging research findings indicate that rumination is correlated with a specific maladaptive interpersonal style encapsulating submissive (overly-accommodating, non-assertive and self-sacrificing) behaviours, and an attachment orientation characterised by rejection sensitivity. This study examined the prospective longitudinal relationship between rumination, the submissive interpersonal style, and rejection sensitivity by comparing two alternative hypotheses: (a) the submissive interpersonal style and rejection sensitivity prospectively predict increased rumination; (b) rumination prospectively predicts the submissive interpersonal style and rejection sensitivity. Currently depressed (n = 22),

previously depressed (n = 42) and never depressed (n=28) individuals completed self-report measures assessing depressive rumination and key psychosocial measures of interpersonal style and behaviours, at baseline and again six months later. Baseline rejection sensitivity prospectively predicted increased rumination six months later, after statistically controlling for baseline rumination, gender and depression. Baseline rumination did not predict the submissive interpersonal style or rejection sensitivity. The results provide a first step towards delineating a potential casual relationship between rejection sensitivity and rumination, and suggest the potential value of clinical assessment and intervention for both rejection sensitivity and rumination in individuals who present with either difficulty.

Bonita London, et. al. 2012) Conducted a research on Gender-Based Rejection Sensitivity and Academic self-silencing in Women. This research reported five studies to test three predictions regarding Gender Rejection Sensitivity for women in competitive institutions. First, Gender threat activation should prepare women to detect gender disadvantage. Second, this gender threat activation should trigger rejection prevention effects and self-silencing. Third, the perception of gender based rejection and self-silencing will increase alienation and reduce motivation. Study 1 examined the Gender Rejection Sensitivity Questionnaire (Gender-RSQ) . Study 2 and 3 provided the correlational tests of the predictions and the distinctive predictive utility of the gender RSQ. Study 4 tested the predictions experimentally. Study 5 tested the predictions in daily diary study. Study 1 & 2 : A total number of 95 women and 80 men of mean age 21.57 years participated in this study. Gender RSQ and other questionnaires were used and the result revealed that both men and women experienced rejection equally and also academic engagement was predicted with self-silencing in women. Study 3: A total number of 77 women with mean age 21.19 years participated in this study. Participants received three envelope containing Rejection Expectation Questionnaire (REQ), Rejection Attribution Questionnaire (RAQ), and gender stigma and demographic questionnaires. The result showed that women made significantly more attributions to their gender for negative outcomes, there was no sex difference in the level of rejection expectations and women showed greater amount in self-silencing. Study 4: The female participants were limited and measures such as Gender and Personal RSQ and Pre-feedback measures were used. It resulted that Gender RS was associated with greater self-doubt and regression analysis showed that women viewed feedback as negative one. Study 5: A total number of 149 students from a law school participated

in this study. In this some Background questionnaires and Daily Diary questionnaires were used. For the diary data a hierarchical linear modelling approach was used and the analysis were conducted using SAS PROC MIXED or PROC GLIMMIX software. As a result they showed self-doubt, had negative thoughts and had problem with engagement and was more alienated than others. In conclusion, the gender RS in women leading them to self-silence may imperil their advancement.

Richard T. Liu, et. al. (2014) did the study on “Rejection Sensitivity and Depression: Mediation by Stress Generation”. The aim of the study was to find out the rejection sensitivity and depression doing meditation by stress generation among college students. They used only stressors with onsets during the past 4 months period. They chose sample from college students to assess the occurrence of life stressors across the content domain relevant to school, family, finance and romantic relationships. The tools they used were Life event scale, Life event interview, Rejection sensitivity questionnaire and Beck Depression questionnaire. The study concluded that the RS was a risk factor for depression, but the processes through which this occurs have not yet been determined. Although this risk factor has been associated with negative behavioural styles and reduced relationship satisfaction with close others, the degree to which maladaptive behavioural tendencies, rather than cognitive biases alone, account for the depressogenic effect of RS is unclear. Specifically, it examined whether stress generation functioned as a mediational mechanism accounting for the link between RS and subsequent depressive symptoms. That is, greater RS predicted higher rates of prospectively occurring dependent stressors, but not independent stressors. Furthermore, these dependent stressors mediated the relationship between RS and subsequent depressive symptoms.

Laura Smart Richman, Julie Martin, and Jennifer Guadango (2015) conducted a research on Stigma-Based Rejection and the Detection of Signs of Acceptance. This contained two studies. First study examined whether participants whose stigmatized status was made salient would be slower to detect the onset of smiling faces as compared to a non-stigmatized group. Sixty undergraduate students(38) who met the criteria of stigmatized group participated in this study. The age range was between

mid 20's and early 30's. Face Morph Method was used. Four faces were used, each for three trials: male neutral to contempt, female neutral to contempt, male neutral to smile, female neutral to smile. The mood was assessed using The Positive and Negative Affect Schedule (PANAS). The face mask task was done using Direct TR software (Version 2008.1.13; Emprisoft Corporation; New York, NY). The findings of the study showed that the motive to seek affiliation cues got activated in response to rejection and people were slow to respond to the cues of acceptance. The second study was a conceptual replication of study one, that measured the extent to which affiliation and avoidance concepts were salient following an experience of stigmatization. A total number of 136 U.S. resident participated in this study for pay. The mean age was 39 years. All the participants were self-identified as Gay, Lesbian, Bisexual or Pansexual. These participants were given stigmatized and non-stigmatized conditions and were asked to write about the experience and at last they filled PANAS. One-way analyses of covariance was conducted to examine the effect of the experimental manipulation on completion of fragmented words to form affiliation and avoidance related words. So the results of this study showed that people orient differently to affiliation cues depending on the features of rejection sensitivity. Rejected individuals had a strong need to reaffiliate a sense of belongingness as per the findings. The need to reaffiliate was present but the behaviour needed to do so was not there.

General well-being

Ed Diener, Micaela Y. Chan (1992) did a study on how Happy People Live Longer: Subjective Well-Being Contributes to Health and Longevity. The high subjective wellbeing such as life satisfaction, absence of negative emotions, optimism, and positive emotions causes better health and longevity. Subjective well-being such as positive affect predict health and longevity, controlling for health and socioeconomic status at baseline. people feel a sad mood or a joyful emotion it is because they feel their lives are going badly or well. The studies were largely cross-sectional, often with small samples of convenience, it was impossible to determine the causal direction between SWB and health. The authors suggested that the causal role of the mental states was further supported by human and

primate evidence on biological and behavioural pathways mediating these effects. Moods and emotions have been associated with cardiovascular indicators. The physiological changes resulting from moods were, in turn, related to changes in health. For instance, studies have shown that various forms of negative affect—from stress to anxiety to depression—were associated with deleterious changes in the cardiovascular system. Although survey self report measures of SWB may be the best single method of assessment we currently have, the advantage of adding other types of measures is that they reduce concerns about overlapping method variance. It takes a progressive toll on cardiovascular health, and participants were 50 years old on entry into a study. High subjective well-being is a state that many desire, some achieve, and a few despise as an unnecessary luxury or even a detriment. Given its clear and compelling relation to physical health and longevity, we need to begin thinking of societal SWB as something that is indeed desirable and beneficial.

Per Bech, et al. (1995) made a research on measuring general well-being rather than the absence of distress symptoms, a comparison of the SF – 36 Mental health subscale and the WHO – Five well-being scale. The Purpose of this research was to study both physical health and the mental health. In a Danish general population study, the mental health subscale was compared psychometrically with the WHO-Five in order to evaluate the ceiling effect. Some questionnaires made for negative affects, such as the Hospital Anxiety and Depression Scale (HAD-1983), or to measure positive affects, such as the Psychological General Well-Being Schedule (PGWB-1984). The construct validity of the Medical Outcome Studies (MOS) Short-Form 36 (SF-36) Health Survey questionnaire was used to measure physical functioning, mental functioning, and general well-being. The Mental Health subscale was derived from the PGWB schedule, Mental Health subscale only covered mood . The present study compared a scale containing a mixture of distress and well-being items (the Mental Health subscale) with a scale consisting of pure well-being items (WHO-Five), three other SF-36 subscales have been included and energy. A representative sample of 16,684 non-institutionalized Danish citizens were used as sample. There are 57.2% of the original sample and 79.3% of the persons who had received the questionnaires. The intercorrelations of these states have been analysed using the Spearman correlation coefficient. The result of the comparison between WHO-Five and the Mental Health subscale in terms of ceiling and floor effects. These items measured mental dysfunction or symptoms

of depression. Thus, the study has shown that the ceiling effect, operating to a significantly higher degree in the Mental Health subscale than in the WHO-Five, were attributable to the three depression symptoms. In other words, most respondents denied being so unhappy that nothing could cheer them up, being a nervous person, or being downhearted.

Fry. P. S (2001) made a research on the contribution of key existential factors for the prediction of psychological well-being among older adults following the loss of spouse. The major goal of this study was to look into the possibilities explained by existential and humanistic theorists following a major loss. This study included a total number of 188 adults among whom 101 were widows and 87 were widowers. The age range was between 65 and 87. The eligibility criteria for the participants were loss of spouse within previous 24 months. For ethical concerns the study did not include people who lost their spouse within the previous six months. The participants were English speaking, community residing not belonging to any institution, hospital or nursing homes who were not physically or cognitively impaired. Depressed mood, anxious mood, happy mood, autonomy, self-esteem and adaptation were the sub measures. Scores of these sub measures were summed up to form a composite measure of psychological well-being. Social support, frequency of negative events, personal meaning, religious involvement, accessibility to religious support services, index of spirituality and optimism were also measured. All the measures administered to the participants were transcribed in the language as per their convenience. A stepwise hierarchical regression analysis model was used in this study. The analysis was done on three demographic, three traditional and eight existential variables. As per the hierarchical regression analysis the research concluded that existential variables such as Personal Meaning, Optimism, Importance of Religion, and Accessibility to Religious Support contribute to the prediction of psychological well-being among older adults following spousal loss.

