

# LIBERAL STUDIES

*Vol. 4, Issue 2, July–December 2019*



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## *Experts Speak*

# **MENTAL HEALTH: CONCERNS, CHALLENGES & THE WAY FORWARD**

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### *Concept Note*

“Mental illness is not a personal failure. In fact, if there is failure, it is to be found in the way we have responded to people with mental and brain disorders”, said Dr Gro Harlem Brundtland, Director-General of WHO, on releasing the World Health Report.

One in four people in the world are affected by mental or neurological disorders at some point in their lives. Around 450 million people currently suffer from such conditions, placing mental disorders among the leading causes of ill-health and disability worldwide. Treatments are available, but nearly two-thirds of people with a known mental disorder never seek help from a health professional. Stigma, discrimination and neglect prevent care and treatment from reaching people with mental disorders, says the World Health Organization (WHO). Where there is neglect, there is little or no understanding. Where there is no understanding, there is neglect.



In a new report entitled “New Understanding, New Hope” the United Nations’ health agency seeks to break this vicious cycle and urges governments to seek solutions for mental health that are already available and affordable. Governments should move away from large mental institutions and towards community health care, and integrate mental health care into primary health care and the general health care system, says WHO.

A lack of urgency, misinformation, and competing demands are blinding policy-makers from taking stock of a situation where mental disorders figure among the leading causes of disease and disability in the world, says WHO. Depressive disorders are already the fourth leading cause of the global disease burden. They are expected to rank second by 2020, behind ischaemic heart disease but ahead of all other diseases.

The responsibility for action lies with governments, says WHO. Currently, more than 40 percent of countries have no mental health policy and over 30 percent have no mental health programme. Around 25 percent of countries have no mental health legislation.

The magnitude of mental health burden is not matched by the size and effectiveness of the response it demands. Currently, more than 33 percent of countries allocate less than 1 percent of their total health budgets to mental health, with another 33 percent spending just 1 percent of their budgets on mental health. A limited range of medicines is sufficient to treat the majority of mental disorders. About 25 percent of countries, however, do not have the three most commonly prescribed drugs used to treat schizophrenia, depression and epilepsy at the primary health care level. As per WHO estimates (2001), “More than 40% of countries, covering about 65% of the world’s population, have access to less than one psychiatric bed per 10 000 population. Beds are particularly deficient in the African and South-East Asia Regions.”

In India, WHO estimates that the burden of mental health problems is of the tune of 2,443 DALYs per 100,000 population, and the age-adjusted suicide rate per 100,000 population is 21.1. It is estimated that, in India, the economic loss, due to mental health conditions, during 2012-2030, would be approximately 1.03 trillion dollars.

Mental health, like other aspects of health, can be affected by a range of socioeconomic factors that need to be addressed through comprehensive strategies for promotion, prevention, treatment and recovery through a holistic approach.

Determinants of mental health and mental disorders include not only individual attributes such as the ability to manage one’s thoughts, emotions,

behaviours and interactions with others, but also social, cultural, economic, political and environmental factors such as national policies, social protection, living standards, working conditions, and community supports. Poverty and low education levels are the key amongst these factors. Quite a large range of psychological, personality and genetic factors contribute towards the vulnerability.

Treatment of mental health disorders is of utmost importance. Policy makers should be encouraged to promote availability of and access to cost-effective treatment of common mental disorders at the primary health care level.

The *Liberal Studies* journal invited five eminent experts in the domain to ponder over the mental health challenges and concerns in the contemporary times. **Dr. B. Mukopadhyay** discusses how the practices available in yogic sciences can preserve the mental health and can prevent from mental ailment along with its remedial measures. From the beginning of the last century research work on the psychology of the east created huge impact among the psychologists and the educationists of the west and they observed yogic sciences form the core of the eastern psychology. **Dr. D.M. Pestonjee** and **Taronish Pastakia** reflect upon inter-generational adjustment issues in the workplace. The modern world of work has to take into account factors like uncertainty, complexity, speed, technology, virtual- workspace, hyperspecialization, cultural diversity



and communication and also macro-level factors like gender-issues, work-life balance, the changing legal environment, social structure and support systems and mental health issues. Cutting-edge advances in the virtual-workspace like the roles of Virtual Reality (VR) and Augmented Reality (AR) have also been discussed.



# *Yogic Sciences in Achieving Complete Mental Health*

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**Banbehari Mukhopadhyay\***

## **Introduction**

In our culture, mental health is explained through sound efficient mind with controlled emotions. A mentally healthy person when threatened with conflicts and frustrations maintains the balance by working against stress. Mental health is the ability to adjust satisfactorily in social and emotional challenging situations. Mental hygiene is the means to sustain and develop mental health.

Mental health has got several dimensions. These are preservation, prevention, remedy and of course developmental dimension. Individual needs to maintain emotional control and manage stress to face the challenges of life. Here comes preservation of mental health. A preventive measure is designed to develop



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necessary skills that reduce the chances of occurrence of any mental health problem. The remedial measures are taken when the problem already exists. The developmental dimensions aim at increasing intentional functioning of the mental mechanisms. This includes techniques of coping with mental health crisis in life before they arise.

The mental hygiene movement started as long as 1908, when Clifford Beers published the book “A mind that found itself”. Through the work of Beers (1908) and others, initiatives were undertaken to educate the people on the importance of building mental health from early childhood. Different agencies like school, colleges, homes, religious institutions found to be nodal agencies to build up mental health for their target groups. Creating awareness on mental health problems and sustained efforts to promote and improve mental health considered to be the part of the education and socialisation process. We are mentally healthy when our personality is functioning well, when all our powers and abilities, needs and urges find expression and maintain harmony with one another. To fulfill our needs and developing our powers and talents, individuals need to identify right goals. A mentally healthy person keeps in view the individual’s goal and happiness along with the social goal and social welfare.

Following the Second World War in the past century, the faith on humanity and social welfare went to their lowest order due to the horrible impact of the war. A new branch of psychology – Existential Psychology emerged on the “faith on human beings”. Viktor E. Frankl’s writings on “Experiences in a concentration camp” and “The search for meaning” brought a revolution in the domain of Existential Psychology as a discipline, especially his experiences of witnessing the behaviour of a very few fully mentally healthy person in “Gas chamber”. Frankl (1968) observed that today existential crisis of man is steadily getting importance. Man’s search for meaning in life, is further increasing. Majority of the somatic symptoms of mental problems can be traced from fear and flight, moving away from freedom and responsibility. The search for meaning in life leads to a higher level of existence, may be spiritual life.

A few concepts on spiritual evolution of human beings are available in Indian and Western philosophy. These include “Sahaj Manush” (simple man) of Swami Nigamananda, as described by Basu (1955), “Superman” of Sri Aurobindo (2003), “Urbarmensch” of Friedrich Nietzsche (1883), Sri Ramakrishnan’s (2003) “Everfree man”, “Maharishi” of Richardson (1946), “Man of self-realisation” of Parthasarathy (1984) and to a great extent “Metaman” of Abraham Maslow (1971).

The concept of Metaman as portrayed by Maslow (1971), the individual who frequently gets peak experiences, he has attended certain level of spirituality, he thrives for mankind, has love for beauty and goodness, justice in the world. Peak experiences give the feeling of being a part of the infinite and the eternal. Here comes the concept of fullest development of mental health. Metaman is the hypothetical portrayal of a man with the fullest development of psychological health and spirit.

Maslow (1967) perceived self-actualisation man prior to Metaman of the society. People having self-actualised needs are supposed to overcome other human needs like security, belongingness as well as esteem needs and continue to drive and fulfill potential to “be all that you can be”. They strive on becoming extremely complete. It seems, therefore, the purpose of education is to produce self-actualised men who have control over his emotions and have sound mental health. There are number of theories in psychology which deal with the concept of mental health. Theories related to the human needs appear to be from the basis of mental health. Maslow’s (1967) hierarchy of needs at the self-actualisation level and beyond, talked on “healthiness”. This healthiness is fullest development of mental health which was found out by Maslow (1971). He developed his concept of healthiness independently; it appears that he assimilated certain aspects of Eastern psychology which fitted to his concept. Yogic sciences form the core of eastern psychologies.

Several investigators have established the importance of yoga in maintaining psycho-physiological balance and improvement in personality. Koleman (1952) while working on Patanjali Yoga observed that “yoga discipline is a beautifully designed technique to induce pacification of body and mind, and in the serenity of that powerful detachment, to realise the self’s true nature being a pure spirit, absolutely unrelated and independent. Practices of yoga help in overcoming the emotional disturbances like anger, frustration, anxiety and tension”. Abhedananda (2009) brought out a book on Yoga Psychology. The book reflects the thought of a monk on effects of yoga on human psychology. Vaishwanar (1975) argued that practice of yoga does impart an exceptional control on sensory, autonomic and motivational (limbic) nervous system. Latha and Kaliappan (1987) in their study on effectiveness of yoga therapy in the treatment of migraine, tension and headaches used Yoga Asanas (postures) and Pranayama (Breathing exercises) in therapeutic purpose. Morbid thinking, anxiety etc have their effect on sympathetic nervous system through a mind-body connection. Yogic relaxation processes breaks up some of the inappropriate ‘loops’ of thinking. These inappropriate loops may be a series of worrisome thought (Benson, 1984). Naug (1975) conducted case studies on neurotic disorder by applying yoga. He

observed a positive improvement in the psychological response of the patient. The effects of postures and Pranayama which are inbuilt in yoga training reduce somatic symptoms of the neurosis. Radha Rani and Davidson (2018) studied the effects of yoga on social and emotional development and observed the positive effect. Akshatha (2018) studied the psychological effect of meditation on brain mechanism. She observed that meditation is one of the preventive medicines for anxiety and many other disorders. Several other investigators have studied different techniques of yoga in bringing about psychological equilibrium. These include Benson (1984), Bloomfield (1975), Ferguson and Gowan (1976), Mukhopadhyay (1993, 2004) and others.

C.G. Jung (1978) after extensive study on Indian philosophy by staying in India found the great treasure of Indian philosophy and yogic sciences. His research works on 'Psychology of the east' created huge impact among the psychologists and educationists of the west. It is not exaggeration to say that the awareness of the yogic sciences of India and its immense importance of achieving mental health was first brought out by Jung. Jacobl (1946) stated the concept of yoga by Jung. Accordingly, "Yoga is, as I can readily believe the perfect and appropriate method of fusing body and mind together so that they form a unity that can hardly be doubted. Thus they create a psychological disposition which makes possible intuitions that transcend consciousness".

In yogic sciences, practice of yoga comprises of several steps. These steps include yogic postures, Nadisadhana, Mudra, Pranayama and Meditation. There are several other related higher steps like "Dharana" and "Samadhi" before and beyond meditation (Nigamananda, 1907). Steps of meditation can be practiced independently without going to the next steps and certain positive results can be derived out of practice. For instance, certain postures like Padmasana (Lotus Posture), Siddhasana (Fulfillment posture) have the inbuilt system in it to achieve higher psycho-physiological equilibrium. In yogic sciences, the importance of practice of meditation is being accepted and preached by almost all the authorities towards achieving psycho-physiological equilibrium, thus achieving complete mental health.

Much before Jung (1936), Swami Vivekananda (1976) preached and encouraged practice of meditation in many places of United States of America in 1890s. When the world came to know about him after his historical address at Chicago Religious Congress he was invited at several places of America and England to talk on spirituality. His focus was solely on practice of meditation to achieve mental health and to reach highest level of spirituality.

In the past decade certain initiative by several saints, yoga teachers and authors are praiseworthy. Srimat Swami Sivananda Saraswati (1949) of Umachal Yogashram, Guwahati, Assam (India) wrote several books on yogic sciences and therapy. In India, the book titled *Yogabale Yogarajya* may be the first book of its kind in yoga therapy. Swami Sivananda (1994) gave more importance to the development of sound health and body through practice of yoga, which in turn will lead to development of sustenance of mental health. There are a number of authorities not possible to mention here, having major contributions over the decades, which strengthened the hands of our beloved present Prime Minister of India, Sri Narendra Modi to initiate and celebrate the first International Yoga Day, 21 June 2015 all over the world.

### **Meditative Techniques**

Meditative techniques are one of the core techniques sprouting under yogic sciences. This is one of the ancient tools to bring about changes in behaviour, most often practiced in Hindus and Buddhist culture. There are many modes of meditative practice in yogic sciences practiced by different schools of yoga. Some of the meditative techniques are discussed in the following paragraphs which have been proved to be high positive bearing in achieving mental health.

### **Transcendental Meditation (TM)**

Maharishi Mahesh Yogi (1963) is the propounder of this technique of meditation and in this technique religious trapping are not necessary (Benson, 1984). The transcendental refers to “going beyond”. Maharishi chose the TM to indicate the spontaneous shifting of the individual’s awareness beyond the familiar level of their wakeful experiences to a state of profound rest coupled with heightened alertness. TM creates an opportunity for two brief daily periods of effortless disengagement from our daily experiences which is made up of an unending cascade of thoughts, emotions, sensations and perceptions (Mukhopadhyay, 1980). The individual on practicing again and again, becomes successful to allow his attention to shift inward, he experiences the quiet level of mind. In this stage he becomes increasingly aware of the unbound nature of his awareness where objects are absent. This is the state of pure awareness” which is nothing more than being wide awake inside, without being aware of anything except awareness itself.

TM was inaugurated in the United States in 1959 and since then millions of people practiced and derived the benefit of improved mental health, free from morbid anxiety and stress. Empirical researches on TM and its benefit were conducted by Benson (1975), Bloomfield (1976), Ferguson and Gowan (1976) and others.

## **Chakra Meditation**

Chakra Meditation (CM) is one of the processes of meditation which has been used widely by yogis and researchers (Nigamananda, 1907; Leadbeater, 2011; Sivananda, 1994; Vishnu Devananda, 1995). Chakras are present in the astral body and each chakra functions in and controls a particular centre in the gross body. In yogic sciences, chakras are known as “Padma” or lotus of the astral body. Nine principal chakras have been identified by yogis. Locations of these chakras in the subtle-physical body correspond to the nerve plexus of the physical body. In meditative practice, chakras are identified with lotus, each one with a specified number of petals. Each chakra has specific colour and is associated with a particular “Tattva”.

Meditation on each chakra has different benefits but all lead towards achieving complete mental health and spiritual upliftment. For instance, Manipura chakra (solar plexus) which is located in the naval region and the psychic characteristics associated with this chakra are shame, hate, depression, fear, jealousy, bitterness, etc. Thus, this chakra is associated with several emotions. He who meditates successfully on this chakra can get rid of the fear of fire, and several diseases. He gets control over several emotions.

Though meditation on each chakra is related to mental health and spiritual development but a few chakras seems to be more important to psychologists. Like Lalana chakra (Forehead chakra) is situated in the inner region of the upper cavity of the forehead. This chakra is the seat of “Aham Tattva” (Ego). The psychic characteristics related to this chakra are respect, satisfaction, honour, sympathy, guilt feelings, purity, affection, etc. Meditation on this chakra helps to cure neurotic and psychotic disorders. Further, to get rid of pain and headaches and overcome fatigue, one can meditate on this chakra.

## **Laya Yoga**

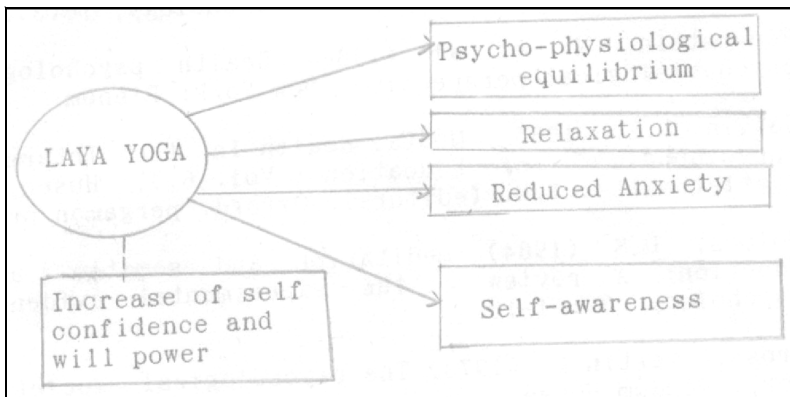
Laya yoga is said to be the earliest form of meditation. The term “Laya” is coined with the yoga and is considered to be a broad term. The concept of laya yoga is self revealing. “Laya” means immersion and absorption into a blissful void. In Laya yoga the entire thought is projected on some internal or external object, real or imaginary and thus the mind is becoming passive. Further, Laya means dissolution, disintegration of the gross into fine and disappearance of the effect into the cause.

According to one of the ancient Indian Sanskrit literature Sibha Samhita, four types of yoga are usually perceived; which includes Mantra yoga, Hatha

yoga, Raja yoga and Laya yoga. Among all these, Laya yoga has undergone a number of transformations and today many forms of Laya yoga are available.

There are several techniques of Laya yoga. In Yogi Guru (1907) which is one of the best yoga book in India on yoga practices of our time, has cited sixteen techniques. Practice of Laya yoga may consist of five phases. These plans are setting stage; orientation and introduction; Practice; wind up; debriefing and feedback. No special support materials are required to practice this technique. Comfortable arrangements should be there to enable the subjects to lie down or sear depending on the technique. It is enough if the entire environment is quite. A few individuals may experience negative and unwanted feelings while going to deepest part of the yoga practice. This may particularly happen in case of Nama Japa (Mantra Yoga). Bhole and Karmblekar (1968) in their study on effect of yoga practices observed that a few subjects developed unwanted feelings at the end of the classes. Of course in practicing laya yoga if the purpose of meditation is gaining mental health through limited practices, then the chances of those negative reactions are remote.

The technique of Laya Yoga can form the basis of general mental health curriculum of any educational institution. It can be used as a part of the psycho-educational model in the educational institutions.



*Fig. 1. Laya Yoga*

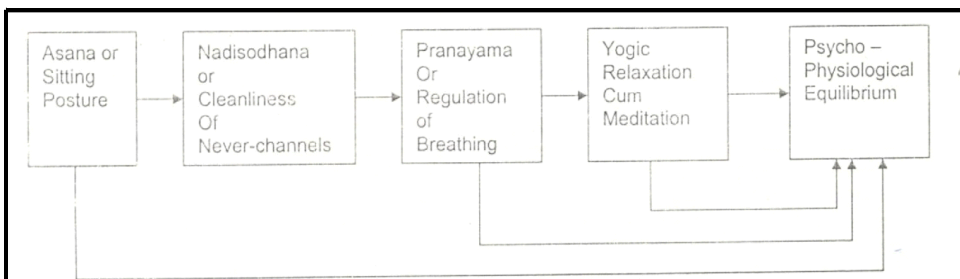
Instructional Effects (→) and Nurturant Effects (—)

Laya yoga is the easiest way to physical, mental and emotional relaxation. Through regular practice of Laya yoga, it is possible to resolve dissatisfaction and bringing internal harmony. It brings about a dynamic equilibrium between thoughts and emotions. Its most powerful value lies in the maintenance and development of mental health. When individuals are able to practice

independently, it is likely to increase self awareness, along with self confidence and a surge of will power (see fig.1)

### Yoga Psycho-Therapeutic Equilibrium Model (YPTM)

Alan Watts (1967) while analyzing eastern and western psychotherapy observed that eastern way of liberation has similarity with the western psychotherapy. This is because both are concerned with changing the feelings of people about themselves. Tart (1976) one of the great scholars in Transpersonal Psychology has contributions on altered states of consciousness. Yoga can help control such altered states. He has proposed to use eastern thought for understanding and controlling altered awareness. This altered state of awareness has new potentialities for personality of growth. Ram Dass (1971) emphasises the importance of spiritual growth and its inculcation to remove emptiness from life. He felt that meditation and other spiritual practices can result in therapeutic personality changes which cannot be done by application of drugs. The body has an inborn capacity to enter into a special state characterised by lower heart rate, decreased rate of breathing, slower brain waves, lowered blood pressure and lowered speed of metabolism. All these characteristics will counteract with the harmful effects of emotions and uncomfortable feelings of stress. Practicing certain forms of Yoga leads to the changed state of the body. By practicing yoga, psychotherapeutic equilibrium model (Mukhopadhyay and Renuka Devi, 2004), the individual reaches to a relative peaceful psychic condition. This initiates the change in an individual, his mental pattern, which as a result breaks free ‘worry cycles’.



