

**A Study on Quality of Life and Perceived Stress
Among Married Women**

A project submitted to

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In partial fulfilment of the award of the degree of

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Certificate

This is to certify that this project work entitled “A study on Quality of Life and Perceived Stress among Married Women ” is submitted to St. Mary’s College (Autonomous), Thoothukudi affiliated to **Manomaniam Sundaranar University, Tirunelveli** in partial fulfilment of the award of the degree of **Bachelor of Science in Psychology** done during the year 2020 - 2021 by Afrin Shenaz K (18SUPS01), Jessima R (18SUPS08), Jeya Sudha P (18SUPS09), Mariesh Rinthiya P (18SUPS13), Revathi P (18SUPS16), Roselin Mary A (18SUPS17). 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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Declaration

We do hereby declare that the project entitled “A study on Quality of Life and Perceived Stress among Married Women” 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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Introduction

Quality of Life

Quality of life is the general well being of individuals and societies, outlining negative and positive features of life (Forbes, 2013). The concept of Quality of life was first originated in the 1970s. Quality of life means the individual's perception of his or her life according to the contexts of culture and values they live in. This includes goals and expectations, beliefs and interests, a concept often affected by the individual's psychological and physical state and social relations.

It is the extent to which a person obtains satisfaction from life. By increasing the emotional, material and physical well being one can have and maintain a good quality of life. Not only the wealth and employment are the standard indicators of the quality of life but also the built environment, physical and mental health, education, recreation and leisure time activities and social belongings.

Theories of Quality of Life

Two theories have been proposed for better understanding of quality of life.

- Engaged theory
- Maslow's theory on Quality of life

Engaged Theory. Seligman's theory of authentic happiness attempts to synthesize all three theories of happiness. They are: The pleasant life, The engaged life and The Meaningful life. The Pleasant Life is about happiness in a hedonic sense. The Engaged Life is about happiness through engagement, and the Meaningful Life is about happiness by achieving virtue. Seligman and his colleagues in 2002, In the journal of Applied research in the Quality of life, there is one approach called Engaged theory, in which there are four domains in assessing Quality of life; they are ecology, economics, politics and culture. In the four domains there are 7 sub domains namely, beliefs and ideas, creativity and recreation, enquiry

and learning, gender and generation, identity and engagement, memory and projection, well-being and health. As Happiness is subjective and difficult to measure, the priorities were given to other measures. Thus happiness is not considered a major component of Quality of life. (Soren, 2003)

Maslow's Theory on Quality of Life. Abraham Maslow (1962) published a book called *Towards a Psychology of Being* and established a theory on quality of life. Even after 60 years this theory is considered a consistent theory of quality of life. Maslow's theory is fully based on personal growth which in turn leads us to self-actualization. For our basic happiness and good health, we must take up responsibilities for our life. It makes us even more powerful. It is clearly known that Maslow's approach plays an important role in modern medicine, because many biomedical treatments failed to cure patients' health, but their mental acceptance does. The hidden truth of making the patient cure is making them understand their true self, making aware of his or her ability. But one can understand this hidden truth, only when he understands his true innermost self, so he has understood his complete self to attain self-actualization. (Sirgy.M, 1986)

Measures of Quality of Life

These are some of the measures that were widely used to assess the Quality of life.

Physical Quality of Life Index (1970). This scale was originally developed by Morris David Morris. It is an attempt to measure the quality of life or well-being of a country. The total score is the average of three statistics: basic literacy rate, infant mortality, and life expectancy at age one, all equally weighted on a 0 to 100 scale.

Happy Planet Index (2006). It is an index of human well-being and environmental impact that was introduced by the New Economics Foundation in 2006. Each country's HPI value is a function of its average subjective life satisfaction, life expectancy at birth, and ecological footprint per capita.

The Measurement of Quality of Life (2014). It was developed by Mick Power, is a measure which attempts to discover "An individuals' perceptions of their position in life in the context of the culture."

Quality of Life Scale (2007). It was developed by B. L. Dubey and Padma Dwivedi in 2007. The first form of this scale was administered on 30 business male and female executives. This 20 item scale is a 5-point Likert scale.

Characteristics of Quality of Life

Standard indicators of the quality of life includes

- **Wealth:** Relational wealth emanates from our interconnections with other human beings. It gives us inner strength and emotional security and defines our quality of life.
- **Employment:** A quality organizational environment promotes a sense of security and personal and professional development among employees.
- **Environment:** environment plays an important role in the healthy living of human beings. It matters because it is the only home that humans have ,and it provides air, food and other needs.
- **Physical and Mental health:** Health-related quality of life , defined as a patient's self-reported perception of his or her physical, emotional, mental, and functional well-being, is a way of measuring the impact that a chronic disease has on a person's life and functioning.
- **Education:** Education enriches people's understanding of themselves and world. It improves the quality of their lives and leads to broad social benefits to individuals and society.

- Recreation and Leisure time: Through participation in leisure and recreational activities people build social relationships, feel positive emotions, acquire additional skills and knowledge, and therefore improve their quality of life.
- Social belonging: Social Belonging includes links with social environments and includes the sense of acceptance by intimate others, family, friends, co-workers, and neighbourhood and community
- Religious beliefs: Religious organizations contribute to the integration of the community, hence enhancing the quality of life.
- Safety, Security and Freedom: When one feels safety and secured, his or her quality of life is good. So this is also considered as the standard indicator of the quality of life. (Barnes, 2011)

Aspects of Quality of Life

Eight important aspects of QOL were identified:

- Physical: It includes the perception of regarding physical pain ,fatigue , sleep , daily activities
- Personal autonomy: It consists in the ability to control one's own life associated with the feeling that is possible to exercise to control and make an informed decision
- Emotional: It includes the sense of security ,spiritual aspect, happiness, self concept it also includes relationship between two people such as intimate friendship , family relationship
- Social: It includes socio economic security ,social cohesion , social inclusion and social empowerment
- Spiritual: It seems to help people to cope up with illness, suffering and death . spiritual practices, seem to find the benefit to their own sense of meaning ,purpose and connectedness

- Cognitive: It is related with cognitive activities like thinking, memory, decision making.
- Healthcare: It related to physical , mental , Emotional and social functioning
- Preparatory: It is the preparation made by the people to get ready with the quality of life. (Caffrey, 2016)

Factors Affecting Quality of Life

- Physical health - Health-related quality of life (HRQOL) is a multi-dimensional concept that includes domains related to physical, mental, emotional, and social functioning. It goes beyond direct measures of population health, life expectancy, and causes of death, and focuses on the impact health status has on quality of life.
- Psychological condition - A poor quality life, often experienced by those with severe mental health difficulties, was characterized by feelings of distress; lack of control, choice and autonomy; low self-esteem and confidence; a sense of not being part of society; diminished activity; and a sense of hopelessness and demoralization.
- Independence – Independent living can contribute to improved health conditions in adults. But to some extent, because it may lead to the feeling of loneliness, insecurity.
- Relationships with others – This is a very important factor which has the ability to increase as well as decrease the quality of life. The top 5 skills that will lead to a happy relationship are: Empathy, Communication, Conflict management, Commitment, Love.
- The environment one lives in - The environment directly affects health status and plays a major role in quality of life, years of healthy life lived, and health disparities. Poor air quality is linked to premature death, cancer, and long-term damage to respiratory and cardiovascular systems. (Son, 2007)

Strategies to Improve Quality of Life

There are nearly 8 strategies to improve the quality of life.

- Cultivate optimism - Optimism can be used in how you talk to yourself in the face of adversity, explain past events and think about the future.
- Be present - Take a deep breath. This is the here and now. Stop ruminating over the past or worrying about the future for a moment. Practice Mindfulness.
- Clarify - When one is clear with what is important to his/her thoughts, there comes an incredible sense of freedom.
- Express Gratitude - It's one of the most positive equations in the world "You give of your time or resources, which improves someone's quality of life, which makes you feel needed & valuable, which in turn improves your quality of life."
- Social Connect - Humans are social beings. Genuine curiosity and kindness are amazing ways to foster connections, new and old.
- Find flow - Flow is being in the groove, totally engaged in the present activity, challenged but succeeding with clear goals and feedback.
- Celebrate - Celebrating is a wonderful way to share love with others and incorporate more play in our lives.
- Love Yourself - Your body is the vehicle that carries you through your life. Love yourself by treating your body with respect and care. Fuel it well with fresh fruits, vegetables, whole grains and lean protein. Move it daily. Protect the skin from the sun and exercise your mind. Sleep well. (Ilyas, 2020)

According to Huang et al. (2018), Perceived stress is the major predictor of life Satisfaction, this present study has intended to study on perceived stress.

Perceived Stress

"Stress is defined by psychologists as the body's reaction to a change that requires a physical, mental, or emotional adjustment or response" (Dyer,K.A.2006)

Stress is a body's response. In terms of an emotional tension, any event that makes oneself feel angry, nervous that causes stress. Stress is our body's acknowledgment of a claim or demand. In abbreviated bursts, stress can be positive, such as back it helps to accommodate a deadline. But back accent lasts for a continued time, it may abuse your health.

There are two main types of stress. Acute stress is a short-term stress. It helps to motivate oneself in dangerous situations. Chronic stress is a long-term stress that lasts for weeks or months. Causes of chronic stress mainly are loss of loved ones, divorce. It may lead to bodily harm. Stress reacts in our body through releasing hormones. It affects our pulse rate. In the short term it may help during critical situations but when it lasts for a long time it affects our body heavily, leading to high blood pressure, heart attack, diabetes, obesity.

Stressful situations affect our body through physical response when releasing hormones trigger someone to fight or take off. This is known as flight or fight response. When we are in stressful situations, our heartbeat raises, and starts sweating. These are the symptoms of short-term stress. But if it is long term stress that affects our body more harmfully and quickly.

Theories of Perceived Stress

Many theories have been proposed for better understanding of perceived stress

- Lazarus's Theory of stress
- Hans Selye's Theory of Stress

Lazarus's Theory of Stress. Transactional model of Stress and Coping. Lazarus and Folkman's theory aims to explain how a person psychologically copes with stressful situations. According to this theory, one's perception of physical and mental health is related to the way one evaluates and copes with stressors. Lazarus states that stress is experienced when a person perceives that the "demands exceed the personal and social resources the individual is able to mobilise." So this is called the 'transactional model of stress and coping. Three types are distinguished in this model: harm, threat, and challenge. Harm refers to the (psychological) damage or loss that has already happened. Threat is the anticipation of harm that may be imminent. Challenge results from demands that a person feels confident about mastering. Lazarus and Folkman proposed that coping serves two major functions. One is the regulation of emotions or distresses that come with the stressful situation (emotion-focused coping). The other is the management of the problem that is causing the stress by directly changing the elements of the stressful situation (problem-focused coping).

Hans Selye's Theory of Stress. The concept of stress remains prominent in public health and owes much to the work of Hans Selye (1907–1982), the "father of stress." One of his main allies in this work has never been discussed as such: the tobacco industry. Dr. Selye's initial discovery of the stress syndrome was based on the demonstration that the body non specifically responded in virtually the same way to various innocuous stimuli or stressors. During his medical studies, he had previously observed that patients with various illnesses appeared to display the syndrome of being sick. Hans Selye 1967 to 1982 was a Hungarian endocrinologist, according to weight account and biological stress, he explained his accent based on analysis and psychobiology as general adaptation syndrome that leads to three stage actual response alarm, resistance and exhaustion. He explained about the hypothalamic-pituitary-adrenal axis, an arrangement which prepares the anatomy to cope with stress. Selye additionally explained about a bounded adjustment affection which refers

to the anarchic acknowledgment and adjustment processes action at the bounded armpit of tissue abrasion as in small, contemporary injuries, such as acquaintance dermatitis which may advance to GAS if the bounded abrasion is astringent enough.

Stage 1 Alarm: Upon encountering a stressor, anatomy reacts with “fight-or-flight” acknowledgment and affectionate fear arrangement is activated. Hormones such as cortisol and adrenaline appear into the bloodstream to accommodate the blackmail or danger. The body’s assets now mobilized.

Stage 2 Resistance: Parasympathetic afraid arrangement allotment abounding physiological functions to accustomed levels while anatomy focuses assets adjoin the stressor. Blood glucose levels high, Cortisol and adrenaline abide to broadcast at animated levels, but apparent actualization of animals seems normal. Increased Heart Rate, Blood Pressure, breathing, Body charcoal on red alert.

Stage 3 Exhaustion: If stress continues above the body's capacity, the animal exhausts assets and becomes affected to ache and death.

Hans Selye's approach greatly afflicted the accurate abstraction of stress. It is an accompaniment produced by a change in the ambiance and the attributes of the stressor is variable. The alone appraises and copes with the stress, to ability the ambition of adaptation. The action is alleged arrested with the stress, and it is accomplished through a compensatory action with physiologic and cerebral components.

One of his greatest contributions was the demonstration of the stress triad (gastrointestinal ulceration, thymus-lymphatic atrophy and adrenal hypertrophy) and of the role of the hypothalamus in stimulating the hypophysis, the latter gland, in turn, inducing the adrenals to produce corticoids. This led directly and indirectly to the discovery of the steroids ACTH, GRH, somatostatin and other hypothalamic and hypophyseal releasing factors and hormones, laying the groundwork for future investigation in this area. Dr. Selye advanced the

theory that stress plays a role in every disease, and that failure to cope with or adapt to stressors can produce “diseases of adaptation”, including ulcers, high blood pressure and heart attacks. He called his theory the “General Adaptation Syndrome.” Selye’s focus was the whole organism. He pioneered concepts of adaptation energy, stress hardiness, post traumatic growth, and codes of behaviour that were protective of life stressors. Respected for his commitment to educate the public regarding practical applications of stress research, he collaborated in designing a conceptual model for stress education and intervention which was multidisciplinary, holistic and integrative. Stress theory is a social theory that explains observations about stress, an aspect of social life. Theories use concepts that represent classes of phenomena to explain observations. A variable, a special type of concept that varies, is composed of a set of attributes (Babbie, 2004).

Symptoms of Stress

Psychological symptoms of stress can include:

- Sleep disturbances
- Difficulty concentrating
- Lack of confidence
- Depression
- Difficulty relaxing
- Difficulty with decision making
- Irritability
- Tearfulness.

These are the psychological symptoms that cause stress. (Derrow, 2018)

Origin of Stress

The origins of stress may vary with the individual, but in general, stress arises from frustration, life changes, conflict, lack of control, and uncertainty. Frustration occurs when an

individual is blocked or thwarted, whether by personal or environmental factors, in an attempt to reach a goal. Most people experience stress and anxiety from time to time. Stress is any demand placed on your brain or physical body. People can report feeling stressed when multiple competing demands are placed on them. The feeling of being stressed can be triggered by an event that makes you feel frustrated or nervous.

The term stress was borrowed from the field of physics by one of the fathers of stress research Hans Selye. In physics, stress describes the force that produces strain on a physical body (i.e.: bending a piece of metal until it snaps occurs because of the force, or stress, exerted on it). Hans Selye began using the term stress after completing his medical training at the University of Montreal in the 1920's. He noticed that no matter what his hospitalized patients suffered from, they all had one thing in common. They all looked sick. In his view, they all were under physical stress. He proposed that stress was a non-specific strain on the body caused by irregularities in normal body functions. This stress resulted in the release of stress hormones. He called this the "General Adaptation Syndrome" (a closer look at general adaptation syndrome, our body's short-term and long-term reactions to stress). (Robinson, 2018)

Types of Stress

According to American Psychological Association (APA), there are 3 different types of stress — acute stress, episodic acute stress, and chronic stress. The 3 types of stress each have their own characteristics, symptoms, duration, and treatment approaches

Acute Stress. Acute stress is usually brief. It is the most common and frequent presentation. Acute stress is most often caused by reactive thinking. Negative thoughts predominate about situations or events that have recently occurred, or upcoming situations, events, or demands in the near future. (Budania, 2017)

For example, if you have recently been involved in an argument, you may have acute stress related to negative thoughts that are repetitive about the argument. Or you may have acute stress that is about an upcoming work deadline, again the stress is thought induced. However, most often when the thinking induced stress is reduced or removed the stress will subside too. However, if the stress meets DSM-5 criteria, then individual may be diagnosed with Acute Stress Disorder

Episodic Stress. People who frequently experience acute stress, or whose lives present with frequent triggers of stress, have episodic acute stress. The individuals who frequently suffer acute stress often live a life of chaos and crisis. They are always in a rush or feel pressured. They take on many responsibilities, and usually can't stay organized with so many time demands. These individuals are perpetually in the grips of acute stress overload.

Chronic Stress. Chronic stress is the most harmful type of stress. If chronic stress is left untreated over a long period of time, it can significantly and often irreversibly damage your physical health and deteriorate your mental health. For example, long term poverty, repeated abuse in any form, unemployment, dysfunctional family, poor work environment, substance abuse, or an unhappy marriage can cause significant chronic stress. Chronic stress can also set in when an individual feels hopeless, does not see an escape from the cause of stress, and gives up on seeking solutions. Chronic stress can be caused by aversive experiences in childhood or traumatic experiences later in life. When an individual lives with chronic stress, his/her behavioural actions and emotional reactions become ingrained. There is change in the hardwiring of the neurobiology of the brain and body. There by making them constantly prone to the hazardous stress effects on the body + mind + cognitive regardless of the scenarios. (Budania, 2017)

Treatment for Stress

Stress isn't a medical diagnosis, so there's no specific treatment for it. However, if you're finding it very hard to cope with things going on in your life and are experiencing lots of signs of stress, there are treatments available that could help. These include

- Talking with a trained professional can help you learn to deal with stress and become more aware of your own thoughts and feelings. Common types of talking treatments which can help with stress are
- Cognitive behavioural therapy (*CBT*), which helps you understand your thought patterns, recognise your trigger points and identify positive actions you can take.
- Mindfulness-based stress reduction (*MBSR*), which combines mindfulness, meditation and yoga with a particular focus on reducing stress.
- Feelings of stress are a reaction to things happening in your life, not a mental health problem, so there's no specific medication for stress. However, there are various medications available which can help to reduce or manage some of the signs of stress.
- Sleeping pills or minor tranquillisers if you're having trouble sleeping
- Antidepressants if you're experiencing depression or anxiety
- Medicine to treat any physical symptoms of stress, such as irritable bowel syndrome (IBS), or high blood pressure.
- Ecotherapy is a way of improving your wellbeing and self-esteem by spending time in nature. This can include physical exercise in green spaces or taking part in a gardening or conservation project. (Montero, 2014)

Complementary Therapies

These are some of the complementary therapies which helps to manage feelings of stress. These might include:

- Yoga and Meditation

- Acupuncture
- Aromatherapy
- Massage.

Coping with Stress

There are two parts to coping. One is being able to tolerate stress: to function reasonably well in stressful situations and get through them. The second part is recovering: getting back to normal when the stressful situation is over. Good coping skills prevent stress from getting us down and help us thrive, even in challenging times.

How People Cope with Stress. These are the most common coping techniques identified in the American Psychological Association's 2014 Stress in America survey:

- Listening to music
- Physical activity
- Praying, Going to church
- Getting a massage

All of these strategies were rated as effective by more than half the people who used them. (Berjot, 2011)

First Aid for Stress

Take a Break. There's an old saying, "A break is as good as a rest." When it comes to stress, a break actually is a rest. Taking a break to do something that gets your mind off of stress – reading, having coffee with a friend, or going for a walk – gives your stress response system a much-needed rest. That refreshes you physically and mentally, which can help you break a pattern of "stressing about your stress."

Relaxation Breathing. For centuries, people who practiced yoga and Buddhism have used breathing to relax and think more clearly. They were right. Research shows that slow, deep breathing – exhaling slowly is particularly important – lowers the heart rate and blood

pressure, and has other effects that help people to feel calmer and more focused. Relaxation breathing is easy to learn and can be done almost anywhere.

Humour. Everybody loves to laugh. But laughter is actually a stress fighter. It helps us release tension, gets our minds off of our troubles and it also causes physiological changes in the body that are similar to the changes we experience when we exercise.

Reaching out. Getting support from other people is one of the most important ways we have of coping with stress. In fact, humans are wired to receive and give social support. Social support sometimes has a physiological impact that makes us feel better right away. Think of how quickly a crying baby often calms down when his mom or dad picks him up and holds him close. Our need for support from others continues throughout life.

Physical Activity. Physical activity is one of the best things you can do for your health and it has been shown to improve people's physiological response to stress. Physical activity causes the release of brain chemicals that make you feel good ,so it can help you recover your sense of well-being after a stressful experience.

Doing Something you Love to do. Leisure activities are more than just fun. They have also been shown to increase peoples' sense of well-being and help them recover from stress. Leisure gets your mind off stress and also causes your brain to release stress-reducing chemicals. Singing, for example, is a great stress reliever because it releases the same feel-good chemicals as physical activity. (Gillet, 2011)

Situation of Women during Lockdown

The experience of women during lockdown due to pandemic was elaborately discussed in an article titled, "How The Pandemic Is Negatively Impacting Women More Than Men, And What Has To Change" (Caprino, 2020) in Forbes media. Women are affected more than men by the social and economic effects of infectious-disease outbreaks. They had a huge responsibility that the children were at home because of closing of schools

and the family members would fall ill. They are at greater risk of domestic violence and are disproportionately disadvantaged by reduced access to sexual- and reproductive-health services. Because women are more likely than men to have fewer hours of employed work and be on insecure or zero-hour contracts, they are more affected by job losses in times of economic instability

For domestic workers, 80% of whom are women, the situation has been dire: around the world, a staggering 72% of domestic workers have lost their jobs. Even before the pandemic, paid domestic work and many other informal economy jobs lacked basic worker protections like paid leave, notice period or severance pay. As quarantine measures keep people at home, close schools and day-care facilities, the burden of unpaid care and domestic work has exploded for both women and men. But even before COVID-19, women spent an average of 4.1 hours per day performing unpaid work, while men spent 1.7 hours – that means women did three times more unpaid care work than men, worldwide. Both men and women report an increase in unpaid work since the start of the pandemic, but women are continuing to shoulder the bulk of that work. School and daycare closures, along with the reduced availability of outside help, have led to months of additional work for women. For married working women, especially mothers, this has meant balancing full-time employment with childcare and schooling responsibilities.

Need for the Study

There are many social stigmas associated with married working women and homemakers. The employed women have dual work tension whereas home makers have their own sort of issues like organising and managing the household. Especially during this lockdown due to pandemic, married women faced many difficulties. Through this study, the researchers intend to explore the mental disturbances dealt by women in their daily life and whether there is any disturbance in their Quality of life.

Review of Literature

This chapter presents a review of studies concerning the variables under Quality of life and perceived stress. The review of literature is presented in the following order

- Quality of life
- Perceived stress
- Quality of life and Perceived stress

Quality of Life

Donnell, Gielen, Wu, O'campo and Faden (2000) examined health related quality of life of women living with Human Immunodeficiency Virus (HIV). This study was a cross sectional survey employing simple random sampling technique to recruit 420 participants. A correlational analysis was done to find the relationship between social relationship and QOL of People Living with HIV/AIDS (PLWFA). Further Multiple linear regression was done to identify the predictors of QOL and PLWFA. The association between social relationship and QOL was found to be statistically significant. Social relationships also had a positive linear correlation with QOL of PLWFA.

Engelchin and Wozner (2005) explored the quality of life of single mothers by choice in Israel: A comparison of divorced mothers and married mothers. The sample was taken from 61 Single Mothers by Choice(SMC) in comparison to that of 53 divorced and 60 married mothers in Israel. Karl Perarson's Correlation method was used in this study to find out the relationship between single, divorced and married mothers. The findings indicate the components like physical, social, psychological and cultural components of QOL were similar between the three groups. However, after the control of economic and paternal involvement variables, the QOL of SMC was significantly higher than that of married women in the four components. There is no significant difference between SMC and divorced mothers.

Son (2007) studied the influencing factors on health related quality of life (HRQOL) in married working women. The sample was taken from 577 full time married working women. The analysis showed that there was a statistically significant difference with regard to age, education, family type, number of children, menopause in the level of HRQOL according to the Body Mass Index (BMI) and behavioural factors. There is a significant relationship between HRQOL and depression, job satisfaction and marital satisfaction. Multiple regression analysis was used in this study and the results concluded that the HRQOL were significantly correlated with marital dissatisfaction, education, depression and job dissatisfaction. These variables explained 48.5% of the variance of HRQOL.

Esmailzadeh, Delavar and Aghajani(2013) researched the effect of rural residence on quality of life of Iranian married women residing in rural places. The sample of the study consisted of 1,140 (577 urban and 563 rural) women whose age ranged from 20-45 years. Standard cluster sampling technique was used in this study to select the samples. The research design used in the study was Cross sectional study. The stepwise multiple logistics regression was used to test the association between QOL, physical health and life enjoyment. There was no significant relationship between the overall QOL between the women rural and urban area groups.