Jingping xu and Robert E. Roberts (2005) The Power of Positive Emotions: It's a Matter of Life or Death—Subjective Well-Being and Longevity Over 28 Years in a General Population The aim of the study of health thus requires study of well-being, the positive side of health. They found that positive emotions expressed in the assays correlated with a 10-year increase in longevity, greater even than the difference between smokers and non-smokers. SWB predicts longevity in the general population such that subjects with higher baseline

(1965) scores of SWB will have lower mortality risks over the course of the subsequent 28 years (1965–1993), compared to those with lower scores of SWB. This hypothesis is tested against all-cause mortality, natural-causes mortality, as well as unnatural-cause mortality. The current study sample was drawn from ACS, including those who had data on no less than 2/3 of the predictor items and all adjustment variables at baseline. Study sample *N* was 6,856 the ACS subjects were selected by the Human Population Laboratory. SWB included 14 items that measured its four components. Appendix 1 listed the 14 items categorized into the components, as well as psychometric information associated with the measures. Longevity was indicated by Risks of mortality. To evaluate the association between SWB and subsequent all-cause mortality risk with the covariates being adjusted in groups, using Proportional Hazard Regression Functions. the results on natural-cause mortality largely repeated the patterns of that for all-cause mortality. That is, after all demographic and health covariates were controlled.

Edward O. Laumann, et al., (2006) conducted a research on A Cross-National Study of Subjective Sexual Well-Being Among Older Women and Men: Findings From the Global Study of Sexual Attitudes and Behaviours. This study examined subjective sexual well-being in various aspects, examined the predictors across different cultures and investigated all its possible associations with overall happiness and selective correlates and sexual dysfunction. A total number of 13,882 women and 13,618 men participated in this study. The age range was 40-80 years. About 29 countries participated and different sampling methods were used in each country. Cluster analysis was used for statistical analysis. In the result there was a strong gendered response to subjective sexual well-being, the levels of satisfaction were lower in women compared to men. Correlates of subjective sexual well-being showed both consistency and independence across aspects of sexual well-being and gender, subjective sexual well-being was correlated with overall happiness in both men and women.

Kenneth R. Fox, Afroditi Stathi, et al., (2006) This research was made on Physical activity and mental well-being in older people participating in the Better Aging Project. The research has shown that engagement in structured exercise can improve aspects of

psychological well-being such as mood and self-perceptions in older adults. Effects for mental disorders such as depression cognitive impairment, dementia and Alzheimer's disease in older adults. The methods of the work related to the accelerometry measurement of physical activity. The sample included 204 participants out of whom, 176 satisfactorily completed baseline questionnaires. Participants were invited to take part in the project through local advertising. Patients with controlled disease symptoms were included but those with advanced neurological, endocrine dysfunction or uncontrolled disease or pathology were excluded. Satisfaction with Life Scale (SWLS) with widely established validity and Reliability, General Well-Being Schedule (GWB, the scale reflects positive and negative feelings in six dimensions that included anxiety, depression, general health, positive well-being, self control, and vitality were used. Psychometric analyses including item and principal components factor analysis and internal consistency were first conducted to assess the performance of the instruments. Treatment of the qualitative data was based on the principles of interpretive phenomenological analysis. Results from baseline data ($n = 176$) indicated that internal consistency of scales and subscales ranged between $\alpha = 0.65$ and 0.86 making them acceptable. Recruitment of a representative sample to studies involving physical activity interventions poses a particular challenge with this population.

Tor Egil Bagoien, Hallgeir Halvari, et. al., (2010) conducted a research on Self-Determined Motivation In Physical Education and its link to Motivation for leisure time physical activity, physical activity and well-being in general. This study tested the self-determination theory of the relations between motivation in physical education, motivation in leisure-time physical activity, physical activity, and psychological well-being. A total number of 652 students in an upper secondary school from municipality of Bergen in Norway participated in this study. Measures such as Physical Education Climate Questionnaire (PECQ) measured the perceived autonomy support, Basic Psychological Need Scale-General (Gagné, 2003) measured the basic psychological need satisfaction, Self-regulation Questionnaire (Ryan & Connell, 1989) measured autonomous motivation. Perceived competence was measured with the Perceived Competence Scale. The results showed that, Student's perception of autonomy was positively associated with students psychological need satisfaction, which was positively related with autonomy in physical education and was positively correlated with both autonomy and perceived

competence in the context of leisure time. These findings were important because all the correlations indicates that it might be useful to combat the decreasing physical activity trend among young people. In conclusion the perceived competence and the effort of physical activity in leisure time is not satisfactory due to low psychological well-being in general.

Tomas, Sancho, Melendez, Mayordomo (2011) made a research on the topic Resilience and coping as predictors of general well-being in the elderly: A structural equation modelling approach. The three main aims of the study were to test the validity of the three constructs involved in the structural model; to test if there was an impact of coping strategies and resilience coping on well-being; to empirically study whether a brief scale of resilient coping could predict well-being over and above that predicted by the coping resources. The sample included 225 elderly people. The sample neither belonged to any institution nor did they have any cognitive impairment. A survey was conducted to collect data. Participants were administered with Ryff's scales of psychological well-being, The Coping Strategies Questionnaire and The Brief Resilient Coping Scale in order to measure psychological well-being and other psychological variables. The research concluded that the variable measuring resilience was able to predict a significant and large part of the variance in well-being, without the need of including coping strategies.

Solava Ibrahim (2011) did a study titled on Poverty usually associated with powerlessness, vulnerability and above all failure of aspirations. Poor people might not be able to achieve their capabilities, but this does not mean that they do not have aspirations they wish to fulfil. The aim of the study done by Ibrahim was to present a conceptual framework for analysing aspirations based on the capability approach and to apply a new methodology to articulate these aspirations. This analysis thus seeks to bring these cognitive dimensions of wellbeing back to development analyses. It emphasises the need to take 'the social and psychological environment of the poor seriously. The methodology adopted a grounded approach and used qualitative research methods to articulate the voices and subjective wellbeing perceptions of poor people. These questions were part of a detailed wellbeing questionnaire (with 92 open-ended questions) which was conducted with 80 respondents at

two sites. The paper presented a new methodology to articulate these aspirations by asking poor people about their unfulfilled capabilities and the reasons for their failure to achieve them. The analysis revealed two dynamics of aspirational failure: a downward spiral and an intergenerational transmission. The study concluded by pointing out that helping poor people to achieve these aspirations should be the starting point for any people-centred policy – one that puts the needs of the people as its priority and their aspirations as its guide.

Overview

From reviewing the articles, it is understood that there is a significant relationship between rejection sensitivity and general well-being among transgender. Rejection itself being a very sensitive topic for transgender individuals it greatly affects the general well-being of the transgender individuals. It is also understood that, rejection sensitivity in transgender has a link with depression or depressive symptoms in transgender.

Research Methodology

Research Methodology

Aim

The purpose of this study is to know how sensitive transgender are to rejection and how their sensitivity to rejection has an impact on their general well-being. Any individual who is subjected to rejection, undergoes severe defects in other areas of functioning. Specially, transgender includes groups of people who are severely affected due to rejection. This makes this study the need of the hour.

Objectives

1. To identify how sensitive transgender are to the rejection.
2. To find out if there is any relationship between their rejection sensitivity and general well-being.

Hypothesis

Null Hypothesis:

Rejection sensitivity among transgender does not have any relationship with their general well-being.

Alternative Hypothesis:

Rejection sensitivity among transgender has relationship with their general well-being.

Sample

The sample included 31 transgenders from the Thoothukudi city. The scarcity of the population and the difficulty in reaching out to them, contributes to the size of the sample included for the study.

Inclusion Criteria

Self-identified male to female and female to male transgender were included in the study. Undergoing a surgery was not a major inclusion criterion.

Exclusion Criteria

Other Genders were not included in the study.

Method and Technique

Survey: Survey method was used to gather data for the study by using questionnaire and asking questions to transgender who were thought to have desired information.

Sampling Technique Used

The Sampling Method used in the study was snowball sampling which is also called as chain referred sampling. Snowball sampling is a non-probability sampling technique in which the first found subject provides referrals to other subjects, who meet the same criteria of the research. All these samples are drawn in a chain manner so it is called chain referred sampling. This method is normally used when the size of the population is very small.

Variables Used

Rejection Sensitivity

Rejection Sensitivity is tendency to "anxiously expect, readily perceive, and overreact" to social rejection, when an individual suspect they may be rejected, they experience heightened physiological activity, people differ in their readiness to perceive and react to rejection. The causes of individual differences in rejection sensitivity are not well understood. That sensitive individuals are reluctant to express opinions, tend to avoid arguments or controversial discussions, are reluctant to make requests or impose on others, are easily hurt by negative feedback from others, and tend to rely too much on familiar others and situations so as to avoid rejection.

General Well-being

The general well-being, the condition of an individual or group. A high level of well-being means that in some sense the individual's or group's condition is positive. Wellness refers to diverse and interconnected dimensions of physical, mental, and social well-being that extend beyond the traditional definition of health it includes choices and activities aimed at achieving physical vitality, mental alacrity, social satisfaction, a sense of accomplishment, and personal fulfilment

Tools Used

Tools used in this study are

- Adult Rejection Sensitivity Questionnaire
Reliability= 0.74,
Construct validity

- General Well-Being Schedule,
Reliability = 0.90 to 0.94
Validity = Ranging between 0.65 & 0.90

Tool Description

Adult Rejection Sensitivity Questionnaire

The Rejection Sensitivity Questionnaire was initially developed by Downey and Feldman. This questionnaire is used to measure an individual's level of rejection sensitivity – personal. The desire to achieve acceptance and to avoid rejection, consistent with this claim, social rejection is known to diminish well-being and disrupt interpersonal functions. We have proposed that the people show readiness to perceive, and overreact to rejection. This tool was used to identify the rejection sensitivity level among Transgender. The questionnaire includes 9 hypothetical situations, in which each situation consists of 2 sub questions which measures the concern or anxiety and acceptancy expectation respectively in a six-point Likert scale. The reliability is Test – retest reliability ($r_n = 0.90$) and validity is good.