**Fig. 2: Psycho-physiological Equilibrium cycle: Yoga Meditation Model.**

These worry cycles are undesirable and unproductive complexes which are responsible for brooding of the mind again and again with the anxieties, uncreative and undesirable thoughts. This process is mostly involuntary. The practice of YPTM and its associated techniques can be instrumental in achieving psycho-physiological equilibrium at its fullest mental health.



The atmosphere should be positive and friendly for practicing YPTM. No support is necessary for practicing this model, but comfortable arrangements should be there to enable the subject to sit or lie down as and when it requires.

## Conclusion

In present day, in the context of global competition with the increase of general stress levels of an individual, it is our responsibility to prepare ourselves to meet the challenges. Preservation and fullest development of mental health should be the “mantra” for everyone to get success in every field. Yogic sciences are the means to achieve highest level of mental health. Thus, practice of yoga by every individual in the society can bring about a total positive change in the individual and thus, to the society and the world.

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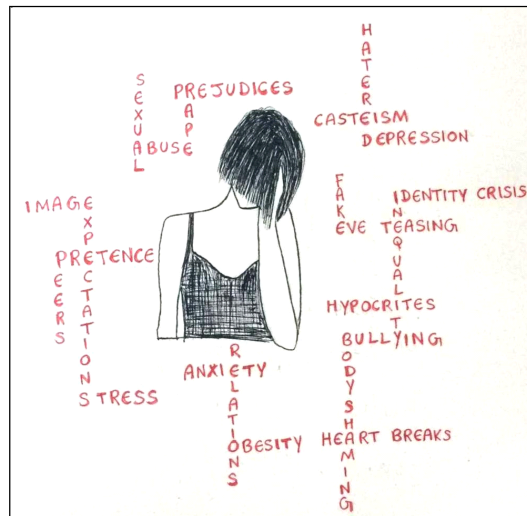
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# *Modern Social Life and Mental Health*

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D.M. Pestonjee\*  
Taronish Pastakia\*\*

Indian society today is a society in transition. The ago-old misconception that the Indian economy is predominantly rural is now eroding away. It is true that one's village culture, community, caste and familial ties still majorly impact the average Indian's way of life. However, due to both the 'push' and 'pull' forces of migration, the former, over time, have become more and more amalgamated with urbane and metropolitan influences stemming from, among others, the mass proliferation of white collar jobs and the explosion of



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social media platforms. This hybridisation of schemas often causes cognitive dissonance for said individual in multiple facets of his/her personal and/or professional life.

Since industry and service sector jobs are majorly concentrated in urban areas of the country, this individual now has an entirely new set of psycho-social adjustment problems to deal with. Another reason for why the work-life of India is drastically different from that of other countries is that organisations in India, at least the well-established ones, often have two to three generations working simultaneously, which combined with the rapidly growing average life-expectancy; thanks to cheap quality public health-care, which is estimated to increase to four to five generations in the near future. The major problem to be expected by future, and even to an extent, current HR managers, is that multiple generations profess dramatically different superegos and/or value-systems.

First, we have the 'Baby Boomers' born approximately between 1946 and 1964. Then we have the 'Gen-X' born between 1965 and 1985, followed by the 'Gen-Y' aka the 'Millennials' born between 1986 to 1996, and lastly, the 'Gen-Z' born post 1996. Although the consensus on the specificity of these generational demarcations is somewhat disputed, there is no doubt about the vast chasm of value-systems from the Gen-Z to the Baby Boomers and everyone in between, which makes the office-space a ripe platform for intra-organisational disputes resulting from lack of group conformity and group cohesion on one end of the spectrum to groupthink on the other. In orthodox Indian cultures wherein merely questioning elders or raising doubts is still considered akin to insulting them.

To prevent these and other expected issues for HR personnel, it becomes vital for the Gen-X and the Baby Boomers to attempt to understand the value-systems of the Gen-Y and Gen-Z, for instance, their crucial need for technology in any relationship formation or maintenance, the insecurity which may often stem from that, their ardent passion towards their profession as opposed to merely looking at a job as a means of livelihood, their ability to multi-task with agility, etc. In return, it also becomes necessary for the spontaneous and speed-loving Gens-Y and Z to try and understand the historical and cultural backdrop of the formative years of the Gen-X and the Baby Boomers in order to then comprehend the reasons behind their reluctance to adapt to new technologies, their seemingly orthodox views and stereotypes about various aspects of the emerging Indian society, etc. This in turn might encourage them to give due credence to their wealth of experiential knowledge amassed and accumulated over the years which combined with the agility of their youth, can really enrich the experiences of

group endeavor for all parties involved.

It is well understood among mental health professionals that when said maladaptive behaviour, social or otherwise, becomes chronic in both duration as well as severity, temporary 'states' of mind turn cross into the territory of relatively permanent 'traits' of cognition and behaviour. Before you know it, an employee may well be beyond the reach of his/her HR managers' skill and expertise, and specialists may need to be called on to assist. This is where the crux of the problem lies today, because according to the Union Ministry of Health and Family Welfare, the country needs 11,500 psychiatrists but has merely 3500 at present. Among non-medical personnel, this dearth is even more acute. In a country where one student commits suicide every hour, according to National Crime Records Bureau, 2015, the entire mental health workforce, comprising of psychiatrists, clinical psychologists, mental health social workers, psychiatric nurses, occupational therapists, etc. stands at roughly 7000, while the actual bare minimum requirement is estimated to be around 54,750 (Slave, 2016).

Not just human resources, but even financial resources allocated towards mental health in the country barely scratch the surface. At present, India spends around 0.06% of its health budget on mental health. This percentage is even less than what Bangladesh (approx. 0.44%) spends on mental health. In contrast, most developed nations spend over 4% of their budgets on mental-health research, infrastructure, frameworks and talent pool according to a 2011 World Health Organisation (WHO) report (Slave, 2016).

Legislative action however, in recent years has been quite promising. The long awaited Mental Health Amendment Bill was finally passed by both Houses of the Indian Parliament and signed into law by the President of India. Although many of its provisions have not yet been implemented in full, some of the most crucial highlights of the Act are as follows:

1. The act of 'Attempted Suicide' (previously under Section 309 of the Indian Penal Code) has now been decriminalised.
2. The use of Electro-convulsive Therapy (ECT) on minors for any treatment whatsoever has been strictly banned.
3. For adults, ECT use and administration has been restricted to emergency cases only. Moreover, the use of anesthesia and muscle relaxants has now been mandated.
4. Patients suffering from mental disorders have now been given relatively more medical power of attorney depending on the type and severity of the disorder. They can now take decisions about their health and

treatment with little interference from vested interests looking to exploit their predicament.

5. Insurers are now bound to make provisions for the treatment of mental illnesses at par with physical ones.
6. Provisions for regulation and registration of mental health institutions have been provided although yet not fully implemented as a mainstream administrative process.
7. A special provision for the establishment of a ‘Mental Health Review Board’ to act as a regulatory body has also been provided although its implementation is still pending.
8. New guidelines for law enforcement personnel for behaving with the mentally ill have been provided, although training workshops and programmes for the same has been conducted in very few districts, and barely at the grassroots level where it is most required.

Our organisations today are in totally different shapes than those of the last century; but one thing has not changed, i.e. human beings still need organisations to earn their livelihoods and satisfy social needs. People could be part of organisations as employees, partners or entrepreneurs, but they do need organisations to survive.

The modern world of work has to take cognizance of the following important characteristics of organizations (Pestonjee & Pandey, 2013):

1. **Uncertainty:** The external environment of future organizations will be full of uncertainty and extremely volatile. Traditional approaches of developing strategies will not be effective anymore, and managers will need to think differently for new business models relevant for different markets across the globe.
2. **Complexity:** Future organisations shall be more complex systems than ever before. They would be designed around multiple business processes/ models and would aim to target different markets in different regions. There could be numerous inter-dependent sub-systems working with numerous external systems. Both external and internal boundaries will become blurred and permeable. Though organisations will be flatter, but ambiguity and multiplicity of organisational roles of individuals and departments/work groups/teams will be making organisational systems more complex.
3. **Speed:** For future organisations, time could be perhaps the most precious resource to control. High uncertainty and complexity will

force organisations to shorten their long-term plan and they will need to work at a fast pace to achieve their targets. Organisations need to review and revise their goals, objectives and plans very frequently. Strategies designed today may not remain effective by the time they are implemented.

4. **Technology:** Efficient technology will be the key to success for future organisations and it has to be continuously evolving, real-time, relevant and innovative. New technologies shall drastically bring down costs and make decisions-making more efficient. Only organisations investing in R&D for technology innovation will be able to survive and achieve excellence. Organisations need to invest more money on developing and using clean technologies for achieving energy efficiency, causing less damage to the environment, and making human life better.
5. **Virtual Workspace:** In the present century, geography and physics both need to be reinterpreted. Distances have shrunk and the term “global” has acquired a new significance. Work teams can be far apart and may focus on achieving their goals while operating in different geographical locales with different time-zones. Up until the recent past, when we talked of “teams” we thought of individuals who are in close proximity with each other, but not anymore. Future organisations will have more virtual space than physical ones. Organisations could be hiring highly competent and talented professionals across the globe to achieve their targets. New communication technologies i.e. cloud computing will make the virtual workspace more cost effective in comparison to traditional physical workspaces. Most of the core business processes would be conducted online by several virtual teams together.
6. **Hyper-Specialisation:** As future organisations will be more adaptive to their environments, many jobs which are dominating today’s job market will be extinct in the future or could only be of archival value. Future organisations will be driven by hyper-specialised jobs which could be extremely complex but designed around very specific processes or outputs. Hyper-specialised jobs will demand multiplicity of tasks, skills and knowledge of special domains. They shall achieve improvements in quality, speed and cost. Possibly a future hyper-specialised job would merge many interrelated jobs of today and eliminate them in the future.
7. **Cultural Diversity:** Since the workspace is becoming “virtual”, a necessary concomitant is diversity of cultures within a given team. The geographical spread of the organisation and various operations which

they perform at multiple locations imply cultural diversity. Organisations need to frame culturally sensitive HR policies.

- 8. Communication:** To manage uncertainty and complexity effectively, in the era of mergers, acquisitions and alliances, organisations will need to design better internal and external communication strategies with various stakeholders. Collaborative inter-organisational relationships will be a strong determinant of success.

Over and above these macro-level factors, organisations will also need to focus on issues like work-life balance, gender issues, social support issues and emotional issues for improving the quality of life and well-being of individuals. Some of these issues are highlighted below:

- 1. Gender Issues:** The composition of the working population has been subject to change during the past few decades. Increasing proportions of women employees in the workforce across industries and occupational sections has raised the need for special attention to address gender issues at workplaces. Organisations need to be more “sensitive” toward gender issues in their policy, especially with regard to sexual harassment, fair career opportunities to competent professionals irrespective of gender, and the fair treatment of women employees at work and their performance.
- 2. The Work-Life Balance:** The social fabric of society is under tremendous tension and has started showing the signs of “wear and tear”. With better qualified, younger professionals entering the employment markets combined with concepts of gender equality, things are going to be tough for future managers. Gender roles are probably going to be the most important issue of concern for society in general and organisations in particular. And as we can all see, the IQ is having a toll on the EQ.
- 3. The Changing Legal Environment:** Organisations need to work under the respective legal frameworks of the countries where they operate. At the macro-level, legal issues are potential sources of stress for organisations as social systems. Stress in a social system percolates to individuals who are members of the system. As a sovereign country, we have our own Constitution to govern our destinies. It is fascinating to see how the Constitutional provisions have been modified time and again to suit the external realities, e.g. UN policies, international business laws, etc. In the future, we have to align our regulations and laws with international legal norms, e.g. labour laws, intellectual



property rights, cyber laws and international climate change agreements, to name a few.

4. **Social Structure and Support Systems:** It has been a social aphorism that the worst of stress can be managed with the best support system! Not anymore. Our support systems, like the traditional family bonds are getting weaker by the day. The Gen-Y and Gen-Z do not believe in staying with the same organisation long enough to develop socially meaningful relationships as support-systems. As a consequence, the chances of break-ups and break-downs increase manifold.
5. **Mental Health Issues:** With so much changing so fast, we cannot think of the “poor individual” going unscathed during organisational turmoil. Naturally, mental health issues are becoming more and more pronounced as the century progresses. A study reported in WHO, conducted for the NCMH (National Care Of Medical Health), states that at least 6.5% per cent of the Indian population suffers from a form of serious mental disorder, with no discernible rural-urban differences. Though there are effective measures and treatments, there is an extreme shortage of mental health workers like psychologists, psychiatrists, and doctors.

As reported latest in 2014, it was as low as “one in 100,000 people”. The average suicide rate in India is 10.9 for every lakh people and the majority of people who commit suicide are below 44 years of age. There is a strong argument in the contention that “stress audits” especially in the organisational context, are actually represented by the interface between HRM practitioners and clinical psychologists.

“Health is too serious a matter to be left to the mercy of the physicians!”

There is now a paradigm shift from organisation-oriented performance focus to maintain work-life balance and achieving well-being. Earlier research was done with the focus that stress (or distress) is not good for an individual and organisational performance. Hence, we should try to prevent and reduce it, so that organisational performance does not suffer. Most of the stress theories which have been generated in the West, like burnout model, cybernetics theory, have focused on implementing control over the work environment in order to increase overall productivity. Now however, organisations need to shift their focus from productivity to employee happiness and work-life balance if they wish to achieve excellence in the long run.

There is also an ever-increasing emphasis on spirituality and Indian philosophies, e.g. Buddhism. There are some attempts to establish empirical evidence of testing effectiveness of spiritually-focused stress management

techniques in the workplace. We need more inter-disciplinary research in which neuroscientists, clinical and social psychologists, anthropologists, sociologists and philosophers can work together to make human life better.

This research however, should be focused on the scientific inquiry of reality, and not mere confirmation of preconceived assumptions; and it must be relevant to today's society and humanity.

Based on the findings that such researches throw up, the question then remains that can or should organisations build in metrics for their employees' mental health into their regular performance scorecards? Along with their regular financial audit, should the 'stress audit' as mentioned previously, be given equal, if not more weightage in the annual reports of the organisations in question?

Assuming these metrics do the intended job, organisations will also need to look at establishing "social circles" to create an inorganic social structure that reduces chances of depression among all members.

Moreover, technology has enabled the establishment of more and more "connected societies" with disconnected people. This technology however, is not optimally utilised currently, especially in the domain of organisational stress audit and management.

Virtual Reality (VR) and Augmented Reality (AR) technologies have already helped expand the conventional workspaces. For the majority of workplaces, working online and interacting with digital technologies both inside and outside of the office walls have become both a necessity and a norm. This impersonal form of interaction nonetheless continues to be an issue for employees. Can Virtual Reality help businesses overcome the impersonality of online communication?

Virtual and augmented reality will become an \$80 billion market by 2025, predicts a new report conducted by the world-recognised investment bank Goldman Sachs. To put this in perspective, this is roughly the size of the desktop PC market today. Is this realistic? Well, opposed to the adoption of smart-phones and tablets it is expected that the adoption of virtual and augmented reality technologies will be slower. On the other hand, the report noted, "*as the technology advances, price points decline and an entire new marketplace of applications hits the market, we believe VR/AR has the potential to spawn a multibillion-dollar industry, and possibly be as game-changing as the advent of PC*".

How can virtual reality be relevant for and add value to workplaces and business overall, is the burning question in the minds of today's OB and HR

managers. Imagine being miles away from your colleagues or customers, yet feeling that you are physically inhabiting the same meeting room and office space. Virtual reality can help catalyze that experience. As soon as you strap on the headset and noise-cancelling headphones you can immediately enter a collaborative and immersive virtual environment.

Sensors implemented in for example Oculus Rift pick up and translate body language and other types of non-verbal communication that you would miss with traditional teleconferencing or Skype. Language barriers can also be washed away, as these applications hold the capability of translating in real time.

In a time where a major part of our interactions are happening online, people feel more and more isolated as no contact can measure up with personal contact. In remote offices, it is harder to get employees to maintain focus, and a continuous isolation from their colleagues can lead to both a less productive and less cohesive team.

And this is exactly why virtual reality holds an enormous potential for strengthening inter-organisational collaboration. In some cases, virtual reality has already made an impact on training. Taking NASA as an example; thanks to virtual reality, they can make sure that the people they send into space have some amount of experience in becoming detached from their shuttle and have to use a backpack to navigate their way back or performing complicated tasks in zero gravity. Virtual Reality enables NASA to simulate all these situations.

However, you do not need to train for being an astronaut before virtual reality can make a huge difference in the workplace. Customer service training, as an example, requires teaching employees how to impact, retain and understand customer satisfaction as well as the use of greetings, body language, appropriate tone of voice and even the best way to deal with customer complaints.

These skill sets can be quite difficult to hone if the learning is hypothetical. With virtual reality however, employers are able to simulate real-life situations which exposes employees to situations such as the handling of consumer complaint, dissatisfaction or how to turn an unhappy customer into a happy one. Also, consider how medical professionals can receive the best training possible using these virtual reality devices, without the need for less realistic simulations or even human testing.

The workforce today consists of a large number of Millennials. This generation seeks a high degree of flexibility, mobility and in general a great emphasis on work-life balance. Therefore, for this generation a company's culture makes up one of the biggest considerations when evaluating and considering a new employer.

Here, virtual reality can enable the HR department in multiple ways. First, virtual reality applications can enable employees to get as much mobility and flexibility as they desire; by virtually accessing the office space. Thereby, virtual reality gives employees the autonomy in terms of when, where and how they work.

Second, what about using virtual reality to help potential candidates take more informed decisions? In that context, this technology can be used for showing a day in the life of an employee at the employer's organisation and experiencing a tour of the company offices. Facilitating this can in the end benefit the human resource departments that both can increase retention rates and decrease employee turnover.

All in all there lies a huge potential in using virtual reality among businesses. That being said, the adoption will be slow as the devices are still connected to high costs and it will take time to create personalised applications that fit the uniqueness of each business.

However, as more and more work tends to be virtual, and to some extent also remote, and as training, with ever-changing consumer demands, will become more complex – more businesses will be curious to explore how virtual reality can be adopted to improve organisational business processes.

Today's workforce is increasingly diverse in terms of personal characteristics such as race, ethnicity, gender, national origin, religion, gender identity, and sexual orientation. In turn, it's found that a well-managed diverse workforce will both reduce costs and generate greater profit.