Ghorbanshiroudi, Khalatbari and Yaghoubpour (2014) conducted a research on the relationship between emotional intelligence, tenacity and quality of life among married women living in Tonekabon. The responses were taken from 120 married women . This study used the method of Pearson correlation for data analysis. The result concluded that there is a significant relationship between emotional intelligence and quality of life and the hardiness of married women.

Sanai, Davarniya, Bakhtiari and Shakarami (2015) examined the effectiveness of solution-focused brief therapy (SFBT) on reducing couple burnout and improvement of the quality of

life of married women. The sample of this study were 30 women who were randomly assigned in experimental and control groups. The tools were pain couple burnout measurement and WHOQOL questionnaire. Multivariate analysis of covariance was used in this study . The results of the study were, there was no significant change in the couple stress in women who were in the control group and the SFBT had decreased the couple stress in women in the experimental group.

Souraki and Hamzehgardeshi (2016) researched on a review of marital intimacy-enhancing interventions among married individuals. Married men and women or couples were taken as samples for this study. Marital intimacy questionnaire, intimacy questionnaire, personal assessment of intimacy in relationship inventory was used to measure the intimacy. The result shows that the intervention given based on the dimensions of emotional, psychological, physical, sexual, temporal, communicational etc were effective.

Huang, Lui, Zhang, Chui and Wu (2018) examined factors associated with quality of life among married women in rural China: A cross-sectional study. Out of the 3900 married women, 3163 (81%) completed the questionnaire survey. The results of this study revealed that the Older age, having chronic diseases, sense of marriage insecurity, being left-behind, and stress were all negatively associated with quality of life scores, whereas a higher monthly income was associated with higher scores. By improving their family income, interpersonal relationships with their family and spouse and by promoting the better coping styles married women could increase their quality of life.

Ahmed and Khan (2018) explored the quality of life among married working women and housewives. Independent sample t- test was used in this study. The sample was taken from 80 married women age ranging from 25 to 40 years, out of which 40 of them were married homemakers and 40 of them were married working women. This study concluded that there

is no difference between married working women and housewives on physical, psychological, social and environmental aspects.

Shahbazi and Khadem (2018) conducted a research on the study and comparison of marital satisfaction, quality of life, happiness and life expectancy among married women with either less or more than five years of marital status. For analysing the data t - test was used in this study. The sample of the study was collected from the married women who had experienced less or more than 5 years of marital life, 170 married women 85 of them were less than 5 years and 85 of them were more than 5 years . The results showed that marital satisfaction is more in women with less than 5 years of experience and there was no significant difference between the two group in of quality of life variable.

Mukerji and Mahapatra (2019) researched on Quality of Life among Working and Non Working Married Women. The sample of the study is 100 married women out of which 50 of them were working women and 50 of them were non working women. The data were analyzed by using t - test and ANOVA. The result showed that the working women have a better quality of life than non working women. This showed that there was a significant difference between working and non working married women.

Perceived Stress

Berkowitz and Perkins(1984) conducted a study on ‘Stress among farm women: Work and family as interacting systems’. The sample included in the study were 126 dairy farm wives. They completed a questionnaire measuring , husband support, stress symptoms, perceived role conflict between farm and home responsibilities, farm and home task loads. Path analysis, a type of multiple analysis, was used. The results of the study revealed that home and work roles have influenced the interpersonal relationship and caused high levels of stress. Tiedje et al (1990) researched on Women with multiple roles: Role-compatibility perceptions, satisfaction, and mental health. The sample was taken with the simple random sampling

technique, out of the 1958 population 258 married women college professors was selected. Typology models were used in this study. The result showed that women who had experienced high enhancement indicated low levels of stress whereas low levels of enhancement indicated high levels of stress. The analysis showed that mental health and role satisfaction predicted the location in typology.

Makowska (1995) studied the Psychosocial characteristics of work and family as determinants of stress and well-being of women. The sample included 98 blue and white collar workers and the general assessments on psychological and physical work, job control and assessment of work associates. The result showed that when the assessment of the family function is higher , there was a low level of perceived stress and there were better assessments of well being.

Barnes, Pase and VanLeeuwen (1999) explored the relationship of economic factors and stress among employed, married women with children. The samples were collected from married women with children at home through mail surveys. Pearson correlation was used in this study. The results concluded that the specific areas that have not been explored sufficiently is the relationship of economic factors to symptoms of stress, home role satisfaction, and work role fulfilment.

Chamot and Perneger (2004) researched on Perceived stress, internal resources, and social support as determinants of mental health among young adults. The sample was collected from 200 University students who were drawn using simple random sampling method. Linear regression models were used in this study. The results concluded low self-esteem, low mental health and poor mastery in developmental tasks played a major role in causing stress.

Elena et al (2008) aimed to study Perceived discrimination, perceived stress, and mental and physical health among Mexican-origin adults. The sample was taken from 90 married couples

in Mexico. Linear regression analysis was used in this study. The results concluded that, compared to men, women had greater amounts of stress.

Holmgren and Ivanoff (2009) researched on prevalence for work-related stress, and its association with self-perceived health and sick-leave, in a population of employed Swedish women. The sample was taken from 500 married working women aged ranging from 30 to 50 years. The results showed that the immediate perception of stress, resulted in a broad view of women's working conditions and expanded knowledge of work-related stress in women.

Karve and Nair (2010) studied Role stress and coping with role stress among indian women executives. The sample included in the study were 200 adult women executives. The tools used in the study was Organizational Role Stress scale. Pearson's correlation method was used. The results of the study showed executives used more proactive coping styles to reduce the stress.

Sultana and Alam (2012) explored stress and work family conflict among married working women and in their families. The samples were taken from 240 married women out of which 70 of them were working and 70 of them were non working. Structured survey method is used in this study. The study revealed that working women have extreme stress in handling their jobs and family, as working women have to play they have to manage both this will leads to a extreme level of stress

Dhanabhakiyam and Malarvizhi (2014) researched on Work-family conflict and work stress among married working women in public and private sector organizations. The sample includes 500 public sector and 500 private sector organization married women. The statistical methods used were ANOVA and correlation. This study concluded that women with high work loads and high professional demands were more prone to high levels of stress.

Winkle (2015) conducted a research on the impact of multiple deployments and social support on stress levels of women married to active duty servicemen. This reveals that the

society and stress helps to understand the negativity of parental status and stress. Spouses with children have low stress levels because of social media

Kim, Choi, Jung (2018) researched on Impact of economic problems on depression in single mothers: A comparative study with married women. The sample includes 195 single mothers and 357 married mothers. The tools used in the study were Global Assessment of recent stress, the center for Epidemiologic studies- Depression scale. Multiple logistic regression analysis were used. The results of the study showed that single parents who lived in rental houses had a high depression level compared to married women. The analysis shows that there is a difference in prevalence of depression between single mothers and the control group.

Zareii and Fooladvand (2019) explored on the Moderating Effect of Self-Differentiation in the Relationship between Perceived Stress and Marital Adjustment in Married Nurses. The sample was collected from 150 married working nurses. Pearson correlation method was used for data analysis. The results of the study were, there was a significant relationship between perceived stress and marital adjustments. This shows that married nurses have to tackle their stress by understanding their own self differentiation.

Ilyas, Fatima, Hashmi and Rashid (2020) studied on Perceived stress and adequacy of social support: Implications for Subjective well-being in married doctors. The sample was collected from 200 married doctors who were experienced more than 2 years and working full time as a doctor. Pearson's correlation method used in this study. The result concluded that when the study has poor social support it may have a high level of perceived stress and decreased level of happiness.

Quality of Life and Perceived Stress

Hanson and Hanson (1981) researched on the impact of married women employment on household travel patterns: A Swedish example. The sample of the study was taken from married women who were full time employees, married women part time employees. The results show that women whose full time job affects her personal time with her family. The evidence suggests that a woman's full-time employment does bring significant changes to her own travel pattern but has little impact on that of her husband.

Chou et al (2010) did a study on comparison of quality of life and depression between female married immigrants and native married women in Taiwan. The sample of 1,602 married women whose age ranged from 16–50 years. The Medical Outcomes Study Short Form-36 was used to measures quality of life. The result shows that Married immigrants had a lower prevalence (3.5%) of major depressive episodes than native women (8.9%) in Taiwan. Variables such as an increased severity of psychosocial impact were the best predictors of a lower physical component summary (PCS) and the mental component summary (MCS).

Overview

The research literature relevant to this study discussed in this chapter focuses on the quality of life and perceived stress of working women. The samples chosen for this research were women from different fields, socio-economic status, age and with varied health. It is seen that the specific areas that have not been explored sufficiently is the relationship of economic factors to symptoms of stress, home role satisfaction and work role fulfilment. Some research studies results showed that the immediate perception of stress, resulted in a broad view of women's working conditions and expanded knowledge of work-related stress in women. It also shows that when the sample has poor social support it may have a high level of perceived stress and decreased quality of life. As there have been very few research studies

that explored the relationship between Quality of Life and Perceived Stress of women, this research project intended to explore it. The literature review had also revealed that there has been a significant difference between working women and home makers on Quality of Life and Perceived Stress, and few studies too contradictory to this which resulted that there was no significant differences between Working women and Homemakers. Thus to clarify and understand this correctly, this study analysed the same in Indian population especially women in Tamilnadu. The study was also focused on the experience of working women and homemakers in the lock down scenario due to the pandemic.

Methodology

Aim

The study aims to explore the relationship between Quality of Life and Perceived Stress among married working women and homemakers. This study aims to understand whether differences exist between married working women and homemakers in Quality of Life and Perceived Stress.

Hypotheses

- There is no significant relationship between quality of life and perceived stress among married women.
- There is no significant difference between married working women and home makers on perceived stress
- There is no significant difference between married working women and home makers on quality of life.

Variables

Dependent variable

- Quality of Life

Independent variable

- Perceived Stress

Population Sample

The study is based on primary data. The data were collected from 150 married women from 21 to 50 years in and around Tamil Nadu. Out of them 75 were married working women and the rest 75 were homemakers.

Sampling Method

The method used in this research was the Purposive sampling method. Considering the Pandemic situation and Lockdown, the half of the responses were collected by giving the

questionnaire through online mode and the rest half was collected in person by giving the questionnaire to the married working women and homemakers.

Inclusion Criteria

- The samples from in and around Tamil Nadu were included in the study.
- Married women age ranges from 21 to 50 years were included in this study.

Exclusion Criteria

- The samples whose educational qualification below higher secondary (12th) were excluded.
- Unmarried women were excluded from this study.

Operational Definition

Quality of Life

“Quality of life means a degree of excellence in one's life that contributes to the person and benefits the society in large.” (Dubey and Dwivedi, 2007) The term Quality of life tends to cover a variety of areas such as physical, mental, social and spiritual wellbeing, personal functioning and general limitation. The concept of quality of life has a solid bearing on mental health and it indicates quality of life.

Perceived Stress

“Perceived stress is a measure of the degree in which a person assesses their life as the stressfulness of the situations in the past month of their lives” (Cohen, 1980) It is a measure of the degree to which situations in one's life are appraised as stressful.

Measures

The following standardized tools were used in the present study:

- Quality of Life Scale (Appendix B) by B. L. Dubey and Padma Dwivedi
- Perceived Stress Scale (PSS) (Appendix C) by Sheldon Cohen
- Self Constructed Survey (Appendix D)

Tool Description

Quality of Life Scale

Quality of life scale was developed by B. L. Dubey and Padma Dwivedi (2007). The scale consists of 20 items. The First form of quality of life scale was administered on 30 Business male and female executives whose age ranging from 20-25 years. And then the second form was administered on 100 private sector employees both male and female whose age ranges from 20-52 years. This 20 item scale is a 5-point Likert scale categorised from agreement to disagreement. 2 and 5 items are reversely scored. The score for each item are summed up to form an overall score, which ranges from 20 to 100. The higher scoring indicates the higher quality of life. The scale has a good Reliability of 0.87 and a satisfying face and content validities.

Perceived Stress Scale

Perceived stress scale was developed by Sheldon Cohen (1980). It is the most widely used psychological instrument for measuring the perception of stress. It is a measure of the degree to which situations in one's life are appraised as stressful. The PSS was designed for use in community samples with at least a high school education. The scale consists of 10 items. These items are rated on a 5-point Likert scale ranging from "Never = 0" to "Very often = 4". The positively stated items which is to be reversed scored are 4, 5, 7 and 8. The score for each item are summed up to form an overall score, which ranges from 10 to 40. The interpretation of the scoring is, higher the score, higher the stress. The scale has good reliability of 0.78 and has satisfactory convergent validity.

Self Constructed Survey

The survey consists of 6 questions regarding the lockdown. The questions were the general opinion of married women on lockdown, their family time, financial status, sleep

quality, any abuse faced and how well these lockdown days changed them constructively. There are options and the participants will choose one among them.

Procedure

The responses were collected by giving questionnaires to the working women in different fields like software, I.T professionals, professors etc. and to the homemakers in and around Tamil Nadu. The basic demographic details of samples were collected. The quality of life scale and perceived stress scale and the survey questions were given. The survey consists of a few questions regarding the pandemic situation. The participants were instructed to fill in the questionnaire which would take 10-15 minutes to complete. After the completion of the questionnaire, the participants were de- briefed about the study.

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. Overall, with their personal interest the data was collected from the samples, no one was forced and was treated with respect.

Statistical Analysis

The collected data were analysed using Karl Pearson's correlation coefficient to determine the relationship among the research variables and t- test were used to explore the difference between married working and homemakers on Quality of life and Perceived stress. The analysis was carried out with a statistical package for the social sciences (SPSS) Software version 20. The survey data were analysed using Percentage analysis.

Results and Discussion

This chapter presents the results of the current study. Keeping in view the objectives of the study and the methodology as followed. The analysis was carried out to test the hypothesis. The analysis explains the relationship between quality of life and perceived stress among married working women and homemakers. The Scores are analysed to see the difference between married working women and homemakers on quality of life and perceived stress.

Table 4.1

Descriptive Statistics

Variables	Mean	Standard Deviation
Quality of life	19	6.56
Perceived Stress	76	10.33

The descriptive statistics of the measured variables' scores are shown in Table 4.1. Mean and Standard deviation of the scores obtained by the participants in this study are indicated.

Table 4.2

The relationship between Quality of Life and Perceived Stress among married working women and homemakers.

Variables	“r” value
Quality of life	
	-0.386**
Perceived stress	

**P<0.01.

Table 4.2 shows the relationship between quality of life and perceived stress of married working women and homemakers. The correlation value is -0. 386.The results indicate that the quality of life and perceived stress of married women are significantly negatively correlated. It is clear that any change in one variable has an impact on the other.

Table 4.3:

The significant difference between Quality of Life among married working women and homemakers.

Quality of Life	N	Mean	Standard Deviation	“t” value
Working Women	80	17.75	6.379	-2.209*
Homemakers	70	20.70	6.634	

*P<0.05.

Table 4.3 shows the significant difference in quality of life among married working women and homemakers. The mean value of quality of life among working women and homemakers are 17.75 and 20.70 respectively. The value of 't' is found to be significant at 0.05 level. This implies that there is a difference in perceived stress among married working women and homemakers.

Table 4.4

The significant difference between Perceived Stress among married working women and homemakers.

Perceived Stress	N	Mean	Standard Deviation	"t" value
Working women	80	78.08	9.083	2.773**
Homemakers	70	74.39	11.352	

**P<0.01

Table 4.4 shows the significant difference in perceived stress among married working women and homemakers. The mean value of perceived stress among working women and home makers are 78.08 and 74.39 respectively. The value of 't' is found to be significant at 0.01 level. This implies that there is a difference in perceived stress of married working women and homemakers.

Discussion

This discussion focuses on the analysis of the relationship between Quality of Life and Perceived Stress, and the difference between married working women and homemakers on quality of life and perceived stress.

Results shown in Table 4.2 revealed that quality of life and perceived stress of both married women are significantly negatively correlated. From this, it could be inferred that when the stress increases, the quality of life decreases and vice versa. It could be observed that quality of life is being influenced by perceived stress.

The results of this present study are similar to the study conducted by Huang, Liu, Sharma, Zou, Tian and Wu (2018) on married women. This study concludes that perceived stress is the major predictor of life satisfaction. Thus, the hypothesis stating that, there will be no significant relationship between quality of life and perceived stress among married working women and homemakers, was rejected.

In Table 4.3, shows the significant difference between married working women and homemakers on Quality of Life. It is found that there was a significant difference between married working women and homemakers on quality of life.

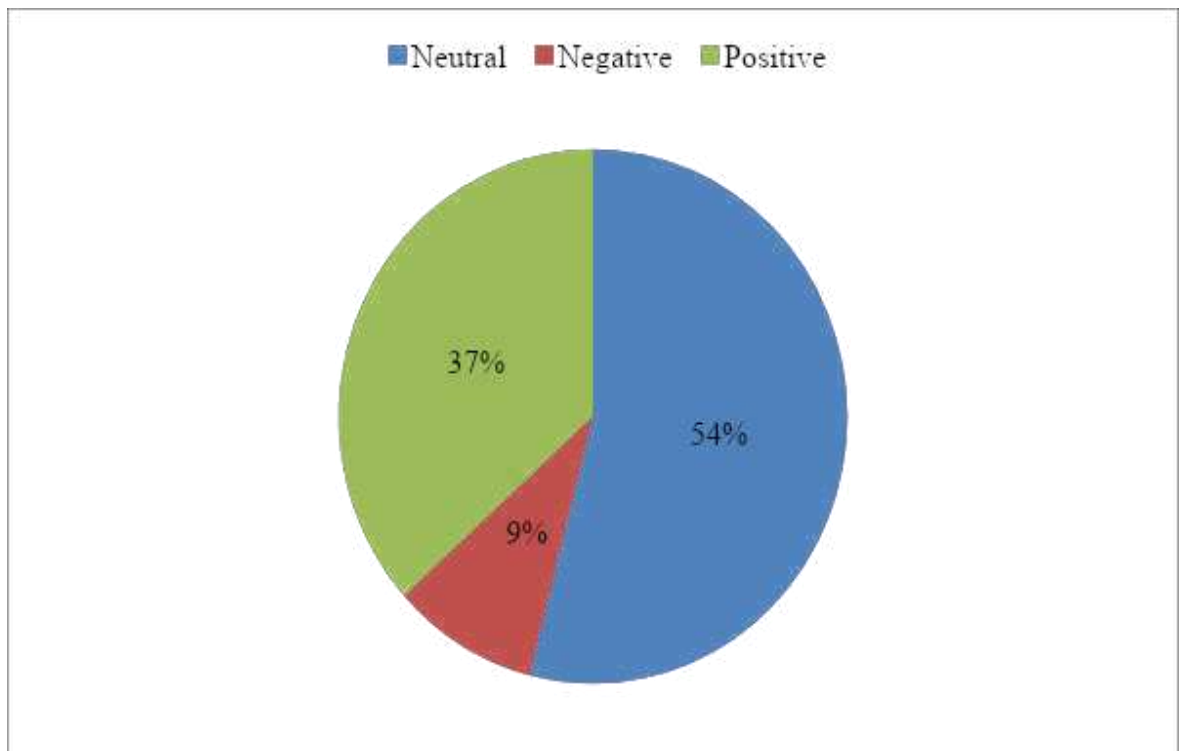
The results of the present study goes in line with the study conducted by Nathawat and Mathur (2010) on marital adjustment and subjective well being among 200 Indian educated housewives and working women. t- test was used in this study. The results indicated that there was a significant difference between working women and housewives on subjective well being.

In Table 4.4, shows the significant difference between married working women and homemakers on perceived stress. It is found that there was a significant difference among married working women and homemakers on perceived stress.

The results of the present study goes in line with the study conducted by Kermane (2016) on married women. The results reveal that stress level was high among the employed women in comparison to housewives. The results determined that there was a significant difference between married working women and housewives on stress. Thus the hypothesis stating that, there will be no significant difference between married working women and homemakers on Perceived Stress is rejected.

The responses of the survey are:

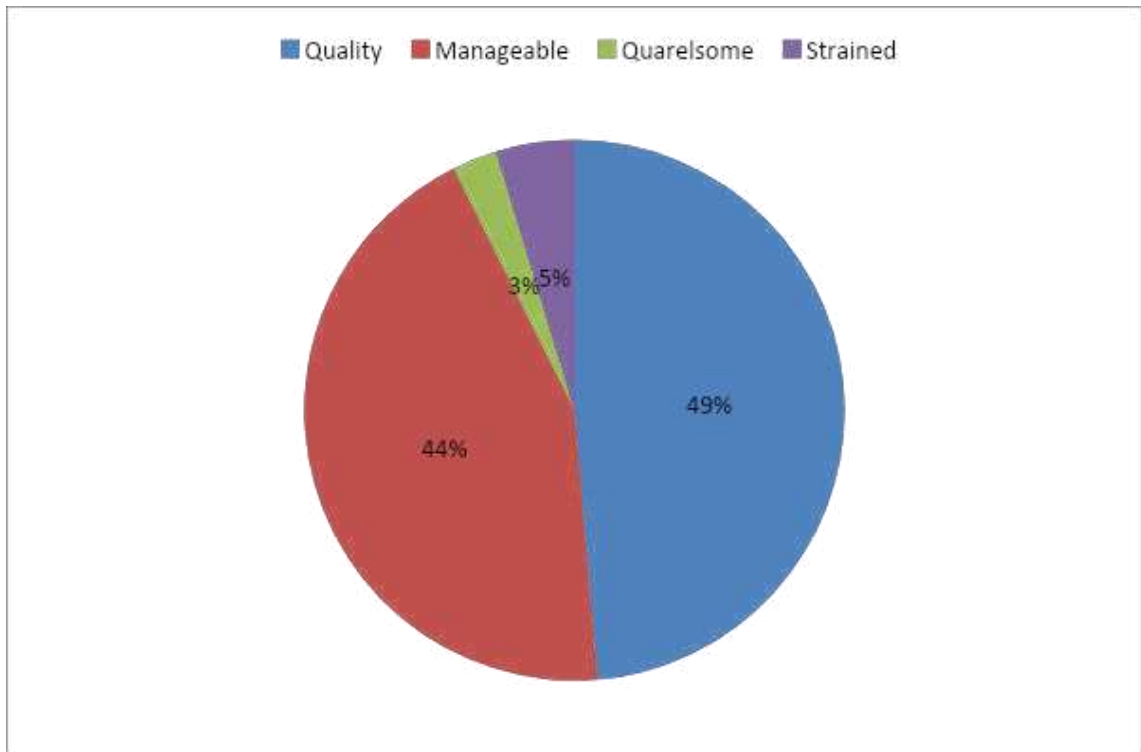
1. General opinion on lockdown



(a)

From the pie chart, it is seen that 54 % of married women's general opinion on lockdown was considered neutral. It might be because they have experienced equal positive as well as negative situations, so they might have chosen neutral.

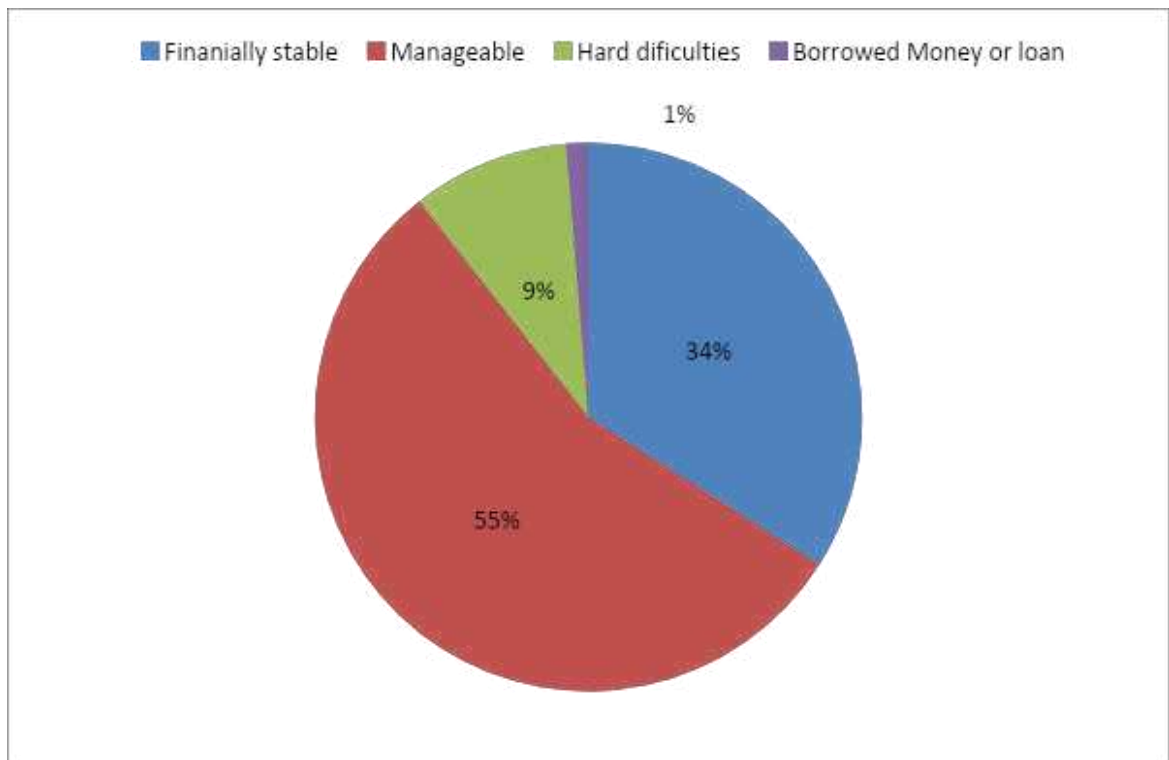
2. Family time during Lockdown



(b)

From the pie diagram, it is seen that 49% of married women considered their family time as positive during lockdown as they would have had quality time, As the family members were together throughout the day due to the lockdown, they would have had a good time doing things together. 44% of married women considered it as manageable.