General Well-Being Schedule

The General Well Being Schedule was developed by Harold Dupuy. The General well-being scales measures Life Satisfaction, which corresponds of subjective evaluations and reactions. There are 18, 22 and 33 item versions of the questionnaire, the 18-item version had been used widely. The 18-item version consists of 14 questions that are measured in a six-point Likert scale and remaining 4 questions are measured using a 10-point Likert scale. The 18 items represent 6 psychological domains such as relaxed versus anxiety, cheerfulness versus

depression, somaticism (free from health concern), vitality (energy level), life satisfaction and emotional-behavioural control. Some items were expressed positively and some negatively. Respondents were asked to indicate their level of agreement with the statements. And the reliability is 0.9 and validity is ranging between 0.65 & 0.90

Procedure

Rejection sensitivity questionnaire and general well-being questionnaire were translated into Tamil language with the help of the study guide and the Tamil department from the college. Permission for data collection was processed from Ms. Jeevan(transgender). They were gathered in a big hall and the questionnaire was explained and responses were collected from 45 transgender out of which only 30 were valid sample that could be included for the study. Transgenders were also individually explained when they had specific doubts

Ethical Consideration

The participants were explained about the study and the purpose of the study. They were also informed that it is their own interest to participate in the study and they can withdraw at any time of the study if they feel not interested to continue. They were also informed that they will not gain any benefit from this study and also the data collected will be kept confidential. And overall with their personal interest the data was collected from the samples, no one was forced.

Result and Discussion

Result

Table 1: Demographic data of the sample

Variables	N=30	%
SEX		
Female to male	26	86.7
Male identified	4	13.3
Surgery Done	26	86.7
Living Status		
Living with family	17	56.7
Living alone	13	
Occupation		
Collection	14	46.7
Dancing	5	16.7
Daily Wages	1	3.3
Catering	4	13.3
Advocate	1	3.3
Politics	1	3.3
Business	1	3.3
Tea seller	1	3.3

Not working	2	6.7
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A total number of 30 transgender were included. Sample who transformed from female to male were 86.7% and 13.3% were male identified. People who had the transition from male to female had undergone surgery. Transgender living with family were 17 in number and living alone were 13 in number (total= 56.7%). The sample were from different professions like collection (46.7%), dancing (16.7%), daily wages (3.3%), catering (13.3%), advocate (3.3%), politics (3.3%), business (3.3%), tea seller (3.3%), not working (6.7%).

TABLE 2: The relationship between rejection sensitivity and general well-being among transgender

Variables	Mean (SD)	‘r’ value
Rejection Sensitivity	10.5500 (4.33150)	.018
General Well-being	62.83333 (16.00233)	

Table 1 represents the values of the two variables Rejection Sensitivity and General Well-Being of the transgender participated in the study. The mean value of Rejection Sensitivity for the sample is 10.5500 and its standard deviation is (4.33150). The mean value of General Well-Being for the sample is 62.83333 and its standard deviation is (16.00233). The correlation co-efficient value for the two variables is ($r = .018$). There exists a significant relationship between the two variables.

Discussion

The present study aimed at identifying the rejection sensitivity among transgender and its relationship with their general well-being.

Transgender are people whose gender identity is not consistent with their gender at birth. They often experience discrimination and violence. These people are more prone to rejection all around the world. Rejection itself is a highly sensitive experience even for men and women who are considered as normal gender. It plays a vital role in the lives of many transgender. Rejection sensitivity is predicted to have an impact on people's general well-being. Well-being is an experience of health and prosperity. It includes having good mental health, high life satisfaction, and a sense of meaning or purpose. All this happens only when the person feels included in the society of which they form a part. Transgender people greatly lack in the feeling of being included in the society as they witness discriminations in various forms throughout their lives. Hence the table clearly demonstrates the impact rejection sensitivity has on the general well-being of these special group of people.

Transgender community go through various forms of discrimination in different phases of their life which has unique impacts on their well-being. These people are at high risk of experiencing prejudice, discrimination and mental health problems. Rejection and discrimination begin from the stage where they identify themselves as transgender and reveal it to the family and the society.

Both acceptance and rejection begins with family. In case of transgender people, it is more commonly rejection. They experience physical punishments, financial deprivation, exclusion from family activities and rejection from house. These experiences lead to the emergence of the sense of personal failure, feeling of loss of trust, anger, fear, guilt, embarrassment or uncertainty which can generally affect their state of well-being. They are also more likely to drop out from schools and colleges. However, if they attend schools or colleges, they

encounter a lot of insecurities and bullies. Transgender children hardly get friends and they are often criticized and mocked by other kids in the school for acting in such a way that is opposite to their outward appearance. Here begins the bathroom issue, they are forced to use the bathrooms which doesn't match their gender. Many avoid bathrooms as they feel unsafe and uncomfortable. Another common problem that they undergo persistently is the name and pronoun uncertainty. People get confused in using the right name or the pronoun. Sometimes they even call by the pronoun which do not suit their gender. Registrations and personnel forms that requires the indication of gender do not often include transgender as a separate category. These experiences can later lead to the development of psychological distress.

Workplace discrimination is another major issue faced by transgender. As the transition takes place during this phase they wish to be called with the chosen name and pronoun. Neither the co-worker nor the management respects their wish. These people also undergo workplace harassment. Majority of them have a fear that they may be fired from their jobs if they get identified as transgender. All of this together creates a stressful work environment which has a negative impact on their functioning and productivity.

Universally, people are stuck to binary gender conception so this makes it hard for the transgender people to express their own gender identity. Human beings are social animals and the feeling of belongingness and attachment is a basic and an important need. They always crave for recognition and affiliation. As transgender people highly lack these feelings life gets harder. They cannot lead a normal life as they are being viewed strange by the society.

Conclusion and Summary

Conclusion

This study aimed to assess the rejection sensitivity among transgender and its relationship with their general well-being. Terms of unique experiences of individuals from different settings, different racial and ethnic backgrounds at different points in their affirmation process, and at various age were studied, finding the rejection sensitivity that affects their well-being. It is determined that there is a negative correlation between rejection sensitivity and general well-being. Participants who were more sensitive to rejection showed low general well-being. In contrast, the participants who were less sensitive to rejection showed high general well-being. As they are more sensitive to rejection, they tend to detach themselves from the society which results in lower socio-economic status. Nowadays various facilities are available for transgender yet they are not much aware of it. This social rejection leads to psychological distress among transgenders. This is especially relevant with the given current cultural climate in which transgender individuals continue to remain targets for violence and social discrimination.

Summary

The present study was done to determine the rejection sensitivity among transgender and relationship in general well-being. The purpose of the study was to examine how the transgender were sensitive to rejection and to find out if there was any relationship with general well-being.

The sample was drawn using snowball sampling method which is also known as chain referred sampling method. The sample population was 31 transgender from Thoothukudi city.

The following standardized tools were used in this study:

1. Downey, G., & Feldman's Rejection sensitivity questionnaire, Adult version (A-RSQ) was used to measure rejection level among transgender.

It includes 18 items of which we used 9 items to identify the rejection level.

2. Harold Dupuy McDowell's General well-being (gwb) schedule was used to measure the well being among transgender.

It contains 18 items about life satisfaction and 6 sub scales measuring anxiety, depression, positive well-being, self-control, vitality and general health.

Data was collected through direct administration with the previously mentioned tools.

The following Null and Alternative hypothesis were adopted for the study,

1. There is a significant relationship between rejection sensitivity among transgender with their general well-being.
2. The participants are highly sensitive to rejection and low in their general well-being.
3. In this study we got negative correlation between general well-being and rejection sensitivity.
4. They showed less involvement in society as well in socio economic status.
5. They were unable to lead normal life style because of several difficulties.

The statistical techniques used for data analyses were Pearson's correlation and Independent sample t-test.

Limitation

1. Sample size (N=35) is relatively small. The study would have been more authentic if it was done on a larger sample.
2. No particular age range was taken into consideration as the sample were less available.
3. The sample included in this study was disproportionate as it included mostly transgender (male to female), other categories transgender has not been included sufficiently
4. The difficulty in finding sample and collecting information from them has made the study a difficult one.
5. The sample was collected only from Tuticorin city.
6. Only 2 variables: Rejection Sensitivity and General Well-being of the Transgender were included in the study.
7. More psychological variables could have been included.
8. The results of the study cannot be generalized to the entire transgender population.

Implications

1. This is a significant contribution to the field of research concerning transgender and two variables i.e., rejecting sensitivity and general well-being.

2. The present study is a supplement to the research regarding to transgender.
3. The present study suggests that there is a relationship between rejecting sensitivity and general well-being among transgender which paves a way for further research.
4. The level of rejection is assessed from one dimension i.e., rejecting sensitivity. Further research can be continuing along with other dimensions.
5. Also, this comparison of variables (rejecting sensitivity and general well-being) can also be studies in other populations in order to prove the relationship.
6. For further study or research we can add more variables.

Suggestion

1. Other psychological variables also have to be studied.
2. The study can be extended to develop plans and strategies, policies and formulation to open centre for transgender studies.
3. A study can be conducted particularly focusing only variable.

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**Relationship Between Fear Of Negative Evaluation And Social Relationship Among
Adolescents**

A project submitted to

St. Mary's College (Autonomous), Thoothukudi

Re-accredited with 'A+' Grade by NAAC

Affiliated to

Manonmaniam Sundaranar University,

Tirunelveli

In partial fulfilment of the award of the degree of

Bachelor of Science in Psychology

Submitted By

Maria Thommai Prinka Vaz B (17SUPS08),

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Thoothukudi – 628001.

April – 2020

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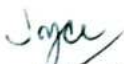
This is to certify that this project work entitled "Relationship between Fear of Negative Evaluation and Social Relationship among Adolescents" is submitted to St Mary's College (Autonomous), Thoothukudi affiliated to **Manonmaniam Sundaranar University, Tirunelveli** in partial fulfilment of the award of the degree of **Bachelor of Science in Psychology** done during the year 2017 – 2020 by **Maria Thommai Prinka Vaz B(17SUPS08), Padma M(17SUPS12), Pon Vennila P (17SUPS14), Selva Princy Ebenezer J (17SUPS17)**. This dissertation has not formed the basis for the award of any Degree/ Diploma/ Associateship/ Fellowship or other similar title to any candidate of any University



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Signature of the Examiner

DECLARATION

We do hereby declare that the project entitled "Relationship Between Fear of Negative Evaluation And Social Relationship Among Adolescents" submitted for the degree of Bachelor of Science in Psychology is our original work carried out under the guidance of Ms. R. Rohini B.Sc, MA, M.Phil, Assistant Professor, Department of Psychology (SSC), St Mary's College (Autonomous), Thoothukudi and that it has not previously formed the basis for award of any degree.