Some more issues of mental health resulting from modern social life are listed below:

1. Psychopharmacological Issues (The Rise of Substance Abuse)
2. Economic Delinquency (Frauds & Scams)
3. Breakdown of Family Ties
4. Suicides
5. Truancy/Absenteeism
6. Workplace Bullying
7. Sexual Harassment [Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013]

## **Conclusion**

Many years ago, the author had proposed a concept called the 3-H Approach in the field of Organisational Behaviour. In a nutshell, the field of OB/HR has

evolved from the simple task of managing labour relations i.e. 'Hands' and taking care of the financial needs of employees, to managing 'Heads' and taking care of their cognitive needs as well. Recent trends suggest a new paradigm shift towards managing their emotional well-being as well or 'Hearts'.

The field of mental health just like many other branches of behavioural science, has also evolved from merely being a management of patients (Hands) to focusing on treating their minds/brains (Heads), and is moving towards addressing issues of emotional and spiritual well-being as well (Hearts).

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# *Health Issues and Psychological Dispositions: Some Highlights and Explanations*

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Gopa Bhardwaj\*

Human beings are complex systems and their illness may be caused by a multitude of factors, as just not a single factor such as a virus or bacterium. Health has to be seen not only from medical model but must include the significant and integral aspects of human psychology. We cannot treat mind and body as two entities. There is an assumption that 50 percent of mortality from the ten leading causes of death can be ascribed to behaviour. If this is so, then behaviour and lifestyle have a potentially major effect on longevity. Health psychology attempts to move away from a simple linear model of health and



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examines the combination of factors involved in illness – biological (e.g. a virus), psychological (e.g. behaviours, beliefs) and social (e.g. employment, socio economic status, etc.). The *bio psychosocial* model of health and illness that was developed by Engel (1977, 1980) asserts and establishes this understanding.

In this model, illness is regarded as the result of a combination of factors and an individual is no longer simply perceived as a passive recipient and victim of some external force, such as a virus. For example, Doll and Peto (1981) estimated that tobacco consumption accounts for 30 percent of all cancer deaths, alcohol 3 percent, diet 35 percent and reproductive and sexual behaviour 7 percent. Approximately 75 percent of all deaths due to cancer are caused by behavioural patterns. More specifically the most common form, lung cancer accounts for 36 percent of all cancer deaths in men and 15 percent in women in the UK only. It has been found that 90 percent of all lung cancer mortality is attributable to cigarette smoking, which is also linked to other illnesses such as cancers of the bladder, pancreas, mouth, larynx and oesophagus, and to coronary heart disease. And bowel cancer, which accounts for 11 percent of all cancer deaths in men and 14 percent in women, are associated with diets high in total fat, meat and low in fibre.

The aims of health psychology can be basically divided into two main aspects:

1. Understanding, explaining, developing and testing theory (for example: what is the role of behaviour in the aetiology of illness? Can we predict unhealthy behaviour by studying beliefs?).
2. Converting theory into practice (for example: if we understand the role of behaviour in illness, can unhealthy behaviours be targeted and studied for intervention? If we change beliefs and behaviour, can we prevent illness onset?)

Health psychologists study the role of psychology in all areas of health and illness, including:

- what people think about health and illness;
- the role of beliefs and behaviours in becoming ill;
- the experience of being ill in terms of adaption to illness;
- contact with health professionals;
- coping with illness;
- compliance with a range of interventions;
- the role of psychology in recovery from illness, and
- the role of quality of life and its impact on longevity.



To expand our understanding of the above we may consider the views of Weinstein (1987) who suggested that one of the reasons we continue to practice unhealthy behaviours is our faulty perceptions of risk and susceptibility. He provided the participants with a list of health problems to examine and then asked: ‘Compared to other people of your age and sex, are your chances of getting [the problem] greater than, about the same as, or less than theirs?’ Most participants believed that they were less likely to experience the health problem. Clearly though, this would not be applicable for everyone. Weinstein called this phenomenon unrealistic optimism (findings based on a countrywide sample) and described four cognitive factors that contribute to this unrealistic optimism:

- lack of personal experience with the problem;
- the belief that the problem is preventable by individual action;
- the belief that if the problem has not yet appeared, it will not appear in the future; and
- the belief that the problem is infrequent

Health psychology thus, is “the scientific study of psychological and behavioural processes in health, illness and healthcare” (Johnston, 1994). The aim of health psychology is to understand that there are relationships between mental processes, bodily processes, behaviour and health, and the nature and components of these relationships and how they are to be examined scientifically.

Since 1948, the World Health Organization has defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” This reflects that merely a medical model in understanding health issues and challenges is not going to be extremely adequate and effective in the long run. Salient and dominant lines of inquiry within health psychology investigates a broad range of behavioural patterns, including smoking, exercise, diet, cancer screening, and safer sex.

Initially, it may be reasonable to assume that humans should have an evolved motivation to be healthy. It is acknowledged by all that individuals in good health would be expected to live longer and reproduce more compared to individuals in poor health. Such assumptions require general psychological mechanisms that function to avoid disease and death or remain healthy (the process of natural selection) and they implicitly or explicitly refer to existing theoretical perspectives within health psychology (Goldenberg and Arndt, 2008; Rosenstock, 1974). However, we also must acknowledge that natural selection is not expected to favour traits that optimize healthy survival. In fact, under several conditions, selection may favour phenotypes (composite of the organism’s

observable characteristics or traits.) that are uncorrelated with or even *negatively* correlated with longevity and health (Getty, 2002). Life history theory has developed to explain and conceptualize the manner in which organisms put into use the finite energetic resources and time to fitness-relevant systems such as somatic development and maintenance, intersexual competition, courtship, child-rearing, etc. These are sometimes categorized into domains of “somatic” and “reproductive” efforts; (Charnov, 1993; Stearns, 1989).

Over the past several decades, there has been an explosion of unlimited interest in the area of health psychology, fuelled by mounting evidence that psychological factors have important implications for health. The data from this line of work have been sufficiently compelling that a sizeable number of biomedical researchers—who were initially and rightfully sceptical of the idea—now believe that factors such as chronic stress, depression, hostility, and social isolation influence and enhance vulnerability to certain diseases (Cohen et al. 2007, Kiecolt-Glaser et al. 2002). Consensus opinion has come to support role of psychosocial factors in influencing physical health.

Acknowledging the role of behaviours such as smoking, diet and alcohol, for example, means that the individual and their behaviour and thinking may be accountable for their health status and illness. According to health psychology, the person in totality should be treated, not just the physical symptoms or changes that occur due to ill health. This will include behaviour change, encouraging changes in beliefs and coping strategies/mechanisms, and compliance with medical recommendations. Because the whole person is treated, the patient also becomes partly responsible for their treatment. For example, the person may have a responsibility to take proper medication, and to change beliefs and behaviour. No longer is the patient seen as a victim. This perspective emphasizes that health and illness exist on a continuum. Rather than being either healthy or ill, individuals advance along a continuum from healthiness to illness and back again. Health psychology also maintains that the mind and body interact all the times even during sleep. It considers psychological factors as not only possible consequences of illness (after all, being ill can be depressing), but as contributing to all the stages of health, from full healthiness to illness.

We must be able to answer such questions as:

- What causes illness?
- Who is responsible for it?
- How should illness be treated?
- Who is responsible for treatment?

- What is the relationship between health and illness, and between the mind and body?
- What is the role of psychology in health and illness?

We will try to understand these issues and challenges with the help of few theories and models in a brief manner.

### **Life History Theory and Health**

Life history theory aims towards understanding the way in which organisms allocate finite energy resources toward different fitness-relevant systems. It is based on environmental and phenotypic conditions; individuals may follow different life history strategies—that is, different strategic resource allocations. This approach may be helpful in understanding, predicting, and modifying a number of health oriented behaviours. Here, one takes physical activity (exercise), a health behaviour that directly addresses strategic uses of energy. In modern societies, which are largely sedentary, physical activity is connected to a variety of positive health outcomes (Warburton, Nicol, and Bredin, 2006). In the present calorie-limited environments in which the psychological systems influencing exercise evolved, however, rigorous or sustained physical activity entailed substantial direct energetic costs, as well as costs related to the development and maintenance of metabolically expensive muscle tissue. As a consequence the psychology of physical activity, it should lead humans to be *selectively* active, with activity varying as a function of ecological and phenotypic conditions. One of the major costs of exertion is increased vulnerability to long-term calorie deficit. When individuals develop in environments indicative of relatively high risk of calorie deficit, they may conserve energy by reducing activity. Human and non-human animal literature is consistent with this perspective. For example, in a meta-analysis of 13 Scandinavian birth cohorts, lower than normal birth weight—potentially a cue to caloric stress in adulthood—was related to lower leisure time physical activity later in life (Andersen, 2009).

### **Conceptualising Links between the Social World and Biology**

In many cases, the starting point for studies of health and its various links in human life is a link between an individual-level psychosocial characteristic (e.g., chronic stress) and a specific clinical outcome (e.g., respiratory infection). As researchers develop more complete psychobiological theories of disease, it is become significant to create rich and comprehensive models of the social context of disease by considering factors at multiple social levels (e.g., individual, peer, community, culture). Investigations starting with distal social environment factors such as socio-economic state, the challenges are to find out the more

proximal psychosocial mechanisms that facilitate the larger social environment down to the level of the individual. For researchers starting with individual psychological characteristics such as stress, the challenge is to gain a richer understanding of the broader social forces that result in stress, and this is possible by studying factors beyond the individual level. Thus, these integrative approaches will provide a comprehensive understanding of the social context of disease as well as novel insights into developmental structure and even indicate potential interventions targeting specific psychosocial risk factors.

### **Psychosocial Factors and Biological Intermediaries**

Once a powerful linkage between a psychosocial factor and a clinical health outcome has been identified, the next step will be to determine what biological processes convey those effects into the physical environment of disease pathogenesis (i.e., what biological mediators encourage psychosocial influences “under the skin”). Significant progress has been made in understanding the biological correlates of stress, depression, social support, and SES. These data provide new powerful understanding and establish a conceptual approach for future investigations covering relationships between extra individual social risk factors and their intra individual impact on physiology and illness.

#### ***Psychological Stress***

We are all aware of Selye’s (1956) general adaptation syndrome (GAS) which talked about alarm resistance and exhaustion which are mental phenomenon but result in physical ailments. Since that time a lot of research has been conducted in this area and stress has been found to be a major reason for death and disability throughout the mankind. Recent findings have confirmed very clearly the psychological antecedents stimulate human neuroendocrine responses. An influential meta-analysis by (Dickerson & Kemeny (2004) indicates that human cortisol responses to acute laboratory stressors which are most pronounced in situations that pose a social threat to the individual. Increased secretion of cortisol is also seen in persons facing real-life stressors that are highly chronic in nature. However, meta-analysis also shows that these dynamics change as time passes (Miller et al. 2008). Early in the course of a chronic stressor, there is robust activation of the HPA (hypothalamic pituitary adrenocortical) axis, which gets expressed in elevated concentrations of adrenocorticotrophic hormone and cortisol and the person suffers. Even though the psychological tolerance may increase, the physiological damage may continue. Research on stress has been most influential indicator for establishing that psychological factors and physiological factors both influence human health and we need to pay attention to these domains.

### ***Stress and Asthma***

Psychological stress has been linked to poorer clinical asthma outcomes, such as an increased risk of asthma exacerbations (Sandberg et al. 2000, 2004). In a study on stress and asthma (Rietveld et al. 1999) stress was induced by a frustrating computer task in 30 adolescents with asthma and 20 normal controls aged 14-19 years. Stress measures were self-reported emotions, heart rate and blood pressure. Respiratory measures were (RR) end tidal CO<sub>2</sub>. Asthma measures were cough, breathlessness. The mean breathlessness was higher during induction of actual airways obstruction with provocative agents in previous studies. It was concluded that stress can be sufficient to induce breathlessness in patients with asthma.

### ***Depression***

Depressed individuals also exhibit patterns of immune alteration similar to those found in chronic stress; e.g., impairments in some cellular immune parameters, delayed healing of experimentally administered wounds, and blunted antibody responses to vaccination, along with increased systemic inflammatory activity (e.g., Bosch et al. 2007; Glaser et al. 2003; Irwin et al. 1998; Kop et al. 2002).

### ***Social Support***

Some data suggest that people who are socially isolated are inclined to show higher circulating levels of cortisol, epinephrine, and norepinephrine (Seeman & McEwen 1996, Uchino et al. 1996), although other studies find no substantial differences (e.g., Cole 2008, Cole et al. 2007). However, recent data suggest that alterations in glucocorticoid receptor (GR) signalling associated with subjective social isolation may result in impaired physiologic control of inflammation by the HPA axis, despite normal circulating cortisol levels (e.g., Cole et al. 2007). These alterations in hormonal receptor sensitivity result in altered gene expression profiles in immune cells (Cole et al. 2007).

### ***Socioeconomic Status***

Several studies have also linked low socioeconomic status to higher levels of cortisol and epinephrine during daily life (Cohen et al. 2006a, Evans & English 2002; Janicki-Deverts et al. 2007; Lupien et al. 2000, 2001). It has been generally observed that people of poor economic background suffer more health related problems than people from relatively better socioeconomic status. But, this cannot be taken as an absolute truth as the lower economic status people are more affected by finance related worries and suffer from stress and depression

due to their learned helplessness in most cases. However, we also find the rich suffering from other factors related to obesity, excessive indulgence in junk food and other uncertainties of life like unpredictable life pressures and competitions with their equal or richer cohorts.

One could also view the success of these efforts from a glass-half-empty perspective. Current efforts to change health behaviour are, in most domains, unsuccessful. An obesity epidemic continues in Western countries and is rapidly expanding across the globe (James, 2008). This, combined with sedentary lifestyle—another epidemic—contributes to extensive morbidity and mortality from cancer (Calle et al., 2003), heart disease (Manson et al., 1990), and type II diabetes (Dandona et al., 2004). HIV/AIDS continues to decimate young people's lives around the world, and more common sexually transmitted infections increase the risk of sterility and other negative health outcomes (Hillis et al., 1997). Despite public health efforts, approximately 25 percent of Americans still smoke cigarettes, and only 5 percent of Americans achieve recommended levels of physical activity. And America is one of the topmost countries among economically developed.

## **The Role of Health Beliefs**

### ***Attribution Theory***

The origins of attribution theory lie in the work of Heider (1958), who argued that individuals are motivated to understand the causes of events as a means to make the world seem more predictable and controllable. Attribution theory has been applied to the study of health and health behaviour. For example, (Bradley (1994) examined patients' attributions of responsibility for their diabetes and found that perceived control over their illness (is the diabetes controllable by me or a powerful other?) influenced their choice of treatment. Patients could either choose an insulin pump intense conventional treatment or a continuation of daily injections. The results indicated that the patients who chose an insulin pump showed decreased control over their diabetes and increased control attributed to doctors. In other words, an individual who attributed their illness externally and felt that they personally were not responsible for it was more likely to choose the insulin pump and to hand over responsibility to doctors. A further study by King (1982) examined the relationship between attributions for an illness and attendance at a screening clinic for hypertension. The results demonstrated that if the hypertension was seen as external but controllable, the individual was more likely to attend the screening clinic ('I am not responsible for my hypertension but I can control it').

### ***Health Locus of Control***

The issue of controllability emphasized in attribution theory has been specifically applied to health in terms of the *health locus of control*. Individuals differ in their tendency to regard events as controllable by them (an internal locus of control) or uncontrollable by them (an external locus of control). Wallston and Wallston (1982) developed a measure to evaluate whether an individual regards their health as controllable by them (e.g. 'I am directly responsible for my health'); not controllable by them and in the hands of fate (e.g. 'Whether I am well or not is a matter of luck'); or under the control of powerful others (e.g. 'I can only do what my doctor tells me to do'). It has been suggested that health locus of control relates to whether we change our behaviour (by giving up smoking or changing our diet, for instance), and also to our *adherence* to recommendations by a health professional. For example, if a doctor encourages someone who generally has an external locus of control to change his or her lifestyle, that person is unlikely to comply if she/he does not deem oneself to be responsible for own health. However, although some studies support the link between health locus of control and behaviour (e.g. Rosen & Shipley, 1983) more studies are required to substantiate this claim.

### ***Early-Life Environments and Health***

Findings from a number of studies suggest that early-life social environments can have long-lasting impacts on health that continue into adulthood (Barker 1997, Keating and Hertzman 1999, Repetti et al. 2002). One psychosocial model explaining this phenomenon refers to the fact that exposure to risky family environments early in life (Repetti et al. 2002) has an adverse effect on health behaviour. Risky families are cold, full of conflict and aggression, and rarely show nurturing behaviours. The model states that these types of families engage in more harsh, inconsistent parenting, which in turn leads children to have greater difficulty regulating their emotions. As a result, biological stress response systems become unregulated leading to risk for a variety of health problems over time (Repetti et al. 2002). Studies provide support for a psychosocial model linking early-life environments to adult biological profiles (Taylor et al. 2004). The larger social environment is able to affect biological responses in an individual via the ways they perceive their social environment.

### ***Parental Influence***

Health behaviours are personal, conscious actions that directly or indirectly influence the state of one's health. They are related to one's lifestyle and daily habits (e.g. amount of sleep, eating habits, physical activity, amount of consumed alcohol, and also using psychoactive substances). These behaviours may either

be positive or negative (Woynarowska, 2010). Decisions regarding health behaviours depend on both objective and subjective knowledge and beliefs about them and determine consequential health or disease (Sêk, 2000). For example, attitudes towards health behaviours may depend on one's gender and differential gender socialisation processes, for girls and boys (El Ansari, Suominen, & Samara, 2015; Wardle et al., 2004).

There is no doubt that, parents are important agents in acquiring and shaping health behaviours. They apply different health practices while caring for a child (e.g. regarding quality and frequency of meals, sleep duration and sleep habits, amount of time spent watching TV etc.), and when a child's cognitive and motor development progress, they provide instruction and training on health practices (Ray, Kalland, Lehto, & Roos, 2013). This is exceptionally applicable in the Indian context. Subsequently, adolescence is a critical moment to consolidate the habits and attitudes towards health activities (Woynarowska, 2010; Wojtczak, 2009). In the period of emerging adulthood, when young people achieve considerable autonomy (Shanahan, 2000), they gradually assume full responsibility for their life, including their own health and also the health of others, e.g. of aging parents (Weiner, Roloff, & Pusateri, 2014). They begin to use diverse health practices on their own, including possibly those demonstrated and/or promoted by their parents. Therefore, the behaviour and attitudes of parents can act as great influence for the quality of health of emerging adults (Kanter-Agliata & Renk, 2009; Niemeier, Duan, Shang, & Yang, 2017).

The impact of positive parental health practices on favourable health behaviours of the child is strengthened by parental attitudes of warmth and responsiveness (Ray et al., 2013). Parental attitudes determine the way in which parents build relationships with their children, and how they react in certain parenting situations (Lipowska, Lipowski, & Pawlicka, 2016). Parental attitudes definitely influence the psychological development of children and adolescents and their ability to adapt and function properly. Parents are the first and most important agent of emotional support, along with self-knowledge and self-acceptance. Positive parental attitudes shape children's self-esteem, positive self-image, and self-competence (Lord, Eccles, & McCarthy, 1994; Wissink, Dekovic, & Meijer, 2006), which affect both mental and physical health (Donnelly et al., 2013; Trzesniewski et al., 2006). Thus, parenting becomes a major challenge in the development of health related behaviour.