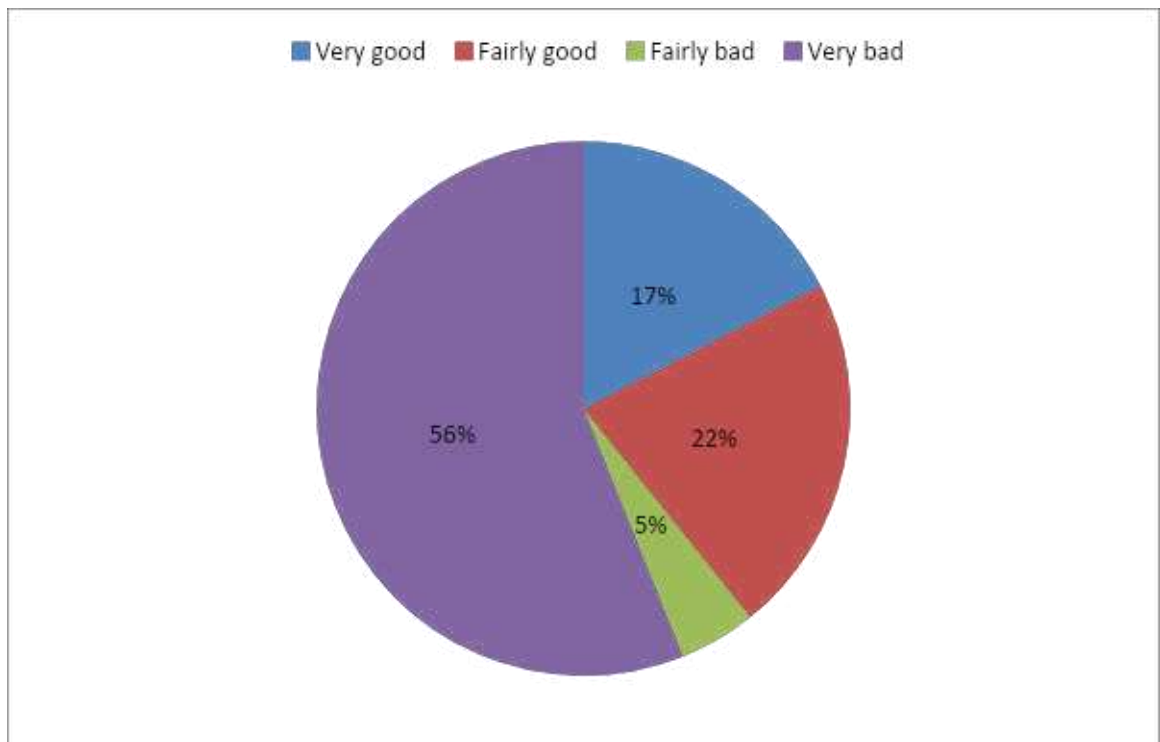
3. Financial status during lockdown



(c)

From the pie chart, it is seen that 34% of married women responded that their financial status during their lock down were seen to be stable. 55% of married women responded that their financial status were manageable. This may be because of closing of offices, lay off, half or no salary. Due to curfew the shops were open only for limited time, so the increased rate of groceries were far high to buy.

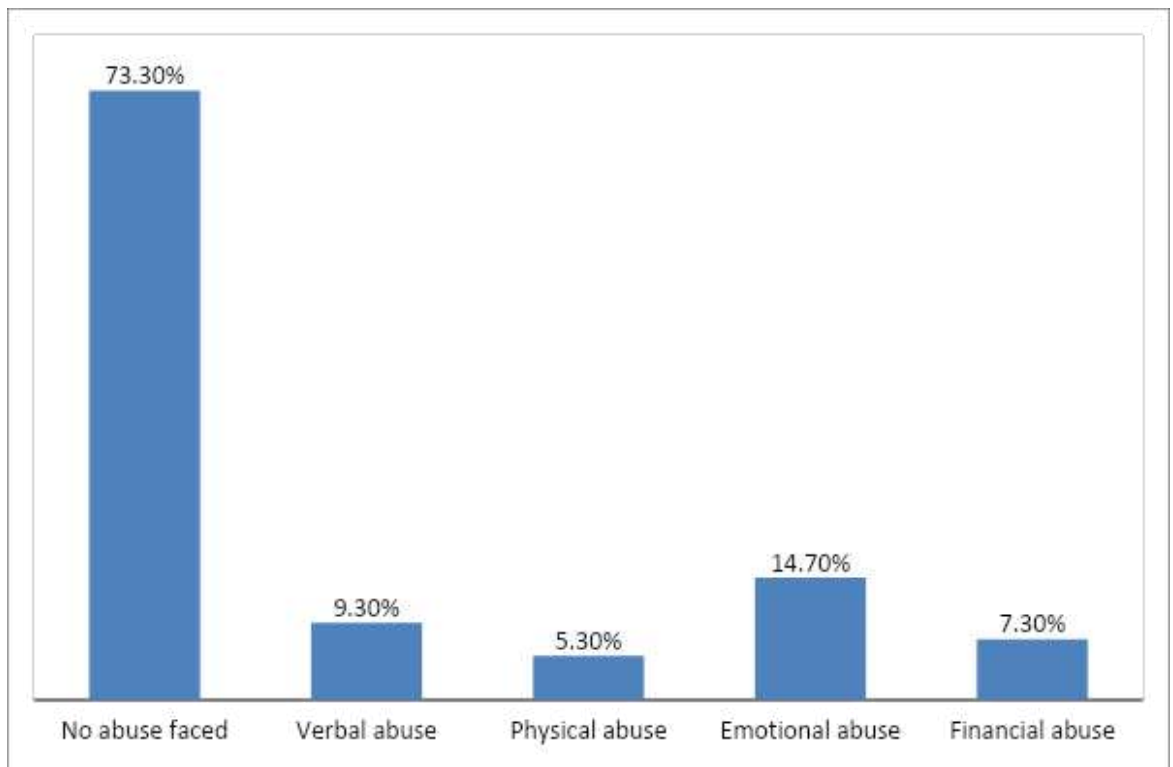
4. Sleep quality during lockdown



(d)

From this pie chart, it is seen that 56% of married women's sleep qualities were very bad. This may be due to changing sleeping patterns, the changes in biological clock, their routine activities of daily living would have been disturbed, heavy workload etc. 17% of married women had very good sleep quality because they might have had time for taking rest.

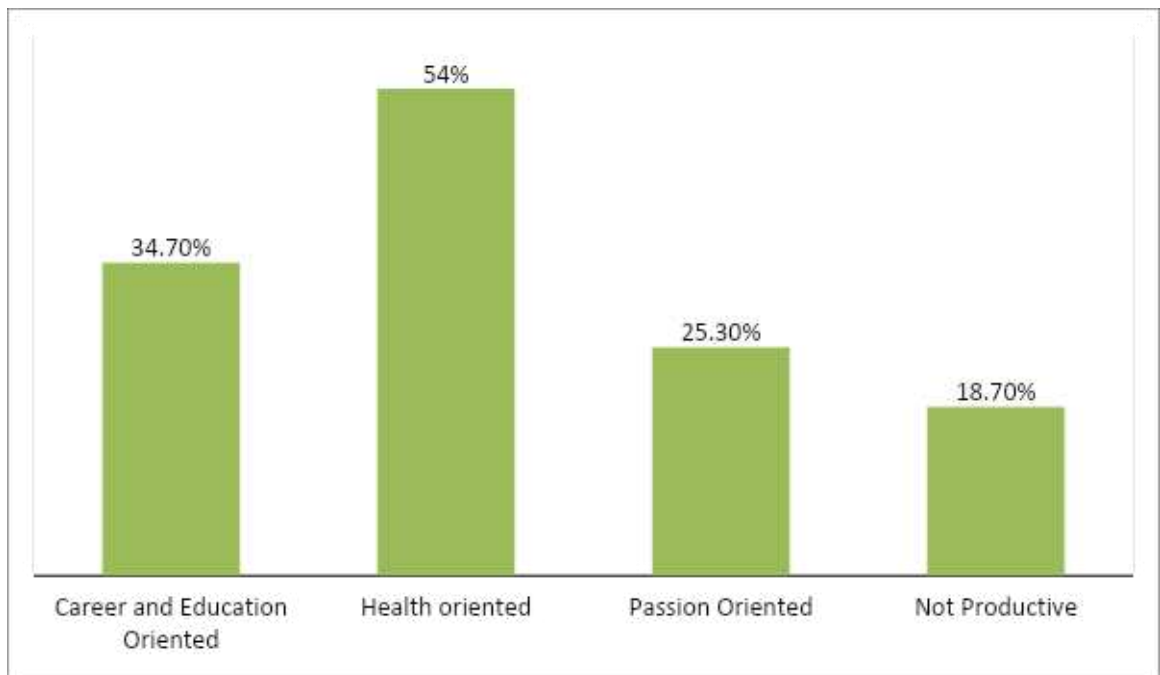
5. Abuse faced during lockdown



(e)

From this bar graph, it is seen that 73% of married women have not faced any abuse. This is contrary because we have seen in the news and newspapers that married women faced many abuses and attempted suicide, but this was totally surprising, that majority of women had not faced any abuses. This may be because of not opening up or they would have given socially desirable responses or they may really have not faced any abuses.

6. Constructive changes during lockdown



(f)

From this bar graph, it is seen that 54% of married women have responded that they have constructively changed their lockdown as health oriented and 35% of married women have utilized as career and education oriented and 25% of married women responded that they have changed as passion oriented. This may be because of so much leisure time and may be due to the supportive family environment. Only 18% of married women have not been productive. This may be because of lack of self priority or lack of family support.

Based on the above survey, it can be inferred that the majority of the responses given by the married women indicated a neutral attitude towards lockdown i.e., neither positive nor negative. Their sleep quality, family time and financial status were also manageable for the majority of married women. This lockdown has constructively changed them into a health oriented, passion oriented and educational oriented women.

Summary and Conclusion

The study was intended to determine the relationship between Quality of Life and Perceived Stress among married working women and homemakers. The study also understands whether difference exists between married working women and homemakers on quality of life and perceived stress.

The independent variable was quality of life and the dependent variable was perceived stress. The samples were drawn using purposive sampling method. The sample size was 150 which includes 80 working women and 70 homemakers whose age ranging from 21 to 50. The samples were collected from in and around Tamil Nadu.

The following standardized tools were used in the present study.

- Quality of Life by B. L. Dubey and Padma Dwivedi (2007) was used to measure the quality of life.
- Perceived Stress Scale by Sheldon Cohen (1980) was used to measure the perceived stress.

The following null hypothesis were adopted for the study,

- There is no significant relationship between quality of life and perceived stress among married women.
- There is no significant difference between married working women and homemakers on perceived stress
- There is no significant difference between married working women and home makers on quality of life.

The statistical techniques used for the data analysis were Pearson's correlation and student's t-test and Percentage analysis. The data was analyzed using Statistical Package for Social Sciences (SPSS) version 20

Conclusion

The following conclusions were drawn from the study,

- There was a significant relationship between Quality of Life and Perceived Stress among married working women and homemakers.
- There was a significant difference between married working women and homemakers on Quality of life.
- There was a significant difference between married working women and homemakers on Perceived Stress.
- Working women scored high in their level of Perceived Stress than Homemakers

Limitations

The limitations of the present study are discussed below

- As this lockdown situation made difficulty in collecting the data, few samples were collected through online mode.
- Only 150 married women were the samples for this present research. More samples would have been included in this research.
- Education and Employment are the only demographic variable employed in this study. More demographic and social variables such as income, age, economic status, location, family and marital status would have been included.
- Non - probability sampling technique was used in this study, instead probability sampling technique could have been used which ensure the normality in the sample population.
- For this present research, two tools were used. One of them was developed by western author. It would be even more appropriate if it was an Indian author.
- 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 analysis like regression to further understand the variables.
- Future this study could include other factors that influence Perceived stress such as life satisfaction, General well being.
- 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 could be more appropriate to generalize the results.

Implications of the study

The research provides better understanding of the relationship between quality of life and perceived stress among married working women and homemakers. The finding of this research would further help in the exploration of the mental disturbances dealt by women in their daily life. Furthermore, results of the present study could be used to spread awareness among people who have many social stigmas associated with the married working women and homemakers.

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Appendix A

Informed consent and Personal data

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 must 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 :

Socio economic status :

Marital status :

Educational qualification :

Appendix B

Instructions

Please respond to the following items. Tick under an option beside each question. Answer all the questions. Be honest – there are no right or wrong answers!

S. NO	QUESTION	Strongly Agree	Agree	Undecided	Strongly Disagree	Disagree
1.	I am happy with my present assignment.					
2.	My needs are satisfied					
3.	My social interactions are good.					
4.	I have great interest in life.					
5.	I am financially independent.					
6.	I am happy in my life.					
7.	I feel my existence is meaningful.					
8.	What I have is enough for me					
9.	I have good relations with others.					
10.	My level of aspirations is high.					
11.	My social prestige is high.					
12.	As a whole my achievements in life are high.					
13.	I have peace of mind.					

14.	I have time for my hobbies.					
15.	I feel secure in life.					
16.	I have time to know new things.					
17.	I have been lucky in my life					
18.	As a whole, I keep good health.					
19.	I feel calm and relaxed.					
20.	As a whole, I feel happy					

Appendix C

Instructions

The questions in the scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way.

S. NO	QUESTION	Never	Almost Never	Sometimes	Fairly often	Very often
1.	How often have you been upset because of something that happened unexpectedly?					
2.	How often have you felt that you were unable to control the important things in your life?					
3.	How often have you felt nervous and "stressed"?					
4.	How often have you felt confident about your ability to handle your personal problems?					
5.	How often have					

	you felt that things were going your way?					
6.	How often have you found that you could not cope with all the things that you had to go?					
7.	How often have you been able to control irritation in your life?					
8.	How often have you felt that you were on top of things?					
9.	How often have you been angered because of things that were outside of your control?					
10.	How often have you felt difficulties were pulling up so high that you could not overcome them?					

Appendix D

Instruction

Please respond to the following items. There is no right or wrong answers. Please answer the questions as honest as possible.

1. My general opinion on lockdown

- A. Positive
- B. Neutral
- C. Negative

2. During this long stay under the same roof, I perceive my time with my family as

- A. Quality
- B. Manageable
- C. Quarrelsome
- D. Strained

3. My financial status during lockdown

- A. Financially stable
- B. Manageable
- C. Had difficulties
- D. Borrowed or money loan

4. My sleep quality during lockdown

- A. Very good
- B. Fairly good
- C. Fairly bad
- D. Very bad

5. Faced any kind of abuse during this lockdown.

- A. No abuse faced
- B. Verbal abuse
- C. Physical abuse
- D. Emotional abuse
- E. Financial abuse

6. This lockdown constructively changed me as

- A. Career and education oriented
- B. Health Oriented
- C. Passion oriented
- D. Not productive

Gratitude – A Key for Happiness and General Well Being

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

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April – 2021

Certificate

This is to certify that this project work entitled “Gratitude – A Key for Happiness and General Well Being” is submitted to St. Mary’s College (Autonomous), Thoothukudi affiliated to **Manonmaniam Sundaranar University, Tirunelveli** in partial fulfillment of the award of the degree of **Bachelor of Science in Psychology** done during the year 2020 – 2021 by Akila V (18SUPS02), Malathi R (18SUPS11), Shabana Afrin M (18SUPS19), Sharon Chella Rosy G (18SUPS20), Suji T (18SUPS22), Vino Roshini R (18SUPS25). 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

Signature of the Principal

Signature of the Examiner

Declaration

We do hereby declare that the project entitled “Gratitude - A Key for Happiness and General well Being” 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.

Place:

Signature of the Candidates

Date:

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CHAPTER I

Introduction

Gratitude

“Gratitude makes sense of our past, brings peace for today, and creates a vision for tomorrow”.

- Melody Bettie

Gratitude is derived from the Latin “Gratia” meaning grace, graciousness, or gratefulness. Gratitude can refer to a feeling of appreciation or to a sense that one ought to make a positive response to an act of kindness. Grateful responses to life can lead to peace of mind, happiness, physical health, and deeper, more satisfying personal relationships. As a psychological state, gratitude is a felt sense of wonder, thankfulness, and appreciation for life. It can be expressed toward others, as well as toward impersonal or nonhuman sources. Gratitude is a commonly experienced emotion and it serve important functions in human being's social and emotional lives. From the perspective of moral philosophy and theology, gratitude is viewed as a human strength that enhances one's personal and relationship well being and is beneficial for society as a whole. Gratitude is also represented as a broader attitude towards life and the tendency to look life as a gift.

Definition

Gratitude is defined as an emotion that is typically evoked when one receives costly, unexpected and intentionally benefits, and is thought to play a key role in regulating the initiation and maintenance of social relationships (Foster et al, 2017). Gratitude is positively related to optimism, life satisfaction, hope, spirituality and religiousness, forgiveness, empathy and Prosocial behaviour and not related to depression and anxiety materialism and envy (Cullough et al., 2002).

Benefits of Gratitude

Researches indicate that being "grateful" appears to be a highly valued trait and it is important in life (Gallup, 1998). Grateful people report that expressing gratitude benefits better psychological, social, and physical well being. Experimental evidence indicates that prompting people to express gratitude consistently boosts psychological and social well being. Therefore, the relationship between gratitude and psychological and social well being is strong and causal (Boehm, Lyubomirsky, & Sheldon, 2011).

- 1. Makes an Individual Happy.** Just by simply journaling about what we are beholden or grateful for can enhance our abiding happiness.
- 2. Increases one's Psychological well-being.** Higher the level of gratitude, stronger the positive impact on psychological well-being, depression, self-esteem. It makes the individual to reap the most beneficial effect of gratitude by embodying acknowledgment and truly living a life of gratitude
- 3. Enhances the positive emotions.** Researches have proved that gratitude brings down the envy, facilitates good and positive emotions, and helps the individual to be more resilient.
- 4. Increases one's self esteem.** Gratitude helps the individual to feel good about one's own self and environment which in turn enhances the individual's self-esteem.

Gratitude as a Game Changer

“Gratitude is the fairest blossom which spring from the soul.” (Henry ward beecher). Gratitude creates a great impact in human life by improving mental health and boosting the relationship with others. People start to recognize little wins by practicing gratitude. The goal of gratitude is to think of the good things, experience, events, person or anything in our life and then, enjoying the beautiful emotion that comes from it. Theoretically, life orientation

towards acknowledging and praising gratitude are expected to be strongly associated with wellbeing of an individual. Gratitude should be remembered in our mind as well as should be expressed through our actions. The more we bring attention in which we feel grateful for, the more it will help to enhance our well being.

Well Being

Well being came into existence to define the good life and to find out the reason behind what makes life desirable and what determines a high quality of life. Well-being refers to 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.

Definition

Wellbeing is defined by the Oxford English Dictionary, 2018 as “the state of being comfortable, healthy, or happy”. In 1948, the WHO defined health as, “It is not merely the absence of disease or infirmity but a state of complete physical, mental and social well-being”. General well being is defined as the Subjective feeling of Contentment, happiness, satisfaction with life’s experiences and of one’s role in World of work, sense of achievement, belongingness, Utility, but no distress, dissatisfaction or worry, etc.

Hedonic and Eudaimonic Perspective of well-being

Well-being is a complex construct that concerns optimal experience and functioning. Over the past quarter century, the psychological concept of well-being has been vigorously studied. Research on the area of well-being falls under two traditions such as the hedonistic tradition and eudaimonic tradition. The majority of researchers agree that the contents of well-being fall under these two higher order umbrellas and that it is important to assess concepts from both umbrellas (Ryan & Deci, 2001).

Hedonic Perspective of Well Being. The hedonic approach focuses on happiness and defines well-being in terms of pleasure attainment and pain avoidance. It also defines well being as the presence of positive affect and the absence of negative affect. The hedonic contents involve pleasure, enjoyment, life satisfaction, comfort and painlessness. These variables are associated with contents representing certain mindsets, including a focus on the self, the present moment, and the tangible, and a focus on taking and consuming what one needs and wants.

Eudaimonic Perspective of Well Being. The eudaimonic approach focuses on living life in a meaningful and deeply satisfying way and defines well-being in terms of the degree to which a person is fully functioning. (Huta and Waterman, 2014) found the four contents of hedonic concept which appeared in most authors' definitions. They are meaning, value, relevance to a broader context, personal growth, self-realization, maturity, excellence, ethics, quality, authenticity, autonomy and integration. These variables are associated with the mindsets of individuals who have a balance of focusing on the self and others, a balance of focusing on the present and the future, a tendency to be guided by abstract and big-picture concepts, and a focus on cultivating and building what one values and envisions. Most of the well-being researchers believe that people needed both hedonia and eudaimonia for an optimal existence, flourishing and fulfilled life. Hedonia and the eudaimonia are not opposites, nor are they mutually exclusive, they are complementary psychological functions (Huta, 2015).

Importance of both Hedonic and Eudaimonic

Assessing only hedonic or only eudaimonic outcomes can give the false impression and it may also lead to biased conclusions (Huta, 2014). It is also reasonable to assume that people can sometimes experience a hedonic or eudaimonic benefit loss. Therefore it is

important to assess both hedonic and eudaimonic variables when studying well-being outcomes. Some of the findings states that:

- People who pursue both hedonia and eudaimonia have higher degrees of well being than people who pursue only one or the other (Anic & Tonicic, 2013).
- People scored high on both hedonic and eudaimonic outcomes have higher degrees of mental health than other individuals (Keyes, 2002).
- People following hedonia and eudaimonia have more well-rounded well being than people who pursue only one or the other (Huta & Ryan, 2010).
- The pursuit of eudaimonia tends to be more linked with feelings of meaning, elevation and self-connectedness (Huta, 2013).
- The pursuit of eudaimonia is associated with both personal well-being and a tendency to foster well-being in others (Huta, & Voloaca, 2015).

Theories of Well Being

Well-being is an umbrella term for several concepts related to human wellness and there were many theoretical approaches that came up for defining well-being. Well-being encompasses a range of specific terms and definitions, such as subjective well-being, psychological well-being, emotional well-being, social well-being, physical well-being, economic well-being as well as hedonic and eudaimonic well-being and so on.

Seligman Theory of Well Being. One of the famous theories of well-being was developed by Seligman in 2011 and it was popularly known as PERMA theory of well-being which made him one of the world's best-known popular psychologists. This theory of well-being is a multi-dimensional approach and it defined what it means to flourish in life. He states well-being as what “non-suffering, non-oppressed people choose to do”. Seligman

argues that his model of well-being integrates components of hedonia and eudaimonia into one model. He also said that “The goal of good government is not just the alleviating of misery but the building of well-being”.

PERMA Theory. The PERMA theory of well-being model made up of five measurable elements summed up in the acronym PERMA.

Figure 1.1

Five Elements of PERMA Model



These elements are the dimensions of well being. Seligman suggests that the combination of these five indicators of well-being purportedly gives rise to human flourishing. Some aspects of these five elements are measured subjectively by self-report, but other aspects are measured objectively. The five elements are defined as;

Positive Emotions. Positive emotion encompasses hedonic feelings such as happiness, pleasure, and comfort. Positive emotions serve as a marker for flourishing. In 2001, Frederickson suggested that positive emotions promotes flourishing and are worth cultivating.

Engagement. Engagement refers to a deep psychological connection that is being interested, engaged, and absorbed in a particular activity, organization, or cause. Complete

levels of engagement have been defined as a state of flow. In 1997, Csikszentmihalyi defines the flow state as a single-minded immersion, an optimal state of concentration on an intrinsically motivating task. Awareness of time may fade, and positive thought and feeling may be absent during the flow state.

Relationships. Relationships include feelings of integration with society or a community, feelings of being cared for by loved ones, and being satisfied with one's social network. Most of our experiences as humans are connected with the people revolving around us. A person with social relationships support has been linked to less depression and psychopathology, better physical health, lower mortality, and other positive outcomes.