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Date: 29.7.2020

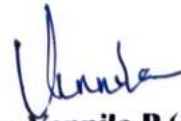
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Introduction

Fear of negative evaluation:

The fear of negative evaluation was first designed by Watson and Friend (1969) as the anxiety about the evaluations by others, being worried about the negative evaluations, and expecting that others will evaluate one in a negative way (Watson and Friend, 1969). Fear of negative evaluation also refers to worry of an individual in evaluation environment. People with fear of negative evaluation are highly concerned with seeking social approval or avoiding disapproval by others, and they may also tend to avoid situation where they have to undergo evaluations. This may significantly affect their social relationship. The fear of negative evaluation can limit a person's interpersonal relationship with society. Fear of negative evaluation is an "apprehension about other's evaluation". The most significant feature of this feeling of the individual about being negatively evaluated or by a hostile manner by other people in his/her social circle is that the individual feels an excessive and continuous fear of being negatively evaluated, despised and ashamed in the existence of other people (Cetin, Dogan&Sapmaz, 2010). Literature reports that the fear of being negatively evaluated by other people is closely related with personality (Eaves & Eysenck, 1975; Keighin, Butcher & Darnell, 2009) and innate permanent properties (Brumariu& Kerns, 2008; Bruch & Heimberg, 1994).

Cognitive theories put forth an idea that fear may result from processing biased information, particularly when anticipating a fearful event (Clark and McManus, 2002). Socially anxious individuals exhibit maladaptive appraisal of social situations, which is characterized by the selective retrieval of negative information about them. This biased information, gradually result in a negative self – evaluations (Rapee and Heimberg, 1997; Clark and McManus, 2002). People with fear of negative evaluation avoid most evaluative situation because they have an opinion that others will evaluate one negatively even in situation where the performance was good (Rapee&Lim, 1992; Stopa& Clark, 1993).

The fear of negative evaluation can be seen in following situation (Watson and Friend, 1969),

- Evaluative situations
- Testing

- Being on a date
- Talking to one's superiors
- Being interviewed for a job
- Giving a speech

Watson and Friend found that individuals with high FNE work harder than individuals with low FNE even in a boring task where they were telling their performance will be evaluated by others.

Measures of FNE:

❖ Fear of negative evaluation scale (FNE)

Watson and Friend (1969) developed the FNE scale to assess fear of negative evaluation. The fear of negative evaluation is made up of 30 items requiring, “true or false” answers. It describes broad social –evaluative anxiety and assesses individual differences. Internal reliability is excellent and test_ retest reliability was $r=.78$. This measure also proved to be sensitive to therapeutic change.

❖ Brief fear of negative evaluation (BFNE):

Leary (1983) developed a brief version of FNE that is convenient for quick and repeated administration. The BFNE comprises 12 items with a 5-point Likart- type scale (1=not at all characteristic of me, 5=extremely characteristic of me). A high level of internal consistency was obtained for the items comprising the BFNE and test –retest reliability coefficient is .75. BFNE is a measure that is sensitive to therapeutic change.

❖ Social avoidance and distress scale:

The social avoidance and distress scale was developed by David Watson and Ronald friend, 1969. SADS comprises 28 items requiring, “true or false” answers is used to measure various aspects of social anxiety including distress, discomfort, fear, anxiety, and the avoidance of social situations. It has internal consistency reliability of .94 and test- retest reliability.

Social Relationship:

Building a good relationship with society is beneficial to mental health. However, the challenges of building causal relationship to social ties are generally greater for mental

health than they are for other health outcomes. The cost and benefits of building relationship to social ties are not randomly distributed, but they are systematically with gender, socioeconomic status and stages in life span (Kawachi and Berkman).

Stages in Lifespan:

Certain stages in the life course are clearly critical concerning social relationship. Emotional support during childhood from parents or caregivers has been shown to influence the risk of negative behavior or illness. Attachment in early life is critical to psychological development. At the end course of life, social isolation and loss of social ties are critical to psychological development.

Socioeconomic Position:

The effect of social network and support on mental health also varies by socioeconomic position. Social network can do more harm than help to women with low resources, who often face difficulty in responding to the need of the society.

According to Debra Umberson, quality of relationships include positive aspect of relationships, such as emotional support provided by significant others, and strained aspects of relationships, such as conflict and stress. Social network refers to the web of social relationships surrounding an individual, in particular, structural features, such as the type and strength of each social relationship.

Health Condition:

Specific health conditions and clinical conditions have its association with individuals who involve in social relationships. Recent several studies review articles provide consistent evidence linking a low quality or quantity of social ties with a number of health conditions including development, and progression of cardiovascular disease, recurrent myocardial infarction, atherosclerosis, autonomic dysregulation, high blood pressure, cancer, and delayed cancer recovery, and slower wound healing (Ertel, Glymour and Berkman 2009; Everson rose and Lewis 2005; Robles and KiecoltGloser 2003; Uchino 2006). There are three broad ways that social ties influence health,

- ❖ Behavioral Explanation
- ❖ Psychosocial Explanation
- ❖ Physiological Explanation.

Behavioral Explanation:

Health behaviors encompass a wide range of health behaviors that influence health, morbidity and mortality. Some health behaviors such as exercise, balancing diets,-promote health and prevent illness. While some behavior – such as smoking, drinking, excessive weight gain- tends to undermine health. A Greater involvement in social ties associates with most positive behaviors (Berkman, Bereslow's, 1983).

Psychosocial Explanation:

Many researchers suggest possible psychosocial mechanisms to explain how social ties promote health. Mechanisms include are social support, personal control, symbolic meaning and mental health.

Social support refers to emotionally sustaining qualities of relationships. Social support may indirectly benefit health by promoting mental health or by posturing purpose and meaning to life (Uchino 2006). Personal control refers to individual's beliefs that they can control their life, outcomes through own actions. Social ties may influence personal control and in turn produce positive behavior (Mirowsky and Ross 2003; Thoits 2006). Many studies suggest that the

symbolic meaning of particular social ties and health habits explain why they are linked. Studies on adolescents often point to the meaning attached to peer groups (Neck 1998; Waite 1998).

Physiological Explanation:

Physiologists, sociologists and epidemiologist have contributed a great deal to our understanding of how social process influence physiological process that help to explain the link between social ties and health. Supportive interactions with others benefit immune, endocrine, and cardiovascular functions and reduce allosteric load, which reflect a wear and tear on the body due, in part, to chronically overwork physiological systems engaged in stress responses (McEwen 1988; Seeman et al 2002; Uchino 2004). Emotionally supportive childhood environments promote healthy development of regulatory systems, immune, metabolic, autonomic nervous system and hypothalamic pituitary adrenal (HPP) axis (Taylor, Repetti, Seeman 1997). Social support in adulthood reduces physiological responses such as cardiovascular reactivity to both anticipated and existing stressors (Glynn, Christenfeld, and Gerin 1999).

Cohen and Wills proposed two models in order to explain mechanisms by which social relationship influence mental health.

- Main effect model
- Stress buffering model.

It explains the specific aspects of social relationship on psychological health. The structural aspect (social network, social integration) of social relationship operate through main effect while functional aspect (social support) of social relationship operate through stress buffering model. The “main effect model” describes several pathways through which participation in social network can affect psychological well-being. In, “stress buffering model” social support is hypothesized to prevent or modulate responses to stressful events that are damaging to health. Support may thus act on several different points in the pathway between stressful events and eventual mental illness.

Social Support:

It is one of the factors which are used to predict the quality of social relationship among individuals. Cobb (1976) viewed social support as “clarity or certainty with which an individual experiences being loved, valued and able to count on others should the need arises.”

In the “stress buffering model” social support is hypothesized to prevent or modulate responses to stressful events that are damaging to health. Support plays a significant role at a different way in different situations between stressful event and mental illness. First, perceived availability of social support at the time of stressful event may lead to understand the value of situation thereby preventing a negative emotional and behavioral response. Furthermore, perceived stress or received support may reduce negative response to a stressful event (Cohen and Wills, Underwood LG, Gottlieb BH).

Social Integration:

Social integration is the aspect of social network structure; it is defined as the degree to which an individual is connected to other individuals in a network. Social integration has three dimensions: first, the number of social ties and second, the type of tie (close friend) and finally, the frequency of conduct (House, Umberson and Landis 1988). It is the second factor which is used in this study to predict the quality of social relationship.

Integration in the social network may produce positive psychological states, including a sense of purpose, belonging and security, as well as recognition of self-worth. These positive psychological states in turn benefit the mental health by increased motivation for self-care (example: regular exercise, moderation of alcohol intake) as well as modulation of the neuroendocrine response to stress. Participation in community organization, involvement in social networks, and immersion in the intimate relationship enhances the likelihood of accessing various forms of support, which in turn protect against distress. It is significant to recognize that many life events traditionally conceptualized are actually breaks in social ties (example: death of loved one). Other times, social network may influence the odds of experiencing a life event (example: unemployment) (Cohen S, Underwood LG, Gottlieb BH, Wills).

Social Stress:

It is the final factor which can be used to predict the quality of social relationship in our present study. Social stress has traditionally been viewed as an overload, where the demands

made exceed existing abilities (House 1994). It is commonly understood that people feel anxious and distressed when they know they are either being evaluated or are about to be evaluated (Holroyd and Lazarus 1982). Several studies on social stress suggest that the link between evaluation and social stress.

- People strive for self- enhancement. Negative evaluations interrupt

Or preclude reaching this goal, resulting in distress (Kaplan 1975: Pearlin et al. 1981)

- A second way that evaluation creates stress is that the process or

Impending process of evaluation itself may interrupt normal identity maintenance process and progress.

Eating Disorder

Eating disorders are serious conditions related to persistent eating behaviors that negatively impact the individual's health, emotions and ability to function in important area of life. The most common eating disorders are anorexia nervosa, bulimia nervosa and binge eating disorders.

The individuals who have an unrealistic thin idea have body dissatisfactions, which increase the bulimic symptoms and negative affect. Because eating provide comfort and distraction from negative emotions

Eating disorders often develop in the teen and young adults. Women are more vulnerable to eating disorders than men.