Jankowska, et.al (2018) found that the female participants exhibited healthier eating habits but lower self-efficacy than male participants did. Accepting and autonomy granting maternal and paternal parental attitudes predicted a positive



health attitude (of both male and female participants), preventive behaviours (of male participants), and healthy eating habits (of male participants). As predicted, emerging adults' self-efficacy mediated the relationship between their health behaviours and perceived parental attitudes. However, the mediation patterns varied for female and male participants. The quality of perceived parental attitudes and self-efficacy are important for health-related lifestyle choices among emerging adults. Mothers and fathers may play different roles in the formation of health behaviours.

### **Social Context of Emotions and Health**

It is important to understand the broader context that underlies the development of these individual characteristics. For example, the proposal by Dickerson & Kemeny (2004) that the social evaluative nature of a threat—the extent to which a person could potentially be judged negatively by others—plays a significant role in determining the intensity of cortisol response to a fixed challenge. The subjective experience of shame represents a key psychological driver of the stress response and thereby serves as a portal between external conditions and the biology of the body. Dickerson and Kemeny (2004) theorized that just as humans have evolved a physical response system designed to protect the self from harm, by eliciting emotions (e.g., fear) and biological responses (e.g., fight-or flight response) in the face of danger, they have also evolved a parallel social self-preservation system that mobilises emotions (e.g. shame) and biological responses (cortisol secretion and systemic inflammation) in the face of threats to one's social standing within a group.

### **The Indian Scenario**

The Indian scenario in one word is dismal. Not only there is a paucity of medical practitioners, but also a picture of helplessness among the needy. In the author's experience with working in health area, especially among the poor it was experienced that there are either inadequate medical facilities or they are out of bounds for the common man. The recently launched Ayushman Bharat Yojna is wonderful at the conceptual level only. Its benefits are not reaching the majority. By getting the chance for close association with ASHA workers and conducting a number of FGDs with them, it was observed that they not only get inadequately financially rewarded for their work, but face many difficulties in getting the medical facilities for their patients. The health issues especially connecting the mind set with physical ailments is not getting the required attention or remains an unexplored arena. It is a great challenge for the country. Despite the Alma Ata declaration by WHO in 1978, the health challenges have a long way to go in India.

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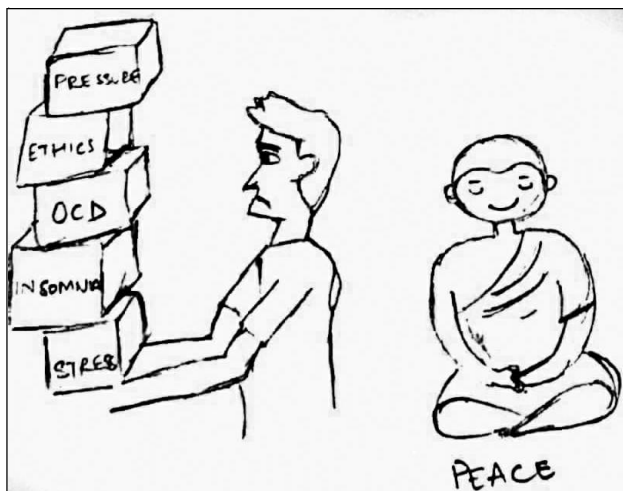
# *Neuropsychology of Aggression and Mental Illness*

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Proshanto Kr. Saha\*

## **Introduction**

Examination of neuropsychological functioning, both in healthy populations and in individuals with brain injury, has provided important information with regard to lateralisation of cognitive function, gender differences in neuropsychological performance, functional differences associated with disconnection syndromes, and cognitive capacity at various developmental stages. To date a large body of research has focused not only on structural brain development, but also on the maturation of individual neuropsychological domains and the process by which these domains become integrated during



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development (Webb et al., 2001). Among cognitive domains, association between aggression and mental illness has been the focus of research due to the costs associated with anti-social personality disorders plaguing criminal justice system. Aggression in terms of physical or mental illness, often leads to behavioural problems both to the aggressor and victim. Aggressive tendencies at times closely relate to mental health challenges which an individual might be facing, if not properly diagnosed, might lead to abnormalities and harm.

In past two decades, developmental neuropsychology of aggression measured and predicted that human brain is plastic in nature and cortical specialisation is largely determined by interplay between brain activity and experience. Research has largely shown that the brain demonstrates remarkable plasticity during developmental stages, additional malleability of structure and function imbues re-configuration during adulthood. We can conceptualise aggression as an integration of approaches at different levels wherein the brain operates in a plastic, self-organising fashion and, as such, is less constrained by predetermined boundaries than previously thought. Today, the notion of “nature versus nurture” has been set aside in favour of a newer, much integrated model in which processes and outcomes of development are viewed as products of bidirectional interchanges between biology and the environment. Bi-directionality implies that interactions with the environment have an impact on the course of biological development, which in turn affects behaviour and functioning, and these changes in behaviour further alter experiences.

Given this predicament of interaction between biological processes and environmental influences, unraveling mental illness among individuals with the neuropsychological approach proves to be a reliable technique. Studying neuropsychological processes may help our understanding of which brain regions are involved, and when and why they first show dysfunction. While anomalies of aggressive processes are good models that partly explain higher-level behavioural dysfunction, the link between aggression and mental illness will ultimately be critical to our understanding of the neuropsychological basis of neuropsychiatric disorder pertaining to violence. If neuropsychological models are to be able to inform treatment selection, and describe the mechanisms that underlie treatment response then integrating neuropsychological models with the significant clinical database which is organised around diagnostic entities will be required. Of course, eventually neuropsychological models may improve clinical diagnosis, by identifying which processes are unique to specific disorders (and their associated treatment responses), as well as those that are common across a range of disorders.



Over past three decades, since the publication of the influential article by psychiatrist George Engel (Engel, G. (1977), *The Need for a New Medical Model: A Challenge for Biomedicine. Science, 196, 129–136*, which was directed towards bridging the gap between psychiatrists and other medical professionals to enable “psychiatry to become better integrated with medical practice”. The outcome of such concept is now known as “biopsychosocial model”. The model is now used worldwide with a notion that each individual is a biological as well as a psychological being consisting of subjective feelings and is considered to be a part of diverse social groups. Despite such a serious attempt to find a unitary home for the previously disassembled humans, the model vividly distinguish between the biological, psychological and social aspects of “mental” illness. Philosophers still assume that human beings exist in two separate worlds, i.e., “physical” and “mental”. The spectre of the proverbial Cartesian dualism of a *res extensa*, the world of matter, and the *res cogitans*, the world of the mind, still persists. The title “neuropsychology,” connecting the “mental” and the “neurological” concepts, precisely defines the ideology that the mental world is clearly based on the neural circuits of the brain. Patients experiencing mental disorders show a high risk of developing aggressive behaviour throughout their lifetime (Volavka, 2013). Reducing the risk of violent and aggressive behaviour inpatients with schizophrenia remains a clinical priority. Hence, with this aim we provide a remarkable resource of modern advances in the field of aggressive behaviour and mental illness.

### **Assessing Aggression and Mental Illness: Methodological Considerations**

Current section focuses on summarising the research conducted on the neuropsychology of aggression explaining methodological and procedural barriers that might arise during reading and interpreting or conducting research on aggression and its effect on well-being. One of the approaches in the field of neuropsychology involves the comparison of neuropsychological behaviours of individuals with a different diagnostic dimension. A prominent example of this approach is the difference seen in the individuals with a known brain damage or an individual with a disease without a specific defined etiology. As a result, this approach leads to a significant progress in identifying and explaining the relation between damaging of the brain along with behavioural and psychological functioning (Lezak, 1983). In addition to this approach the neuropsychological functioning of individuals with differentiated “aggressiveness” is also studied in the field of aggression. Aggression risk assessment is a process of identifying patients who are at greater risk of aggression in order to facilitate the timing and prioritisation of preventative interventions. Clinicians should base these

risk assessments on empirical knowledge and consideration of case-specific factors to inform appropriate management interventions to reduce the identified risk (All nut et al., 2013). An attempt to study “aggressiveness” as an independent variable was undertaken to understand criminal behaviour, however no significant results were observed as it was conducted on incarcerated offenders (Trasler, 1987). Studies focusing on offenders used numerous methods such as self-report inventories for measuring criminality, severity, chronicity, and recidivism.

Another approach is examining individuals who exhibit “antisocial” or “psychopathic” behaviour on the basis of difference in aggressiveness. Hare & Connolly (1987) have summarised the difficulties and issues encountered in operationally defining *psychopathy*. In a clear summary by Wolf (1987) he suggested that there is no universal meaning in the scientific community for the term *antisocial*. In spite of such difficulties, the research groups have shown significant advancement in studying “antisocial” and “psychopathic” behaviour, mainly focusing on analysing behavioural component (e.g., Hare & Connolly, 1987; Raine & Jones, 1987). However, the most stringent operational definitions of “antisocial” or “psychopathic” behaviour typically involve criminal behaviour with extreme severity. Such definition often creates difficulties for operationalising the criminality. Recently, researchers started use of self-reported inventories to study the individual differences with the context of family violence. However, the major concern in using these self-reported instruments involves the base rate in the general population for the aggressive behaviour being studied and the ability of such instruments in improving the identified base rate.

Stating further, one of the issues considered to be essential in comparing the groups which differ in aggressiveness are the variables which causes differences between the groups. Such confounding variables includes: socioeconomic status, marital status, age, family size, and gender. Similarities in subjects found in these potential confounding variables eliminates the possibility of group differences due to these variables. Although, identifying such similarities among individuals on these dimensions is a tedious task, therefore, researchers have adopted more “loose” matching criteria, whereas others use more “tight” matching procedures. For example, trying to statistically equate two groups of subjects on several demographic dimensions is a relatively “loose” matching procedure, whereas comprising two groups of subjects in matched pairs that are equivalent on several demographic dimensions is a more “tight” matching procedure. Anecdotally, it is considered that the “tight” matching procedures can lead to further efficiency and confidence among the researchers for any observed group differences.

In the preceding section, aggressiveness was discussed as an independent variable reflecting individual differences. In contrast, studies have also focused on aggressiveness as a dependent variable. Instrumental aggression is typically defined as purposeful, in order to obtain some desired goal, whereas, hostile aggression is typically seen as rewarding in and of itself. Various methodologies have been developed to measure aggressiveness as a dependent variable (Kaplan, 1984 and Konecki, 1975). Pen-and-pencil based inventories are one of the methods which are widely used by the researchers (Buss & Durkee, 1957; Myer & Megargee, 1977). For instance, the Buss-Durkee Inventory includes items which are designed to assess seven types of aggressive and hostile responses. Megargee and his colleagues (Megargee & Bohn, 1979) have used Minnesota Multiphasic Personality Inventory (MMPI) to characterize convicted criminals based on their personality profile. Although both of these approaches are widely used, however, questions are raised in identifying the degree to which these types of self-report measures can be correlated with overt aggressive or violent behaviours (Edmunds & Kendrick, 1980). Another approach which can be used to assess aggressiveness involves the laboratory based tools that purportedly deliver electric shocks of varying magnitude to a subject who is actually a confederate (Konecki, 1975). Moffitt (1993) proposed that 'neurocognitive deficits present from an early age are a key mechanism underlying the expression of serious and persistent antisocial behaviour that emerges in childhood and continues throughout the life course.' Current literature evolved with measurements of autonomic and central nervous system activations and popularly utilising brain imaging techniques.

### ***Autonomic Nervous System Activity and Aggression***

In the last two decades, brain functioning of criminals has frequently been the subject of neuroscientific investigations (Raine & Young, 2006; Raine, 2013). There may be significant interest areas and researches associated with aggression in criminals or psychopaths concerning to the events in the autonomic nervous system (Hare, 1978; Schalling, 1978; Siddle, 1977; and Venables, 1987). Individuals who are prone to physically assaulting their children or are at risk for such assaultive behaviour is the second area of research interest to investigation the autonomic responses (Disbrow et al., 1977; Friedrich et al., 1985; Frodi & Lamb, 1980; Pruitt & Erickson, 1985; Stasiewicz & Lisman, 1989; Wolfe et al., 1983). Interestingly, the theories behind the above two research approaches are prominently different. Studies on criminogenic behaviour or psychopathic traits assume that individuals with psychopathic personality traits have low-arousal in terms of autonomic and/or central nervous system functioning (Zahn, 1986). Such low level of arousal is considered to be

a causal factor of individuals with psychopathic personality who manifest little reaction to punishment and appear erratic, and sometimes aggressive in stimulating acts. On the contrary, in response to stressful stimuli physical child abusers and those at risk for child abuse show an increased autonomic arousal which is an important precursor to more impulsive and aggressive responses.

A key concept which is essential in studies focusing on autonomic functioning is the discrimination between tonic and phasic activity. Often the distinction between the two terms is unclear; tonic activity measures the resting level of autonomic response, whereas phasic activity measures the momentary change in autonomic activity. Differences found in individuals between resting or tonic levels of autonomic response may be an indicator of differential arousal levels, or an indication that the subjects in the experiment were pre-occupied in different activities prior to the experiment. For example, smoking a cigarette, drinking a cup of coffee, or climbing a set of stairs prior to participation in a laboratory experiment can produce significant elevations in heart rate, particularly during the initial stages of an experiment.

Therefore, the experimenters should ensure that the participants must refrain from such activities prior to the experiment. In addition, the use of adaptation periods at the beginning of an experiment can decrease the potential contribution of such activities to group differences. Changes in phasic activity autonomic system occurs in response to a change in the condition of stimulus introduced by an experimenter. Studies focusing on psycho-physiological components aims to demonstrate differential changes in autonomic activity of the individuals who are prone to abuse or psychopaths as compared to more “normal” control subjects in response to specific types of stimuli. One of the major factors in evaluating phasic-autonomic changes is the habituation of autonomic activity during an experiment. Autonomic activity is typically higher during the initial stages of an experiment as compared to the later stage because of the novelty of the situation and the associated arousal of the subject. Using an initial adaptation period may obstruct some parts of the habituation, but it seldom eliminates entirely the general downward trend of psycho-physiological activity that occurs overtime in an experiment.

The magnitude of phasic changes in autonomic activity during the course of an experiment depends, in part, on the tonic level of activity upon which the phasic changes are superimposed. In general, many research scholars focusing on aggression and autonomic activity such as heart rate and electrodermal conductance reflects the general arousal level of the autonomic nervous system. However, it is not necessary that all components of the autonomic nervous system

will respond equally in stressful or arousing stimuli. (Lacey, 1959; Lacey & Lacey, 1958). Hence, there can be an increased level of heart rate with relatively small changes in electrodermal conductance in one subject during a stressful situation or vice versa. Such differential autonomic patterns in different subjects are referred to as individual response specificity (Andreassi, 1980), and it has been suggested that the measurement of a single type of autonomic arousal cannot represent the overall autonomic arousal in general terms. Therefore, researchers tend to measure more than one autonomic variable in order to prevent such issues. However, such measures lead to different results for one autonomic variable as compared to other variables. The problem then arises on the interpretation of statistical increase or decrease in only one autonomic variable and no other variables. Hence, the measurement of desired multiple autonomic variables can often lead to difficulties in examining the distinction between different autonomic arousal in subjects.

A variety of different concepts other than arousal can be used for examining autonomic variables associated with aggression. The concept of inter-stressor stereotypy of response (Ax, 1953; Engel, 1960, 1972; Lacey et al. 1963) suggests that differential patterns of autonomic response occur during different affective and cognitive stimulus situations. For instance, it has been found that decreased level of heart rate can be an indicator of increased attention to environmental events (Lacey & Lacey, 1970). Frodi (1978) and Frodi & Lamb (1980), citing research by Schachter (1957). Similarly, Geen et al. (1975), suggested that subsequent increase in diastolic blood pressure may reflect feelings of aversion, anger, or a disposition to aggress. Although, facial muscle tension is not an autonomic variable, however, few psycho-physiological studies are also focused on identifying differential patterns of facial muscle tension during specific affective states (Fridlund & Izard, 1983 and Cacioppo & Petty, 1981). Therefore, such psycho-physiological components of aggression can be a focus of researchers interested in this area of study.

### ***Central Nervous System Activity and Aggression***

Electroencephalography (EEG) and cerebral Event-related potential (ERP) are the two major approaches for measuring the electrical activity of the brain. Numerous research studies have attempted to examine differential cerebral functioning by means of EEG recordings in identifying the criminal behaviour. (Flor-Henry, 1976; Gorenstein, 1982; Mednick & Volavka, 1980; and Syndulko, 1978). Only few researchers have focused on evaluating the ERP correlates associated with criminal behaviour. There are various different sources for additional information related to these approaches (e.g., Donchin et al., 1986;

Hillyard & Hansen, 1986; Johnson, 1980; Picton, 1980; Shagass, 1972). Most of the research that has been conducted on EEG activity and criminal behaviour has relied upon visual inspection of EEG recordings and subsequent classification of the activity as indicative of normal or abnormal cerebral function. The studies have found a relatively slow EEG activity particularly in alpha frequency band (8-13 Hz) in criminal populations, however, non-significant results have also been reported. (Driver et al., 1974; Gibbs et al., 1945). Volavka (1987) highlighted the significant difficulties in defining EEG “abnormality” and in ensuring that different judges utilise the same criteria in making such a diagnostic statement.

In quantifying EEG data, researchers are typically interested in the occurrence of particular frequency bands and the amplitude of the EEG wave forms within each band. The technique which is widely accepted in analysing EEG signals is spectral analysis. It is basically a statistical procedure which yields an estimate of the spectral power at various frequencies of the EEG signal. Spectral power determines a combination of the probability of occurrence of a particular frequency and the amplitude of the waveforms within that frequency. A statistical combination of frequency and amplitude into a composite measure has therefore resulted in the increased acceptance and popularity of spectral analysis. The popularity of spectral analysis is likely due to the statistical combination of frequency and amplitude into a composite measure. However, the unique and separate contributions of frequency and amplitude to the spectral power cannot be differentiated, once the composite measure of spectral power has been calculated.

The ERP literature on aggressiveness and/or criminality is comparatively highly popular than work on EEG correlates. The EEG recording and sampling is relatively at a fast rate (frequently as fast as once every millisecond) in ERP research. Typically, the sampling of the EEG recording is time locked to a brief (usually a few milliseconds) stimulus event. Time taken for sampling is not more than 1-2 seconds and is associated with the stimulus event. The stimuli are presented in large numbers and the subsequent samples associated with each stimulus are averaged together for the ERP recording. The “noise” inherent in the background EEG recording is eliminated through the averaging procedure, thus allowing the ERP signal to emerge. Since, the evoked potential generated are relatively small as compared to the noise in the background EEG, this in turn creates the possibility of the development of potential artifact. Eyes are considered to be one of the best known sources of non-cerebral artifact. Eye blinks and movements of the eyes are associated with shifts in the standing potential between the cornea and retina of the eye. Such movements and shifts

can create an artifact in the ERP data and as a result can affect the EEG recording. A variety of procedures have been suggested for detecting and eliminating this contamination (see Picton, 1980 and Donchin et al., 1977). Recently, a wide variety of imaging techniques have been developed to provide images of the brain (Nietzel & Bernstein, 1987). Such techniques include: computerized axial tomography (CAT scans), positive emission (trans-axial) tomography (PET scans), and magnetic resonance imaging (MRI). These techniques provide clear images of portions of the brain and indicate anatomical problems in cerebral tissue. In addition, alterations in brain functioning associated with variations in metabolic functioning can be reflected in PET techniques. These techniques can be used to assess the brain functioning of individuals with various kinds of psychopathology (Nietzel & Bernstein, 1987). The application of these approaches is useful in assessing aggression. However, it should be remembered that each of these techniques yield only a momentary “snapshot” of the brain at one point in time.