Meaning. Meaning refers to a sense of purpose and direction in life, and feeling connected to something larger than the self. People who claim that they have more meaningful lives often also report being fairly happy and satisfied with their lives as a whole, although the meaningful life is not necessarily the happy one.

Accomplishment. Accomplishment refers to progress towards one's goals and achieving superior results that leads to both external recognition and a personal sense of accomplishment. Accomplishment can also be defined in objective terms, it is also subject to personal ambition, drive, and personality differences and accomplishment is often pursued for its own sake.

Diener Theory of Well Being. In 1984, the American psychologist Ed Diener proposed the "Tripartite model of Subjective Well-being." This model contains three components which includes life satisfaction, positive affect, and negative affect. According to Ed Diener, subjective well-being is multidimensional and includes positive and negative emotions as well as global life satisfaction, and satisfaction with different aspects of one's life. The Subjective well-being research emphasizes peoples' reports of their life experiences.

According to this assumption, the researchers attempt to understand a person's subjective experiences in light of his or her objective circumstances.

Happiness

"Happiness is the ultimate aim of human existence" said by the Greek philosopher, Aristotle in 340 BC. Though there are various definitions for happiness given by different authors, the exact meaning for happiness is undecided.

Definition

Happiness is defined as "a lasting, complete, and justified satisfaction with life as a whole." Happiness is also seen as a positive inner experience, the highest good, and the ultimate motivator for all human behaviours (Argyle, 2001).

Emergence of Happiness

Democritus, was the first Greek philosopher to examine the nature of happiness. From the subjectivist viewpoint, he stated happiness as a "case of mind" (Kesebir & Diener, 2008). From the objective view Socrates and his student, Plato came with a notion that happiness is a "secure enjoyment of what is good and beautiful" (Plato, 1999). From the Cyrenaic view, happiness was contemplated as the pursuit of pleasure (Waterman, 1993) which was far-famed as Hedonism which was prominently dominated during ancient Greek times (Kesebir & Diener, 2008). During middle ages, in consonance with Christian philosophers, happiness was in the hands of God. They embraced the concept that earthy happiness is imperfect while eternal happiness lies in heaven (Kesebir & Diener, 2008). In the nineteenth century, happiness was perceived as practicality which is obtained from maximum pleasure. And in the modern era, they believed that happiness is something that we take for granted and they presumed that humans are entitled to attain and pursue happiness (Kesebir &Diener, 2008).

Theories of Happiness

Hedonic Happiness. Hedonic happiness is achieved through experiences of enjoyment and pleasure. Aristippus, a Greek philosopher is the originator of the hedonic approach who describes happiness as a pleasure and enjoyment. According to him the main objective in a person's life is to experience as much pleasure as possible by avoiding any painful event. The main objective of the hedonic approach is to spend more time for having fun and as little time as possible doing things that are not fun or boring tasks. For instance, the people began to associate happiness with buying valuable materials, having lots of wealth, going out to restaurants or bars, spending more time with friends, generally having fun. But considering a person's well being there raised some critics and flaws in person reasoning regarding Hedonic happiness. The hedonic pursuit of happiness provides momentary pleasure, but they do not always contribute to the well-being and might have negative consequences in the future.

Eudaimonic Happiness. Aristotle, Greek philosopher came with a concept of eudaimonic happiness. Hedonic happiness is achieved through pleasure whereas eudaimonic happiness is achieved through exercising the virtues. Nicomachean Ethics is one of the most influential works of Aristotle, where he presented a theory of happiness (Eudaimonia happiness) which is still relevant after 2,300 years. There he described eudaimonia as "doing and living well." The history of eudaimonism emerged at the time when Aristotle argued a mix of eudaimonia and virtue of character is the secret to a better society and a better life. Aristotelian and Stoic philosophers preached that the Eudaimonic happiness and well-being is the greatest form of human goodness and it leads to the foundation of genuinely beautiful and harmonious life.

Figure 1.2

Six Pillars of Eudaimonic Happiness



Factors Influencing Happiness

There has been a lot of research related to the factors that influence the happiness of a person. As a result of those researches, the researchers have found that genes, neurotransmitters (brain chemicals), hormones, physical health, social relationship, education, money and culture plays a vital role in influencing one's happiness (Dfarhud, Malmir, Khanahmadi, 2004).

- Genes are identified related to emotion and mood. Among all the identified genes, they found out the importance of two genes related to happiness namely 5-HTTLPR and MAO-A.
- Hormones play a fundamental role in happiness and mood regulation. The hormones like Cortisol, Adrenaline, Oxytocin produced by pituitary and adrenal gland are found to be responsible for individual's happiness.

- Physical health also contributes to the individual's happiness. Researchers have proved that people with happiness prone to have a long life and healthy behaviour than others and also they found that individuals with happiness tend to have low hypertension. In 1989 Van Dom described that happiness act as the best means against cancer.
- Serotonin and dopamine are the most important neurotransmitters involved in mood regulation. In addition to that other neurotransmitters like cortisol, adrenaline, and oxytocin also plays a significant role in the happiness of an individual.
- Social relationships and family appears to play a major role in an individual's happiness. It has been found that married people are tend to be happier than those who are divorced, widowed, or single.
- Money also plays a role in people's happiness to some extent but with several caveats.
- Education and employment is also yet another factor that influence happiness of one's individual. It has been proved that, the people who are graduated, secured, and engaged in jobs are happier than people who are uneducated.
- Culture is yet another significant factor that influences the happiness of an individual. The people who possess the appreciated characteristics of their culture, seems to be more happy. The extroverts are more inclined to be happier in extraverted cultures.

Contentment state

There is a big misconception that "Happiness" is the goal to be achieved, and the purpose of life is to be happier which is not possible and sustainable as the things changes around us. When people experience anxiety, depression, pain, sadness, or suffering they start to think that happiness is the antidote for their negative experiences which is the mentality that every individual has. The temptation to experience hedonic happiness creates an illusion

that the pleasurable experience brings happiness. But when that wears off, it ends up once again back to the negative state, even causing depression in life.

Besides the two emotional states (positive and negative), there is a middle ground or a neutral place and we call it as “contentment” which is the actual goal to be achieved. Finding contentment in life is where we don’t experience pleasurable happiness or elated state, but there is no pain in either. The beauty of being in a contentment state is that one can appreciate and enjoy the pleasurable experience but also equipped to deal with any negative emotions as well. Finding contentment is the goal where you have the perspective of both the emotions.

Need for the Study

In Positive Psychology research, gratitude is strongly and consistently associated with greater happiness. Gratitude helps people feel more positive emotions, relish good experiences, improve their health, deal with adversity, and build strong relationship. This research was undertaken to make people aware about gratitude and its fundamental role in happiness and well being of human life.

CHAPTER II

Review of Literature

A review of related literature gives an understanding of previous works and also provides an opportunity of going insight into the methods, measures, subject and approaches employed by other researchers.

Gratitude

A study was conducted to find out who benefits the most from a gratitude intervention among children and adolescents. Eighty-nine children and adolescents were randomly assigned to the gratitude intervention and control condition and the result says that youth were low in positive affect in the gratitude condition in due course of time. (Froh et al., 2009)

Froh et al. (2009) conducted a study on the title "Gratitude and subjective well-being in early adolescence: survey gender differences". 154 students completed the measures of subjective well-being, social support, prosocial behaviour, and physical symptoms. Positive associations were found between gratitude and positive affect, global and domain specific life satisfaction, optimism, social support, and prosocial behaviour.

Sztachanska et al. (2010) conducted research to explore whether gratitude intervention improve the lives of women with breast cancer using a daily diary study. Each day 42 women with breast cancer described their psychological wellbeing, social support and coping strategies. The result of the experiment suggested that gratitude interventions may improve the lives of oncologically suffering peoples.

Khan and singh (2013) conducted a study on gender differences on gratitude, spirituality forgiveness among 80 school teachers. T- test was computed and found that males had higher level of gratitude while females had higher level of spirituality and forgiveness.

Mahipalanand Sheena (2019) conducted a research on “Workplace spirituality and subjective happiness among high school teachers: Gratitude as a moderator” which attempts to link the concept of spirituality at work and subjective happiness. The role of grateful disposition is also examined by incorporating gratitude as a moderator. Data were collected using a structured questionnaire from high school teachers working with government schools in the southern region of India. Hypothesised relationships were tested using Partial Least Squares. The result concluded that there is a significant relationship between workplace spirituality, subjective happiness, and gratitude. Gratitude was also found to be a significant moderator, which exercised a positive influence on the workplace relationship between spirituality and happiness.

Garg and Sarkar (2020) conducted a research on vitality among the university students exploring the role of gratitude and resilience. This study tends to investigate whether gratitude and resilience lead to vitality. Different statistical tools like the measure of Central tendency, standard deviation, correlation, linear and multiple regression explains that these prosocial measures like gratitude and resilience which are self regulating, self professed and competent help to build internal psychological resources to promote sustainable vitality.

Happiness

Lyubomirsky et al. (2005) examined a research on the topic “Pursuing happiness, The architecture of sustainable change” The authors proposed 3 major factors that governs a person's

chronic happiness level - genetically determined set point for happiness, happiness relevant circumstantial factors and happiness relevant activities and practices.

A study was conducted to find the relationship between religious attitude and happiness among professional employees. The sample consisted of 1491 professional employees from India and Iran in which 744 were males and 747 were female. Rajmanickam's Religious Attitude Scale and Oxford Happiness Questionnaire were used in the research to measure the religious attitude and happiness of the samples respectively. As a result, they found that there is a significant correlation between religious attitude and happiness among professional employees and Iranian and they concluded that persons with high levels of religiosity were happier than persons with lower levels of religiosity. (Aghili & Kumar, 2008)

Sandhya (2009) conducted a research on the topic "The social context of marital happiness in urban Indian couples: Interplay of intimacy and conflict" This research aimed to examine the happiness of 182 married urban Hindu husbands and wives and 91 Indian couples from three family structures, three socioeconomic classes, arranged and love marriages. The research revealed that compared to unhappy couples, the happy couples reported agreement, support, validation, empathy and fulfilled expectations and they concluded that Couple's experience and expression of their intimacy led to enhancement of happiness whereas the conflict had led to a negative effect on marital happiness.

Peltzer and Pengpid (2013) conducted a research on subjective happiness and health behaviour among students. The study aimed to establish the relationship between health behaviours and happiness among Indian population. 800 undergraduate students of Gitam University, Visakhapatnam, India were selected randomly. The students consisted of 259 (32.4%) females

and 541 (67.6%). Multivariate analysis was used in the research. They found that there is a significant relationship between happiness and several health behaviours mediated by social factors.

Al-Seheel and Noor (2016) conducted a study on “Effects of an Islamic-based gratitude strategy on students level of happiness” to compare the effects of an Islamic-based expressive gratitude strategy and secular-based expressive gratitude strategy and a control group in enhancing Muslims’ level of happiness. Sixty students were selected by random sampling method. The students were randomly assigned into one of three groups for a period of 16 days and they were asked to practice the respective exercises daily. Pre- and Post- test were used to measure the level of happiness. The research concluded that practicing Islamic based gratitude leads to the higher level of happiness as it fits with their beliefs and values.

Stoia (2016) investigated happiness and well-being at work. The paper aimed to review the definition of happiness and the different factors that predict happiness and well being at work and finally it explained the ways to improve happiness. For the definition of happiness the author included both the concepts of eudaimonic and hedonic approaches. He also mentioned some determinant factors of happiness at organizations. The research also revealed that employee performance is related with the eudaimonic happiness concept.

Park et al. (2017) conducted a research on neural links between generosity and happiness. In this research the participants were made to spend money for the next 4 weeks either on themselves (control group) or others (experimental group). As the result of the independent decision-making task, they concluded that compared to control groups, participants in the experimental group made more generous choices and they showed stronger increases in self-reported happiness.

Bataineh (2019) conducted the study to determine the impact of work-life balance, happiness at work and on the employee performance. This research aimed to examine the significant relation between happiness, work-life balance, and employee performance among 289 employees of pharmaceutical industries in Jordan. A questionnaire-based survey was constructed to test the aforementioned model based on a dataset of the participants. By using Multiple regression tests they indicated that work-life balance and happiness significantly and positively affects the performance of the employee.

Lee (2020) conducted research on the effect of anger and gratitude on the happiness of nursing students. By convenience sampling method, 285 nursing students in Busan Metropolitan city participated in the research. Mean, standard deviation, one-way ANOVA, Pearson, independent t-test, correlation analysis, percentage were the tests used in this research. The results of this research showed that anger and gratitude has significant correlation with happiness of nursing students, that the gratitude and anger affects the happiness of the nursing students.

Well being

Rathi and Rastogi (2007) examined meaning in life and psychological well-being in preadolescence and adolescence. The sample consists of 104 students from various public schools. Personal Meaning Profile (PMP) and Well-Being Manifestation Measure Scale (WBMMS) were administered to the subjects. This study brings an insight about meaning in life and psychological well-being of students of early and late adolescence period and concludes that meaningful and purposeful life enhances the psychological well-being.

Toussaint and Friedman (2009) conducted a research on how forgiveness, gratitude and well-being plays a mediating role in the affect and beliefs. This study examined well-being and its

connections with forgiveness and gratitude. In this study an understudied population of 72 psychotherapy outpatients participated and completed a battery of assessments. The results showed that forgiveness and gratitude were both positively and strongly associated with well-being.

Wood et al. (2010) conducted a research on “Gratitude and well-being: A review and theoretical integration”. The paper explores a new model that gratitude not only arises help from others but also habitual focusing on and appreciating the positive aspects of life. This research largely focused into the individual differences in gratitude on four areas which are relationships to other personality traits, various indicators of well-being, socially facilitative behavior and physical health. This experimental work suggests that the benefits of gratitude to well-being may be causal and it differs on individuals.

Rash et al. (2011) conducted a research on Gratitude and well-being to find out which variable benefits the most from a gratitude intervention. This experiment examined the efficacy of gratitude contemplation intervention program for 4 weeks. Pre-and post- tests were conducted and measures assessing satisfaction with life and self-esteem were also collected. The two tests were compared and participants in the gratitude condition reported higher life satisfaction and self-esteem. They concluded that gratitude contemplation can be used to enhance long-term well-being.

Allemand et al. (2012) conducted a cross-sectional study to test whether the future time perspective plays a moderate role in association between forgiveness and subjective well-being among adults. In this large-scale survey, 962 participants ranging in age from 19 - 84 years ($M = 52.4$ years, $SD = 17.7$) were participated. The Tendency to Forgive Scale (TTF), The Satisfaction

with Life Scale (SWLS) and The Future Time Perspective Scale (FTPS) was used. The results supports the hypothesis and prove that individuals viewing their future as open-ended tend to have a better subjective well-being than those individuals who view their future as limited.

Lourdusamy and Caballero (2019) conducted a study to find the efficacy of Integrated Well-being Intervention by examining 40 widows having mild to moderate depression under controlled randomised conditions in Tamilnadu. The tools used for this study were Beck's Depression Inventory and Ryff's Scales of Psychological Well-being to measure the level of depression and to determine their psychological well-being. Paired t-test method is used to conclude the result. The study proved that the Integrated Well-being Intervention (IWI) is an effective intervention for increasing psychological well-being and reducing depression among widows.

Zacher and Rudolph (2020) individual differences and changes in subjective wellbeing during the early stages of the COVID-19 pandemic was investigated by. This study examined the changes in subjective wellbeing between December 2019 and May 2020. Data were collected at 4 time points from 979 individuals in Germany. Results showed that, on average, life satisfaction, positive affect, and negative affect did not change significantly between December 2019 and March 2020 but decreased between March and May 2020. Overall, the study findings imply that psychological practitioners should address potential declines in subjective wellbeing during a pandemic with their clients and attempt to enhance their general capability to use functional Stress appraisals and effective coping strategies.

Malathi et al. (2020) conducted a research to evaluate the effect of yoga on subjective well-being and quality of life. Fifty staff members of medical colleges and general hospitals of Mumbai

were participants. All the subjects participated in this study were given yoga practice for 4 months - 5 days per week. Subjective Well Being Inventory was used and Paired t test was employed to study the pre and post effects of yoga. This study concluded that regular practice of yoga and adopting the philosophy of yoga leads to significant improvement in subjective well being.

Norman (2020) conducted a research to find the relationship between the symptoms and the level of functioning in schizophrenia to general wellbeing and the Quality of Life. The Participants include 128 patients in this research. The tools used in this study include general well-being scale and quality of life scale. The research concluded that quality of life was related to negative symptoms, level of functioning and positive symptoms schizophrenia and general well being scale scores were primarily related to positive symptoms, particularly reality distortion.

Adair et al. (2020) studied gratitude of Health Care Workers. It was a Prospective Cohort Study of a Web-Based, Single-Exposure Well-Being Intervention for Health Care Workers. The samples included randomly chosen 1575 health care workers. The participants were assigned to write one of two gratitude letters to assess differential efficacy. Scales were used to assess emotional exhaustion, subjective happiness, work-life balance, and tool engagement were collected at baseline and 1-week post intervention. Paired-samples t-tests, independent t-tests, and correlations are used in this study. They proved that participants in both conditions showed significant improvements in Emotional exhaustion, happiness, and this tool evident that it improves the well-being of health care workers.

Over view

The research articles that have been reviewed in this chapter supports our present study “Gratitude- a key for happiness and general well being”. From the results of reviewed articles, it is understood that, being thankful and practicing gratitude increases the individual’s happiness and overall well-being. The results of the some reviewed literatures have explored that:

- Gratitude increases self-esteem, hope, self-motivation, happiness, workplace satisfaction and decreases depression and negative thoughts and also it improves the lives of oncologically suffering peoples.
- Gratitude brings happiness in an individual's daily life, satisfaction with needs, makes the individual optimistic and develops prosocial behaviour.
- Gratitude helps peoples to forgive others and to improve our positive attitudes on others.

CHAPTER III

Methodology

Aim

To explore the relationship between gratitude, happiness, and general well being.

Hypotheses

- There is a significant relationship between gratitude and happiness
- There is a significant relationship between gratitude and general well-being

Variables

Dependent Variable

- Happiness
- General well-being.

Independent Variable

- Gratitude

Sample Size

A total of 250 participants of age range 18 – 30 were participated and selected from Tirunelveli and Thoothukudi district through random sampling method.

Procedure

Participants from age group 18 to 30 were selected for our research and the responses were collected in and around Thoothukudi and Tirunelveli districts. After obtaining the participants consent to take part in the study they were requested to fill in their response to a set of questionnaires, which includes demographic data and self reported measures intended to measure the variables: gratitude, happiness and general well being. The participants were instructed to read the items carefully and respond to each questions by selecting the option

that comes first to their mind without over thinking it and they were informed that their responses will be kept confidential. The participants took 10 to 15 minutes to complete the questionnaires.

Measures

The following standardized tools used in this study includes:

- Gratitude scale
- Oxford happiness Questionnaire
- PGI general well being

Tool Description

Gratitude Questionnaire

GQ – 6 is a six – item self reported questionnaire developed by McCullough, Emmons and TSand in 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 reversed scored. Possible scores ranges of GQ – 6 is 6 to 42. Four of the items were positively worded (e.g, “Iam grateful to wide variety of people”), while the remaining two items were negatively worded and reversely scored. The GQ – 6 exhibits good internal reliability ($\alpha = .76$ to $.86$) and establishes factorial validity.

Happiness Scale

The scale was developed by psychologists, Micheal Argyle and Peter Hills in 2002 at Oxford university. The tool consists of 29 items with six responses from (strongly disagree to strongly agree) .The items 1, 5, 6, 10, 13, 14, 19, 23, 24, 27, 28, 29 are reverse scored. The happiness scale exhibits good reliability of 0.78 and has good validity. The scores for each item are summed upto form an overall score.

PGI General Well Being

PGI General well being scale was developed by Dr.Santhosh.K.Verma and Ms. Amita Verma in 1970. It consists of 20 items with a 3 point likert scale from 1(fully true) to 3(fully untrue) and it has 5 dimensions which include career wellbeing, subjective wellbeing, social wellbeing, spiritual wellbeing and emotional wellbeing. The scores for each items or summed up to form an overall score.

Inclusion Criteria

- The individuals from age group from 18 to 35 were only selected as participants for the study.
- Only Indian populations are included.
- Both males and females were included.
- Only literates were included

Exclusion Criteria

- Individuals of age group less than 18 years and greater than 35 years were exclude
- Other countries populations were excluded.
- Gender other than male and female are not included in this study.
- Illiterates were excluded.

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 was analysed statistically using Karl Pearson's correlation coefficient to determine the relationship among the research variables. The analyses was carried out with statistical package for the social sciences software (SPSS 20).

CHAPTER IV

Results and Discussion

The goal of this chapter is to summarize the statistical analysis of the data. It includes discussion, acceptance or rejection of hypotheses and researches that support our discussion.

Table 4.1

Shows the Correlation coefficient between Gratitude and Happiness.

Variables (N= 240)	Correlation
Gratitude	
Happiness	0.205**

**P<0.01.

The Table 4.1 shows the relationship between gratitude and happiness among emerging adults. The correlation value is 0.205** significant at 0.01 level. This indicates strong and significant positive correlation between gratitude and happiness.

Table 4.2

Shows the Correlation Coefficient between Gratitude and General Well Being.

Variables (N = 240)	Correlation
Gratitude	
General well being	0.142*

*P<0.05

The Table 4.2 shows the relationship between gratitude and general well being among emerging adults. The correlation value is 0.142* significant at 0.05 level. This indicates significant positive correlation between gratitude and general well being.

Discussion

From analyzing the results from the table 4.1, it is observed that, there exist a significant relationship between gratitude and happiness. This is because gratitude serves as a helping hand for the people to experience positive emotions like happiness, joy, hope. The result of this present study was found to be in accordance with various research studies. R.Kausar (2018) hypothesized that, gratitude as a predictor of happiness among college students and the findings explored that there is a significant positive relationship between gratitude and happiness. Anger and gratitude has a significant relationship with happiness among nursing students (Lee, 2020).

From analyzing the results from the table 4.2, it is found that there is a significant relationship between gratitude and general well being. This is because while experiencing gratitude or thankfulness and acknowledgement, the people tends to foster the positive feelings which in turn accord to one's overall general well being. The other reason that may contribute to well being are, the optimistic nature of the people and the sense of being liked by others while expressing gratitude. The results analysed from the table 2 are found to be supported by the research conducted by Hill and Allemand (2011) and found that grateful and forgiving adults reported greater well-being in adulthood. Similarly, (Watkins et al, 2003) revealed that individuals who scored higher in grateful personality traits reported more life satisfaction, higher subjective well-being, and more positive emotions than their less grateful counterparts. Experimental studies have also found that gratitude interventions, such as gratitude exercises (Seligman et al., 2005), gratitude journals (Emmons and McCullough 2003), and count-your-blessings exercises (Chan 2010), significantly improved individuals' well-being. These empirical findings suggest that there is a causal relationship between gratitude and well-being.

Overall, the findings in this study suggest that there is a positive correlation between the gratitude and happiness and gratitude and well-being.

CHAPTER V

Summary and Conclusion

Summary

The objective of the present study was to establish the relationship between gratitude, happiness and general well being among emerging adults. The independent variable used in our study was gratitude and the dependent variables were happiness and general well-being. The sample of the study was selected using random sampling method. A total of 250 emerging adults ranging from 18 to 30 years were selected as samples. The samples were drawn from Thoothukudi and Tirunelveli districts.

The following standardized tools were used in the study

- Gratitude Questionnaire (GQ-6) by Michael E. McCullough, Emmons and Tsang (2002).
- The Oxford Happiness Questionnaire by Michael Argyle and Peter Hills at Oxford University (2002).
- PGI General well being scale by Santhosh.K.Verma and AmitaVarma.
- Demographic data was collected along with the tool given.

The following hypothesis was adopted for the study

- There exist a significant relationship between gratitude and happiness.
- There exist a significant relationship between gratitude and general well-being.

The statistical technique used for data analyses were Pearson's correlation. The data was analyzed using Statistical Package for Social Science (SPSS).

Conclusion

The following conclusions were drawn from the study

- There is a significant relationship between gratitude and happiness.
- There is a significant relationship between gratitude and general wellbeing.

Limitations

The limitations of the present study are discussed below

- The samples (N= 250) is relatively small.
- The samples were drawn only in and around Thoothukudi and Tirunelveli districts.
- The participants from age group between 18 to 35 were only selected.
- Only correlation coefficient test was employed in thus study.
- Only few demographic variables were collected.

Implication

Gratitude is firmly associated with all aspects of well-being and it is related to various clinical relevant phenomena like physical health, adaptive personality characteristics, psychopathology, positive relationships and humanistically oriented functioning.

- In future, clinical interventions may have been developed to explore the potential for improving disorder through fostering positive functioning and psychological strengths of individual.
- Implementation of positive outcome of gratitude in clinical psychology will necessitate the use of new outcome measures in clinical trials.