Eating disorders are possible that the disorders are linked as a result of an overlapping risk factor such as fear of negative evaluation. Fear of negative evaluation is considered both a vulnerability factors and social anxiety disorders. Because individuals high in fear of negative evaluation is concerned about others evaluation, have negative image of them, loss of social approval and strive to embody social ideals. The individual who have social anxiety disorders and body dysmorphic disorder are more concern about their physical appearances and the fear about themselves it lead to eating disorders.

Fear is related to drive for thinness and eating disorders symptoms and bulimic altitude. Fear of negative evaluation was correlated to eating disorders risk factors; pressure to be thin, thin ideal

internalization, association of eating internalization, and association of eating pathology with several social appearances fears.

Fear of negative evaluation has two vulnerability factors. One is social anxiety and another one is eating disorders symptoms (Heimberg, Brozovich, & Rapee, 2010; Rapee & Heimberg, 1997).

Review of Literature

The present investigation focuses on the predictive association of fear of negative evaluation and social relationship among adolescent male and female school student. It deals with the review of research conducted previously on these variables.

Amy G. Langenkamp (2010) measuring the role of social relationships on during the transition to high school. The main aim of this study is to investigate what might protect academically vulnerable students during the transition to high school by exploring the potential effects of social relationships and changing of academic outcomes in high school. The hypothesis is when the students move from middle school to high school, their social relationships are transformed. The results suggest that middle school social relationships are protective against low academic outcomes in the first year of high school, but not for low achieving middle school students. The results suggest that how contexts of school transitions have the potential to provide resilience.

Chang-Hyun Jin (2015) measures the role of social networking self-systems in generating social relationships and social capital effects. The aim of this research was to investigate the effect of online social networking use on bridging and bonding social relationships as well as on social capital effects. The study examined how the self –systems of users of the social networking website. Using data from a survey of users, the participants are 306. The result revealed that social networking users self-system played on important role in the formation of bridging and bonding social relationships as well as in generating social capital effects.

Christine Binzel, Dietmar Fehr (2010) measuring the social relationships and trust. This study aims at understanding the determinants of trust at various social distances when the information asymmetries are present. Collecting the information and data from informal housing areas, we find that the increase in trust following a reduction in social distance comes from the fact that trust is much more inclined to follow their beliefs when interacting with their friends. The result of this study is the decision to trust is mainly driven by social preferences.

Christopher Mesagno, Jack T. Harvey, Christopher M. Janelle (2012) are measuring the fear of negative evaluation on sports of people. The purpose of the current study was to determine the degree to which fear of negative evaluation may predispose athletes to choke the researchers

utilizing brief fear of negative evaluation-II questionnaire to determine the levelling of fear of negative evaluation. The researchers use 138 sports players to determine their anxiety. In conclusion, his findings extend the existing choking literature by providing empirical support for the role of fear of negative evaluation in the context of the self-presentation model of choking.

Claire A. Wolniewicz, Mojisola F. Tiamiyu, Justin W. Weeks, Jon D. Elhai (2018) are did a work on relating the negative affect and fear of negative evaluation on general population. The researchers recruited a non-clinical sample of 296 participants for a cross sectional survey of problematic smart phone use, social and non-social smart phone use, fear of negative evaluation and fear of positive evaluation. This study conducted by survey method. The purpose was to examine the fears of negative and positive evaluation, negative affect for association with smart phone use. Finally, cross sectional results testing social smart phone use as a mediator between psychopathology variables and particular social smart phone use were conducted.

Frieder R.Lang (2001), measures the regulation of social relationships on later adulthood. The researcher viewed every individual as a co-producer of their social environments who actively manage the social resources that contribute to their positive aging. The purpose of this study is to regulate the mechanism of relationship with recent empirical findings on social motivation. The researcher finds out, when moulding the social world in accordance with one's specific needs also contributes to subjective well-being. In conclusion, the regulation of social relationships is proposed as a venue for further research in this field that may also reflect key issues in social, emotional and cognitive aging.

Haridhan Goswami (2012) comparing the level of social relationships and children subjective well being. This study focuses on both positive and negative quality of relationships. Data for this study were obtained from a national survey among 4,673 children in secondary school. This study used survey method to collect data from school children. These findings are discussed in the context of previous empirical studies and theories on social relationships and subjective well being. Finally, this study is based on co-relational design. This study identifies two unique dimensions of friendship relationships for children.

Hiroaki Tanaka and Tomoko Ikegami (2015) are measured the fear of negative evaluation, effects of social exclusion on participants. This study examined whether fear of negative evaluation moderates responses to exclusion in early stage interpersonal perception, manifested

in selective attention. In conclusion, exclusion makes the motivation to protect oneself from social threats dominant over the motivation to re-establish social bonds among those who have fear of negative evaluation.

James C. Coyne and Anita Delongis (1986) did a work on the role of social relationships in adaptation. In this study, the researchers give attention to the limitations of the concept of social support as a means of understanding the role of social relationships in stress and adaptation. The concept of social support is generating considerable excitement and enthusiasm, and it represents an important step in the recognition of the centrality of social involvement in human adaptation and well being. This study is to learn more about how people find build, maintain and end relationship.

Jarvis Howe (2014) did a work on measuring the fear of negative evaluation and social evaluative anxiety. The test of anxiety inventory, fear of positive and negative evaluation scale are used for school aged students to predict the level of test anxiety, fear of positive and negative evaluation. It concluded that the social anxiety did not moderate the relationships of fear of positive evaluation with either test anxiety or public speaking anxiety. These findings provide a better understanding of the types of evaluation fears that individuals with social anxiety, public speaking anxiety, and test anxiety may exhibit which should be considered when assessing distorted cognitions.

Jeffrey B.Caster, Heidi M. Inderbitzen and Debra Hope (1999) are measuring the relationships between the youth and parents perception. This study concurrently examined the relationship between adolescence perceptions of their parent's child rearing styles, family environment and their reports of social anxiety. This study used the retrospective reports from adolescents. The researcher hypothesis is whether the adolescence reports are having high levels of social anxiety perceived their parents as being more socially isolated, or if they have more concerned about others opinions, and less socially active than youth reporting lower levels of social anxiety. However it did not differ between parents of socially anxious and non-socially anxious adolescents. Results are discussed with regard to the role of the family environment in the development of social anxiety.

Jennifer D. Lundgren, Drew A. Anderson and Joel Kevin Thompson (2004) are did a work on risk factors and fear of negative evaluation. According to the researchers, recent work in the

areas of body image disturbance, eating disorders are focused on the delineation of risk factors that may lead to the onset and maintenance of these clinical problems. In an article having two studies, the study one was designed to further evaluation and cross-validate the initial fear of negative assessment of evaluating scale and the researcher utilizing the instrument of fear of negative evaluation scale. The study two was to determining the association of fear of negative evaluation with the measure of social anxiety. The samples are one hundred and sixty five female undergraduate students for examining the predicted variables. In conclusion, these two studies suggest that the scales may offer a useful measure of a construct that could potentially benefit not only risk factor work, but also preventive and early intervention studies.

Jennifer Hefner, M.P.H and Daniel Eisenberg (2009) are did a work on measuring the social support and mental health on college students. This study is to evaluate the relationship between mental health and social support in a large, random sample of college students. Using survey method to measures the 1,378 college students mental health and social support. Using mental health measures to assess the symptoms of five types of mental health -related disorders and problems. This result may help administrators and health providers to identify more effectively the population of students at high risk of mental illness and develop effective interventions to address their significant and growing public issues.

John.K.Rempel, John G.Holmes and Mark P.Zanna (1985) are did a work on relating the trust in close and social relationships on general population. A theoretical model describing interpersonal trust in close relationships is presented. The samples are collected from heterogeneous group, and utilising survey method for data collection. For an analysis, trust scale can be used to predict the level of trust present in participants. A scale is used to measure interpersonal motives was also developed. As a result of this measures shows that, women appeared to have more integrated, complex views of their social relationships than men.

Julia Reichen Berger, Nicole Wiggert, Frank H.Wilhelm, Jens Blechert, Justine W. Weeks (2015) did a work on to examining the distinct features in fear of negative and positive evaluation, as well as in social anxiety. The researcher utilizing the Brief fear of negative evaluation scale revised and also the fear of positive evaluation scale respectively. Fear of negative evaluation and fear of positive evaluation have been well examined in survey studies, and also the researcher utilised these scale to examine the Fear of positive evaluation, fear of

negative evaluation as well as social anxiety to the 98 college students with the age of 23 years. An article finally revealed the measure of Fear of negative evaluation, fear of negative evaluation show distinct relationships with positive and negative social feedback.

Katherin C. Williams, Erik Falkum and Egil W. Martinsen (2015) are did a study to examining the relationship between fear of negative evaluation and mental distress. Fear of negative evaluation and depression scale can be utilised in this study. This study carried out 105 adults. Hierarchical multiple regression analysis was used to assess associations between fear of negative evaluation, avoidance, and symptoms of depression. In conclusion, the symptoms of depression appear to be closely related to fear of negative evaluation by others and use of avoidant communication strategies.

Laurel Crawford, Julie Leuzinger, Sian Brannom, Jesse Hamner (2015) are measuring the fear of negative evaluation among librarians. The research main focuses on to find out the level of fear in negative evaluation among librarians. The data was gathered for this exploratory study by using self report survey containing quantitative and qualitative questions. The researcher utilised 528 participants to the survey, 347 female respondents, 51 female respondents. In conclusion, it is clear that the fear of negative evaluation exists among some librarians. This affects our workplace and our profession.

Leah R. Halper, Kimberly Rios (2018) are did a work on to identify the fear of negative evaluation predicts the men sexual harassment subordinates. This research has examined the role of power in men's likelihood of sexual harassment against women, less is known about specific personality traits that might predict sexual harassment. The researcher conducted three studies with samples of adults (studies 1 and 3) and college students (study 2). In studies 1 and 3 the researcher asked participants to indicate their likelihood of engaging in sexual harassment and in study 2 we conducted some experiments to observe them. Results demonstrated that concerns about being perceived as incompetent. Among women, fear of negative evaluation scores unrelated to sexual harassment of male subordinates.

Mami Kikuchi, Cynthia –Lou coleman (2012) are examined how the construct social capital is explicated and measured by communication scholars in contemporary research and argue that linkages between concepts and measures are not always clear. The researchers measure 2 dimensions: a static dynamic continuum and an informal-formal path; which are largely ignored.