### ***Traditional Neuropsychological Assessment and Aggressiveness***

Lezak (1983) suggested that “neuropsychological assessment is a...method of examining the brain by studying its behavioral products” (p. 16). This statement highlights the behavioural element of neuropsychological assessment; that is, in conducting a neuropsychological evaluation the examiner measures the behaviour of the subject and then draws inferences about areas in the brain that may be dysfunctional based on the pattern of behavioural data. The application of neuropsychological test to assess individual traits or abilities lies on the ideology that several disease or damage in discrete location in the brain is associated with specific behavioural changes. Studies have attempted to integrate existing neuropsychological assessment devices within a comprehensive theory of brain-behaviour relationships (e.g., Golden, 1981). One of the theories which have been widely used is given by Luria (1966, 1973). The theory defines that behavioural changes in patients with cortical damage can be described by the functioning of the cerebral cortex. The concept which determines that specific areas in the brain are associated with specific behavioural pattern is referred to as *functional localization* (Lezak, 1983, p. 83). Although this concept is an oversimplification of the complexity of cortical functioning, the notion that behavioural functioning is linked to cortical localisation is one that has been well established for many types of behaviours. There are two major neuropsychological test batteries, the Halstead-Reitan Neuropsychological Test Battery (Reitan & Davison, 1974) and the Luria Nebraska Neuropsychological Test Battery (Golden, 1981; Golden et al., 1980). In addition, the Wechsler scales of intelligence (Wechsler, 1958, 1974, 1981), although not

originally intended to assess neuropsychological functioning, are frequently employed in neuropsychological assessment, with other more narrowly focused tests (Kendall & NortonFord, 1982).

### **Anti-Social Behaviour, Executive Dysfunction and Mental Illness: The Dark Triad in Brain**

Impairment in neuropsychological functioning of an individual might be a key mediating process which interplays the pragmatic effects of genetic and psychosocial developmental trajectory on Anti-Social Behaviour (ASB) (Friedman et al. 2008; Raine and Yang 2006; Yang, Glenn, and Raine 2008). In recent decades, deficits in executive functions and response inhibition have been associated with brain dysfunction in relation to anti-social behaviour. Impairment in executive functions (EF) increases the probability of engaging in ASB and decreases behavioural inhibition, and as a result individual fails to anticipate behavioural consequences and assess punishment and reward, which in-turn affects the capability to generate socially appropriate behaviour in challenging contexts (Giancola 1995; Ishikawa and Raine 2003; Seguin 2008). Deficits in executive functions have been consistently linked with various associated factors of ASB such as criminality, delinquency, physical aggression, conduct disorder, psychopathy and antisocial personality disorder (Morgan and Lilienfeld 2000). Patients with frontal lobe dysfunction most commonly exhibit EF impairments; however, EF impairments are also evident among patients with damage to other brain regions. The frontal cortex, particularly the prefrontal cortex (PFC), plays a central role in mediating EF processes, although efforts to localise EF processes to discrete frontal areas have produced equivocal results (Ardila 2008; Collette et al. 2005; Duncan and Owen 2000; Stuss and Knight 2002; Tanji and Hoshi 2008). Recent research evidence indicates that optimal performance on EF tasks depends on the integrity of the whole brain (Collette et al. 2005; Funahashi 2001; Prabhakaran et al. 2000; Stuss and Alexander 2000). EF impairments have also been found in a wide range of neuropsychiatric and medical disorders, including schizophrenia, major depression, alcoholism, structural brain disease, diabetes mellitus and normal aging (Royall et al. 2002).

Studies in recent decades have also highlighted that general psychopathology is more strongly associated with EF impairments as compared to specific psychiatric illnesses (Stordal et al. 2005). EF measures are generally designed to capture clinically significant performance in experimental settings (Burgess et al. 2006; Chan et al. 2008; Chaytor, Schmitter-Edgecombe, and Burr 2006). Deficits in EF experienced by a large proportion of antisocial individuals are likely to be sub-clinical and representative of individual differences rather than



pathology in EF abilities. These individual differences in EF abilities associated with ASB may produce subtle impairments that impact on the regulation of everyday behaviour. However, it should also be noted that the existence of EF pathology in specific subgroups of antisocial individuals, including serious and persistent antisocial individuals can be initiated at a young age (Moffitt 1993). EF commonly comprises of a broad range of cognitive abilities and can be assessed by a limited range of tests. Since, a single measure cannot measure all the components of EF, therefore, a wide variety of batteries are used to assess EF in individuals. Examples of EF test batteries include the Behavioural Assessment of the Dys-executive Syndrome (BADS; Wilson et al. 1996), the Cambridge Neuropsychological Test Automated Battery (CANTAB; Robbins et al. 1998), and the Delis-Kaplan Executive Function System (D-KEFS Delis, Kaplan, and Kramer 2001).

Antisocial behaviour is a complex construct, as it encompasses a diverse range of socially unacceptable behaviours, therefore it cannot be conceptualised in a single theoretical framework (Rutter, 2003). Antisocial behaviours are categorised according to three major categories: clinical psychiatric diagnoses, the violation of legal or social norms and aggressive or violent behaviour. Clinical diagnostic categories most frequently associated with ASB are CD, Oppositional Defiant Disorder (ODD), Antisocial Personality Disorder (ASPD) and psychopathy. CD is defined as a pattern of persistent behaviour characterised by the violation of the rights of others or major age-appropriate norms and is usually diagnosed after the age of 9 years but not after 18 years (American Psychiatric Association, 2000). Examples of such behaviours include aggression, property destruction and theft. ODD is associated with persistent patterns of negativistic, hostile, defiant, provocative, and disruptive behaviour and is usually diagnosed after 9 years but not after 18 years (American Psychiatric Association, 2000). ASPD is characterised with a persistent pattern of behaviour characterised by a disregard and violation of the rights of others. The diagnosis of ASPD requires the diagnostic features of CD before 15 years of age and cannot be diagnosed before the age of 18 years (American Psychiatric Association, 2000). Psychopathy is characterised by a lack of empathy or insight for the effect of one's behaviour on others, callous, shallow and superficial traits, and behavioural characteristics including impulsiveness and poor behavioural control (Hare 1996).

Although these disorders often involve persistent deviant or criminal behaviour, they are not synonymous with crime (Rutter, Giller, and Hagell 1998). The ASB pertaining to physical aggression or violent behaviour most commonly refers to engagement in behavioural aggression directed towards others, including

bullying, initiating physical fights, using a weapon and causing serious physical harm. Similarities between the features of ASB and deficits in EF highlights the EF processes are considered to be an important factor in examining ASB. However, it must be noted that current evidences linking ASB and EF does not clearly support the conclusion that EF underlies ASB in a causal manner. The observation of EF impairments among antisocial individuals does not explain how such impairments develop over time and may lead to ASB. Morgan and Lilienfeld (2000) conducted a meta-analysis to quantify the association between ASB and EF. The findings suggested an association between ASB and EF that held across varying study methodologies. This meta-analytic review remains as the only systematic quantitative review of studies examining the relationship between ASB and EF, with narrative reviews being more common (e.g., Brower and Price 2001; Hawkins and Trobst 2000; Ishikawa and Raine 2003; Seguin 2008; Teichner and Golden 2000).

### **Concluding Remarks**

The causal mechanism for aggressive behaviour is still a major concern in mental health domains. The identification of subtypes of aggressive behaviour has opened new vistas in unraveling mental illness among such individuals. Neuroimaging studies may further help elucidate the interrelationship between neuro-cognitive functioning, personality traits, and antisocial and violent behaviour. The association between ASB and EF impairments has implications for the treatment of ASB. EF abilities may be targeted to improve treatment effectiveness and reduce the likelihood of future ASB. Recent evidences have highlighted that poorer EF is associated with a range of negative treatment outcomes among offenders, including increased treatment drop out and increased disruptive behaviour during treatment (Fishbein and Sheppard, 2006). Treatment programs that aim to improve EF abilities may be useful in reducing the occurrence of ASB, particularly in children. There is evidence to suggest that cognitive enhancement programs can be effective in improving the development of EF abilities among preschool children (Diamond et al., 2007).

It is therefore important to examine the effectiveness of cognitive enhancement programs in preventing the development of ASB. This highlights the need of further research to examine specificity in impairments across types of antisocial individuals and measures of EF, factors that may moderate the association (ADHD and substance abuse), and the role of EF development in the expression of ASB. A concerted effort from researchers is needed in examining EF and ASB from theoretical frameworks to better specify the constructs. Despite the challenges, we should strive to find a way to give priority

to emotional and psychological support to patients alongside task-based medical care. Research in different areas appears to be converging on similar results and needs to be integrated to elucidate a comprehensive model of the effects of aggression, taking into account cognitive, emotional, and neurobiological development.

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**Surya Narayan Misra\***

***Mahatma Gandhi: A Sesquicentennial  
Birthday Tribute***

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***Abstract***

*Mahatma Gandhi has left his heritage of spiritual force; the influence which emanated from his personality was ineffable, like music, like beauty its claim upon others was great because of its revelation of a spontaneous self-giving. Suffice to say, he never belonged to his age. He was rather a link between the past and future, and the philosopher for the 21<sup>st</sup> century. In fact, in 2007 the United Nations has rightly decided to observe October 2<sup>nd</sup> (Gandhi's Birthday) as the Day of Non-violence. As a tribute, especially in 2019 as his birth centennial year, we must recall the saintly man, who preached non-violence, and his ideals that are potential to address many of our contemporary concerns.*

**Key words:** *Mahatma Gandhi, Non-violence, Ahimsa, Satyagrah, world peace, truth.*

Mohan Das Karamchand Gandhi was born on 2nd October 1869. We are celebrating his 150th birth date in 2019. Being a world statesman, he was not confined to the territorial boundary of India. His political guru was Gopal Krishna Gokhale who said about him: "He was a man among men, a hero among heroes, a patriot among patriots and we may well say that in him Indian humanity at the present time has really reached its high Water-market."

Mohan became Mahatma by his words and action. He was unlike Kautilya and western philosopher Niccolo Machiavelli who opines 'end justify means'. Rather, Gandhi did not locale any difference between the means and end.

Viswakabi Rabindranath Tagore was older to him. The first Asian Noble Prize winner, Tagore said these words about Gandhi: "Occasionally there appear in the area of politics, makers of history, whose mental height is above the

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common man level of humanity. They wield an instrument of power which is almost physical in its compelling force and often relentless, exploiting the weakness in human nature – the greed, fear or vanity. When Mahatma Gandhi came and opened up the path of freedom for India, he has no obvious median of power in his hand, no overwhelming authority of coercion. The influence which emanated from his personality was ineffable, like music, like beauty its claim upon others was great because of its revelation of a spontaneous self-giving.”

Barring the two great sons of the soil who were older to Gandhi, many people representing various walks of life had given their estimate of Gandhi either during his struggle against the alien rule or while writing obituary notes.

Gandhi after his return from South Africa where he practiced his epoch making movement: Satyagraha accorded a new dimension to the Congress led freedom struggle against the British colonial authority. He located arrogant, anti-people, authoritarian colonial authority that had no respect for freedom and democratic values. Ever since partition of Bengal there was sinister design to divide India on communal lines. This was evident when the Morley-Minto reforms initiated communal electorate which became the harbinger for the ultimate division of India on communal lines in 1947.

India was a pluri-cultural country and it was under foreign rule for many centuries. Despite that the civilizational ties and cultural traditions were extremely strong. But the British found the 1857 revolt as a warning signal and they could not relish the fact that Indians had accepted a weak Mughal emperor named Bhadur Shah Zafar to be the ‘Emperor of India’. Though the revolt led to the end of the Company rule, it also began the political and legal regime under the British. The 1860 Indian Penal Code, 1861 Indian Police Act and 1872 Indian Evidence Act along with several other draconian acts like the Vernacular Press Act, the Arms Act, and many more intended to terrorize the simple, innocent and law abiding British subjects in India. Of course, it ignited the Indian mind and seeds of freedom struggle were sown during the lent decades of the 19th century. Gandhi at that time was studying law in England and was aware of the Indian institution and the early year of the Indian National Congress as well as the role of both Tilak and Gokhale whom he admired most. As a law student, he could identify illegal, racial and undemocratic intentions of the British colonial administration. He studied literature available then and was impressed by the writing of Thoreau and Leo Tolstoy.

After obtaining the legal qualification he went to South Africa for legal profession. He spent two decades of his precious middle age there. The stay in South Africa changed Mohan Das and the foundation of his experiments in

non-violence and Satyagraha were laid. He experienced the brutal nature of the alien administration in a foreign land. The suffering of the non-white population in South Africa agitated him. The policy of racial discrimination adopted by the British colonial authority created a new rebel in him but it was of different taste. He motivated and encouraged the non-white Indian settlers in South Africa to be a part of a non-violent movement. It was a decade long Satyagraha which began in 1904 and continued until 1914. The success of Satyagraha and non-violence convinced him about their efficacy. He returned to India in 1915 and saw his countrymen suffering due to anti-people rule by the colonial authority. On the advice of his political guru Gokhale, he toured various parts of his country and got acquainted with misery, poverty and exploitation of people. During those days the colonial government was involved in the World War I and Gandhi thought it appropriate to help the government's war efforts. He also saw the plight of the Congress which was only a middle-class led pressure group. He took interest in transforming the organization into a mass-organization. Initially he found an ashram on the banks of river Sabarmati which very soon emerged as a centre of social, religious and political activities. He utilized his experience and success of Satyagraha and non-violence from South Africa in India. The opportunity came into existence when an innocent crowd in Amritsar on the day of Baisakhi, 13th April 1919 were killed by Brigadier Dyer in the most inhuman and cruel manner.

From 1920 till 1947 Gandhi used his 'Soul-force' and as a master political strategist envisioned, planned and led three prominent people's movement against the British: the non-violent Non-cooperation Movement (1920), the Civil Disobedience Movement (1942), and finally the Quit India Movement known as the August Movement (1942). In the process he could unstable the roots of British colonial dispensation and forced them to be on the back foot. The Indian National Congress had to abscond its elitist approach and was slowly indoctrinated into Gandhian philosophy. However it is to be remembered that Gandhi was a man of action. He avoided generating any systematic philosophy.

"The traditional values of Indian philosophy and religion greatly influenced him and he attempted to apply them in everyday life. As a man of faith, it was his constant endeavour to confirm his eternal life to the inner truth as he saw it. He identified 'Truth' with 'God' or 'Soul' or 'Force' or the 'Moral Law' which governs the whole universe." (*SHIRMALI*, 1970: 15)

According to Gandhi, there was no higher principle to govern man's life and conduct the Truth. In all his activities, whether it was the service of the Harijans or the propagation of Swadeshi or Civil Disobedience against the

unjust law of the state, he tried to affirm the fundamental principle of truth.”  
(*SHRIMALI*)

Gandhi found in untouchability practices by the Hindu society a greatest profanity against God. Further, he advocated Swadeshi Movement because he stood for one’s own country and all that people do or produce are their own. One has every right to use their own neighbourhood, resources and develop his own surroundings. It was not a narrow doctrine promoting caste or religion. Rather it was a rule of conduct to one’s own nature.

It is often said that Gandhi was against technology. Rather, he was against robotic use of technology. If technology enhances ones participatory production, he was in support of it. He believed in ‘production by masses and not in production for masses’. Further, he had the fear that massive role of technology might undermine some of the traditional values of Indian society. He was against the concentration of wealth in just a few hands. He was critical of centralisation of power, urbanisation, unemployment and political, economic and social exploitation.

As a result, Gandhi advocated neither capitalism nor doctrinaire socialism instead humanism grounded in religion. He realised the basic instinct of the people of India. That is why, he located in religion/ truth/ soul force the cardinal principle of life.

Gandhi took leadership in Non-cooperation Movement and Civil Disobedience agitation thinking that it was his moral duty to sensitize people to resist anti-people laws of the State. He thought that these laws were in conflict with that of God or the higher moral principles that govern the society.

Researchers and eminent writers have examined the advocacy of Gandhi in the field of social and political reform. Everywhere he was experimenting with truth. His affirmation of truth was called Satyagraha, which of course was not his creation, rather an age-old technique based on the fundamental tenets of the Hindu society. He stood for the basic principles of Jainism that help to attain salvation. According to Jain scripture, right conduct was of five kinds of Ahimsa – non-violence, truthfulness, non-stealing, celibacy, and non-possession.

Gandhi recommended their five principles as the code of conduct for Satyagrahis. According to Shrimali, “Ahimsa for Gandhi was not a negative virtue but included the attributes of compassion towards all living creatures”. Similarly for maintaining purity of thought, truthfulness was essential. Non-stealing, Brahmacharya and restriction of material wants constituted the essential elements of Hindu society. They also formed the core of all Gandhian thought.

In Hinduism these basic principles had a greater bearing on the cultivation of the spiritual personality of man rather than on the worldly life.

Gandhi's unique contribution lay in applying these ideas not merely for the individual's spiritual growth but also for the betterment of society. B.G. Gokhale (1961) said: "at no time in Indian history except for a short period during emperor Ashoka's reign, were these ideas applied at the collective level".

It was Gandhi who had a strong contingent of Satyagrahis who sharpened the course of freedom struggle against the British. Non-violent Satyagraha played an instrumental role in the liberation of the country. Gandhi was unhappy towards the conclusion of the largest freedom struggle as it ended with the partition of India and communal holocaust. He also fell victim to an assassin's bullets.

Gandhi never belonged to his age. He was a link between past and future. His observation on technology is a testimony to that. He said: "technology is feeding our pleasure centre but squeezing out our human spirit." He warned that the wrong use of technology might cause unheard distorters.

Helen Dixon (*Foreign Affairs*, October 2018) wrote: "Today, technology is being used to control what we see, what we can do, and ultimately what we say". Thus, fear of Gandhi about a hundred years ago stands established today. We cannot say what might happen in the age of 'Digital Dictatorship'.

Today, when in the absence of Cold War we are amidst fear. The United States in the post-9/11 period is only balancing its agony. Around ten countries in the world are nuclear weapon countries of which a sizeable number is neither reliable nor dependable. The fear existed when both the world wars were fought and Gandhi during his life time experienced the wrong use of technology and growth of weaponry system. He observed: "the better mind of the world desires today not absolutely independent states warring one against another, but a federalism of friendly interdependent States."

He also said: "my goal is friendship with the world and I can combine the greatest love with the greatest opposition to wrong."

For this Gandhi had a recommendation – "my structure of a world federation can be raised only on a foundation of non-violence and violence will have to be totally given up in world affairs."

Gandhi, therefore, was not confined to the territory of India. He saw in weapon development system leading to nuclear arsenal and small and petty issues relating to territory and arrogance causing irreparable loss to the civilization by two global wars. He was apostle of peace.

Gandhi can be considered as the philosopher for the 21<sup>st</sup> century. In fact, in 2007 the United Nations has decided to observe October 2<sup>nd</sup> (Gandhi's Birthday) as the Day of non-violence. His comprehensive message for right conduct and right living has made him immortal. Both Gandhi and Gandhism are respected all over the world. Nelson Mandela and Martin Luther King (Jr.) had become iconic leaders by following 'Gandhi Marg'.