- Research needs to examine the role of gratitude in people diagnosed with clinical disorders.

Suggestions for Future Research

Similar studies could be conducted with certain modifications as follows

- The research could include statistical analysis like regression to further understand the variables.
- Future studies could include other factors that influence gratitude such as quality of life, life satisfaction, flourishing, and self esteem, optimistic.
- Samples from 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.
- Gender difference on gratitude can be analysed.

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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 questionnaire 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 confidentially.

I Ms. / Mr. _____, undersigned agree to give my consent to participate in this study.

Signature of the participant _____.

Data:

Personal data sheet

Name:

Age:

Gender:

Married/Unmarried:

Working/Non working/Student:

High class/ middle class/ Lower class:

Appendix B

Instructions

Please read each statement carefully and select any one option that comes first to your mind by the following statement.

S. NO	Statements	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 for wide variety of people.							
5.	As I get older I get 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

Read each statement carefully and respond by choosing one option.

S. NO	Statements	Strongly disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
1.	I don't feel particularly pleased with the way I am.						
2.	I am intensely interested in other people						
3.	I feel that life is very rewarding						
4.	I have very warm feelings towards almost everyone.						
5.	I rarely wake up feeling rested. *						
6.	I am not particularly optimistic about the future.*						
7.	I find most things amusing.						
8.	I am always committed and involved.						
9.	Life is good						
10.	I do not think that the						

	world is a good place. *						
11.	I laugh a lot.						
12.	I am well satisfied about everything in my life.						
13.	I don't think I look attractive. *						
14.	There is a gap between what I would like to do and what I have done						
15.	I am very happy.						
16.	I find beauty in some things.						
17.	I always have a cheerful effect on others.						
18.	I can fit in (find time for) everything I want to						
19.	I feel that I am not especially in control of my life						
20.	I feel able to take anything on.						
21.	I feel fully mentally alert						
22.	I often experience joy and elation.						

23.	I don't find it easy to make decisions*.						
24.	I don't have a particular sense of meaning and purpose in my life*.						
25.	I feel I have a great deal of energy.						
26.	I usually have a good influence on events						
27.	I don't have fun with any people						
28.	I don't feel particularly healthy.						
29.	I don't have particularly happy memories of the past						

Appendix D

Instructions

There are 20 statements regarding how do you feel in the past one month. Read each statement carefully and choose an option by remembering your past one month life experience.

SNO	Statements	Fully true	Somewhat true	Fully untrue
1.	In good spirits.			
2.	Infirm control of behaviour and feelings.			
3.	Fairly happy in personal life.			
4.	Interested in life a good bit of the time.			
5.	Sleeping fairly well.			
6.	Feeling emotionally stable a good bit of the time.			
7.	Feeling relaxed most of the time.			
8.	Feeling energetic most of the time.			
9.	Feeling cheerful most of the time.			
10.	Not bothered by nervousness.			
11.	Not bothered by anxiety or worry.			
12.	Not easily tired.			
13.	Not bothered by illness or pain.			
14.	Not feeling depressed or dejected.			
15.	Feeling satisfied with life in general.			
16.	Feeling satisfied with life in general.			
17.	Feeling useful, wanted.			

18.	Feeling productive, creative.			
19.	Having a sense of belongingness.			
20.	Being in good health.			

PUBG Addiction and Aggression among PUBG Players

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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March – 2021

Certificate

This is to certify that this project work entitled "PUBG Addiction and Aggression among PUBG players" is submitted to St. Mary's College (Autonomous) Thoothukudi affiliated to **Manonmaniam Sundaranar University, Tirunelveli** in partial fulfillment of the award of the degree of **Bachelor of Science** in Psychology done during the year 2020 -2021 by Elizabeth Regina.T (18SUPS04), Gnana Priya.T (18SUPS06), Mary Angel. S (18SUPS14), Subbulaxmi. A(18SUPS21),Thiyofica. M (18SUPS23), Vedhashree. P (18SUPS24) . 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

Signature of the Principal

Signature of the Examiner

Declaration

We do hereby declare that the project entitled "PUBG Addiction and Aggression among PUBG players" submitted for the degree of Bachelor of Science in Psychology is our original work carried out under the guidance of Ms. Christina. S, 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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Introduction

“PUBG is a game which turns people into a real gamer of the real life.”

- Kush

Online gaming

A game that requires internet connection to play they are distinct from video and computer games in that they are normally platform-independent, relying solely on client-side technologies (normally called “plug-ins”). Normally all that is required to play Internet games are a Web browser and the appropriate plug-in (normally available for free via the plug-in maker’s Web site). Games played exclusively on the Internet, such as World of Warcraft, and typically involve fiction, role playing and unusual skills.

Gaming that requires the use of a personal computer and internet connectivity, either played online or downloaded and played online later, and is capable of supporting either single player or multiple players (Griffiths 2010).

Video game addiction

Addiction to video games is an isolating and destructive condition, especially for children and teenagers, but there are options for treatment. Video game addiction is compulsive or uncontrolled use of video games, in a way that causes problems in other areas of the person's life. Often considered a form of computer addiction or internet addiction, video game addiction has been an increasing concern for parents as video games have become more commonplace and are often targeted at children (Buckless 2014).

Gaming disorder

Gaming disorder is defined in the 11th Revision of the International Classification of Diseases (ICD-11) as a pattern of gaming behaviour (“digital-gaming” or “video-gaming”) characterized by impaired control over gaming, increasing priority given to gaming over other activities to the extent that gaming takes precedence over other interests and daily activities, and continuation or escalation of gaming despite the occurrence of negative consequences. For gaming

disorder to be diagnosed, the behaviour pattern must be of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning and would normally have been evident for at least 12 months (WHO)

PUBG game

PUBG is the first of what is now called the Battle Royale genre of videogames. In it, 100 players fight inside a digital landscape, with the last one or team standing being the winner. There are currently 4 landscapes or maps that players can play on, each containing many different types of natural landscapes, such as rivers, grasslands, rocky plains, lakes, hills, mountains, and swamps. They also contain many different types of buildings, from small shacks and single room houses, to larger multi-storied homes, hospitals, schools, hotels, and even military bases. The players parachute onto the landscape from a plane and then have to search the buildings for guns, melee weapons, ammunition, and bombs with which to fight. Armor and helmets that will increase their durability and bandages, health packs, energy drinks, and painkillers that will heal them from damage.

There are also three sizes of backpacks, that provide greater capacity to carry the tools they find. The landscape is very vast, so players often have to travel thousands of feet, within the game. There are a variety of different guns, including, pistols, rifles, sniper rifles, and shotguns, each with different advantages in terms of usability, magazine size and damage done.

There are also a number of different attachments that can be used to make a gun more useful. These include scopes, silencers, flash hiders, compensators that reduce recoil, and magazine extenders. Periodically planes will fly over the map and either bomb the area below or

drop a package containing high level armour and especially powerful guns. When a player dies, they leave behind a crate containing all of the material that they had on them.

The key feature is the fact that only a portion of the map is considered a playable area. As time goes on, that area shrinks, and anyone outside it will rapidly take damage. This forces the players into an ever-smaller space. Otherwise, the matches would just stretch on for hours. There are also a variety of vehicles that allow the players to travel much faster and even run other players over.

Like most games, PUBG lets the player win a number of different outfits for their player characters. The outfits are just cosmetic though, they don't affect game play. The game is actually based on modes that the creator made for a number of other games. Players can play either in teams of two and four, or solo.

Aside from the normal mode, there is also an arcade mode that include an 8-minute version on a much smaller play area, a 15-minute mode that only includes sniper rifles and a War mode, where players repeatedly reenter the match after dying and the first one to kill 14 others, wins the round.

Recently they also included a Zombie mode as part of a cross promotion with the rerelease of 'Resident Evil 2'. In this mode, players also have to contend with hordes of zombies from the resident evil games (Bluehole 2017).

How PUBG became popular?

Many things have made PUBG popular in the country, it is easy to stream, you can have voice chat with friends while playing, and the game is designed to get adrenaline pumping and rush you. It was able to achieve the perfect combination of realism and gaming forces. The young player says that due to the easy availability and affordability of smartphones, gamers can easily access PUBG on their phones, leading to more intoxication. Here in India, many people cannot afford a gaming PC or buy such expensive games (Lewis 2017).

Why people connect so easily with PUBG game?

The young gamer says that with the easy availability and affordability of smartphones today, gamers can easily access PUBG on their phones, leading to more addiction. “Here in India, many people cannot afford a gaming PC or buy such expensive games.

The popularity feature in PUBG mobile which was introduced a few months back is something that every player wants for free. The more fame you have, the better your profile will be. As everyone knows, popularity is only gifted by PUBG friends and can be purchased through store activity (Thomas Jay 2019).

PUBG addiction

PUBG is the abbreviated form of Player Unknown’s Battleground.

Player Unknown’s Battlegrounds (PUBG) is an online multiplayer battle royale game developed and published by PUBG Corporation, a subsidiary of South Korean video game company Bluehole. PUBG Mobile, a free-to-play mobile game version for Android and iOS, was released in 2018, in addition to a port for the PlayStation.

Violent games such as PUBG can trigger aggressive thoughts, emotions, and behaviour that affect the mental well-being of players. These can create a long-term record in the minds of young children (Sharma 2020).

Effects of PUBG

Playing PUBG for a longer period of time can produce harmful effects on your physical health. Staring at the mobile screen for a long time can be very dangerous sometimes it can also lead to migraine and headache. PUBG leads to gaming addiction. As a result, children spend more time in gaming (which is way more fun anyway) than academics (which children are bound to find boring). This leads to poor academic performances because most of the kids fail to effectively balance their time between gaming and studying. PUBG on small 5-6-inch screen may result in eyesight issues Violent games like PUBG can trigger aggressive thoughts, emotions and behaviour affecting the mental well-being of the players. These can create long-term impressions on the minds of young children (Palak 2020).

Aggression

“To injure an opponent is to injure yourself. To control aggression without inflicting injury is the Art of Peace”

- Morihei Ueshiba

We are exposed to aggression and violence everyday directly or indirectly through media an online game. The aggressive behaviours and violence among the youth become integral part of life. The aggression behaviour is a major public health issue has been addressed by National policies as well as World Health Organisation.

Aggression is a term that refers to causing harm or hurting others. It can be verbal as well as physical and direct as well as indirect. Violence is more extreme form of aggression, causing severe injury and even death. Example: terrorist killings, murder etc. All violence include aggression but not all aggression acts are violent. (WHO)

Definition of Aggression

Robert and Deborah (1994) defined aggression as any form of behaviour directed towards the goal of harming or injuring another living being who is motivated to avoid such treatment.

Baron and Richard (1994) defined aggression as behaviour that is intended to harm another individual who does not wish to be harmed.

Bushman and Anderson (2001) defined aggression as any behaviour directed toward another individual that is carried out with the proximate intent to cause harm.

The nature of aggression is direct, indirect, hostile and instrumental. In direct aggression one is committed in the presence of the target. In indirect aggression one is committed outside the presence of the target. In hostile aggression is basically impulsive, unplanned and its ultimate motive is harming the target. In impulsive or emotional aggression, it happens on the spur of the moment. It is also called hostile or reactive aggression. The purpose of hostile aggression is to induce injury or pain upon the victim. In instrumental aggression is a planned and proactive means of obtaining some goal other than harming the victim. This produces some positive reward or advantage on the aggressor unrelated to the victim's discomfort. This is more proactive rather than reactive in nature. This is also called cognitive aggression. The positive aggression, the amount of aggression is thought to be necessary and adaptive throughout childhood and adolescence because

it helps to build autonomy and identity. The negative aggression is a behaviour that acts results in injury or destruction of property. This is considered unhealthy because it induces heightened emotions that can be in the long-term damaging to the individual. (Buckholtz 2013).

Theoretical perspectives of aggression

1. Biological theories. Being aggressive has evolutionary roots where the human beings needed to be aggressive for survival. As civilization grows and societies formed human beings needed to stand for their own rights, beliefs and culture required to aggressively defend one's culture and traditions. Aggression is an innate biologically determined instinctual drive. Freud has defined about aggression in terms of having an innate self-directed death instincts or Thanatos as opposed to life instincts or eros. Thanatos is self-destructive gradually gets directed at other beings so this results in violence and aggressive behaviour. In genetic MAOA gene plays a role in aggression. The gene makes the individual susceptible to environmental risk factor for aggression. Freud (1895).

2. Drive theories. The internal instinct for aggression as proposed by Freud, the drive theories of aggression, the formation of an internal drive to harm others because of adverse environmental, external situation and conditions. Thus, aggression is caused by external situations that creates the motive to harm others. Frustration aggression hypothesis, that frustration causes aggression. This leads to the arousal of a drive with a motive to harm the perceived source of frustration. It is essentially a behaviourist approach that suggests aggression is a learned response to frustration. (Dollard et al. 1939)

3. Modern theories. General aggression model: This model gives various person related and situation related variables such as personality frustration, provocation, use of alcohol, violence

in media etc. So, these combine and have an impact on current internal states of individual. This leads to heightened arousal level, generate hostile emotions and create negative and hostile thoughts in the individual. The model focuses on characteristics of person and the situation as they relate to a person's present internal state and ultimately appraisal and decision-making process. (Anderson and Bushman 2002)

4. Social learning. People acquire aggression as like other complex behaviours through observation. (Bandura 1997)

5. Trait theory. Aggression is genetically inherited. (Robert 1994)

Factors determining aggression

1. Personal factors.

Gender differences. The hormonal difference between the genders playing a role in aggression. Testosterone hormone in the males make them engage in more aggression and violence as compared to the females. Being in aggressive situations may lead to increase in testosterone level amongst males. Female are expected to be less aggressive and even submissive.

Personality. Personality refers to the characteristics trait of the individual that are more or less stable. Individuals with Type A personality pattern with features of being extremely competitive, being in constant state of hurry and being irritable tend to be more aggressive.

Alcohol use. Alcohol consumption and aggression are found to be correlated. Increased physiological arousal and lessened inhibition lead to aggressive behaviour especially in males.

2. Sociocultural factors.

Practices Parenting and family. Parents are first role models who influence the child from whom they pickup patterns of behaviour. The parenting and the socialization process impact the learning of maladaptive patterns of behaviour and determines acquisition of aggressive behaviour

Peer relationship. The peer group has a crucial role in determining aggression in the adolescents. Adolescents who are in peer pressure and may learn to engage in various forms of aggression.

Provocation. Direct provocation, physical and verbal is an important determinant of aggression. When individuals are provoked, it threatens their self-esteem and identity and they may retaliate with aggressive gestures.

Frustration. Frustration has been viewed as important determinant for aggression. When the individuals are not able to achieve their goals and desires which leads to frustration and tends to aggression.

Social exclusion. social rejection leads to creation of a hostile mindset. Social exclusion and humiliation make the excluded person to develop a hostile cognitive mindset or bias towards the other group and may lead to aggression.

Media. Playing violent video games have been found to be related to aggressive cognitions, aggressive affect and subsequent aggressive behaviour.

Cultural practices. Cultural beliefs, and practices generally govern a person`s behaviour. It influences thinking and emotions. So, one aggresses against the other group to save one`s honour.

3. Situational Factors.

Situational factors refer to the factors operating in the particular situation. Extreme heat or cold temperature may lead to negative emotions and raise the survival instinct of the individual may rise to aggressive behaviour.

Causes of aggressive behaviour

Neurophysiological perspective. Neurophysiological perspectives argue that aggression is a biological response that is under the control of brain. It emphasizes the role of the brain, hormones and neurotransmitters in aggressive behaviour.

Biological causes. Biological process internal stimuli may serve a role in predisposing to aggression.

Brain dysfunction. Aggressive criminals have been found to have poor brain functioning. Brain dysfunction predisposes to aggression may be because the prefrontal region of the brain normally acts to control and regulate the emotions' reaction if the brain function is poor, resulting in increased the aggressive behaviour.

Testosterone. Sex hormones appear to play a role in shaping aggressive behaviour. Aggressive, violent offenders have been found to have significantly higher levels of testosterone than controls

Serotonin. The role of neurotransmitter in mediating impulsive behaviour in humans, most have suggested that strong role of serotonin.

Birth complication. Birth complication have been found to be associated with later increased aggressive behaviour in childhood and criminal activity in adults.

Nutritional deficiency. Iron deficiency is directly associated with aggressive behaviour and conduct disorder. (Baron 1994).

Prevention and Control of Aggressive Behaviour

1. Punishment. Punishment is always been used as deterrent for violence and aggressive behaviour in the family, school as well as at societal level by law-and-order system of the country.

2. Catharsis. Catharsis involves release of negative emotions that build up inside the body. Expressing these pent-up feelings and emotions will reduce angry feelings and aggressive behaviour.

3. Cognitive strategies. Aggression occurs both on impulses and as well as thought out plan. There is a need to focus on the thinking and cognition of the individual to change hostile thought patterns. By analysing the situation one can prevent aggressive behaviour.

4. Social skills training. People engaged in aggressive behaviour often lack in relevant social skills.

5. Emotional regulation. One need to learn how to manage or regulate the negative emotions that are bound to be generated in the day-to-day interactions and situations. Lack of emotion regulation or ineffective managing emotions leads to consequences such as frustration, provocation and aggression.

6. Talking Therapy. When one feels hostility or annoyance against someone, if he tells this to some one of confidence like a good friend, a spouse, son or daughter or any well-wisher his aggression is released without harming the enemy or target of aggression. By talking out ones suppressed and repressed urges the expression of aggression can be managed aggressiveness will

be expressed without doing otherwise continuous but unexpressed aggressive anxiety and mental illness. When others experience of the victim the victim gets relaxed.

7. *Writing Therapy.* When a less dominant person is insulted = dominant person, the less powerful person will aggression towards the aggressor. Take the examples wife in Indian society. If the husband maltreats the wife or frustrates her, she cannot express her aggression towards her- society does not appreciate it. Daily diary writing is a kind of writing therapy. That is why o said diary writing is maintained by mentally ill persons. By this technique hostile feeling can be relieved without target of aggression.

8. *Displacement.* Aggression of children can be relieved through displacement or transfer of aggression to some objects like toy, doll or any non-living object. So children are given toys and big dolls to express their aggression on these objects, instead of expressing, suppressing and repressing it.

9. *Cognitive behaviour therapy.* focuses on teaching those who demonstrate aggressive and violent behaviour to better understand and control their aggression, explore various coping mechanisms to better channel the thoughts and feelings associated with violent behaviour, and learn how to properly assess the consequences of aggression or violence.

10. *Psychodynamic therapy.* this therapy approaches, people who resort to violence in order to hide deeper emotions are encouraged to become conscious of the more vulnerable feelings that may underlie their aggression. When these feelings, which may include emotions such as shame, humiliation, or fear, are expressed, protective aggression may dissipate. (Berkowitz 1989)

Relationship between PUBG and Aggression

- Most research have found that violent video games increase aggressive thoughts, angry feelings, physiological arousal, and aggressive behaviours, and decrease empathic feelings and helping behaviours.

- Most violent video games primarily involve physical violence, and many of the multiplayer games also involve verbal violence focused on self-reported forms of physical aggression and verbal aggression.

- The impact of violent video games plays a role in aggressive responses in cognition, affect, arousal, empathy, sensitization to violence, overt aggressive behaviour, and overt prosocial behaviour.

- Watching violent scenes or playing violent video games increase aggressive behaviour like blasts of noise to another person.

- Violent video games provide a forum for learning and practicing aggressive solutions to conflict situation.

- The usage of violent video games is linked to an increase in normative acceptance and behavioural performance of physical aggression.

- Adolescents became friends with peers who were similar in aggression and violent video game exposure.

- People who played a violent –video game behaved more aggressively, had more aggressive thoughts, and felt angrier.

- Positive & Negative influences of violent games playing in regards to aggression and cognition in order to better understand, the overall impact of these games on adolescent development.

- PUBG games that reward violent actions can increase video game addict by increasing aggressive thinking among our life.

- If the players die in the video games, in order to achieve certain goals, that particular goal not to succeed then to get more aggressive among their game.

- The effects of the video games on hostile thoughts & feelings served as mediators of the violent video game effect on aggressive behaviour. (Sidra 2020)

Need for the study

According to Griffiths, "all addictions (whether chemical or behavioural) are essentially about constant rewards and reinforcement". Addictive playing of online video games is associated with negative effects, whereas normal play is not. Many younger people and men are more likely to experience a gaming disorder than older people and women. Adolescents are at a higher risk of sustaining video game disorder over time than adults. The World Health Organization included gaming disorder in the 11th revision of its International Classification of Diseases. Many people are playing PUBG game which results in negative effects. Proper rules and regulations must be implemented to keep the game in control and not to exceed the limits. The PUBG game is based on violent activities which can easily induce violent behaviour among youngsters. Thus, this study focuses on understanding the relationship between PUBG addiction and aggression. This study on PUBG addiction and aggression would contribute to give an awareness about the online gaming addiction.

Review of Literature

This chapter presents a review of studies concerning the variables under study PUBG addiction and Aggression.

Anderson and Dill (2000) conducted a study on video games and aggressive thoughts, feelings and behaviour in the laboratory and in life. The purposive sampling method was used. The research was done on 5 to 6 years from junior high to early college students. The sample consisted of 227 undergraduates from midwestern university. Experimental method was used in this study. The conclusion of the study was playing a violent video game affect aggression by priming aggressive thoughts.

Eric et al. (2000) conducted a study on video games and aggressive thoughts feelings & behaviour in the life. Non-probability sampling method was used. The study was done on students of Columbine high School in Littleton, Colorado. Qualitative method was used in this study. The conclusion of the study was violent video games affect their own feelings, emotions and behaviours.

Bensley and J' Eenwyk (2001) study conducted on video games and aggressive behaviour. Convenient sampling methods was used. The Samples consisted of 200 college students. The result stated that playing violent online games is associated with greater levels of overt physical aggression.

Bushman and C. A' Anderson (2002) conducted a study on violent video games and hostile expectations. Non –Probability sampling method was used. The research was done on under graduate students. The sample consisted of 224 students. Qualitative method was used in this study. The conclusion of the study was people who play a violent video game described the main

character as behaving more aggressively, thinking more aggressive thoughts, and feeling angrier than people who play a nonviolent video game.

Sherry (2004) conducted a study on the effect of violent video games and aggression. The random sampling method was used. The sample consisted 400 participants from Chinese University. Quantitative method was used in this study. The results stated that playing violent video games is associated with high level of aggressive behaviour.

Uhlmann and J' Swanson (2004) conducted a study on exposure to violent video games and automatic aggressiveness. Purposive sampling method was used. The research was done on 18-year adolescence. The sample consisted of 121 students. The quantitative research method used in this study. The conclusion of the study was violent video games exert their effects through changes in automatic associations with the self.

Przybylski and N' Weinstein (2007) study conducted on violent video games and aggressive behaviour. They have used literature review study. The research was done on school students. The sample consisted of 1000 college. The results stated that playing violent video games increases the psychosocial behaviour.

Ferguson (2007) conducted study on positive & negative effects of violent video games. Non-Probability sampling method was used in this study. The sample consisted of Virginia Tech University students. Qualitative research method was used in this study. The conclusion of the study was violent video games exposure is associated with some negative effects in relation to aggressive behaviour.

Moller and B' Krahe (2009) conducted a study on exposure to violent video games and aggression on German adolescents. The purposive sampling method was used. The research was done on 12-

to-13-year secondary school students. The sample consisted of 295 German adolescents. Experimental research method used in this study. The conclusion of the study was use of violent electronic games increases aggressive tendencies in the players.

Morgan (2009) conducted a study on Behavioural escalation video games as a Tool of Hybrid War. Non-Probability sampling method was used. The research was done on school and college students around adolescences. The sample consisted of 150 samples. Qualitative research method was used in this study. The conclusion of the study was violent video games impact frontal lobe functioning of students.

Garganey and C.A' Anderson (2011) conducted a study on the effects of reward and punishment on violent video games. Non-Probability sampling method was used. The research was done on 14 to 20-year adolescence. Qualitative method was used in this study. The conclusion of the study was effects of violent video games that directly punish and reward participants for violent actions.

Adachi and T' Willoughby (2011) conducted a study on violent video games and aggressive behaviour. Experimental method was used. The samples consisted 500 participants from American University. The results stated that playing violent video games is associated with aggressive behaviour.

Hollindale and T' Greitemeyer (2014) conducted a study on violent video games and aggressive behaviour. Random sampling method was used. The samples consisted of 200 college students. The conclusion of this study has identified that increases of aggressive behaviour.

Prescott et al. (2018) conducted a study on relationship between violent video game play and physical aggression over time. The random sampling method was used. The research was done on 9 to 19 age students. The sample consisted of 17,000 participants from various nationalities. Quantitative method was used in this study. The conclusion of the study was playing violent video games is associated with greater levels of overt physical aggression.