The researchers challenge communication scholars to re-examine the theoretical underpinning of social capital. In conclusion, the role and function of communication might drive social capital.

Matthias J. Wieser, Paul Pauli, Peter Weyers, Georg W. Alpers(2008) are measuring fear of negative evaluation, hyper vigilance and social anxiety among college students. An article studied the pairs of emotional and neutral facial expressions are presented to student of high or low fear of negative evaluation, through the observation of their eye movements. An article used thirty female college students for completing the research scale of brief fear of negative evaluation scale and anxiety inventory. Overall, results of this study point at an initial vigilance for emotional facial expressions, which may be modulated by the sex of the presented face. The research should clarify the role of sex of the stimuli in the biases of social anxiety.

Melle J.W. Vander Molen, Eefje S. Poppelars (2014) did a work on evaluating the fear of negative evaluation and behavioural responses. According to the researchers, the fear of negative evaluation is considered to be a hallmark of social anxiety. Cognitive theories permit that this fear may result from biased information processing, particularly when anticipating a fearful event. Individuals with high fear of negative evaluation may show biased information processing when faced with social evaluation. The aim of the current study was to examine the neural underpinnings of anticipating and processing social evaluative feedback, and it correlates with fear of negative evaluation. The researchers use 31 female participants for their outcome of social evaluation. In conclusion, the current study demonstrates that individuals high in fear of negative evaluation display information processing biases during social evaluation.

Nasrollah Moeeni, Maryam Najafi, Moghadam Nejad (2014) measured the relationship between worry and fear of negative evaluation with social anxiety in students. The population of this study is to include students, who were enrolled in the first semester of the academic. 160 students (80girls and 80 boys) were selected with using a multistage random sampling. The worry questionnaire, fear of negative evaluation scales are used for data collection. The total numbers of students are a significant correlation between fear of negative evaluation and social anxiety. The result shows that people with social anxiety are concerned that the social events are being negatively evaluated by others.

Pinar Karacan Dogan (2018) did a work on examining the relationship between the fear of negative evaluation and social anxiety on volunteer folk dancers. The purpose of this study was

to analyse and examine the relationship between the fear of negative evaluation and the anxiety for social appearance in folk dancers. The relational survey method was used in the study “The Brief Fear of Negative Evaluation” scale and social appearance anxiety scale are used as the data collection tool in the study. The participants of this study consisted of 215 volunteer folk dancers who were selected with random sampling method. According to the correlation results between the scales, it was determined that there is a positive and high level relation between social appearance anxiety and the fear of negative evaluation. The study also established that there is a significant difference between the social appearance anxiety scores and the fear of negative evaluation scores.

R.A.Brown (2006) measured the self esteem, fear of negative evaluation and self concept on college students. The research provides evidence that modesty is indeed implicated but is not solely responsible for people low self esteem scores. The participants are 449 and 122 college students. Using self concept clarify scale, Rosenberg self esteem scale and brief fear of negative evaluation scale to indicate modesty valued characteristic, fear of negative evaluation and self concept clarity were significantly associated with self esteem. The researcher concluded that expressions of self esteem may be impacted by a variety of factors, but not limited to self concept clarity and fear of negative evaluation.

R.Nicholas Carleton, Kelsey C. Collimorew, Kandi F. McCabe, Martin N. Antony (2011) are measuring the fear of negative evaluation across anxiety and mood disorders. The fear of negative evaluation represents a fundamental component of social anxiety and social anxiety disorder within modern cognitive behavioural models. This study was a comparative study. The researcher utilising the brief fear of negative evaluation scale to identify the fear of negative evaluation and its related variables. The researcher used clinical population included 381 individuals from an anxiety treatment and research centre. Results of descriptive analysis, fear of negative evaluation scores were consistently higher among all participants with a diagnosis of social anxiety disorder.

T.Hartmann, L. Zahner, U.Pihse, S.Schneider, J.J.Puder, S.Kriemler (2010) are measuring the fear of negative evaluation and social anxiety. Fear of negative evaluation is regarded as being the core feature of social anxiety. The present study examined how fear of negative evaluation is associated with physical activity in children. Data were collected in a sample of 502 primary

school children in first and fifth grades. An article used child health questionnaire and fear of negative evaluation by the social anxiety scale for children. This study concluded that there is an association between high fear of negative evaluation and low physical activity.

Teresa E. Seeman, Burton H. Singer, Carol D. Ryff, Gayle Dienberg Love and Lene Levy-Storms (2002) did a work on social relationships and gender differences across two age cohorts. This study addresses the biological pathways through which social integration and support may affect morbidity and mortality risks. To test the hypothesis that social experiences affect a range of social systems. Data collected from two different age groups. One group consists of 765 participants at the age of 70-79 years. Other group consists of 106 participants at the age of 58-59 years. Measures of social experience were similar, but not identical. In conclusion, these findings are consistent with the hypothesis that social experiences affect a range of biological systems, resulting in cumulative differences in risks that in turn may affect a range of health outcomes.

Toni M. Maraldo, Wanni Zhou, M.s Jessica Dowling, M.S Jillon, S. Vander Wall (2016), are measured the role of fear of negative evaluation and self compassion. The aim of this study is to preventing the fear of negative evaluation through the replication and extension of the dual pathway model of eating disordered. The sample was collected from female college students. The present study replicated and extended the dual pathway model by considering the addition of fear of negative evaluation. Results showed that fear of negative evaluation and suggestibility predicted body dissatisfaction. Negative affect was predicted by fear of negative evaluation and self compassion.

Velda Chen and peter D. Drummond (2008) are measuring the social evaluation and fear of negative evaluation. The purpose of this study was to determine whether fear of negative evaluation moderates effects of eye contact on mood, bodily symptoms and physiological activity during social- evaluative situations. The researchers use 42 participants to observe the body or facial expressions. They found some physiological responses were similar in high and low fear of negative evaluation groups. The study concluded that physiological changes can be varied between the people with high or low fear of negative evaluation scores in social evaluative tasks.

Yi-Hsiu Lin (2012) conducted two studies on examining the effects of susceptibility to interpersonal influence and fear of negative evaluation on adolescents. The researchers make a survey of 453 adolescents was carried out and they found that the greater susceptibility to interpersonal influence, the greater the tendency to buy on impulse, likewise the greater the fear of negative evaluation, the greater the impulse buying tendency. According to the researcher, Fear of negative evaluation is a central feature of social anxiety, especially among adolescents. Using a convenience sampling method, 435(boys and girls) adolescents, aged between 13 and 17 years, were selected to participate in the current study. They use 5 point likert scale, to measure the variables. The result of the studies shows a significant effect of fear of negative evaluation among adolescents.

From the above articles it is understood that, fear of negative evaluation is higher among school students, college students, librarians and football players. Fear of negative evaluation has positive relationship with social anxiety, emotions, mood, physical activity, mental distress, hyper vigilance, avoidance, eating disorders, social exclusion, low morale performance, worry, social appearance, depression, internet addiction, sexual harassment, incompetence, social isolation, trust, and social networking and is influenced by risks of health outcomes or biological factors. The result shows that people with social anxiety are concerned that the social events are being negatively evaluated by others. So the fear of negative evaluation will lead them toward greater avoidance of social environment and predicts the persistence of social anxiety. Individuals with high fear of negative evaluation may show biased information processing when faced with social evaluation. The researchers found that some physiological responses were similar in high and low fear of negative evaluation. They conclude that physiological changes can be different among the people with high or low fear of negative evaluation in any of the social evaluative tasks. Among women, fear of negative evaluation was unrelated to sexual harassment of male subordinates.

Methodology

Aim:

The aim of the study is to find relationship among fear of negative evaluation and social relationship. The study attempts to find whether social relationship has its effects on fear of negative evaluation. This study also tries to find whether gender difference exists in fear of negative evaluation among adolescents.

Objectives:

- To study the fear of negative evaluation among adolescents.
- To attempts to find relationship between social relationship and fear of negative evaluation.

Hypothesis:

Alternate Hypothesis (H_1):

- There is significant relationship between fear of negative evaluation and social relationship.
- There is significant gender difference in fear of negative evaluation.

Variables:

Independent variables:

- Social relationship
 - Social support
 - Social integration
 - Social stress
- Gender

Dependent variable:

- Fear of negative evaluation.

Sample:

Convenience sampling method was used to collect the data from 303 school going students of age range 13-16 (male- 181 , female- 122)from 2 Matriculation Higher Secondary school.

Inclusion Criteria:

- Sample was drawn from 9th standard students of Matriculation Higher Secondary school.
- Sample was drawn only from students studying in co-education.

Exclusion Criteria:

- The other class students of Higher Secondary school were not included in the study.
- The students studying in girls or boys schools were not included in this study

Significance of the study:

The purpose of the study is to know about the fear of negative evaluation and social relationship among adolescents. This study will help to make awareness in society about fear of negative evaluation and also describes the significance of social relationship, which will help adolescents to overcome or prevent fear of negative evaluation.

As adolescent is a “**transition age**”, they may undergo lot of changes both physically and mentally, because of these changes in appearance and hormonal secretion that lead to develop fear of negative evaluation among adolescents. This study will help the parents and teachers to know about the development of fear of negative evaluation and overcoming it with the help of social relationship.

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Operational Definition:**Fear of negative evaluation:**

Fear of negative evaluation (FNE), also known as atychiphobia, is a psychological construct reflecting “apprehension about others’ evaluations, distress over negative evaluation by others, and the expectation that others would evaluate one negatively”. Fear of negative evaluation is related to specific personality dimensions, such as anxiousness, submissiveness, and social avoidance (David Watson, Ronald Friend, 1969)

In order to measure Fear of negative evaluation among school students, Brief Fear of Negative Evaluation Scale (BFNE) constructed Leary (1983) was used in this study.

Social Relationship:

“Social relationships are a special case of social relations that can exist without any communication taking place between the actors involved” (Piotr Sztompka, 2002). In social science, a social relation is any relationship between two or more individuals.

In this study, the student’s social relationship was measured by Social relationship questionnaire by Cohen.s (2004).

Gender:

Gender refers to the (biological) condition of being male or female, as applied to human being (Haig, 2004).

In this study gender of the school students had been declared by them in the personal data sheet.