Cruel assassin's bullet deprived us of the wisdom of a great soul who relentlessly fought for Indians pride under a colonial dispensation. Kakasaheb Kalelkar in an obituary note rejected the hatred based on religion and wrote that though Gandhi was a Hindu and his religion was Hinduism, yet according to Gandhi – 'my religion has no geographical boundaries' speak volumes on his stand on religion.

Kamaladevi Chattopadhyaya, one of the main architects of All India Women's Conference said, 'Gandhi was universally acknowledged as the greatest man of his age'. Though Gandhi never occupied/ desired for an official position yet he was the tallest statesman of his time. His greatness came from the realm of the spirit, his influence, and unparalleled leadership, from his universal love and faith in mankind.

The messages from Rajendra Prasad, JL Nehru, Sardar Patel and other eminent personalities place Mohan Das Karam Chand Gandhi as one of the most revered statesman for his simple living and free as well as frank opinion on socio-cultural and economic matters. He lived a life for others. He desired a strong village democracy and Swadeshi economy to make India self-reliant in a hopeless post-war world.

On 31<sup>st</sup> January, 1948 (a day after Gandhi's martyrdom) the *New York Times* wrote: "A light has gone out. The rest remains for history's inexorable hand to write down. A hush will go round the world to-day as Gandhi's frail-body is borne to the banks of the sacred river Jamuna, there to be turned to ashes. Out of the ashes we do not know what flowers will spring. But this we do know that saintly man who preached non-violence, is dead by violence. Those who saw him cut-down believed that with a last gesture of forgiveness, he forgave his last enemy. His undying spirit speaks now to all India and the world. He has left as his heritage a spiritual force that must in God's good time prevail over arms and armaments and dark doctrines of violence."

India lost a guardian on 30 January 1948 and the irreparable loss is felt today all over the world.

# Prashanta Chandra Panda\*

## *Internet Citizens, Cashless Economy and Scope of Financial Inclusions*

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### *Abstract*

*A cashless economy is one in which all the transactions are performed using cards or by digital means. In India demonetisation of currencies, digitalized (cashless) transactions are promoted in order to give a fillip to cashless economy. Bank connectivity is a must for digital transactions. Strict enforcement of digital transactions will rapid the process to ensure financial inclusion in time bound manner. Rush to cashless economy or digital money system has its merits and certain demerits if you are not alert. One of the most important aspects is that it will pave the way for universal use of banking services. It will minimize the use of physical currency in circulation. Lower liquidity in cash supply may force the parallel economy to become limited in size. Real estate, fake currency, drug smuggling are going to be reduced considerably. The most important question is how to make a smooth transition so that financial inclusion is more efficient and in all segments of economy. This paper analyses the penetration of internet, internet and digital payment market, explore the possibility of going cashless with financial inclusion in India.*

**Keywords:** *Internet markets, Digital Inclusion, Perception of Corruption.*

### **Introduction**

In the current world scenario we see economic progress in most of the dominant companies as well as economies are more of an outcome of technological improvement and innovation in transaction resulting in better economical process. Interplay between technologies, collaboration of entities to that effect are explored to bring more leveraging rides, possibilities, competitive advantages and larger earnings to the enterprises and entities. Looking for profit booking, visibility and cost reductions have made brick and mortar companies to add to click and mortar wings to reach wider audiences to

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sell more and to gather more revenue. In short, finer integration and successful management of online and offline sales are key points to survival. Real time sales and production data is helping inventory management in sync with demand and production. Growth of Alibaba, ebay, Amazon is a fantastic outcome of technology, technology enabled platforms for vendors, more opportunities for sellers and differentiated payment mechanisms including digital payments. Thus, they are giving everybody a growing platform.

Shopzilla (100 million products, 40 million monthly visitors), shopping.com owned by e-bay, Google Shopping extensively enjoy traffic from shopping engines and Google adwords. Social media websites allow visitors to shop in the same page where they chance upon a good deal. Moreover, consumer behavior is tracked, followed, analyzed and at the same time opportunities are explored online to fuel the demand and execute the sale. Financial payment system follows the innovation in marketing. They provide substitute to cash with trust consequently enhancing liquidity in the system. Market or commerce gets a tremendous boost due to added liquidity as provided by innovation in payment mechanisms. Studies say that digitalisation in past provided 1.5% growth in GDP for developed economies like the USA and at present may be adding 0.5% growth as their market matures.

Digitalisation is here to stay. Digital transformation provides much needed breathing space for organisations to tackle disruptive changes, to improve operational advantages and to facilitate end-to-end consumer experience. Digitalisation is adding to the efficiency, cost reductions and importantly revenue augmentation. A study by Grand View Research, Inc. calculates digital transformation market to surpass USD 798.44 billion by 2025 and is clearly buoyant on sustained increasing demand for internet of things for this market growth. In 2018 e-commerce and consumer internet companies in India raised more than \$7bn (\$ 5.9bn in early stage capital and \$1.3bn invested as expansion capital). Investments are mostly by private equity and venture capital. The same Ernst and Young report covered hyperlocal, travel and hospitality, B2C, edtech, fintech, healthtech, logistictech, social commerce, gaming as a part of e-commerce and consumer internet. Start-ups like OYO, Swiggy, Byju's, PayTm Mall, Pine Labs, Zomato, Udaan, PolicyBazaar and CureFit raised 4.6 billion in 2018. Besides Walmart's acquisition of Flipkart of \$16 billion, Alibaba's investment in BigBasket and PayTm, Tencent's investment in Dream11, and Naspers investment in Byju's and Swiggy testify the potential of this segment of the market. The current paper analyses the penetration internet, internet and digital payment market; explore the possibility of going cashless with financial inclusion in India taking these as indicators of future growth or adaptability.



## Size of the Internet Market

Here we have taken internet users across worldwide as synonym to potential growth of the digital market. Table (1) and (2) provide information regarding internet users to total population and usefulness or addiction to net in terms of average no. of hours users spent on the platform. Looking at the table one thing is clear that there is prevalent of this medium worldwide. Digital unification is happening at a rapid pace. The Caribbean and Northern Africans close to 50% and only middle and Eastern Africa remain the regions with less than 30% coverage.

**Table 1: Internet Penetration by Regions (January 2018)**

<i>Region</i>	<i>Internet users to total population</i>	<i>Region</i>	<i>Internet users to total population</i>
North America	88	Northern Europe	94
South America	68	Eastern Europe	74
Central America	61	Western Europe	90
The Caribbean	48	Southern Europe	77
Northern Africa	49	Oceania	69
Western Africa	39	Western Asia	65
Middle Africa	12	Central Asia	50
Eastern Africa	27	Eastern Asia	57
Southern Africa	51	South East Asia	58

*Source:* Internetworldstats: ITU: Eurostats: Internetlivestats: Ciaworldfactbook: Governmentofficials: Regulatoryauthorities: Reputablemedia: <https://wearesocial-net.s3.amazonaws.com/wp-content/uploads/2018/01/DIGITAL-IN-2018-003-INTERNET-PENETRATION-MAP-V1.00.png>

**Table 2: Average No. of Hours Spent Using Internet per Day**

Thailand	9 H 38 M	UAE	7 H 25 M	Russia	6 H 27 M
Philippines	9 H 29 M	India	7 H 09 M	Italy	6 H 08 M
Brazil	8 H 51 M	Singapore	7 H 09 M	N Zealand	5 H 59 M
Indonesia	8 H 32 M	Turkey	6 H 52 M	Canada	5 H 55 M
South Africa	8 H 27 M	Vietnam	6 H 52 M	Poland	5 H 55 M
Malayasia	8 H 17 M	S. Arabia	6 H 45 M	Sweden	5 H 53 M
Mexico	8 H 12 M	Hong Kong	6 H 47 M	UK	5 H 51 M
Argentina	8 H 10 M	Portugal	6 H 31 M	Australia	5 H 34 M
Egypt	7 H 49 M	China	6 H 30 M	Spain	5 H 20 M
Taiwan	7 H 49 M	USA	6 H 30 M	Ireland	5 H 19 M

*Source:* GLOBALWEBINDEX, Q2 and Q3, 2017; Based on survey on internet users aged 16-64; <https://wearesocial.com/blog/2018/01/global-digital-report-2018>.

Looking at the statistics of 30 countries in terms of average no. of hours spent on internet by the population in the age group of 16-64 years we find an interesting and universally almost uniform statistics that most users on an average spent five hours on net. Noteworthy or even alarming to some extent is that developing economies like Thailand, Philippines, Brazil, Indonesia, South Africa, Mexico and Argentina, people spent more than 8 hours a day on internet. This is an extremely useful statistic based on survey by Globalwebindex talking about shift in the medium for seeking for information, sharing of information and gradually a medium for larger range of trade and exchanges. This is more of an informal and user friendly market where there are no entry barriers. Behavioural analysis is gradually classified as user-base started availing the facility more and more from entertainment, communication medium to business medium.

### **Digitalization of Payments**

According to the World Bank we have around 2 billion adults worldwide who do not hold accounts at formal financial institutions. To reach an economic state which can be called a cashless society we need to have most of the financial transactions being conducted through the transfer of digital information (usually an electronic representation of money) between the transacting parties. It does not mean total disappearance of physical forms of cash or currency. Sweden reports higher percent of transactions done digitally. In four years, experts predict the use of debit cards and mobile payment apps will cause the rate to fall significantly forcing her Central bank to even considering launching a digital currency.<sup>2</sup> There is another report from Business Today which quotes the figure to be 59 percent. In the US, cash payments are little higher than 45 percent. This exists despite the fact that Apple Pay, Google Wallet and Venmo services originated there. It is important to reflect that as per many banking experts, true financial inclusion is beyond accessing a service digitally to make payments and process transactions. It is more important on having the flexibility to make it happen across an entire ecosystem of banks, merchants and commercial institutions. There is a level of comfort and at the same time a major concern for online privacy. It is important to have some idea about how much data gets passed around behind the scenes and between third parties, before getting sold to other companies. It is a case where you wish to be the early adopters and hurried on to new technology. The sluggishness in progress depends on how much one suspects new technology.

### **Cost of Transaction**

At the International level for small businesses Visa and Mastercard had spiked rates by 25% during 2015-18. As per Canadian New Democratic Party

(NDP) small business critic Glenn Thibeault, “In the case of merchant fees, there is a clear case for public interest regulation to lower prices for consumers, and help struggling small businesses grow,”<sup>3</sup> Even at 1.5% on average, credit card interchange fees are higher than those charged by Interac for debit transactions. Under the proposals a merchant will pay an average \$1.50 for each \$100 in goods or services paid for with a credit card. This is too high. There are several fees (annual fees, setup fees, programming fees or fees associated with service calls, transaction fee at a rate of 15 to 75 cents per transaction) charged to merchants that accept credit cards from their clients. This form of payments ranges from 1 to 3 percent of the cost of a transaction. The cost of processing credit cards is ultimately borne by consumers when they pay with credit cards or cash because the merchant will raise prices to recoup costs.<sup>4</sup> This has a tendency to inflate prices. Besides this consumers also pay processing fees, gateway charges. Now these credit card companies are showing the commitment to freeze the average interchange rate for the next five years so that small businesses grow helping card companies’ healthier revenue. Same 100\$ transactions in debit card by the same company carries a fee of 6¢. In the survey carried out, Mastercard points out that credit card sales carry more risk and offer more convenience. Card network companies operate a network for processing of card payments that link together the services of card issuers, acquirers, and merchants under a single brand. They play the major role in setting up fees or rate charged. These companies do not collect fees directly from merchants. This responsibility is relegated to payment acquirers and ISOs (International Standard Organisations). In short it can be said that Merchant Service Providers (MSPs) act as middlemen between the merchant and the credit issuer in the process and determine the rate.

**Table 3: Average Credit Card Processing Fees**

MasterCard	1.55-2.6%
Visa	1.43-2.4%
Discover	1.56-2.3%
American Express	2.5-3.5%

Source: <https://bizfluent.com/info-8420804-much-charge-per-transaction-retailers.html>

**Table 4<sup>5</sup>: Popular Merchant Service Providers**

Flagship Merchant Services	Charge.com	Cayan
Leaders Merchant Services	GotMerchant.com	GoMerchant
Merchant Credit Card	ChasePaymentech	FirstData
The Transaction Group	National Bankcard	iTransact
Credit Card Processing.com	E-Commerce	FreeAuthNet

Source: <https://bizfluent.com/info-8420804-much-charge-per-transaction-retailers.html>

## Size of Cash Economy in Different Countries and Perception of Corruption

India is a country where 98 per cent of total economic transactions by volume are done conducted through cash. It will take some time (15 to 20 Years) to reach a magical figure of 50%. Singapore and Netherland are at the top by 60 and 61 percent. UK, Belgium, Canada, Sweden and France have in between 50 to 60 percent. For China the figure is 10% and interestingly figures for Japan, South Korea and Germany stand for 14, 29 and 33 percent respectively. These are advanced economies where banking habits are universal, but the prevalence of cashless transactions is less than 35 percent. Top cashless economies are mentioned below in table (iii). It is also alleged that high scoring countries in corruption (closer to 100) are exporting corruption for their business interest. Corruption inside the country by their citizens is lower for higher the proportion of cashless economic transactions. The most significant exceptions are Japan, Germany and Australia. Overall 68 percent of countries face corruption problem. *Corruption* is an issue that adversely affects the *country's* economy and the credibility of central, state and local government agencies. Not only has it held the economy back from reaching new heights, but rampant *corruption* has stunted India's development. Establishment of institutional law has not displaced reliance on personal connections. Boisot and Child (1992) suggest that many Asian societies are not moving towards market capitalism and rather towards relationship based "network capitalism". The political culture both at the Centre and in the States is all about preferential access to whole range of public goods. Being rich and important you rarely pay. Indian politicians do not take kindly to the administrative reforms which affect their ability to shower favoritism, elite civil services try to maintain status quo and have been largely successful because of political leadership undue dependence on them.

Table 5<sup>6</sup>

Countries	Cashless	Score for Corruption Perception 2015	Countries	Cashless	Score for Corruption Perception 2015
Singapore	61%	85	Australia	35%	79
Netherlands	60%	84	Germany	33%	81
France	59%	70	South Korea	29%	54
Sweden	59%	89	Spain	16%	58
Canada	57%	83	Brazil	15%	38
Belgium	56%	77	Japan	14%	75
United Kingdom	52%	81	China	10%	37
USA	45%	76	India	2%	38

Source: <https://www.transparency.org/cpi2015>

## **Paths to Financial Inclusion**

Merely opening bank accounts is no longer the end goal of ensuring financial inclusion. Poor countries lacking in bank branches can overcome the deficiency through investment in tele infrastructure and seamless co-ordination of different competing commercial banks. In countries like Kenya, Uganda, Rwanda we observe mobile phone penetration yielding to or is increasingly synonymous with financial inclusion courtesy mobile banking. This is because digital banking services allow the poor to process payments and transfers using even simple feature phones. Among the developing and underdeveloped economies like Colombia, Brazil and South Africa have shown faster growth rate in this pursuit. Much poorer countries like Rwanda and Uganda are ranked fifth and seventh in the pace of development in the recent years. Rwanda has invested on technological infrastructure, trying to bring competing banks and telecommunication network providers together into the same payment system.

There is no single path to financial inclusion. A supportive regulatory environment, access to financial institutions, mobile phone penetrations can overcome bottlenecks. We need committed public and private sector stakeholders with the backing of the Government for these citizens with low deposit or areas with no banks to bring faster development. But the presence of banks, their intermediaries or presence of Bank Mitras cannot be ignored for sure in rural India. Naki B Medoza in his “New Report ranks countries on financial inclusion” found observations that financial institutions in Uganda can be intimidating because of non presence and involvement of banks. Regulations of NBFCs are more required. Service charges are higher as none are ready to substitute the role of pure banking experiences or commitments. This is gender discriminatory and worse for women. India is much better off here.

## **Commitment of India**

In India, trade in e-commerce platforms, reach of services of e-commerce companies in rural pockets, logistic facilities have allowed people to enjoy and take advantages of digital platforms. Mostly these people have savings accounts in banks. Digital services are dependent on people’s banking habits and recent familiarization with mobile apps. Demonitisations forced some sections to add these buying behaviours to their purchasing habits. But lack of liquidity in the system (reduction of 86%) has proved to be recessionary for the economy and jobs though digital platforms showed a good growth as an alternative. Although, India is poorly placed in the race of digital payments but government commitments in these areas are praiseworthy. Movement for digital financial

literacy has slowed down in recent times. It is mostly influenced by offers in these platforms rather than as a regular habit.

NPAs being higher have proved to be a dampener for banks to initiate and spread more activities. Beyond the much necessity requirement of mobile coverage, commitments to the existence of national financial inclusion goals, targets or pledges — regulatory environment is very much important. There needs to be an area specific survey to find willingness for adoption including how much of their adult population actually uses traditional and digital financial services and vendors' preparedness for it.

### **Perception about Banking and Digital Payment System**

Merely provision of access to the unbanked population through opening of bank accounts is not going to solve problems. We have experienced most of the no frills accounts have gone dormant. There is a need to improve the situation of demand side also. Not only National objectives are important, we have to look for areas which can improve feasibility of branches, revenue generation of banks. But the most important part of the problems beyond regular dissatisfaction over lack of infrastructure facilities, and low level of technological up gradation, internet connections and financial literacy and awareness is how to come over the negative perceptions towards banking experiences. Survey says that this is the prime reason why so many in the developing world are excluded from formal banking institutions. Other fundamental problems are low disposable incomes, high transaction costs in addition to the inadequate branch banks.

### **Conclusion**

For India, it is really difficult to integrate twin objectives of financial inclusion with going cashless. Forced adoption may not work beyond a point. Forced cashless economy has really found resistances in the present situations of Indian economy in many quarters. We need more than current set of existing policies of financial inclusion to solve the problem of financial exclusion. Besides infrastructural deficiency, financial illiteracy and transaction fees, e-crimes are reducing the pace of development. Even the payment platforms can be partly blamed. Whereas credit cards and e-wallets are preferred modes, debit cards have lesser options to exercise in India. Penetration of Rupay cards and advertisements or promotions has not been visible in the last three to four years.

We cannot ignore the infrastructural bottlenecks if we wish to integrate the case for cashless economy and financial inclusion. Any move towards cashless economy, particularly in the rural areas may end up encouraging E-crimes which can be devastating. Given that people in states like Odisha, West Bengal and

Assam have recently suffered Chit Fund Scams and with significant number of them being account holders; we cannot ignore recurrence of likely events. The challenge is that without solutions to these issues by the regulators, it is impossible to advocate cashless, digital payment systems for speedier financial inclusion.

Jeffrey Bower, a former digital finance specialist with the United Nations-based 'Better than Cash Alliance' has set the standards higher stating "If financial inclusion is having an account at one institution with no freedom to leave the closed loop and compare products and services elsewhere — that's not real inclusion."<sup>7</sup> Now for India, we need top state intermediate targets towards this goal. For achieving the most important requirement is to align our small traders to ride the advantages. Though we have reports of small traders showing some courage towards it, but tax avoidance remain as a key issue. After implementation of GST, this is yet to become smoother. Another issue is that small retailers don't have enough resources to invest in electronic payment infrastructure; there is also vested interest in not moving towards cashless economy. Tax officers need to be oriented towards encouraging the businesses first, followed up by paying the taxes. It is essential that every Government should try to lower excessive credit card acceptance fees for vendors. This can increase the market size; reduce costs for merchants and increase confidence of both merchants and consumers. These commitments can ultimately result in lower prices for consumers. Nevertheless this has a brighter future and has potential to add 0.5 to 1% growth to GDP as more and more people move towards digital payments.