Saravanan (2018) conducted a study on Videogame Playing and Aggression Behaviour. Purposive sampling method was used. The research was done on 9-17 aged school children. The sample consisted of 406 among school children in Chennai City and its peripheral suburban areas. The quantitative method was used in this study. The result stated that the playing violent video games lead to the physical aggression.

Dhaniya and F' Haris (2018) conducted a study on the Video game and aggressive behaviour among adolescent boys. Purposive sampling method was used. The research was done on 10-19 year. The sample consisted of 20 adolescent boys. Experimental method was used in this study. The conclusion of the study is exposure to both violent and non-violent video games have influence on aggressive behaviour and thought.

Pugalendhi and J' Mary (2019) conducted a study on impact study culture of Chennai Urban students. They have used Survey method to collect the data. They have done this study on 200 students from various places of Chennai. The result stated that 44 percent boys were affected by aggressive attitude and 15 percent of boys experienced diminishing eye sights. The conclusion of the study was that there are many other factors such as students age, choice of game they play etc. influence the game addiction and also lead to physical and psychological problems.

Meng et al. (2019) conducted a study on violent video games exposure and aggression. Convenient cluster sampling method was used. The research was done on college students from five universities. The sample consisted of 547 UG students from 5 Chinese university. The conclusion of this study was that the exposure to violent video games will lead to increase the level of aggression.

Salman et al. (2019) conducted a study on the impact of playing violent video games among school children. Random sampling method was used. The research was done on 10-14 aged school children. The sample consisted of 400 school children in Northern India. The quantitative method is used in this study. The results stated that the violent video games lead to poor academic performance.

Mohammed and D' Griffiths (2019) did a study on the psychosocial impact of extreme gaming on Indian PUBG gamers". They have used literature review study. Qualitative method was used in this study. The conclusion of the study was playing Pubg increases the psychosocial behaviour.

Heiden and B' Braun (2019) conducted a study on the Association between video gaming and psychological functioning. Purposive sampling method was used. The research was done on 13-65 aged people. The sample consisted of 2891 video game players in Germany. Quantitative method was used in this study. The result stated that the violent video games lead to low psychological functioning

Nawaz et al. (2020) did a study on Impacts of pubg addiction on social isolation and Narcissistic tendency among gamers. Convenient sampling method was used. The research was done on 160

samples. The conclusion of the study was PUBG gaming promotes social interaction and good interpersonal skills among youth.

Kumar and M' Priya (2020) conducted a study on Addiction of PUBG game and its health issues among youth in Erode city. Random sampling method was used. The sample consisted of 158 from erode. Quantitative method was used in this study. The conclusion of the study was PUBG game gives fun and entertainment but also, they create many health issues so set a time limit to play PUBG every day and follow it to avoid the health issues.

Mistry and V' Shetty (2020) conducted a study on relationship between Playing Violent Video Games and aggression. Purposive sampling method was used. The research was done on 15 - 20 age students. The sample consisted of 40 male participants in Mumbai. The quantitative method was used in this study. This study concluded that there is no significant relationship between playing violent video games and aggression.

Medeiros (2020) conducted a study on the Brutal Kill Violent video games as a predictor of aggression. Convenience sampling method was used. The research was done on 13-20 aged people. The sample consisted of 249 high school students in Brazil. The quantitative method was used in this study. This study concluded that the children playing violent video games presented more offensive behaviours and less prosocial behaviours.

Verheijnen et al. (2021) conducted a study on longitudinal social network perspective on adolescent's exposure to violent video games and aggression. The random sampling method was used. The research was done on 7 to 10 grade school students. The sample consisted of 796 adolescents from different classrooms. Observation method was used in this study. The conclusion

of the study was adolescents became friends with peers who were similar in aggression and violent video game exposure.

Overview

In this chapter of review of literature, the PUBG addiction and Aggression among the PUBG and online video game players were reviewed. From reviewing the above articles, it is understood that Online violent video games players have more aggressive behaviour than nonviolent Video games players. Aggressive behaviour has direct and indirect influence on the young people. The PUBG addiction and aggression has a positive relationship. Several researchers have found that Playing violent video games like PUBG cause social isolation, aggression, depression, enhancing offensive behaviour, poor academic performance, psychological problems and difficulty in coping aggressive behaviour. The violent video games players make relationships with peers who have similar ideas, thoughts, actions and responses. So, the aggressive behaviour will lead them towards socially undesirable conditions. In some studies, the researchers found that the PUBG addicts and individual with aggressive behaviour showed good prosocial behaviour and interpersonal skills. By observing the results of the above reviews, it is understood that, playing violent video games increases hostility in males than in females. Males are more likely to be exposed to violent video games than female. So, females are less aggressive than male. Female who plays masculine characters are less aggressive than the female who play the feminine characters. Several studies conclude that continuous exposure to violent video games like PUBG have increased level of testosterone level in their body which in turn leads to engage in violent behaviours and actions. So, this study focuses on the relationship between the PUBG addiction and Aggression.

Methodology

Aim

The study aims to understand the relationship between PUBG addiction and aggression among PUBG players and find if there exists a gender difference in the aspects of PUBG addiction and aggression.

Hypotheses

- There will be significant relationship between PUBG addiction and aggression among PUBG players.
- There will be significant difference in level of aggression among male and female PUBG players
- There will be significant difference between the level of addiction among male and female PUBG players

Variables

Dependent Variable

- Aggression

Independent Variable

- PUBG addiction
- Gender

Population

The population of this study comprised of PUBG players located in and around Tamilnadu.

Sample Size and Method

Snowball technique method was used for drawing samples from a population of PUBG players of age range 14 to 35 (male mean = 97.82, SD = 25.388, female mean = 112.25, SD= 29.301). Participants consisted of 300 males (n=150) and female (n=150) PUBG players.

Inclusion Criteria

- Only PUBG players in and around Tamilnadu were selected as participants for the study.
- Individuals of age 14 to 35

Exclusion Criteria

- Individual whose age range was lesser than 14 and greater than 35 years.
- Other state players were excluded.

Operational Definitions

1. PUBG

Players unknown's Battle Grounds (PUBG) is an online multiplayer battle royale game.

PUBG addiction test (PAT) developed by D. Souza Samyukta & Bivara in 2018.

2. Aggression

Aggression is defined as intentional behaviour to harm others. It can be physical, verbal, instrumental. Aggression scale was developed by Buss & Perry in 1992.

3. Gender

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

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

Measure

The following standardized tools were used in the present study:

- PUBG addiction test (PAT) was developed by D`Souza, Samyukta and Bivera in 2018. (APPENDIX B)
- Aggression scale was developed by Buss and Perry in 1992. (APPENDIX C)

Tool Description

1.PUBG addiction test

PUBG addiction test (PAT) was developed by D Souza, Samyukta and Bivera in 2018. It is a multidimensional scale. It comprises 7 dimensions: Disengagement, Lack of control, Excessive use, Obsession, Distress, Escapism, Over-enthusiasm & Impulsive use. It comprises of 34 items with 5 responses (5-point Likert scale) ranging from 5 (strongly disagree), 4 (Disagree), 3 (Neutral), 2 (Agree), 1 (strongly agree). The reliability of this scale is 0.912 and high validity.

2. Aggression scale

Aggression scale was developed by Buss and Mark Perry in 1992. It is a multidimensional scale consists of 4 factors Physical Aggression (PA), Verbal Aggression (VA), Anger (A) and Hostility (H). It comprises of 29 items with 5 responses ranging from “Extremely characterized to me to “Extremely not Characterize to me “. It ranges from

1 = extremely uncharacteristic of me

2 = somewhat uncharacteristic of me

3 = neither uncharacteristic nor characteristic of me

4 = somewhat characteristic of me

5 = extremely characteristic of me. The reliability of this scale is 0.78 and appropriate validity.

Procedure

PUBG players (14 to 35 years) were selected as participants with voluntary participation. 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: PUBG addiction and aggression and items to measure demographic variables such as gender, 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 overthinking it and they were informed that the responses will not be evaluated for marks. The participants took 10 to 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 Pearson correlation coefficient to determine the relationship among research variables and *t*- test will be used to explore gender difference in PUBG addiction and aggression. The analyses will be carried out with Statistical Package for the social sciences Software.

Result 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 PUBG addiction and Aggression and explores the gender difference in PUBG addiction and Aggression among PUBG players.

Table 1

Descriptive statistics

Variables (N =300)	Mean	Standard deviation
PUBG addiction	105.04	28.307
Aggression	90.99	23.51

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

Table 2

Correlation coefficient showing the relationship between variables

Variables (N= 300)	PUBG	Aggression
PUBG	1	.736**
Aggression	.736**	1

** p<0.01

The results presented in the Table 2 shows the correlation coefficient between PUBG addiction and Aggression among PUBG players. The result reveals that there is a positive significant relationship between PUBG addiction and aggression with the r value of 0.736 at 0.01 level.

Discussion

The results revealed that the variables PUBG addiction and aggression had significant relationship with each other.

From table 2, it is revealed that the aggression and PUBG addiction of both variables are correlated. It could be understood that PUBG addiction is correlated with Aggression. The results reveals that the continuous exposure to violent video games like PUBG indicate the significant rise in the likelihood of Aggressive behavior. Such effects are both short term and long term in nature. Playing PUBG is not only the factor that cause aggression, even there are other external factors that causes aggression among the youngsters.

However, there are a few studies that tried to find relationship between violent video games and aggression (Juveriya M. Mistry & Vidyadayini Shetty, 2020) among school students (Bensley & Van Eenwyk, 2001) college students (Paul J C Adachi Teena Willoughby 2011) University students (Uliane M. Von der Heiden, Beate Braun 2019) German people suggested the violent video games lead to low psychological functioning. Another study which

emphasized there is no significant relationship between playing violent video games and aggression. Also, negative relationship of PUBG to aggression has been previously found out by Meng Yun Yao, Yong Zhu Jiaya li, Xuemei Gao (2019) in their study in a sample of college students.

Thus, it could be inferred from these results that there exists the positive relationship between PUBG addiction and aggression.

Table 3

Significance of difference between male and female PUBG players.

Variables	Gender	N	Mean	SD	<i>t'</i> value
PUBG	Male	150	97.82	25.388	4.560
	Female	150	112.25	29.301	
Aggression	Male	150	86.79	22.060	3.145
	Female	150	95.20	24.229	

**p<0.05

From the table 3, it could be seen that there exists a significant relationship between the level of addiction among male and female PUBG players with $t = 4.560$. This implies that the female PUBG players are more addicted than male PUBG players.

The result indicates that there exists the significant relationship between the level of aggression among male and female PUBG players with $t = 3.145$. This implies that female PUBG players are more aggressive than male PUBG players.

Discussion

The result presented in the table 3 shows that significant difference relationship between the level of aggression and addiction among female and male PUBG players. The results of the study revealed that there exists a significant difference between the level of aggression among male and female PUBG players. Female PUBG players are more aggressive than male PUBG players. This may be due to biological(genetic), social (low social economic stats), environmental (temperature, overcrowding) or psychological factors (provocation). The results of the study revealed that there exists a significant difference between the level of addiction among male and female PUBG players. Female PUBG players are more addicted than male PUBG players. This may be due to hyperarousal trigger by a release of dopamine, the feel-good chemical that released in the brain when we experience success or achievement. It's the same dopamine release process that triggers addiction to violent video games, the other factor such as curiosity, peer pressure. This could be explained by the current study Craig A. Anderson and Christine R. Murphy (2003), which identified that young women who expose to violent video games tend to have high aggressive behavior, this might be greater when the game player controls a same sex of violent game character. Various studies show that playing too much computer games causes physical damages and increases anxiety and depression in players. Many studies show that most adolescents who are addicted to computer games have high heart beat and blood pressure due to too much excitement and stress. The conclusion of the study is that female is more addicted and have high level of aggression.

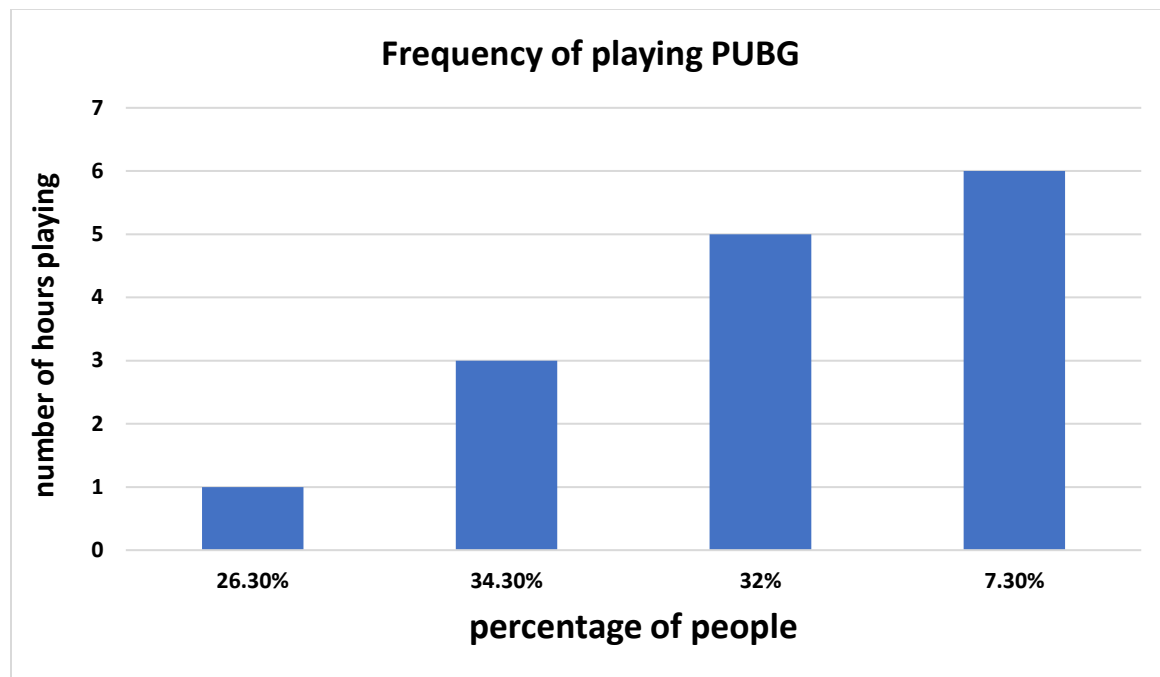


Figure 1 : People category of playing PUBG

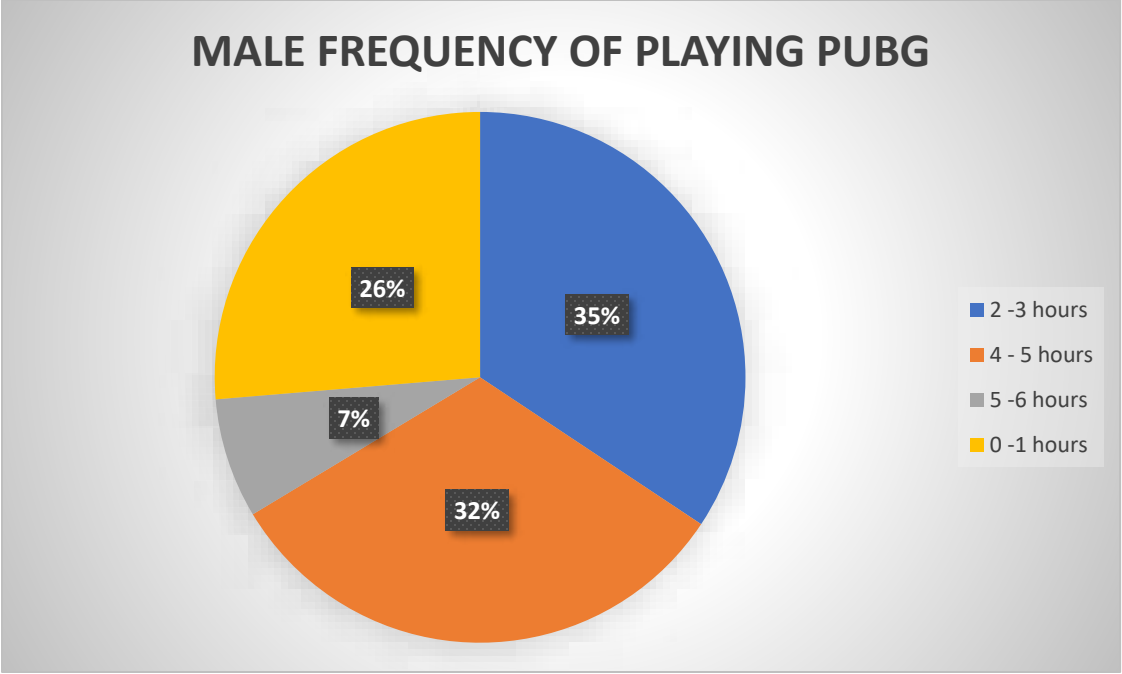


Figure 2: Frequency of male PUBG players

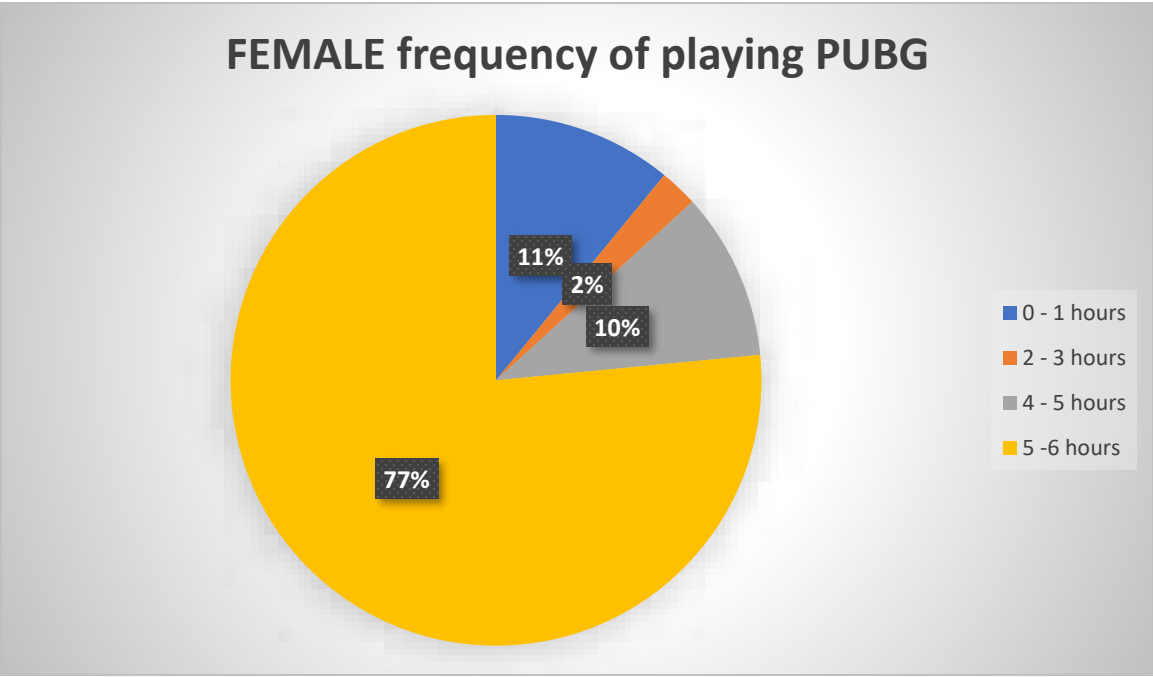


Figure 3: Frequency of female PUBG players

Summary and conclusion

Summary

The objective of the present study was to determine the relationship between PUBG addiction and aggression among PUBG players. The study also aimed to study whether gender differences existed in PUBG addiction and aggression.

The independent variables were PUBG addiction and dependent variables was Aggression. The samples were drawn using Snowball sampling method. The sample size is 300 which includes 150 male and 150 female PUBG players degree of age range 14 -35 years. The samples were drawn from in and around Tamilnadu. The sample covered only PUBG players.

The following standardized tools were used in the present study,

- PUBG addiction test (PAT) was developed by D`Souza, Samyukta and Bivera in 2018.

- Aggression scale was developed by Buss and Perry in 1992.

- Demographic details were collected using brief personal data sheet

The following null hypothesis were adopted for the study,

- There will be no significant relationship between PUBG addiction and Aggression among PUBG players
- There will not be significant difference in level of aggression in male PUBG players and female PUBG players.

The statistical techniques used for data analysis were Pearson's correlation and Independent sample t-test. The data was analysed using statistical package for Social science (SPSS) version 20.0.

Conclusion

The following conclusions were drawn from the study,

- There was a significant relationship between PUBG addiction and Aggression.
- There was a significant difference in level of aggression in male PUBG players and female PUBG players.
- Female PUBG players were found to be more aggressive than male PUBG players.

Limitations

The limitation of the present study is discussed below,

- Sample size (n=300) is relatively small
- The difficulty in finding sample and collecting information from them has made the study a difficult one
- The sample was collected only from in and around Tamilnadu
- Only two variables: PUBG addiction and aggression were included in this study
- More psychological variables could have been included
- The result of the study cannot be generalized to the entire PUBG population.

Suggestions for Future research

Similar studies could be conducted with certain modifications as follows,

- The research could include statistical analysis like ANOVA and chi- square to further understand the variables
- Future study could include other factors that influence aggression such as empathy or prosocial behaviour.
- Samples from a broader geographical location could be used to ensure generalizability of results.

Implications of the study

The research provides better understanding of the relationship between PUBG addiction and aggression among PUBG players. The finding of this research would help further in the applications of social psychology in clinical settings,

- We all know that excess of anything is bad, so one must know that we can control any addictions by proper measures.
- To begin with, try to lessen the time you spend on the game. Leaving it all of a sudden is impractical so set aside a fixed time and try to play it that specific one.
- So, we should try to divert the mind. Do not always stay indoors. Go out and indulge in physical activities.
- Try to engage in constructive hobbies and mindful activities.
- Awareness programmes can be conducted for PUBG players in school, college etc

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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 you read carefully and select the option you must resonate with. This will take approximately 10 to 15 minutes of your time. Your Participation in study is voluntary. After your sign the consent form, you are still free to withdraw at any time and without giving a reason. Your response to this study will be treated confidential.

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 :

Democratic area : Rural / Urban

Frequency of Playing :

0-1 hours

2-3 hours

4-5 hours

6 and above

Category : School / college/ working / others

Appendix B

Instructions

Please respond to following items . Below are thirty four statements with which you may agree or disagree. Using the scale ranging from “ strongly disagree to strongly agree” , indicate your agreement with each item. Select an option beside each question . Make sure that you’ve respond to all the questions. Be honest – there are no right or wrong answers!

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I get frustrated when I can't finish the PUBG game					
I have neglected work/ academics because of PUBG					
I have tempted to play more and more PUBG after each game					
I become restless when I'm					

denied/unable to play PUBG					
I can't sleep until i have played PUBG to my satisfaction					
There has been a decrease in my job performance or educational performance after i started playing PUBG					
I get stressed out after playing PUBG					
My sleep has been disturbed after I started playing PUBG					
I have lied about the usage time of					

PUBG to others					
I lose track of time when I am playing PUBG					
I often think of playing PUBG when I am doing other work					
I have be friended more by playing PUBG					
The in game chatting or discussion for PUBG is crucial for me to have control over the game					
I recommend PUBG to people so that we can play together					
I take part in the PUBG competition					

held by college feats or online companies					
I have lost friendship due to PUBG game					
I have spent money to customize my avatar in PUBG					
My teammate and I have a whatsapp group to group to discuss matters or issues of PUBG					
I get irritated when someone interferes while playing PUBG					
I feel my hands and body					

sweating as u survive for longer in the PUBG game					
I feel energetic after winning the game which prompts me to play it again					
I get angry or frustrated when my friends do not co-operate while playing					
I play PUBG to escape from problem					
I play PUBG to relieve a bad mood (eg.frustration etc)					
I play PUBG whenever I am frustrated or angry					

I feel more connected to friends while playing a PUBG team match with them rather than playing alone					
I have had dreams relating to PUBG					
I use a lot of tricks while playing PUBG					
I collect and save money to purchase in app items of PUBG					
I play PUBG to pass time					
I have uninstalled the game again and again					
My friends or family have					

complained about my excessive usage of PUBG					
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Appendix C

Instructions:

Please respond to the following items, below are 29 items using the scale ranging from “extremely characteristics of me to extremely not characteristics of me “. Select the appropriate option, indicates the agreement of the statement. Be honest – there are no right or wrong answer!