TOOL DESCRIPTION:

Brief fear of negative evaluation scale:

The Brief Fear of Negative Evaluation scale (BFNE) was developed by Leary in 1983. The scale consists of 12 items, each item has to be rated on a 5 point scale ranging from 1 'not at all characteristic of me' to 5 'extremely characteristic of me'. The scale has 8 straight forward questions and 4 items are reverse scored and the responses are summed into a total score, with higher score indicating severe level of fear of negative evaluation. For item number 2, 4, 7, 10 the ratings have to be reversed. The total score ranges from 12 to 60 where high scores represent severe form of fear of negative evaluation, and vice versa.

Social Relationship Questionnaire:

The Social Relationship questionnaire was developed by Sheldon Cohen in 2004. The scale consists of 16 items for married individual and 12 for adolescents. The scale consists of 3 aspects, such as social support, social integration and social stress. The first aspect of the scale was measured in 7 point rating scale, ranges from 1 'strongly disagree' to 7 'strongly agree'. The first aspect has 6 questions in which 2 items are reversed. The responses are summed into a total score, ranges from 7 to 49. The second aspect measures the level of integration. The larger number of friends indicates the higher level of integration in individuals. The third aspect of this scale assesses the level of social stress. It consists of 4 items and was measured in 4 point rating scale, ranges from 0 'no stress' to 3 'severe stress' the responses are summed to make a total score. The total score ranges from 3 to 12. The higher level of score represents the severe form of stress from society.

Procedure:

The concerned authorities in school were given the questionnaire and were explained about the study and the method of data collection in order to get permitted. We were permitted to collect the data among 9th standard students. The self-reported measures of fear of negative evaluation and social relationship were administered and demographic details were also collected from each student. A small talk was given to the students to make them comfortable and cooperatively participate in the study. The researcher instructed the participants about how to

fill the questionnaire and was asked to give immediate response after reading each question. The participants took almost 15 to 20 minutes to fill the questionnaire.

Ethical Consideration:

The students were informed that taking part in this study is completely voluntary, you have the right to withdraw the same during any part of this study without giving any reason. All information provided during session will be confidential. They were also informed that taking part in this study will not provide any other form of benefits. The informed consent was obtained before start filling the self report measures for fear of negative evaluation and social relationship.

Results and Discussion

This chapter presents the results of the current study. Keeping in view the objectives of the study and the methodology is followed. The analyses were carried out to test the hypothesis. The analyses explain the relationship between fear of negative evaluation, social support, social integration and social stress. The results are analyzed to see to what extent fear of negative evaluation has its relationship with social support, social integration and social stress. And also it predicts whether there is any gender difference in fear of negative evaluation.

Table 4.1 shows the Frequency and percentage distribution of the adolescents in demographical table

SOCIO- DEMOGRAPHIC DATA	CATEGORIES	FREQUENCY		PERCENTAGE (%)	
Age	Mean Age- 13.9				
Gender	Male	181		60	
	Female	122		40	
Family Type	Nuclear Family	M-147	F-98	M-81	F-80
	Joint Family	M-35	F-24	M-19	F-20
Food Type	Junk Food	M-93	F-90	M-51	F-74
	Healthy Food	M-88	F-32	M-49	F-26

Graphical designs for descriptive values:

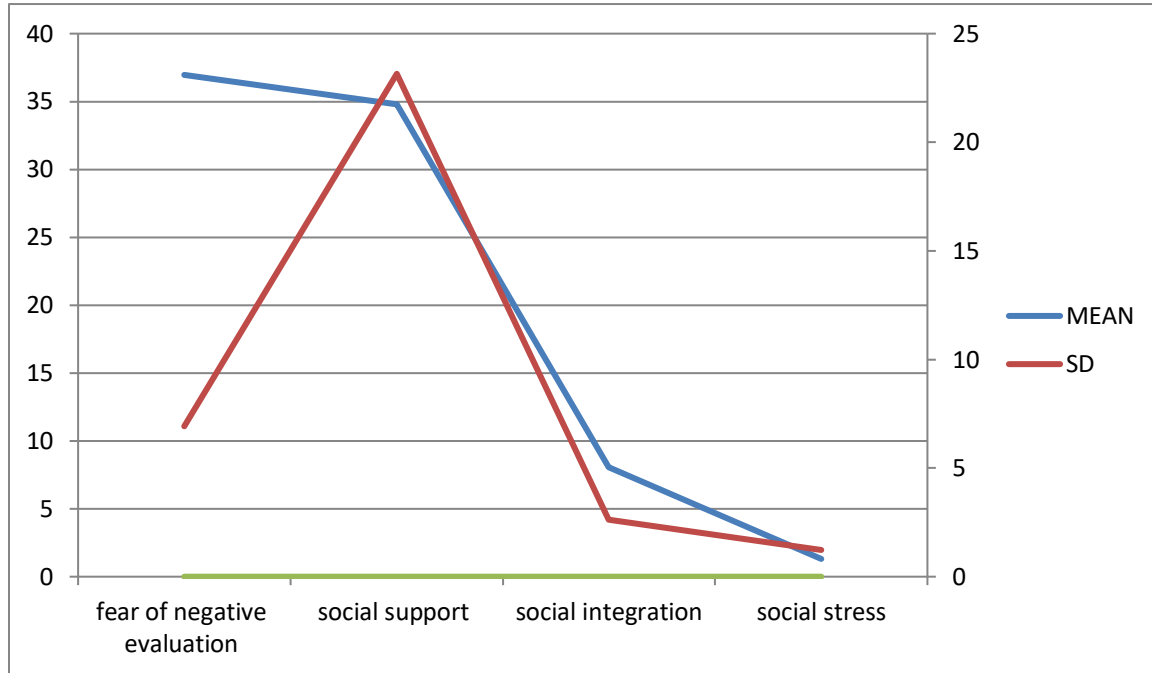


Table 2 shows the descriptive statistics, including mean and standard deviations for all variables.

Table 2: Descriptive findings of predictor variables

Predictor Variables(308)	Mean	Standard Deviation
Fear of negative evaluation	39.96	6.92
Social support	34.80	23.15
Social integration	8.08	2.61
Social stress	1.31	1.23

Table 3 shows the simple correlation between the fear of negative evaluation and social relationship of school students

Table 3: The Pearson correlation between FNE and Social relationship

Statistical Indicators of Predictor Variables	“r” value	Significance
Fear of negative evaluation	-0.150*	0.05
Social relationship		

When the correlation is analyzed, it is observed that there is a negative correlation between the fear of negative evaluation and social relationship according to $r_{(308)} = -0.150^*$. The correlation value is -0.150^* significant at ($p=0.05$). In table 2 shows the mean and standard deviation values of fear of negative evaluation are 39.96 and 6.92. For social relationships, the mean and standard deviation of three subscales are social support (34.80, 23.15), social integration (8.08, 2.61) and social stress (1.31, 1.23). The results indicate that the fear of negative evaluation and social relationships are negatively correlated. It is clear that the individuals who have high fear of negative evaluation are having low social relationship.

Table 4 shows the t-Test results of FNE scale according to gender.

Table 4: The t-Test results of FNE scale

SCALE	GENDER	N	X	SD	S	T	P
Fear of negative evaluation	Male	122	35.83	5.45	.401	-2.83	.005
	Female	122	37.94	6.11			

In table 4, when it is analyzed, there exists a gender difference in fear of negative evaluation among school students. It was determined that there is significant gender difference in fear of negative evaluation among school students according to $t_{(308)} = -2.83$, $p=.005 < .05$. This significant difference stems from higher and lower scores of female students in fear of negative evaluation($x=37.94$), when compared with the fear of negative evaluation scores of the male students($x=35.83$).

Discussion:

The present study aimed at defining the relationship between fear of negative evaluation and social relationships among adolescents and also it measures the difference in the variables among the samples. When the correlation results between the scales used as a data collection tools in the study are evaluated, it is observed that there is a negative significant relationship between the fear of negative evaluation scores of the school students and their social relationships scores according to $r_{(308)} = -0.150^*$. According to this result, it can be claimed that having fear of negative evaluation triggers the social relationships.

In the relevant literature, it was emphasised that the fear of negative evaluation of an individual might cause low social relationships. The people who have fear of negative evaluation are trying to avoid the social situation assessment. It has also been found (Dugas & koerner, 2005) is consistent. So as a social relationship, students are worried about being sociable in social situations and afraid of being negatively evaluated by others. The results obtained in this study can be proposed that socially worried individuals who avoid troubling situations and these things do not help to maintain their social relationships.

In table 3, it shows the significant correlation between the fear of negative evaluation and the social integration subscale of social relationships. In the relevant article, previous studies (Hiroaki Tanaka et.al. 2014) examined, whether people to perceive others as socially integrative and to behave favourably to others and suggested that people with low level of fear of negative evaluation have a optimistic view of a new social connection and prioritize the motivation to reconnect with others.

Findings of peer interaction vulnerability may develop more serious social problems. Our current studies found that several qualities of social integration among adolescents were prospective of fear of negative evaluation and have a social withdrawal symptoms. Fear of negative evaluation may lead individuals to manipulate and exploit others, because they do not trust anyone and also possess diminished capacity to express love or share a close relationship with others.

According to (Julie.et, al., 2004), the fear of negative evaluation is considered to be a hallmark of social anxiety. Individuals with high fear of negative evaluation may show biased information processing when faced with social evaluations.

In table1, when the findings obtained in the study were examined in terms of demographic variables, there was significant difference in the gender, family type and food type, age. According to the scores obtained in the social relationships, it was determined that the students who get an low score in fear of negative evaluation, they have a better social relationships, especially their social integration was significantly correlate with the fear of negative evaluation. In the relevant literature, (Javis.R.Howe, 2014), it revealed the responses of individuals who has low fear of negative evaluation indicated that they inferred markedly more favourable opinions of their own social evaluation relative the other. By contrast, at high fear of negative evaluation, this self favouring effect was abolished.

When the findings obtained in the study were examined in terms of gender variable. In relevant literature, (Karacan.P.D, 2018) the study also determined that there is significant gender differences in fear of negative evaluation. These differences stem from the fact that male participants have higher average values than the female participants. It was also determined in the present study that the gender variable is a significant factor on fear of negative evaluation.