### Notes

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# Dinoj Kumar Upadhyay

## *Iran Nuclear Deal: US' Stance and Role of Europe*

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### *Abstract*

*Success of multilateral process in finding a diplomatic solution of Iran nuclear programme has been undermined by the US withdrawal from the JCPOA. The E3 - which played a crucial role in Iran nuclear deal- has been making efforts for preserving nuclear deal, however, it appears to be realistically falling short of expectation of Tehran. Economic engagement begun to expand after the conclusion of JCPOA- has now been substantially constrained due to sanctions imposed by the Trump administration. Different trans-Atlantic partners' approaches left them divided, and deep existing geopolitical fault lines in the Middle East have further been sharpened. European countries refused to join American naval mission in order to protect oil tankers in Persian Gulf. Iran regional roles, its missile programme, recent accusation of attacks on tankers, have further enhanced tensions in the region. European countries vow to preserve the deal in the interests of nuclear nonproliferation; and regional and international security and stepping their diplomatic efforts for reducing the tensions and keeping Iran in the nuclear agreement. Although Iran pressurises Europe and reportedly violated deal commitments, it keeps its doors open for diplomacy and a 'practical solution'.*

**Keywords:** *JCPOA, trans-Atlantic partnership, economic sanctions, Regional Complexities*

### **Introduction**

Europe had played a crucial role in securing the 'historic' the Joint Comprehensive Plan of Action (JCPOA), informally known as the Iran nuclear deal. The E3 – Germany, France and the UK – and the European Union (EU) attained their fundamental objective of curbing the prospects for a nuclear Iran through diplomatic means as well as enhancing the prospects for political and economic cooperation with Tehran. A broader multilateral framework was created with due support and validation of the P5 including the US and political and economic cooperation begun to gain momentum. European companies

entered new economic and business agreements with their Iranian counterparts and investment opportunities explored. But the US President Trump did not have a favourable opinion about the nuclear deal and criticized it during his election campaign as well. Ignoring the repeated urges from the European and other signatories, he decided to walk out of the agreement in May 2018. The US' withdrawal has potentially undermined the multilateral process and also would have had an impact on geo-political dynamics in the Middle East as well as efforts to expanding political and economic engagement. The new economic sanctions have severely constrained the European business and investment in Iran. The INSTEX (Instrument in Support of Trade Exchanges) established by Europe appears to be short to meet the expectations. Differences in trans-Atlantic partners' approaches to deal with nuclear issues and issues related to Tehran's role in the region in order to stay, and the Middle East security conference held in Poland in February 2019 has also been seen as a move to divide the EU member states. In this context, the paper offers an analysis of the European role in the conclusion and validation of the Iran nuclear deal and post-deal political and economic developments. It also discusses the differences in trans-Atlantic partnership over preservation of the deal and regional dynamics in the Middle East.

### **Europe and Iran: Post Nuclear Deal Engagement**

Europe played a crucial role in finding diplomatic solutions to Iran nuclear programme and ending the economic sanctions which constraint Iranian economic engagement. Diplomatic efforts of the E3/EU3 and facilitation by the High Representative of the European Union for Foreign Affairs and Security Policy, which was considered to be 'pivotal for the achievement of the JCPOA'. Negotiations on current nuclear began in 2003. The US along with China and Russia joined the negotiations in 2006. The several marathon talks were marked by close trans-Atlantic coordination. To avoid another war in the Middle East, to avert an intra-European or transatlantic split like the one on the invasion of Iraq, and to preserve the global non-proliferation system are the three broad objectives of the E3 guided the nuclear deal negotiations. The deal was reached in July 2015. Iran and P5+1 – the United States, the UK, France, Russia, China and Germany agreed to lift the international sanctions related to Iran nuclear programme. Tehran too is ready to halt its nuclear programme. The JCPOA permits Iran to pursue a peaceful nuclear programme for commercial, medical and industrial purposes in line with international non-proliferation standards. The verification of the International Atomic Energy Agency (IAEA) – Iran's nuclear programme is peaceful – led to the lifting of UN and national nuclear related sanctions on Iran, including finance, trade and energy. The IAEA has

confirmed that Tehran is in compliance with all aspects of the JCPOA. The IAEA said that the Islamic Republic had kept to the caps placed on its uranium enrichment levels and enriched uranium stocks as part of the 2015 nuclear deal.

Political and economic interactions have been enhanced after the deal. A new momentum was seen in European interactions with Iran. Then German Economic and Energy Minister, Sigmar Gabriel paid an official visit to Iran, which was followed by then French Foreign Minister, Laurent Fabius. After Germany and France, the UK had also taken steps to expand its linkages with Iran and has re-opened its Embassy in Iran. Then Foreign Secretary, Philip Hammond met with Iranian President Hassan Rouhani, which was the first meeting of the Foreign Secretary and Iranian President after 14 years. An EU delegation led by Federica Mogherini, High Representative of the European Union for Foreign Affairs and Security Policy, visited Iran in April 2016. The visit was crucial for boosting trade, regional peace and stability as it was termed as 'a new page' in the diplomatic relations between the EU and Iran. Apart from the economic, energy and joint research work, regional peace and stability-Syrian crisis and migrant crisis was discussed during the visit. Federica Mogherini also pledged that the EU would try to get the large regional banks work with Iran. Small and medium sized banks from Iran and the EU are enhancing their contacts, but the large banks remain non-participative due to US sanctions.

A new enthusiasm has also been noticed in the European business groups, which has been facilitated by their respective governments. Business group moved to explore Iranian markets and widen their consumer base. Head of Iran's Organization for Investment, Economic and Technical Assistance, Mohammad Khazaei stated that more than \$2 billion of projects have been secured in the couple of weeks after the nuclear deal in Iran by European companies. In the broader economic perspective, cheap energy prices and external trade would be crucial to boost the prospects of economic growth and employment generation. Deeper trade relations further minimize the risks for political maneuvering. It is not only that the major economies of Europe will be benefitted from the deal, the Central and Eastern European countries have skilled labour at the relatively cheap cost, Iran might viable market for them as well. Broadly speaking, European business groups had also taken steps for expanding economic relations with Iran. They see Iran as a market of 80 million people for European agricultural products, pharmaceuticals, machinery, capital and services. For example, Iran has signed a deal with French car company Renault to produce 15000 cars yearly. It was termed as Iran's biggest car deal, which is worth 660 million euros. A deal by the European plane-manufacturer, Airbus, to sell nearly 100 planes to

Iran was also agreed, which is now in danger. Reportedly only three planes were delivered. French petroleum company Total also withdrew from a \$4.8bn deal to develop the world's largest gas field, South Pars, jointly owned by Iran and Qatar. Supply of Iranian oil and gas might be helpful to enhancing the EU's energy diversification of supplies.

### **The US Withdrawal**

President Trump had not a positive opinion about the nuclear deal. In his presidential campaign, Donald Trump described this deal as a 'lopsided disgrace' and 'the worst deal ever negotiated' and after reaching at the helm, he started pressurising Iran and other partners in the deal. The EU member states repeatedly urged the US President to stay in the deal. In their statement, the EU member states UK, Germany and France foreign ministers stated, "The upholding of commitments by all sides is a necessary condition to continue rebuilding trust and allow for continued, steady and gradual improvement in relations between the European Union, its member States and Iran." However, finally President Trump decided to withdraw from the deal in May 2018. Announcing the withdrawal, he said, "We cannot prevent an Iranian bomb under the decaying and rotten structure of the current agreement." He has several concerns over the nuclear deal, and questioned the Iran missile programme and its regional role. He objected the accord's sunset clause, which allows Iran to resume part of its nuclear programme after 2025.

After the withdrawal of the nuclear deal, the US re-imposed economic sanctions on Iran targeting Iranian oil exports and the financial sector. Energy is the main export of Iran, the economy heavily depends on oil exports. The US sanctions constraint all kinds of business with Iranian oil companies as well as insurance of any kind, including policies covering oil shipments. Existing sanctions on Iran's financial sector would also be tightened and all financial transactions with Iran's central bank and a number of other banks to be banned. The Trump administration has been pursuing a policy of putting 'maximum pressure' on Iran. US Secretary of State, Mike Pompeo presented a list of 12 demands including Tehran where they had to stop its missile programme, and 'end support to Middle East terrorist groups, including Hezbollah, Hamas and the Palestinian Islamic Jihad.' He also said that Iran must remove all troops under its command from Syria and demobilize Shiite militias in Iraq.

Politically speaking, a desire to re-negotiate the nuclear deal has been shown by the President Trump. He said that he was ready to talk and wanted a new deal. A section in the Trump administration wants Iran to change its policies and behaviour vis-à-vis regional issues and other section actually wants to change

the regime in Iran altogether. An expert of the Middle East in the US, Vali Reza Nasr, noted that there is not a “single policy in the Trump administration. I think the president himself is more interested in talking to Iran than in regime change.” Despite concerns over the presence of US military bombers and military ships, military intervention has been avoided. The U.S. administration officials who spoke to Congress about Iran in closed-door sessions tried to give the impression that U.S. President Donald Trump wants only to ‘deter Iran as tensions and rhetoric escalate.’ There is no consensus among lawmakers over perceived threats originating from Iran. Some Democrats are not convinced of increased threats from Iran based on the evidence presented to Congress, while Republicans viewed the threats as credible.

Iranian President Hassan Rouhani has rejected the idea of negotiations with the US. He said, “Today’s situation is not suitable for talks and our choice is resistance only.” It seems that Iran views some sort of uncertainty in US approach. Iran also started pressurising Europe for creating legal and economic framework for economic engagement in order to honour the commitments of the deal. Reportedly, Iran quadrupled its production of enriched uranium in breach of the nuclear deal.

### **Europe’s Diplomatic Efforts to Preserve the Deal**

The US unilateral withdrawal from the nuclear agreement and re-imposition of sanctions has created regional tensions, and has also caused difference in the trans-Atlantic partnership. The EU maintains that the Iran nuclear deal is a ‘key element of the global nuclear non-proliferation architecture.’ In the wider political and strategic framework, the EU also believes that nuclear deal “is crucial for the security of Europe, the region, and the entire world. Dismantling the agreement would not only destroy years of diplomatic efforts, but also undermine other key multilateral negotiations, in the nuclear field and beyond. It is a matter of security as well as of credibility for the international community. For these reasons, the EU and its Member States are determined to preserve it.”

The EU does not wish to relate every issue with the nuclear deal such as difference over several issues related to Iran’s human rights, missile programme and regional foreign policies. Stating the EU official position in the European Parliament, “many of you have concerns regarding Iran’s foreign policy and respect for human rights. So do we. But the JCPOA was never meant to solve all of our disagreements with Iran. We continue to voice our disagreements on Iran’s security role in the region and its ballistic missile programme. And we have engaged in a frank and active dialogue with Iran on these issues. We maintain a range of EU autonomous restrictive measures: these include an arms

embargo, and measures against arms trade, against human rights violations, on Iran's support for the Assad regime in Syria and for terrorism.”

A few incidences of attempted bombings and assassinations in Europe had been reported, and European countries have also expressed their concerns with Iran over assassinations and attempted bombings on European soil. They accused Iranian security services of involvement in the foiled attacks. The Netherlands recalled its ambassador from Tehran ‘for consultations’ following a dispute about Iran's involvement in the assassination of two Iranian-born Dutch citizens in the Netherlands. Germany charged an Iranian diplomat with conspiracy to commit murder in connection with an alleged bomb plot against a rally of Iranian exiles in France. The EU has called for an ‘immediate end’ to Iranian operations on European soil and sanctioned Iran's Ministry for Intelligence and Security for its alleged involvement in the attacks. Despite those tensions and US pressure to withdraw from a 2015 deal, the EU member states have been supporting the nuclear deal. The US has expressed its displeasure over growing Iranian influence in Europe and the Middle East. Iran unveiled a new cruise missile with a range of more than 1,300 kilometers during celebrations marking the anniversary of the 1979 Islamic Revolution. The EU stated that it was ‘gravely concerned by Iran's ballistic missile activity’ and called on Tehran to refrain from any further launches that violate United Nations Security Council orders.

The US Vice President, Mike Pence said the ‘time has come’ for the UK, France and Germany to quit the deal and support Washington's efforts to ‘bring the economic and diplomatic pressure necessary to give the Iranian people, the region, and the world the peace, security, and freedom they deserve’. The US is against the European companies conducting business with Iran. The Trump administration might punish companies if they continue business with Iran. Such approach was also criticized by the European leaders. Belgian Prime Minister Charles Michel said, “(The EU) cannot accept that the U.S. decided the regions with which European companies can or cannot do business.”

On the other hand, Iran is also pressurising Europe for undertaking counter steps for curtailing economic activities of Iran. Iranian Foreign Minister Mohammad Javad Zarif called on the European Union to keep their nuclear deal alive. He made assertive comments at the annual Munich Security Conference 2018. He said, “Europe needs to be willing to get wet if it wants to swim against the dangerous tide of U.S. unilateralism.” The re-imposing of economic sanctions can restrict exports of Iranian oil, however, it is also noted that Iran may find a way out to deal with sanctions. Service and agriculture sectors are also a major part of the Iranian economy, these sectors are less

dependent on foreign trade, and therefore, they would be immune to sanctions. Iran also does not have large foreign debt and its economy is relatively diverse. It produces and exports more than just oil. It has a significant production base, from steel and cars to light manufacturing, with the right incentives, can be restructured to shift jobs and production from import-intensive sectors to sectors that rely on domestic inputs.

The INSTEXs capability is limited and European diplomat said, “Instex isn’t the solution because it will only serve food and medicinal needs, not oil.” Chinese Foreign ministry spokesman Geng Shuang said that the Iran deal should be completely and effectively implemented. Although it was not clear what China would do to support it. India, Iran’s biggest oil importer after China, has by contrast almost halved its Iran oil purchase. So far, Indian officials have said that they would seek oil from other suppliers. However, the scope INSTEX has been implemented but is initially confined to humanitarian products such as medicine, medical devices and food, which are not directly targeted by the US sanctions.

### **Unfolding Regional Political and Strategic Dynamics**

Great power play has played a significant factor in shaping political and strategic dynamics in the Middle East. Since the evolution of modern nation states has not contributed to shift in foreign policy of region, changes in the global order has also affected the regional order and regional power plays. Now the global dynamics have been greatly shifting. Differences are widening open in the transatlantic partnership. US-China trade war continues. An assertive Russia under President Putin is opposing unilateral decision of the West. The US decision to withdraw from the nuclear deal and recent tensions would have implications on regional strategic and political scenarios and has created differences in trans-Atlantic relations.

Withdrawal from nuclear deal and policy of ‘maximum pressure’ has led to rise of tensions between US and Iran. US economic sanctions severely constrained Iran oil trade and other economic ties. US pressures main trading partners of Iran to stop buying oil and limit their economic engagement. It provided waivers for some countries but stopped after six months. Iran oil trade has been substantially cut down. The US sanctions intend to stop main Iranian oil importers – China, India, South Korea, Japan and Turkey. The US did not grant exemptions in May 2019. China opposed the US ‘unilateral sanctions’. Given US-China difference over trade, the issue is sensitive and has potential to further complicate their trade talks.

Some incidences of attacks on oil tankers and downing of drone, and stopping of oil tankers have led to rise of high tensions between US and Iran. Although US has made it clear that it is not seeking war with Iran, it has sent a clear signal that any attack on US interests or on those of its allies would be met with unrelenting force. While Washington's key Middle Eastern allies – Israel and Saudi Arabia – may be applauding from the sidelines, European partners are not comfortable and are anxious to see how the scenario is unfolding. The tensions have further escalated after an attack on two oil tankers in the Gulf of Oman. The US accuses Iran of these attacks, but Tehran denied the charges. The US has planned military escalation in the region to ensure safety tankers. But the European countries are not willing to join the American military measures to ensure security in the Persian Gulf. German Foreign Minister Heiko Maas ruled out participating in a U.S.-led proposal. However, there seems to be change in the position of UK. New British Prime Minister Boris Johnson and new foreign secretary Dominic Raab pointed out that the EU naval mission wouldn't be "viable" without U.S. support. Germany is against any move which has potential to escalate the tensions in the region. Germany believes the US strategy of exercising 'maximum pressure' against Iran to be wrong and stresses on a diplomatic solution on tensions with Tehran.

German denial was criticized by the US, it said that European countries of 'free-riding' on its efforts to secure the Persian Gulf. On the other hand, European countries argue that US created the problem in the first place by trying to kill off Iran's oil exports and they are trying to maintain distance from President Trump and his policy of "maximum pressure" on Iran. The Europeans are unlikely to move unless Iran takes more provocative action. European nations with navies understand that shipping traffic through the Strait of Hormuz is a strategic interest, but they are reluctant to join the US in patrolling the waterway. They might be wary of being drawn into a military tension and escalation provoked and caused by others. Like Germany, France has also been cautious for similar reasons. French foreign minister told that France was working with Britain and Germany on a 'mission for monitoring and observing maritime security in the gulf – something less kinetic than naval escorts.' Other European nation, Italy said that it had not received a direct request for naval help in the Persian Gulf. The EU officials said that there had not been a request for force generation from any member country. Although Europe has maintained unity over the deal and speaking in almost one voice, it seems that shift is taking place after Boris Johnson has become the Prime Minister. The UK talks about de-escalating the tensions in the Persian Gulf, it is also likely to join the US navy for providing security to oil tankers.



Persistent tension in the region is a challenge for European diplomacy. Germany and France are finding it really difficult to reduce tension and provide economic benefits to Iran promised in the deal. The US keeps adding economic pressure on and Tehran has accused US of 'economic terrorism.' The situation is likely to remain tensed in the recent times. The EU has urged Iran to acknowledge the work undertaken by France, the UK and Germany to save the nuclear agreement and stay in the deal. The EU has not taken reported violation of nuclear deal so seriously, it maintains that violation was nominal. Iran would come back into full compliance if European powers ensure it can sell oil in global markets.

It seems to be a pressure tactic of Iran to reduce its commitments to the nuclear deal. Tehran announced its intention to raise enrichment levels beyond the 3.67 per cent threshold. It came less than a week after Tehran acknowledged that it had exceeded a stock limit of 300 kilograms (661 pounds) on its low-enriched uranium production.

Iran has tested domestically built mobile surface-to-air defense system. The Bavar-373 long-range missile defense system was similar to Russia's S-300. Iran began developing the Bavar-373 in 2010 after international sanctions restricted the sale of the S-300. Russia delivered the S-300 to Iran in 2016. However, diplomatic efforts have been again taken to reduce tensions in the region. French President invited Iranian Foreign Minister Mohammed Javad Zarif to G7 summit held in Biarritz, France in August 2019. A diplomatic initiative on the sidelines of the G7 summit is an important way of exploring a leeway for new solutions.

## **Conclusion**

The European countries have been trying to preserve the deal since the US left. They appealed the Trump administration as well as talked to Iran and Russia to save the deal. Now it seems that their diplomatic efforts are falling short. Iran also stepped up the pressure on Europe for fulfilling nuclear deal commitments. Iran is pressing that it should be allowed to sell oil through INSTEX. Their differences have widened on other political and economic issues. Europe relations with Tehran have recently strained as well. European countries have expressed their concerns over the Iran's missile programme and its regional activities. European countries also urged Tehran to respect the nuclear commitments.