Statement	Extremely uncharacteristic of me	Somewhat uncharacteristic of me	Neither uncharacteristic nor characteristics of me	Somewhat characteristics of me	Extremely characteristics of me
Some of my friends think I am a hothead					
I am an even tempered person					
I flake up quickly but get over it quickly					

I have trouble controlling my temper					
When frustrated, I let my irritation show					
I sometimes feel like a powder keg ready to explode					
Sometimes I fly off the handle for no good reason					
If I have to resort to violence to protect my rights ,I will					
I have become so mad that I have broken things					
Once in a while , I can't control the urge to strike					

another person					
I have threatened people I know					
Given enough provocation, I may hit another person					
I can think of no good reason for ever hitting a person					
If somebody hits me i hit back					
There are people who pushed me so far that we came to blows					
I gat into fights a little more than the average person					
When people are especially nice to me , i					

wonder what they want					
I wonder why sometimes I feel so bitter about things					
I am suspicious of overly friendly strangers					
I am sometimes eaten up with jealousy					
At times I feel I have gotten a raw deal out of life					
I sometimes feel that people are laughing at me behind my back					
Other people always seem to get the breaks					
I know that friends talk					

about me behind my back					
I tell my friends openly when I disagree with them					
I can't help getting into arguments when people disagree with me					
When people annoy me , I may tell them what I think of them					
I often find myself disagreeing with people					
My friends say that I'm somewhat argumentative					

Fantasy Proneness and Life Satisfaction among Young Adults

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

Aruna Devi V (18SUPS03),

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Department of Psychology (SSC)

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Thoothukudi – 628001.

March – 2021

Certificate

This is to certify that this project work entitled “**Fantasy Proneness and Life Satisfaction among Young Adults**” 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 2020-2021 by **Aruna Devi V (18SUPS03), Jerlin Esther I (18SUPS07), Karthika M (18SUPS10), Maria Prinyanka M (18SUPS12), Sahaya Veni A (18SUPS18), Viswa Priya S (18SUPS26)**. This dissertation does not form 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

Signature of the Principal

Signature of the Examiner

Declaration

We do hereby declare that the project entitled “Fantasy Proneness and Life Satisfaction among young adults” submitted for the degree of Bachelor of Science in Psychology is our original work carried out under the guidance of Dr. S. JeyaBharathi, Head – 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:

Signature of the Candidates

Date:

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Introduction

Fantasy Proneness

"Without this playing with fantasy, no creative work has ever yet come to birth"

-Carl Gustav Jung

The word "fantasy" comes from the Greek word *phantasia* which means "image of oneself" - that's it. A fantasy is a product of imagination. It is an imaginary sequence of events or mental images. It is the form of a story from the self with a common factor: the imaginary object appears as one of the actors in the story. An imagination can emerge from conflicts, desires, frustrations or preferences when dealing with an imaginary reality may be an alternative to an imaginary action or pave the way for a later action. A fantasy can be a conscious or unconscious construction. When it is unconscious, it is sometimes pronounced "fantasy". Again, there can be no mental life without imagination. Imagination is a unique and important aspect of being a human being. Fantasy is usually associated with the unicorn or gender, but imagination is your personal way of looking at the world. Imagination includes your beliefs, dreams, fears, and your plans for the future. We imagine or feel what others will think.

Fantasy manifests itself in two ways:

- Conscious fantasies, which you know and can express - like a bubble bath George Clooney.
- Unconscious fantasies which are outside your consciousness, but manage your beliefs, your thoughts and your relationships.

Imagination is natural and generic and often serves a healthy purpose of relieving tension, providing pleasure and entertainment, or stimulating creativity. It can also be a sign of pathology such as delusional thinking or a significant disconnect from reality. Fantasy sufferers are said to spend up to half of their waking hours daydreaming, and often confuse or mix their fantasies with their actual memories. They refer to experiences outside the body and other similar experiences described by some imaginary as mental or magical. (Dr. Stephan Juan, 2006).

The Benefits of Fantasizing

- Recharging one's batteries: Reading a travel magazine or reading a good story can change a person's mood. If you read about a green, distant island, you may feel like you went there through your reading. This is an escape from the mundane table and the regular one.
- Escaping danger or pain: For many victims of childhood abuse, imagination is essential. Fantasy allows one to escape from an unacceptable situation. For those who are in a marriage or at a job they can't leave, they can put themselves in a happier place by imagining that they live in a different family or that they can go out anytime.
- Fostering creativity: Anything goes into a person's mind; There are no rules or parameters. Allowing your mind to go without limits opens up possibilities for creativity. Painters, writers, etc. they need imagination to solve each other's problems.
- Getting to know yourself: Being a witness or a third person to your own thoughts can be very informative. Being able to keep track of your imagination will motivate you to try something new.
- A mental holding space: Imagination is a safe place. Anyone who yearns to find true love or lose weight, who thinks it is impossible, can retreat into a world of unlimited

possibilities, allowing for the opportunity to think and play for change. .(Lisa T. Schlesinger,2016) .

Escaping into Fantasy to Protect Self from Pain

It takes effort to cover up from abuse to prevent it from entering our mind because it is so painful because we do not live in reality that is, we must live in denial or unreality, and enter into fantasy and escape. Fantasy is a classic way of dealing with the pain of our lives. However, it is often more common with abusers because during abuse - especially long-term abuse - victims often develop a coping mechanism for mental escape, which escapes the situation from the mood. "One of the defining elements of a traumatic experience is that one is traumatized enough to walk away because there is no other way to escape from it." The way abusers tolerate abuse is actually the most brilliant coping method, which makes the situation bearable. This means that in the event of abuse or pain, the victim can switch off so that part of her mind escapes to another world. It is dangerous when fantasy becomes a part of life as it is difficult to distinguish reality from daydreaming and escapism. Conquering the imagination is a long and difficult process. But by confronting the source of the problems of why we imagine (i.e. facing the pain of the past) the fruit will be a life based on reality and honesty. Accountability is often an important way to break the cycle of imagination.

How Fantasy Work

Fantasy Proneness is a self-defense mechanism used by many victims of abuse. It is a way to leave a situation mentally or emotionally to enter an fantasy world or a particular scenario. It

often helps to anesthetize the person by eliminating the current pain and anger. It has addictive and manic traits and it is hard to leave a person.

Scenario

When you are in a situation where you ask someone or someone at college or work, do you ever find it hard to remember what was said? Are you mentally ill? Or are you distracted and thinking about other things?

Effects of Fantasy Proneness

- Can become a way of lifestyle or life pattern
- It causes isolation and relationships are affected by the lack of intimacy.
- Unbelievable imagination leads to paranoid thinking and expectations.
- Inhibits growth and change.

Overcoming

Conquering the fantasy is a process that takes time and effort.

Steps to be Taken

- Recognize what you imagine.
- Though comforting at times, think about the negative impact it can have on you.

- Discuss fantasies and passions with a trusted person – It is important to take responsibility for what lies behind fantasies - it is about what is not in your life (Eric W.2016).

Wilson and Barber (1982) introduced the concept of fantasy pronounciation, referring to a collection of unique and relevant traits of a small group they named fantasies. Wilson and Barber described the discovery of imaginary pronounciation as a coincidental result of studies of hypnotic effects. These authors focused on the model of the best hypnotic individuals, and they often observed extensive and deep involvement in imagination. Wilson and Barber conducted in-depth interviews with these individuals and identified a series of features they believed were common to imaginary pronounciation. These include spending most of the time imagining, imagining with magical intensities, reporting vivid childhood memories, enjoying strong physical collaborations of the imagination, leaving out physical and other supernatural experiences, and having intense religious experiences. (Lawrence, Edwards, Barraclough, Church & Tethering Ton, 1995)

Sigmund Freud took a similarly positive view of the fantasy proneness, which he regarded as a defence mechanism. According to Freud, an imagination is built around many, often suppressed options, and refers to the most defensive processes in which disguise is concealed and desire passed. According to Freud, sex has long been associated with an object of imagination. The imaginary security mechanism is the retreat of the imaginary to resolve internal and external conflicts. The individual achieves temporary satisfaction by retreating to the imaginary or imaginary world of imaginary achievements to stop thinking about one's present misery.

If one is hungry, one can get alternative satisfaction by thinking about food. If one is insecure and feels bad about oneself in daily interactions with others, he can move away to an imaginary world. Fantasy is considered immature, but it is not a pathological object, it is a way of coping, but not a sign of a severe mental illness. As one can see from the map, the child ego level is trying

to cope with its own restlessness. Other ego states are not as heavily involved as many security measures. Call a scene memory or fantasy, hide a primitive option. That is, instead of emphasizing the corrupt attempt of adults in neurosurgery, Freud concluded that the child's imagination and nostalgia were at the source of the latter conflict. Wilson and Barber listed numerous traits in their preliminary study, which were clarified and multiplied in later studies. These characteristics include some or many of the following experiences:

- excellent hypnotic subject (most but not all fantasizers)
- having imaginary friends in childhood
- fantasizing often as child
- having an actual fantasy identity
- experiencing imagined sensations as real
- having vivid sensory perceptions
- receiving sexual satisfaction without physical stimulation

Wilson and Barber supported the fantasy proneness structure. Hypnotizers differ from non-fantasizers in imagination, awakening, hallucination, creativity, psychiatry and childhood experiences. Wilson and Barber (1981) identified a "personality type" characterized by a comprehensive and deep involvement in the imagination, which they described as "imaginative personalities".

According to Oxford Dictionaries, fantasy is something that is produced by the imagination, whereas reality is something that exists independently from the mind. A person's understanding of reality is affected by the laws of physics, social relations and constructions, economics, politics and science.

Measures of Fantasy Proneness

Fantasy proneness is measured by the "inventory of childhood memories and imaginings" and "the creative experiences questionnaire"

- The Creative Experiences Questionnaire (CEQ) Harold Merkelbach, Robert Horselenberg, Peter Morris (2001) developed a concise selfreport scale on imaginative pronouncement of the CEQ scale. The CEQ contains 25 items that require a "yes or no" answer. Reliability measured using a test review method was $r=0.95$, indicating significant reliability. The test also has significant validity.

- Inventory of childhood memories and imaginings (ICMI) ICMI self-report scale was originally developed by Wilson and Barber in 1981. The original scale contained 103 items, but shorter versions of ICMI have also been in use.

Life Satisfaction

"Satisfaction of one's curiosity is one of the greatest sources of happiness in life".

-Linus Pauling

Life satisfaction refers to an individual's personal judgement of wellbeing and quality of life based on his or her own chosen criteria (Diener, 1984). Satisfaction is a difficult word to define. Man is an objective creature who always evaluates his living conditions. He will not be satisfied until he achieves his goals. Perhaps, it can be said that the ultimate aspiration of every man is to achieve his goals and desires and that this identity leads to life satisfaction. Therefore, life satisfaction is a central aspect of human well-being. This is the ultimate goal and every human being strives to achieve this goal throughout his life. Life satisfaction is a multi-dimensional concept related to psychological and environmental living conditions. The word life satisfaction

can be divided into two words as life and satisfaction. Life satisfaction is not only more sustainable than happiness and longevity, it is also broader. This is the general feeling about our life and how happy we are with how it happens. There are many factors that contribute to life satisfaction from work, romantic relationships, relationships with family and friends, personal growth, health and wellness and many more domains. According to United States World happiness reports, India is placed 144, highest life satisfaction in the overall world in 2020.

The concept of life satisfaction refers to the overall value of life. So the assessment that life is 'exciting' does not mean that it gives 'satisfaction'. There may be more excitement in life and some other qualities. The overall assessment of life includes all relevant criteria in the mind of the individual: for example, how well a person feels, how expectations can be met and how many different factors are considered desirable, etc. Meaning of rating Life -as a-full; not a specific area of life, e.g., employment. The pleasure of work may increase appreciation for life, but it does not create it. This book considers four types of satisfaction;

- Global Life Satisfaction (GLS),
- Housing (SH),
- Financial Satisfaction (SF)
- Social Communication Satisfaction (SC).

Only the first type (GLS) meets the definition of this life satisfaction. Others are "domain satisfaction". (Veenhove 1996).

Current synonyms for life satisfaction emphasize the subjective nature of the notion that happiness and subjective well-being are a benefit in the use of the word life satisfaction rather than worldly happiness. Philosophers in particular use the word happiness to refer to a goal. The term

life satisfaction has more benefits than the label of subjective well-being, and life satisfaction refers to the overall value of life rather than current feelings or specific psychological symptoms. (Veenhoven 1996) Webster's Encyclopaedic Dictionary English Language (1977) calls it "Satisfaction or satisfaction in possession and pleasure; Satisfaction is the complete fulfilment of one's desires, preferences and desires". Generally, the word satisfaction is defined as the expression of desires, feelings, or pleasures, the fulfilment or satisfaction of happiness, contentment, and hope. It is the ability to find a positive in each negative. Satisfaction depends on the individual's environment, skills, behaviour and character. It is more concerned with the mind than the material world. The three main types of happiness are high life satisfaction, often positive emotions and rarely negative emotions (Diner, 1984). Subjective well-being "is the label given by scientists to a variety of pleasures.

The Importance of Life Satisfaction

Life satisfaction is associated with many positive outcomes. For example, research continues to show that people with higher life satisfaction have higher positive social relationships, higher social support and higher marital satisfaction compared to those with lower life satisfaction (Parker, Donohue, & Wayment, 2009; Diner & Seligman, 2002; Pavot & Diner, 2008). Moreover, individuals with high life satisfaction have an advantage in terms of career success. High career satisfaction is associated with better job performance, higher job satisfaction, increased organizational commitment and revenue reduction objectives (Erdogan, Boer, Trusillo, & Mansfield, 2012). Life satisfaction is associated with health and longevity. High quality life satisfaction is associated with better overall physical health and lower chronic health conditions (Siabush, Spital, & Singh, 2008). Furthermore, the mortality rate is significantly lower in those

with higher life satisfaction and in those with shorter life expectancy (Lyra, Dermagangas, Reid, Randonen & Berg, 2006; Sue & Roberts, 2010).

Factors Affecting Life Satisfaction

- Personality. One of the primary concepts of personality is the Big Five factor model.
- Self-esteem.
- Outlook on life.
- Age.
- Life events and experiences.
- Seasonal effects.
- Values.
- Culture.
- Family.
- Marriage.
- Career & Social yardsticks.

Low life satisfaction is associated with higher chronic diseases, reflecting data from other studies. Good health in old age is an appropriate issue because it allows one to maintain behavioural ability, function, productivity, social participation and self-care. Studies show that when health problems affect quality of life and well-being, they affect functional ability, such as chronic illness, functional disability, restrictions on social interactions, reduced income, reduced level of activity and social involvement, and self-assessed health when unfavourable living conditions develop or worsen. (J.M. pinto 2013)

Two Main Theories about Life Satisfaction

Bottom-up Theories. Life satisfaction is the result of satisfaction in many areas of life. The following theories state that we experience satisfaction in many areas of life such as work, relationships, family and friends, personal development and health and fitness. Our satisfaction with our lives in these areas together forms our overall life satisfaction

Top-down Theories. Satisfaction with life as an influencer of domain-specific satisfaction. On the other hand, top-down theories affect (or determine) our overall life satisfaction in our various domains. This debate is ongoing, but it is enough for most people to know that overall life satisfaction and satisfaction are closely related in many areas of life. Theories and debates that attract the most interest how the mechanism for evaluating one's life works. (Heady, Veenhoven, & Wearing, 1991)

In 1960s, the first research studies which used measure of life satisfaction was conducted in the USA. The result from the research studies were appeared in the books by Gurin et al 1960 and Bradburn 1969. During 1960s and 1970s life satisfaction was a main theme in several American studies. Various studies suggested that the Life satisfaction was associated with positive educational outcomes, that high life satisfaction lead to stress free life and also great for students' academic achievement (Antaramain 2015; Renshaw & Cohen, 2014). Life satisfaction is also associated with more positive academic expectations, increased self-efficacy and lowered academic stress (Ojeda et al., 2011; O'Sullivan, 2011). Some research suggests that higher life satisfaction is associated with higher Grade Point Average among college students (Howell, 2009; Rode et al., 2005).

Happiness, well-being and life satisfaction have been popular with psychologists. The main contributing factors of life satisfaction are not understood yet. But, some research has grouped that into four sequential categories

- Life changes, you will find societal resources like economic welfare, social equality, political freedom, culture, and moral order; personal resources like social position, family bonds, material property, social prestige, political influence and individual abilities like physical fitness, psychic fortitude, social capability, and intellectual skill.
- Course events category include the factors like need or affluence, attack or protection, solitude or company, ugliness or beauty, humiliation or honour, routine or challenge. These are the things leads us to greater satisfaction or greater dissatisfaction.
- Flow of experience category includes experiences like anxiety or safety, loneliness or love, dullness or excitement, and repulsion or rapture, rejection or respect, yearning or satiation
- Evaluation of life is an appraisal of the average effect of all these interactions. It involves comparing how the good and the bad in our life balances out. (Veenhoven, 1996)

Research studies shows that the variance in life satisfaction between nations have shown that living conditions greatly influence over the average life satisfaction. That, economically prosperous countries have a higher average life satisfaction than poorer nations. Countries with better job prospects are higher in life satisfaction than countries where unemployment (Helliwell, layard, &Sachs, 2017). Highly educated countries generally experience higher levels of satisfaction. Variables such as mental and physical health, energy, extroversion, and empathy are strongly correlated to satisfaction. These variables are the products or the causes of life satisfaction.

Differences in life satisfaction, not everyone is equally satisfied, there are sizable differences between individual citizens within countries as well as average life-satisfaction between countries. Research also shows that the pattern of life satisfaction is not same everywhere.

Individual differences are present in all countries. There are citizens who are satisfied and dissatisfied, distributions vary. Differences in life satisfaction between citizens of a country result partly from dissimilarity in life chances and variation in ability to cope. This will consider more detail in determinants of life satisfaction. Differences in average life satisfaction in countries are in a variation of quality of living conditions between countries. (Veenhoven 1993).

Improvisation of Life Satisfaction

According to Plato, meaning in life is achieved through learning and understanding. In some ways, this idea is reflected in current society. Those with a college education report having more life satisfaction. To improve your life satisfaction and quality of life, get an active lifestyle, eat a healthy diet, exercise, have different experiences, achieve something, have a vision, understand the world, sleep, develop social relationships, learn healthy coping techniques, show self-love and gratitude. Appreciate the beauty, maintain balance, meditate and change your inner conversation. Living a healthy lifestyle that includes exercise, proper diet and avoiding harmful exposures (such as smoking) is more than just improving your physical health. Living a healthy life can greatly affect your mental well-being. The more physically and mentally healthy you are, the more confidence you will have, which undoubtedly permeates other aspects of your life: your work, your relationships and so on. By affecting all of these domains simultaneously, you will be targeting your life satisfaction from multiple angles and ensuring the greatest impact. You may have heard of the Greek philosopher Plato. It turns out that he is a pretty smart dude. Most parents do not want their children to get married and have children, but most parents want you to stop doing a good job because unemployment is absorbed. It affects not only physical well-being but also mental well-being and, thus, life satisfaction. In fact, employment status and income are two strong factors related to life satisfaction according to many global value surveys. Think positive,

results will come! Although it may seem a bit naive to think that simply thinking or feeling positive will bring positive rewards, this idea is at least supported by science. Studies have shown that positive emotions or positive thinking on a daily basis predict an increase in life satisfaction. In fact, it is more important to experience positive emotions or to experience positive emotions than to avoid getting rid of negative or negative emotions. (Aditya Shukla 2020).

Measures of Life Satisfaction

- The Satisfaction with Life Scale by Ed Diener, Ph.D. The scale was developed as a way to assess an individual's cognitive judgment of their satisfaction with their life as a whole. The SWLS is a very simple, short questionnaire made up of only 5 statements. Participants completing the questionnaire will be asked to judge how they feel about each of the statements using a 7-scale scoring system, with 1 being 'strongly disagree' with the statement and 7 being 'strongly agree' with the statement.

- The Temporal Satisfaction with Life Scale (TSWLS; Pavot, Diener, & Suh, 1998) is a 15-item self-report instrument intended to assess the respondent's overall life satisfaction (sometimes referred to as global satisfaction). The TSWLS incorporates a temporal framework; respondents are asked to make ratings pertaining to past, present, and future satisfaction.

- The Student Life Satisfaction Scale (SLSS) is relatively similar to the SWLS, except it was purposefully designed to be used with children and young people aged 8-18 years old (Huebner, 1991). It contains seven statements, and asks young people to give each statement a score from 1-6, with 1 being 'strongly disagree' and 6 being 'strongly agree'. The exception with the SLSS is that the last two questions are reverse scored (so 1 becomes 'strongly agree' and 6 becomes 'strongly disagree').

Need for the Study

The reason chose this topic is the curiosity to find out the relationship between fantasy Proneness and the level of life satisfaction and to study if the level of life satisfaction plays a major role in the fantasy Proneness. Nowadays, due to the influence of western culture and social media development, most of the young adults are in the fantasy world and the reason for this may vary from fear to face reality or mere procrastination thoughts and laziness.

Review of Literature

The present investigation focuses on the predictive association of fantasy proneness and life satisfaction among young adults. It deals with the review of research conducted previously on these variables.

Fantasy Proneness

Lynn, S.J., & Rhue, J.W. (1988), American psychologists, in 7 studies involving 6,000 college students were screened to obtain 5 sample of 156 fantasy-proneness. Fantasy-proneness were selected from the upper 2–4% on a measure of imaginative involvement and were contrasted with non-fantasizers (lower 2–4%) and medium fantasy-proneness. The results show that the fantasizers

differed from non-fantasizers on measures of hypnotizable, imagination, waking suggestibility, creativity, psychopathology, and childhood experiences.

Irwin, H. J. (1990) conducted a study titled that Fantasy proneness and paranormal beliefs. The report of personal parapsychological experiences has been linked with the personality construct of fantasy proneness. The result shows that a group of 92 adults, it intended to measure a fantasy proneness significantly correlated with belief in traditional religious concepts, witchcraft, spiritualism, extraordinary life forms, and precognition

Merckelbach, H., Muris, P, & Rassin, E. (1999) attempted to determine Irwin, H. J. (1990) conducted a study titled Fantasy proneness and paranormal beliefs. The report of personal parapsychological experiences has been linked with the personality construct of fantasy proneness. The result shows that a group of 92 adults, it intended to measure a fantasy proneness significantly correlated with belief in traditional religious concepts, witchcraft, spiritualism, extraordinary life forms, and precognition fantasy proneness and cognitive failures as correlates of dissociative experience. To examine this issue, two independent studies were conducted. In study 1, a sample of 77 undergraduate students completed the DES, the cognitive failures question and a fantasy proneness scale. Positive and significant correlations were found between DES, on the one hand, and CFQ and CEG on the other hand. Partial correlations showed that both CFQ and CEQ make a unique contribution in predicting DES scores. These findings were replicated in study 2 that also relied on a non-clinical sample (N=51). Taken together, the findings of study 1 and 2 underline the idea that relatively benign phenomena such as cognitive lapses and fantasy proneness drive the dissociative experiences sampled by DES.

Muris, P., Merckelbach, H., & Peeters, E. (2003) examined the links between the Adolescent Dissociative Experiences Scale (A-DES), fantasy proneness, and anxiety symptoms. The sample

consisted of 331 adolescents (157 boys and 174 girls) from a regular secondary school in Maastricht, Netherlands. They concluded that not only fantasy proneness but also generalized anxiety and panic disorder symptoms served as independent and significant predictors of A-DES scores.

Merckelbach, H. (2004) conducted a study, Fantasy proneness and the quality of fabricated memories. *Personality and Individual Differences* 37. In two studies, he examined whether fantasy prone people were superior storytellers. In study 1, participants high or low on fantasy proneness (N=25) were instructed to fabricate a memory about an aversive childhood event. Plausibility ratings, both true and fabricated stories of high fantasy prone were rated as being richer in CBCA elements than those of low fantasy prone controls. Taken together, the two studies showed that fantasy proneness affects CBCA ratings.

Merckelbach, H., à Campo, J., Hardy, S., & Giesbrecht, T. (2005). They conducted a study titled that Dissociation and Fantasy proneness in psychiatric patients: a preliminary study comprehensive psychiatry 46 (3), 181-185, nonclinical studies found that dissociative experiences are intimately linked to a trait known as fantasy proneness. They examined the links among dissociative symptoms, fantasy proneness, and impulsivity in psychiatric outpatients. The sample consisted of 22 patients with schizophrenia, 20 patients with a diagnosis of borderline personality disorder, and 19 patients with a major depressive disorder. For the whole sample, levels of dissociation were found to be related to fantasy proneness and impulsivity.

Rosenstein, D. (2007) has attempted to determine the visual memory distortion and fantasy proneness. Total of 49 participants ranging from above 35 years were included. At the end both

imaginary pronunciation and visual memory distortion managed their distinctive cognitive and neurological processes. These processes were mostly independent of each other. They operated separately in an individual person and seemed to be affected differently by situational features. In visual memory, the deviation measured in this study was particularly affected by a contraction geometric material, and a very expressive and imaginative accent symbolic experience, which may be context-based. Visual memory though distortion and imaginary pronunciation were often separate and may share some relevance features.