Similar to the results of the present study, (From table 4) there is a significant gender difference in fear of negative evaluation among school students are found by using t-Test. From this, it is evident that there is gender difference in fear of negative evaluation. According to the correlation results between the FNE and social relationship scales, it was determined that there is a negative correlation between fear of negative evaluation and social integration subscale of social relationship, which means the students are more favourable with their friends. And also there is no correlation between fear of negative evaluation, social stress and social support. The reason behind the study is most of the students prefer to make friendship not to build social support like family, neighbourhood and also they are not concern about their stressful situations.

Findings of the study:

1. Most of the respondents (100%) are in the age group of below 15.
2. Majority of the respondents (96%) are in the ninth standard students.
3. Most of the respondents (40%) are the female and remaining respondents (59%) are the male.
4. Most of the female respondents (80%) are having nuclear family.
5. Most of the male respondents (81%) are having nuclear family.
6. Most of the female respondents (20%) are having joint family.
7. Most of the male respondents (19%) are having joint family.
8. Most of the female respondents (74%) are prefer junk food.
9. Most of the male respondents (51%) are prefer junk food.
10. Most of the female respondents (26%) are prefer healthy food.
11. Most of the male respondents (49%) are prefer healthy food.
12. Most of the male respondents (38%) are having low fear of negative evaluation.
13. Majority of the male respondents (62%) are having high fear of negative evaluation.
14. Most of the female respondents (27%) are having low fear of negative evaluation.
15. Majority of the female respondents (73%) are having high fear of negative evaluation.
16. It is found that the male respondents who are having low fear of negative evaluation, they have (77%) of social support, social integration and low social stress.
17. It is found that the male respondents who are having high fear of negative evaluation, they have (23%) of social support, social integration and high social stress.
18. It is found that the female respondents who are having low fear of negative evaluation, they have (69%) of social support, social integration and low social stress.
19. It is found that the female respondents who are having high fear of negative evaluation, they have (31%) of social support, social integration and high social stress.
20. Most of the respondents (90%) said that they get support from family, friends and neighbours.
21. Most of the respondents (95%) said that they are satisfied with their family.
22. Most of the respondents (91%) said that they are satisfied with their friends.
23. Most of the respondents (87%) said that they are satisfied with their neighbours.

24. It is found that the mean value of all male and female respondents in fear of negative evaluation is (39.96).
25. It is found that the mean value of all male and female respondents in social support is (34.80).
26. It is found that the mean value of all male and female respondents in social integration is (8.08).
27. It is found that the mean value of all male and female respondents in social stress is (1.31).
28. It is found that the correlation value of fear of negative evaluation and social relationship is (-0.150*).
29. It is found that the correlation value of fear of negative evaluation and social relationship is significant at (0.05).
30. The study revealed from the Pearson correlation test, so it is concluded that there is a significant relationship between fear of negative evaluation and social relationship.

Suggestion for future research:

- The future research may focus on extend to which social relationship may help an individual to cope from fear of negative evaluation.
- The tools used for data collection may include lie scores, which may help to avoid socially desirable responses
- Social relationship can be constructed based on the context of Indian culture which would be more appropriate to generalize results.
- More studies were needed in India regarding the factors of social relationship which would help to reframe the modules to overcome fear of negative evaluation.
- The variables such as self efficacy and personality type may be added in order to expand the conceptual framework.
- The study may be conducted among adolescents of school droppers, to ensure the prevalence of fear of negative evaluation.

Summary and Conclusion

The fear of negative evaluation was first defined by [Watson and friend, 1969] as the anxiety about the evaluations of others, being worried about the negative evaluation and expecting that others will evaluate one in a negative way the most significant feature of this feeling of the Individual about being negatively evaluated by other people in their social circle is that the individual feels an excessive and continuous fear of being negative evaluated, in the existence of other people[Cetin, Dogan,Sapmaz,200]. Fear of negative evaluation also refers to the social worry of an individual in evaluation circle [sevimli, 2009].

The study aimed to explore whether the fear of negative evaluation has its effect on social relationship and to examine whether gender difference existed in fear of negative evaluation. Theresearch design used for this study was a simple quantitative research. The independent variables were social relationships and gender [male & female] and the dependent variable is fear of negative evaluation. The samples are drawn using convenience sampling technique.

The present study recorded the responses from sample of 303 school students [122 females, 181 males] drawn randomly from the two schools of BMC school and ST. Thomas school in Tuticorin.

The study utilized the following tools were:

- Brief Fear of Negative Evaluation scale [Leary. M.R, 1983],
- Social relationship Questionnaire [Cohen.S, 2004].
- Demographic data was collected using personal data sheet

The statistical techniques used for data analysis were Pearson's correlation was calculated to find the relationship between fear of negative evaluation and social relationship and independent sample t-test was calculated to find the significant gender difference in fear of negative evaluation.

Implications of the study

The findings of this research would help to understand individual who are isolated and help them to develop some social tendencies. This study would help in a better understanding of social relationship and fear of negative evaluation. This would further help in the application of

psychology in counselling in clinical and educational setting. The study will help individuals to overcome or prevent fear of negative evaluation by exploring social relationship.

The result of the study may help administrators and health providers to identify more effectively the population of students at risk of mental illness and develop effective interventions to address their significant and growing public issues. This study is to learn more about how people find, build, maintain and end relationships.

Conclusion:

The following conclusions were drawn from the study;

- There is a significant negative relationship between fear of negative evaluation and social relationship, which explains that more the fear of negative evaluation lowers the social relationship.
- There was a significant difference between male and female school students in fear of negative evaluation.

Limitations:

The findings of this study have to be seen in light of some limitations:

- The first is the sample was drawn mostly from 9th standard students of matriculation higher secondary school students. So the other standard students of adolescents could be included for generalizing the results.
- The second limitation concerns the ‘Gender difference’; it was studied only in fear of negative evaluation. It could have been explored in other variable too.
- The study uses only self-reported data, it could have some potential sources of bias (i.e.) selective memory, attribution, exaggeration, telescoping. So the study could also include other measures to collect the data.
- The tools used in this study were developed by western authors.
- This study uses only non-probability sampling techniques. So probability sampling techniques could have been included to ensure the normality of sample population.
- Citing and referencing previous research studies constitutes the basis for review literature. Lack of previous studies on this topic is limited.

APPENDIX-A

INFORMED CONSENT FORM

Information to the participant:

We B. Maria Thommai Prinka Vaz, M. Padma, J. Selva Princy Ebenezer, and P.Pon Vennila are pursuing third year in B.Sc Psychology at St Mary's College, Tuticorin. We are carrying out a research study entitled Fear of Negative Evaluation and Social Relationship among adolescents.

The purpose of the present study is to provide contribution to the society by exploring the fear of negative evaluation among adolescents. I seek your consent to be part of this research work. Your kind cooperation will be highly appreciated.

Information about the study:

This study is to identify the level of fear associated social relationship among adolescents. This will take approximately 10-15 minutes of your time. The response obtained will be kept completely confidential.

Undertaking by the investigator:

Taking part in this study is completely voluntary, you have the right to refuse or withdraw the same during any part of this study without giving any reason. All information provided during session will be confidential. Participant in this study will not get any other form of benefits – Monetary or otherwise and if you have any doubts about the study or you want to seek help in this regard, please communicate to the researchers, B. Maria Thommai Prinka Vaz, M.Padma, J. Selva Princy Ebenezer and P. Pon Vennila.

Consent:

I have been informed about the procedures of this study. The possible risks have been explained to me in the language I understand. I have understood that I have the right to refuse concern or to withdraw from the study at any point of time. I have understood that there are no financial benefits or forceable risks of participating in this research. I am aware that the participation is purely voluntary. I agree to participate in this study.

I, Mr/Ms----- the undersigned, give my concern to participate in the study.

Signature of the participant:

Date:

PERSONAL DATA SHEET

Initial;

Age;

Gender;

Standard;

School;

Annual Income;

Family type; Joint/ Nuclear

Food type; Junk food/ Healthy food

APPENDIX-B

INSTRUCTIONS:

Read each of the statement carefully and indicate how characteristic it is of you according to the following scale. Choose the answer which first comes in your mind.

1. Not at all characteristic of me
2. Slightly characteristic of me
3. Modernity characteristic of me
4. Very characteristic of me
5. Extremely characteristic of me

1. I worry about what other people will think of me even when I know it doesn't make any difference.

1. 2. 3. 4. 5

2. I am unconcerned even if I know people are forming an unfavorable impression of me

1. 2. 3. 4. 5

3. I am frequently afraid of other people noticing my shortcomings.

1. 2. 3. 4. 5

4. I rarely worry about what kind of impression I am making on someone.

1. 2. 3. 4. 5

5. I am afraid others will not approve of me.

1. 2. 3. 4. 5

6. I am afraid that people will find fault with us.

1. 2. 3. 4. 5

7. Other people's opinions of me do not bother me.

1. 2. 3. 4. 5

8. When I am talking to someone. I worry about what they may be thinking about me.

1. 2. 3. 4. 5

9. I am usually worried about what kind of impression I make.

1. 2. 3. 4. 5

10. If I know someone is judging me. It has little effect on me.

1. 2. 3. 4. 5

11. Sometimes I think I am too concerned with what other people think of me

1. 2. 3. 4. 5

12. I often worry that I will say or do the wrong things.

1. 2. 3. 4.

APPENDIX-C

1.) to the right of each statement, please tick the box that best describes your experience over the last two weeks or other agreed time period (if a statement isn't relevant to you, please simply cross it out)		<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
		Strongly Disagree	somewhat disagree	slightly disagree	neither agree nor disagree	slightly agree	sometimes	strongly agree
<i>a</i>	I am comfortable being close to my friends							
<i>b</i>	I am comfortable being close to my family							
<i>c</i>	I am comfortable being close to my partner							
<i>d</i>	I wonder whether my friends really care about me							
<i>e</i>	I worry that my family members don't love me							
<i>f</i>	I worry that my partner doesn't love me							
<i>g</i>	in general, I am satisfied with my friendships							
<i>h</i>	in general, I am satisfied with my family							
<i>i</i>	in general, I am satisfied with my couple							

In answering each of the next two questions, please give a number from 0 to 10 or, if you estimate you have more than 10 local or distant friends, please simply write 'more than 10'.

a.) how many friends do you have who live locally? _____

b.) how many friends do you have who live at a distance? _____

[illegible]