Sánchez-Bernardos, M. L., Hernández Lloreda, M. J., Avia, M. D., & Bragado-Alvarez, C. (2015) conducted a study titled Fantasy Proneness and Personality Profiles. Participants were 315 undergraduate students. The result showed the two components of fantasy proneness. The first one was the vivid intensity of imaginings that remained hidden for other people. The second one was composed of developmental antecedents of pretense and make-believe activities. The results indicated that fantasy proneness might be a multidimensional construct

Reyes, M. E. S., Davis, R. D., Panlilio, S.L.D., et.al. (2017) explored the Personality Traits linked with Fantasy Proneness and Dissociative Experiences. The total sample consisted of 105 Filipino cosplayers from the National Capital Region, which consisted of 42 male and 63 female cosplayers aged between 18 to 41 years. The result indicated that fantasy proneness and dissociative experience are related to participation in cosplay

Martial, C., Cassol, H., et. al. (2018) conducted a study titled Fantasy proneness and its correlates with the intensity of near death experience. The total sample consisted of 128 people who claimed to have experienced a Near Death Experience. The result showed that the people who were NDEs showed a higher level of fantasy proneness than the non NDEs. Classical NDEs showed similar engagement in fantasy as matched controls.

Dimitrova, L., Fernando, V., Vissia, E. M., et. al. (2020) attempted to determine the sleep, trauma, fantasy and cognition in dissociative identity disorder (DID), post-traumatic stress disorder and health control behaviors: a replication and extension study. Three groups of participants were included - individuals with DID, those with post-traumatic stress disorder (PTSD) and those having compatibility issues with health controls. The sample included people from all 3 categories in the age range of 18–65 years. DID and PTSD were related to the sleep distribution whereas, when they take traumatic experience, these features didn't predict dissociate symptoms. The fantasy proneness didn't exceed these DID and PTSD. Therefore, no evidence has been found to suggest that sleep disturbance, imagination, and abnormal working memory were indicative of abnormalities in DID and PTSD. Overall, the relationship between sleep and disorientation symptoms disappeared when traumatic events were controlled.

Life Satisfaction

Edwards, J. N., & Klemmack, D. L. (1973) conducted a study titled Correlates of life satisfaction: A re-examination. The data from 274 females and 233 males aged 45 and over, a number of important relationships are noted. The result, neither interaction with kin nor most of the social and personal background characteristics considered contribute significantly to explaining reported satisfaction. Socioeconomic status constant, generally observed relationships such as between life satisfaction and age, marital status, and family size.

Rain, J. S., Lane, I. M., and Steiner, D. D. (1991) conducted a study that A current look at the job satisfaction/life satisfaction relationship: review and future considerations, it reviews the literature

on the relationship between job satisfaction and life satisfaction on its theoretical, empirical, and methodological bases. The review focuses on theoretical and methodological developments are needed in future research. The areas of multiple links between job and life satisfactions, life stages and satisfaction as a disposition or described as potential areas for theoretical advances.

Koivumaa-Honkanen, H., Honkanen, R., et. al. (2001) attempted to determine the relationship between life satisfaction and suicide. A nationwide sample of adults participated in the age ranging from 18-64. The study concluded that life dissatisfaction has a long-term effect on suicide risk, and it seemed to develop partly through poor health behaviour. Life satisfaction was observed to be a collective health indicator.

Heller, D., Watson, D., & Ilies, R. (2004). conducted a study titled “The role of person versus situation in life satisfaction: A critical examination”. The authors examine the relative merit of these 2 approaches and the psychological processes underlying top-down models. Overall, 197,620 views of mammography-related questions were identified, focused on 51 questions and 172 responses. The result Path analyses based on meta-analytic estimates did not support a simple “direct-effects” top-down model but supported both (a) a temperament-based top-down model and (b) an integrative model that incorporates the direct influence of domain satisfactions on life satisfaction.

Zullig, K. J., Valois, R. F., Huebner, E. S., & Drane, J. W. (2005). conducted a study titled that Adolescent health-related quality of life and perceived satisfaction with life. The sample included 4914 adolescents with the age range of 13-18 years. The results indicated that the number of sample’s poor health days increased, the greater the odds in life dissatisfaction. This study showed that the life satisfaction was related to the adolescents’ health behavior.

Goldbeck, L., Schmitz, T. et.al. (2007) attempted to determine if life satisfaction decreases during adolescence. Total of sample 1,274 German adolescents participated in a school-based survey study. Their age ranged from 11-16 years. The result indicated that the developmental phenomenon has been considered to decrease life satisfaction. It discussed the association between prevalence of depression and suicidal thoughts during adolescence and it's increase during adolescence.

Samani, S., Jokar, B., & Sahragard, N. (2007) examined the effect of resilience on mental health and life satisfaction. Total sample consisting of 287 Shiraz University students (173 females and 114 males) with mean age of 23.17 years (SD 4.9) were assessed. The subjects filled out the Connor-Davidson Resilience Scale (CD-RISC), short form of Depression-Anxiety-Stress Scale (DASS), and Satisfaction with Life Scale. The result of simultaneous hierarchical regression revealed negative value so they concluded that many students were correlated with positive indicators of mental health and life satisfaction.

Kuppens, P., Realo, A., & Diener, E. (2008) examined how the frequency of positive and negative emotions is related to life satisfaction across nations. Participants were 9,857 people (5,949 women and 3,908 men) from 46 different nations. They concluded that positive and negative emotional experiences are differently related to life satisfaction in different nations, so their conclusion was that hedonistic ideal does not apply equally everywhere.

Antaramian, S. P., Huebner, E. S., & Valois, R. F. (2008) conducted a study titled that Adolescent life satisfaction. The sample included 457 US middle school students. Result showed that family structure was related to family satisfaction but it is not related to the other aspects of general satisfaction. General life satisfaction measures many aspects made by adolescents among important domains in their lives.

Proctor, C. L., Linley, P. A., & Maltby, J. (2009) conducted a study titled “A central construct within the positive psychology literature is life satisfaction”. This study provided a review of the extant research on youth life satisfaction. Empirical studies ($n = 141$) on life satisfaction among youth were reviewed on positive life satisfaction and the implications of positive life satisfaction among youth was made. Future directions in life satisfaction research among youth were briefly discussed.

Cohn, M. A., Fredrickson, B. L., Brown, S. L., Mikels, J. A., & Conway, A. M. (2009) conducted a study titled “Happiness unpacked: positive emotions increase life satisfaction by building resilience”. In this study, he measured emotions daily for 1 month in a sample of students ($N=86$) and assessed life satisfaction and trait resilience at the beginning and end of the month. Positive emotions predict increases in both resilience and life satisfaction. Negative emotions had weak or null effects and did not interfere with the benefits of positive emotions. Positive emotions also mediated the relation between baseline and final resilience, but life satisfaction did not.

Kyeunghae Lee, k, Brekke, J. S., Yamada, A. M., & Chou, c. P. (2010) researched about the Longitudinal invariance of the satisfaction with life scale for individuals with schizophrenia. This study examined the longitudinal structural stability of a subjective quality of life measure in an ethnically diverse sample of 331 adults with schizophrenia. Participants completed the Satisfaction With Life (SWL) scale at entry to community-based mental health services and again at 6 and 12 months. Five types of measurement invariance were tested using a series of multiple-group confirmatory factor analyses. This study reveals that all five types of longitudinal invariance were supported.

Mar, R. A., Mason, M. F., & Litvack, A. (2012) examined how daydreaming relates to life satisfaction, loneliness, and social support: They found a negative relationship between

daydreaming and happiness. It drives this connection for men and the clarity of daydreams for women. Primarily social nature and, more importantly, people's daydreaming affect the relationship between daydreaming and happiness. In particular, daydreaming about close friends and family predicts satisfaction in one's life, while daydreaming about them is nowhere near predicting more loneliness and less perceived social support. These patterns lasted This is the result of a very conservative analysis, even if we consider the gender, age and the actual social network of the person. However, it is important to highlight the fact that these associations were minimal. Also, our studies Relied on backwards statements of daydreaming habits rather than an experience-model approach, so there is uncertainty If real daydream behavior is explored, whether similar associations are observed. The strengths of these three studies are large and varied samples and consistent results found throughout these samples. Furthermore, we know that these discoveries are not possible by using area interactions and controlling social network variables. So gender and the personal differences we daydream about. It is important to note when examining how spontaneous thoughts relate to mood and personal happiness

Oladipo, S.E., and Balogun, S.K., attempted to study how suitable was the satisfaction with life scale for use on adolescents in Nigeria (2012). This study described the re-validation of satisfaction with life scale for use in Nigeria. Whereas adult life satisfaction has been studied extensively, the life satisfaction of adolescents has only received attention more recently. Yet life satisfaction is a central construct in positive psychology. It is believed that re-validation of the scale will make it culturally valid for use in Nigeria. Using a convenient sampling procedure, 1429 undergraduates were sampled from four universities in southwestern Nigeria to participate in the study. 475 (33.2%) males and 953 (66.8%) females, ages ranging between 16 to 27 years ($M = 28.47$, $SD = 8.76$) were included. Principal component analysis yielded only component solutions which

accounted for 70% of variance. They concluded that the satisfaction with life scale has a good structural characteristic and is a reliable and valid instrument that can be used among adolescents in Nigeria.

Overview

The studies reveal the fact that fantasization facilitates paranormal thoughts and these people differ from others in hypnotizability, imagination, waking suggestibility, creativity, psychopathology, and childhood experiences. Fantasy proneness has been studied to have been associated with dissociative symptoms and anxiety disorders. Studies also reveal that fantasy proneness was multi dimensional in nature and was found to be associated with increased levels of imagination and made the individuals excellent story tellers. But studies also reveal that fantasy proneness can lead to memory distortions as well. Also, studies reveal that there is no significant relationship between fantasy proneness and sleep while some people with fantasies were able to have vivid near death experiences.

The studies on Life satisfaction reveal that the feeling of having a satisfied life was positively related to job satisfaction, age, marital status, and family size. And an extended feeling of dissatisfaction resulted in suicidal ideation. It has also been found that as children grow up into adolescents, their level of life satisfaction tended to reduce and it was worse if they had poor physical or mental health. There is a significant relationship found to be present between levels of resilience and positive emotions and the levels of life satisfaction. Primarily social nature and, more importantly, people's daydreaming affect the relationship between daydreaming and happiness.

The studies are still being done on fantasy proneness and its relationship to various other variables.

Methodology

Aim

The aim of the study is to find a relationship between fantasy proneness and life satisfaction. The study attempts to find whether life satisfaction has its effect on fantasy proneness. This study also tries to find whether gender differences exists in life satisfaction and fantasy proneness among young adults.

Objective

- To find out the relationship between fantasy proneness and life satisfaction.
- To study the level of fantasy proneness and life satisfaction among young adults.

Hypotheses

Null Hypotheses

- There is no significant relationship between fantasy proneness and life satisfaction.
- There is no significant gender difference in life satisfaction.
- There is no significant gender difference in fantasy proneness

Alternative Hypotheses

- There is a significant relationship between fantasy proneness and life satisfaction.
- There is a significant gender difference in life satisfaction.
- There is a significant gender difference in fantasy proneness.

Variables

Independent variables

- Life satisfaction
- Gender

Dependent variable

- Fantasy proneness

Sample

Convenience sampling method was used to collect the data from 451 college students of age range 17-23 (Male 229, female 222) from arts and science colleges.

Inclusion criteria

- Sample was drawn only from UG and PG arts college students.
- Only students between 17 to 23 years were included in this study.

Exclusion criteria

- The other professional college students were not included in this study.
- Other age groups of college students were not included in this study.

Operational definitions

Fantasy proneness

Fantasy proneness is defined as “an extensive involvement in fantasy, vivid imagery, and daydreaming” (Wilson & Barber, 1983). In order to measure the fantasy proneness among college students, Creative Experience Questionnaire CEQ constructed (Harold Merkelbach, Robert Horselenberg, Peter Morris (2001)) was used in this study.

Life satisfaction

“Life satisfaction refers to an individual’s personal judgement of wellbeing and quality of life based on his or her own chosen criteria “(Diener, 1984). In this study, life satisfaction was measured by satisfaction with life scale by (Diener, 1984).

Gender

Gender refers to the (biological) condition of being a male or female, as applied to human beings (Haig, 2004). In this study the gender of the college students has been declared by them in the personal data sheet.

Methods and Technique

Research Method

Questionnaire method was used to gather data for the study by using a set of questions to young adults, who don’t have any prior knowledge about this study.

Sampling Technique

The sampling technique used in the study was a convenience sampling method. Convenience sampling is a type of non-probability sampling that involves the sample being drawn from that part of the population that is close to hand. Due to the current situation we chose convenience sampling method.

Tools Used

- Creative experience questionnaire developed by Harold Merkelbach, Robert Horselenberg, Peter Morris (Appendix B)
Reliability - 0.95

Validity- significant validity

- Satisfaction with life scale developed by Diener (Appendix C)

Reliability - 0.87

Validity- concurrent validity

Tool Description

- *The Creative Experiences Questionnaire (CEQ)*

Harold Merkelbach, Robert Horselenberg, Peter Morris (2001) developed a concise self-report scale on imaginative pronunciation of the CEQ scale. The CEQ contains 25 items that require a "yes or no" answer. Reliability measured using a test review method was $r=0.95$, indicating significant reliability. The test also has significant validity.

- *Satisfaction with life scale*

The Satisfaction with Life Scale by Ed Diener, Ph.D. The scale was developed as a way to assess an individual's cognitive judgment of their satisfaction with their life as a whole. The SWLS is a very simple, short questionnaire made up of only 5 statements. Participants completing the questionnaire will be asked to judge how they feel about each of the statements using a 7-scale scoring system, with 1 being 'strongly disagree' with the statement and 7 being 'strongly agree' with the statement.

Procedure

The concerned authorities in college 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 UG and PG students. The self reported measures of fantasy proneness and life

satisfaction 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. We instructed the participants about how to fill the questionnaire and asked to give immediate responses 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 was completely voluntary and they had the right to withdraw the same during any part of this study without giving any reason. All information provided during the session would be kept 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 starting filling the self report measures for fantasy proneness and life satisfaction.

Statistical Technique

SPSS (Statistical Package for Social Sciences) software was used to analyse the overall data.

- Pearson's correlation was used to find the relationship.
- t-test was used to compare the means of two groups.

Results and Discussion

This chapter presents the results of the current study. The analyses were carried out to test the hypothesis. The analyses explain the relationship between fantasy proneness and life satisfaction. And also it predicts whether there is any gender difference in fantasy proneness and life satisfaction among young adults.

Table 4.1

Descriptive statistics of the sample

Variable (451)	Mean	Standard deviation
Fantasy proneness	15.20	3.85
Life satisfaction	22.01	6.93

The descriptive statistics of the measured variable's score are shown in this table. Mean and standard deviation of the score obtained by the participants in this study are indicated.

Table 4.2

Correlation between fantasy proneness and life satisfaction

Variable	r value
Fantasy proneness	
Life satisfaction	-.143**

**p<0.01

Correlation is significant at the 0.01 level two tailed.

When the correlation between the two variables was analysed, it was observed that there was a significant relationship between fantasy proneness and life satisfaction according to $r = -.143^{**}$. The correlation value is $-.143^{**}$ significant at ($p=0.01$). This shows that there is a strong negative correlation between fantasy proneness and life satisfaction. This leads to the rejection of the null hypothesis which stated that there will be no significant relationship between fantasy proneness and life satisfaction.

Table 4.3

Significance of difference between male and female in fantasy proneness and life satisfaction

Variable	Gender	N	Mean	SD	t value
Fantasy proneness	Female	222	15.04	3.798	-.886
	Male	229	15.36	3.914	-.886
Life satisfaction	Female	222	24.04	5.857	6.363
	Male	229	20.06	7.332	6.385

The above table shows that there exists a gender difference in fantasy proneness and life satisfaction among young adults. It was determined that there is no significant gender difference in fantasy proneness among young adults according to **t** value which was found to be -.886. This study fails to reject the null hypothesis which stated that there will be no significant gender difference in fantasy proneness among young adults.

From the table, it is proved that there is a significant gender difference in life satisfaction among young adults according to **t** value is found to be -6.363. This leads to rejection of the null

hypothesis that stated there will be no significant gender difference between life satisfaction among young adults.

Discussion

The present study has been aimed at determining the relationship between fantasy proneness and life satisfaction. From the table, it is revealed that fantasy proneness and life satisfaction among young adults are correlated. It is clear that there is a significant relationship between these two variables. It only assesses the relationship between variables and there may be different factors that lead to this relationship.

In this study the two variables are negatively correlated with each other. According to the study. How daydreaming relates to life satisfaction, loneliness, and social support: the importance of gender and daydream content. Consciousness and cognition conducted by Mar, R. A., Mason, M. F., & Litvack, A. (2012), the findings of the study show that the daydreaming measure was negatively correlated with life satisfaction. The relevant article entitled” Relation Between Daydreaming and Well-Being: Moderating Effects of Otaku Contents and Mindfulness “(Sugiura, Y., & Sugiura, T.,2019) examined that the relationship between daydreaming and well-being and suggested that both contents and context of daydreaming affect well-being.

To conclude, being in Fantasy is quite common particularly among young adults. A positive view of fantasy was taken by Sigmund Freud who considered fantasy as a defence mechanism. People can fantasize and escape from painful life events. It was normal until it affected

our day to day life activities. one thing we do not know from this study is what people were fantasizing about. In this study it revealed that, as a level of fantasy proneness increases, the level of life satisfaction decreases; and if the level of life satisfaction increases, the level of fantasy proneness decreases

The results of the independent sample t-test revealed that there was no significant gender difference in fantasy proneness among young adults. Both were equal in their levels of fantasy proneness.

A relevant literature of the study “Fantasy proneness, DSM-III—R Axis I psychopathology, and dissociation Rauschenberger,” (S. L., & Lynn, S. J.,1995) also determined that there is no significant gender differences in fantasy proneness.

Another study the persuasive effectiveness of mini-films: Narrative transportation and fantasy proneness Chen, T., 2015 suggested that there was no significant gender difference in fantasy proneness.

According to the study “Proneness, dissociation, and personality disorders: A psychometric investigation” conducted by (Waldo, T. G.,1998), the relationships among three hypothetically related constructs: fantasy proneness, dissociation, and personality disorders was done and he suggested that the gender analyses failed to show any gender differences between fantasy-prone and control subjects.

The samples taken in this study were young adults. Nowadays because of the social media culture and western influences they are more prone to fantasization. Humans are social animals and hence they are likely to spend most of their time on fantasy.

The results of the independent sample t-test revealed that there was a significant gender difference in life satisfaction. It also revealed female adults had higher life satisfaction than male adults. In the relevant studies, the relationship between gender and life satisfaction: Analysis across demographic groups and global regions (Joshani, M., & Jovanovic, V. 2019) suggested that inconsistent gender differences in life satisfaction were found across age groups and global regions. Women reported higher life satisfaction than men.

A study on the sources of social support as predictors of health, psychological well-being and life satisfaction among Dutch male and female dual-earners done by van Daalen, G., Sanders, K., & Willemsen, T. M., 2005 examined Sources of social support as predictors of health, psychological well-being and life satisfaction among Dutch male and female dual-earners. They studied the gender differences in health, psychological well-being, and life satisfaction and suggested that men report better health and psychological well-being than women, whereas women report higher life satisfaction than men.

Gender differences in life satisfaction were found to be significant. Women reported higher levels of life satisfaction than men across all income, education, and employment groups. Daydreaming about close family and friends predicted greater life satisfaction. In contrast, daydreaming about past or potential romantic partners, strangers, or fictional characters were associated with more loneliness and less social support (with a trend toward less overall life satisfaction). (R.A. Mar et al 2011).

Summary and Conclusion

The present study was conducted to determine the relationship between fantasy proneness and life satisfaction among young adults. It was also aimed at examining if there was any significant gender difference among the variables in the young adults.

The independent variables used in this study were life satisfaction and gender (male and female) and the dependent variable was fantasy proneness. The samples were drawn using convenience sampling method. The sample size was 451 which includes 229 males and 222 females who were young adults pursuing their undergraduate or postgraduate studies within the age range of 17-23 years. The samples were drawn from a few arts colleges of the district of Thoothukudi. The sample covered both UG/PG young adults from both arts and science departments.

The following standardized tools were used in the study:

- Creative experience questionnaire (CEQ) by Harold Merkelbach, Robert Horselenberg, Peter Morris (2001) that was used to measure fantasy proneness.
- Satisfaction with life scale (SWLS) by Diener, R. A., Larsen, R. J., Griffin, S. (1985) that was used to measure life satisfaction.

Data was collected through online and offline modes using the above-mentioned tools.

The following hypothesis was adopted for the study:

- There will be no significant relationship between fantasy proneness and life satisfaction among young adults.
- There will be no significant gender difference in fantasy proneness among young adults.
- There will be no significant gender difference in life satisfaction among young adults.

SPSS version 2.0 was used for statistical analysis. The statistical techniques used for data analysis were Pearson's correlation and independent sample t-test.

Conclusion

The following conclusions were drawn from the study:

1. There is a negative relationship between fantasy proneness and life satisfaction.
2. There is no significant gender difference in fantasy proneness.
3. There is a significant gender difference in life satisfaction.

Limitations

The limitations of the present study have been discussed below:

- Only particular age (Age limit 17 - 23) range has been taken into consideration as the sample.
- The sample was collected only from Thoothukudi city.
- The samples were drawn from only a few Arts and Science College.
- Only two variables Fantasy proneness and Life satisfaction among young adults were included in the study.

- This study doesn't explain a causal relationship between the variables nor the variation between the variables.

Implications of the Study

- This study has formed the basis for future research in the very less explored area of fantasy proneness.
- The research provides better understanding of the relationship between fantasy proneness and life satisfaction
- The present study could be used to spread awareness among young adults who have a fantasy proneness and it helps to understand the difference between fantasy and reality.
- This study will help the individuals to find out the level of life satisfaction and fantasy proneness.
- By living mindfully, the level of life satisfaction can be increased.

Suggestions for Future Research

- Awareness can be created regarding mindfulness and living life experientially that would affect life satisfaction and performance positively.
- This study can be further continued into a deeper study at the PG level.
- Other related variables like personality type or interpersonal relationship patterns can be included to make the study more interesting.
- This study can focus more on remedial measures that will help people with fantasy proneness to make it as constructive as possible.
- The research could include statistical analysis like regression to further understand the variables.

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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 given reason. Your responses to this study will be treated confidentially.

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

Signature of the participant _____

Date;

Personal Data Sheet

Initial ;

Age ;

Gender ;

Name of the institution ;

Department ;

Appendix B

Instructions

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

S.NO	ITEM	Yes	No
1	As a child, I thought that the dolls, teddy bears, and stuffed animals that I played with were living creatures.		
2	As a child, I strongly believed in the existence of dwarfs, elves, and other fairy tale figures.		
3	As a child, I had my own make-believe friend or animal.		
4	As a child, I could very easily identify with the main character of a story and/ or movie.		
5	As a child, I sometimes had the feeling that I was someone else. (e.g., a princess, an orphan, etc.)		
6	As a child, I was encouraged by adults (parents, grandparents, brothers, sisters) to fully indulge myself in my fantasies and daydreams.		
7	As a child, I often felt lonely.		
8	As a child, I devoted my time to playing a musical, instrument, dancing, acting, and/or drawing.		
9	I spend more than half the day (daytime) fantasizing or day dreaming.		
10	Many of my friends and (or) relatives do not know that I have such its detailed fantasies.		
11	Many of my fantasies have a realistic intensity.		
12	Many of my fantasies are often just as lively as a good movie.		

13	I often confuse fantasies with real memories.		
14	I am never bored because I start fantasizing when things get boring.		
15	Sometimes I act as if I am somebody else and I completely identity myself with that role.		
16	When I recall my childhood, I have very vivid and lively memories.		
17	I can recall many occurrences before the age of three.		
18	When I perceived violence on television I get so into it that I get really upset.		
19	When I think of something cold, I actually get cold.		
20	When I imagine I have eaten rotten food, I really get nauseous.		
21	I often have the feeling that I can predict things that are bound to happen in the future.		
22	I often have the experience of thinking of someone and soon afterwards that particular person calls or shows up.		
23	I sometimes feel that I have had an out of body experience.		

24	When I sing or write something, I sometimes have the feeling that someone or something outside myself directs me.		
25	During my life, I have had intense religious experiences which influenced me in a very strong manner		

Appendix C

Instructions

Below are five statements with which you may agree or disagree. Using the scale ranging from "strong disagree" to "strong agree", indicate your agreement with each item by ticking under an option. Don't leave any fields blank. Be honest-there are no right or wrong answers!

S.NO	ITEMS	Strongly disagree	Disagree	Slightly disagree	Neither agree or disagree	Slightly agree	Agree	Strongly agree
1	In most ways my life is close to my ideal.							
2	The conditions of my life are excellent.							
3	I am satisfied with life.							
4	So far, I have gotten the important things I want in life.							
5	If I could live my life over, I would change almost nothing.							