Soon after the nuclear deal, European companies have tried to develop economic engagement and expand their co-operation. After US decided to

withdraw from the deal, the business groups have already withdrawn from the country. However, European countries have committed to stay in the nuclear deal. They have created a mechanism to provide framework for economic linkages. INSTEX was implemented to facilitate the economic relations with Tehran, however, it needs to be observed that the major European companies – which have greater engagement with the US market and financial system - would move in order to engage in business with Iran. Although Iran keeps pressing Europe to fulfill their commitments and find practical solutions, it would like to keep the door open for diplomacy.

**Soni Mittal\***

## ***Role of Personality on Adult Criminals Going Through Imprisonment***

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### **Abstract**

*Crime is an act of violence and aggression against not only an individual but also against the society as a whole. Personality refers to individual differences in characteristic patterns of thinking, feeling and behaving. The study of personality focuses on two broad areas: One understands individual differences in particular personality characteristics, such as sociability or irritability. The other understands how the various characteristics of a person come together as a whole. The present research is to study the role of different personality types among adult criminals. The primary objective is to study and compare the role of personality along with its different dimensions (Decisiveness, Responsibility, Emotional Stability, Masculinity, Friendliness, Heterosexuality, Ego-Strength, Curiosity, Dominance, Self-concept) between the Gender (male criminals and female criminals). The second objective is to study and compare the role of personality along with its different dimensions between the Types of crime (high charged and low charged criminals). The third objective is to find out an interaction effect between gender and the type of crime in criminals with regards to the role of personality. Sample size comprised of 120 criminals, 60 males and 60 females. The data was collected by two stage stratified random sampling method from a local jail. The tool used was Differential Personality Inventory Scale by Arun Kumar Singh and Ashish Kumar Singh (1971) which has 150 items. The anticipated result of the study indicates a significant difference among male criminals and female criminals on personality. Males were more prone to crime than females.*

**Keywords:** *Crime, personality, gender, type of crime, criminal*

### **Introduction**

Crime refers to violence and aggression against not only an individual but also against the whole society. There are mainly three types of crime: Felonies, Misdemeanours, and Violations. Criminology is the scientific study of crime. Criminology includes its causes, reactions by law implementation and procedure of redressal. Criminology is the specific study of crime from diverse

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perspectives; the first is legal, second is political, third is sociological, and last one is psychological.

2018 National Crime Records Bureau (NCRB), report shows that crime in India has risen. The report comprises that the cases of murder, rapes, and kidnapping have seen a rise. The official data of the *Times of India* describe that the cases of murder, abduction, rape, dowry death, and fatal accidents have seen an augment as compared to the 2017. In 2016, according to the National Crime Records Bureau data, total crimes by criminals were recorded to be 2.97 million and the crime rate was found to be 379 crimes per lakh population. The cases of molestation are mildly less from 378 cases in 2017 to 315 cases in last year. According to 2017, Global Peace Index report, India is the fourth most dangerous country for women travellers. The latest data given from the Delhi police under the Central government, data describe for 2017 and 2018, from 1 to May 15 in both years, show a drop in the total number of heinous crimes in Delhi by roughly **5.6%**. Moreover, the reported cases of rape alone have increased from 757 to 780.

According to former Union minister for Women and Child Development, Renuka Chowdhury, around 70 per cent of women in India are victims of domestic violence. The National Crime Records Bureau describe that a crime against a woman is committed in every three minutes, and a woman is raped every 29 minutes, a death occurs due to dowry in every 77 minutes, and one case of cruelty committed by either the husband or relative of the husband occurs every nine minutes.

According to the American Psychological Association, Personality refers to the individual differences in attribute patterns of thinking, feeling and behaving. The study of personality focuses on two types of big areas: Firstly, understanding individual differences in particular personality attributes, such as sociability or irritability. Secondly, understanding how the others characteristics of a person come together as a whole.

According to Freud, children develop from series of stages during which the libidinal energy of the id becomes focused on specific erogenous zones. Successful completion of each stage describes in moving on to the next phase of development, but failure at any particular stage can result in fixations that can impact adult personality. Maslow's Hierarchy of Needs describes the importance of self-actualization and is often pictured as a pyramid. The base of the pyramid consists of basic survival needs, while the top of the pyramid is focused on self-actualizing needs.

## **Objectives of the Study**

1. To study and compare the role of personality along with its different dimensions (Decisiveness, Responsibility, Emotional Stability, Masculinity, Friendliness, Heterosexuality, Ego-Strength, Curiosity, Dominance, Self-concept) between two different Genders (male criminals and female criminals).
2. To study and compare the role of personality along with its different dimensions (Decisiveness, Responsibility, Emotional Stability, Masculinity, Friendliness, Heterosexuality, Ego-Strength, Curiosity, Dominance, Self-concept) between the Types of crime (high charged and low charged criminals).
3. To find out an interaction effect between gender and the type of crime in criminals with regards to the role of personality.

## **Hypotheses**

Considering the aims of the present research study, following hypotheses have been formulated.

1. There will be no significant difference between Male Criminals and Female Criminals (gender) with regards to personality.
2. There will be no significant difference between high charged criminals and low charged criminals (types of crime) with regards to personality.
3. There will be no significant interaction effect between gender and Types of Crime with regards to personality.

## **Crime and Gender Difference**

Females are arrested less than males for all categories of crime except prostitution. According to the available data this ratio is true for all countries. In 2014, 73% Females were arrested in the US and 80.4% of men were arrested for violent crime and 62.9% of men were arrested for property crime.

According to the reports given by the United Nations Office on Drugs and Crime, worldwide, the ratio of homicide victims of male are high, which is approximately 78.7%. Furthermore, 193 out of 202 countries, males were more likely to be killed than females. According to 2013 global study, the United Nations Office on Drugs and Crime found that 96% males accounted for all homicides perpetrators worldwide.

## **Different types of Crime**

Felonies are considered to be the most serious crimes. In this crime, criminals are punishable for one year or more of imprisonment. This crime includes

personal crimes, such as murder, robbery and rape. Other types of crimes are against property, which includes burglary or larceny. Misdemeanours crime are considered to be less serious crimes. Under this category criminals are punishable by less than one year of imprisonment. This category of crime includes assault, battery or writing bad checks. Violations are again considered to be less serious crime than misdemeanours crime. It includes traffic violations. Some sexual crimes such as incest, sodomy, indecent exposure or exhibitionism are a part of it.

## Methodology

**Aim:** The aim of this research is to study the role of different personality types among adult criminals in relation to severity of crime and gender.

## Sample

The aim of the present research study is to investigate the effect of personality of the criminals. Keeping this purpose in view sample selection was carried out. The study has been taken for 2 groups of criminals. The total sample comprised of 120 criminals (males=60, females=60). The sample was randomly selected from the Sabarmati Central Jail Ahmedabad.

## Tool

Differential Personality Inventory Scale by Arun Kumar Singh and Ashish Kumar Singh. (1971) with its different dimensions (Decisiveness, Responsibility, Emotional Stability, Masculinity, Friendliness, Heterosexuality, Ego-Strength, Curiosity, Dominance, Self-concept). This inventory contains 150 items.

## Study design

The following study was quantitative in nature. The data collected was measured in a statistical format using 2×2 ANOVA test. The structure was in the form of a randomised design.

## Statistical Analysis

**Table 1: Descriptive statistics showing the mean score of Gender (Male and Female) and Types of crime (High crime and Low crime) with relation to Differential Personality Inventory Dimension.**

	<i>Dimensions</i>	<i>Male</i>	<i>Female</i>	<i>High crime</i>	<i>Low crime</i>
		A1	A2	B1	B2
1	Decisiveness	8.9	9.1333	9.15	8.8833
2	Responsibility	8.9667	8.9833	9.3167	8.6333

(Contd...)

3	Emotional Stability	9.8166	8.25	9.3666	8.7
4	Masculinity	9.1	7.6	8.5	8.2
5	Friendliness	9.1833	7.7	8.95	7.9333
6	Heterosexuality	7.7333	6.8833	7.9	6.7166
7	Ego-Strength	9.9333	9.0333	10.2	8.7666
8	Curiosity	8.5166	7.9	8.4166	8
9	Dominance	9.2166	8.3333	8.9666	8.5833
10	Self-Concept	8.5	7.9	8.7	7.7

(n=120, males=60, females=60)

**Table 2: Descriptive statistics showing the Mean score of interaction effect between Gender (Male and Female) and Types of crime (High crime and Low crime) with relation to Differential Personality Inventory Dimension.**

	<i>Dimensions</i>	<i>A1B1</i>	<i>A1B2</i>	<i>A2B1</i>	<i>A2B2</i>
1	Decisiveness	9.4667	8.3333	8.8333	9.4333
2	Responsibility	9.5	8.4333	9.1333	8.8333
3	Emotional Stability	9.4333	10.2	9.3	7.2
4	Masculinity	9.0333	9.1667	7.9667	7.2333
5	Friendliness	9.5666	8.8	8.3333	7.0666
6	Heterosexuality	8.5333	6.9333	7.2666	6.5
7	Ego-Strength	11.3	8.5666	9.1	8.9666
8	Curiosity	9.1333	7.9	7.7	8.1
9	Dominance	10	8.4333	7.9333	8.7333
10	Self-Concept	9.3333	7.6667	8.0666	7.7333

(n=120, males=60, females=60)

**Table 3: Showing the result of ANOVA on Gender (SS<sub>A</sub>), Type of crime (SS<sub>B</sub>) with relation to Total Differential personality inventory.**

<i>Source of Variance</i>	<i>df</i>	<i>Sum of Square</i>	<i>Mean Sum of Square</i>	<i>F</i>	<i>Table Value</i>	<i>Level of Significant</i>
			SS/df			
SSA	1	110.2083	110.2083	0.4930	3.92/6.84	NS
SSB	1	648.675	648.675	2.9021	3.92/6.84	NS
SSAB	1	969.0083	969.0083	4.3352	3.92	0.05
SS Error	116	25928.1	223.5181			
SST	119	27655.99167				

\*S= Significant or 0.05, 0.01; NS = Non-Significant

Table shows the results of ANOVA of personality of various group' F ratio for personality of all dimension with relation to gender (ASS) is 0.4930 which

is insignificant. F ratio for personality of all dimensions with relation to type of crime (BSS) is 2.9021 which is insignificant. F ratio for personality of all dimension on gender and type of crime (A\*B) is 3.92 which is significant at 0.05 level.

**Table 4: Gender and type of crime with Total Differential personality inventory.**

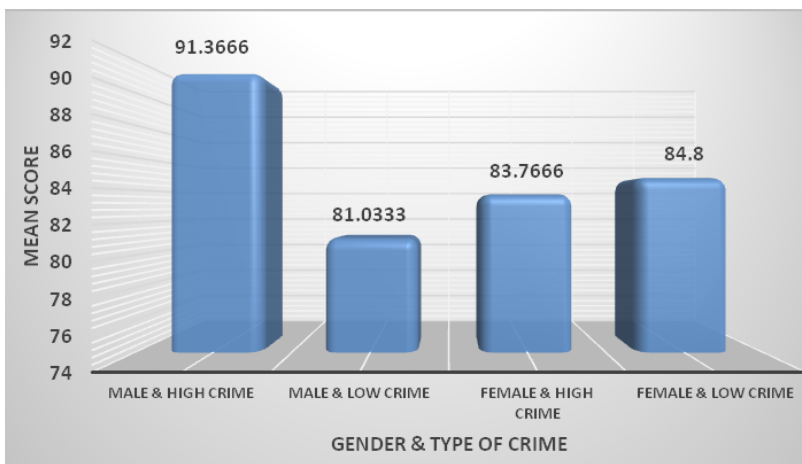
	A1	A2	B1	B2
Mean	86.2	84.2833	87.5666	82.9166

Descriptive statistics shows the mean scores of personality with reference to gender and type of crime. Mean score for male is 86.2 and Mean score for female criminals is 84.2833 which is insignificant and mean score for high charged is 87.5666 and low charged is 82.9166 which is insignificant. No significant interaction effect is seen between gender and personality as well as type of crime and personality.

**Table 5: Interaction effect of Gender and Type of crime with Total Differential personality inventory.**

	A1B1	A1B2	A2B1	A2B2
Mean	91.3666	81.0333	83.7666	84.8
N	30	30	30	30

Table shows the mean score of gender that is male criminal and female criminal and mean score of type of crime based upon high charged and low charged criminals by personality. The mean score of male high charged criminals



**Graph: Bar Diagram showing mean difference of Gender (Male & Female) and Type of Crime (High Crime & Low Crime) on Total Differential personality inventory**



is 91.3666, for male low charged criminals score is 81.0333. The mean score of female high charged criminals is 83.7666, for female low charged criminals is 84.8. There is no significant difference between gender and type of crime with regards to personality.

Graph shows the interaction effect of gender and type of crime. The mean score of Male high charged crime that is 91.3666 & Male low charged crime that is 81.0333. Female high charged crime that is 83.7666 & Female low charged crime that is 84.8.

## **Discussion**

The present study has been conducted for two different groups of criminals. Objective of the study was to know whether there is a significant effect of personality in criminals going through imprisonment.

On the basis of statistical analysis there is no significant difference between gender with regards to personality of Decisiveness, Responsibility, Heterosexuality, Ego-strength, Curiosity, Self-concept and there is significant difference of personality in Emotional stability, Masculinity, Friendliness and Dominance. As well as there is no significant difference between the type of crime with regards to personality of Decisiveness, Emotional stability, Masculinity, Curiosity, Dominance and there is significant difference to personality of Responsibility, Friendliness, Heterosexuality, Ego-strength, Self-concept. Furthermore, there is no significant interaction effect between gender and type of crime in criminals with regards to personality of Responsibility, Emotional stability, Masculinity, Friendliness, Heterosexuality, Self-concept and significant interaction effect to personality of Decisiveness, Ego-strength, Curiosity, Dominance.

Here, significant difference among male and female criminals on personality and no significant difference among high charged and low charged criminals on personality and also no significant interaction effect between gender and types of crime in criminals with regards to personality.

The results indicate that male criminals conduct more crime than female criminals as well as male criminals were more prone to high charge crime than female criminals. Female criminals conduct more of low charge crime than male criminals.

## **Conclusion**

Females are arrested less than males for all categories of crime except that of prostitution. This ratio stands true for all countries. The comparison was

conducted to assess between gender and the type of crime in criminals with regards to the role of personality. The results indicate that male criminals conduct more crime than the female criminals as well as male criminals were more prone to high charge crime than female criminals. Female criminals conduct more of low charge crime than male criminals.

## Suggestions

Further research in this area is needed with larger sample size and comparison of different metropolitan cities, different states done through the research would be more meaningful.

Due to time constraint the research could study only one psychological aspect of criminals. Many more psychological aspects like: family pathology, aggression, social intelligence, parenting and many more could be analysed.

A comparative study of various age groups of criminals should be conducted.

This research could solely be conducted on juveniles.

## Limitations

The present research has some limitations. This research has been conducted on small group. Hence, it cannot be generalised. The sample was selected solely from Sabarmati Jail, Ahmedabad. This research has been carried out in limited time.

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**Parisha Jijina\***

## ***Mental Health Concerns and Challenges in India: The Way Forward***

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### ***Abstract***

*The prevalence of mental illness in India is rapidly increasing and of grave concern is the decreasing age of onset among the youth. This article below outlines the significant concerns and challenges of the mental health care system in India and proposes key measures to deal with these complex challenges. This paper is divided into four sections: the first section focuses on the complex nature of mental illness with respect to overlapping symptoms of various disorders, co-morbidities and the mediating role of physiological factors. The role of the stigma surrounding mental illness in reducing help-seeking behaviour and adherence to treatment is highlighted. The second part of the article outlines the various challenges in the treatment of mental illness with respect to the lack of trained man-power; lack of formulation-based treatment, the over-emphasis on diagnosis and various such critical factors. The third section outlines the challenges at the policy level including the lacunae of funding into mental health, lack of insurance for mental illness, and lack of awareness about the rights of people with mental illness. The article concludes with the enumeration of the various indirect contributory factors in the rise of mental illness such as increasing demands and stress, the mediating role of technology, rapid social change, unemployment and the fragmentation of family and consequent isolation. The various measures to bridge the gap in India's mental health care system are simultaneously discussed.*

**Keywords:** *mental illness; challenges in mental health; Indian mental-health care system*

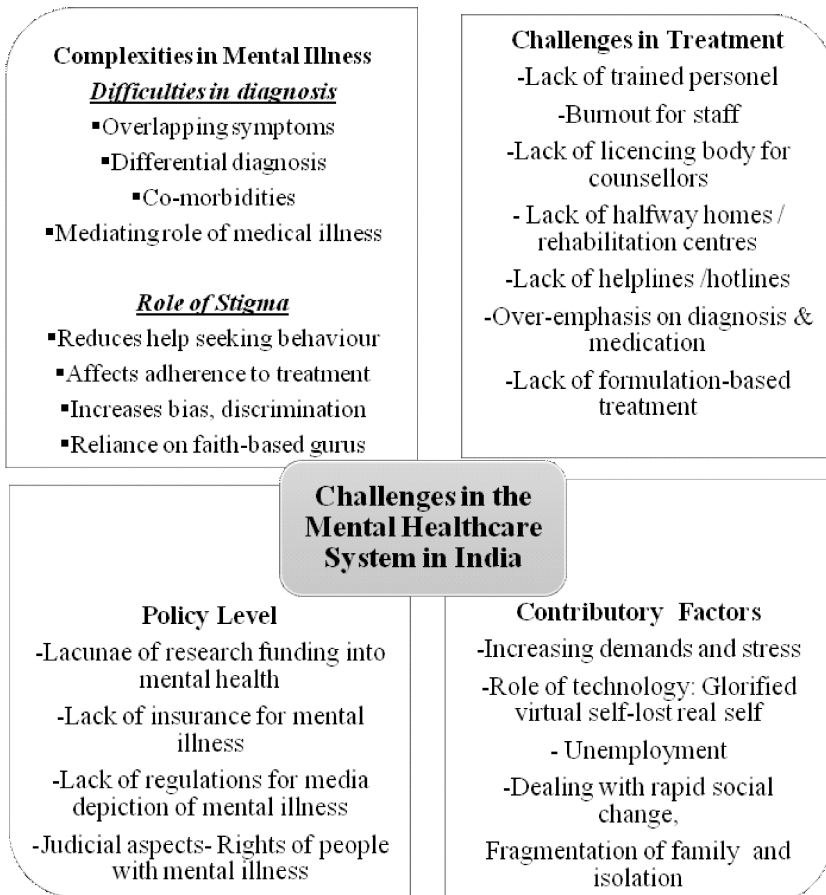
### **Introduction**

Every 40 seconds someone loses their life to suicide, says the World Health Organisation (WHO) which has launched the “40 Seconds of Action” campaign to raise awareness on World Suicide Prevention Day on 10 September 2019. In India, WHO estimates that the burden of mental health problems is to the tune of 2,443 Disability Adjusted Life Years per 100,000 population, and the suicide rate per 100,000 population is 21.1.

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The WHO statistics of 2015 suggest that the number of people with Depressive disorders were a staggering 56 million. India may soon be on its way to becoming one of the most depressed countries of the world. In this paper the significant concerns and challenges of the mental health care system in India and the difficulties faced by the mental health professionals are outlined. Simultaneously, we also discuss the measures that can be taken to deal with the challenges and the way forward. The figure below provides a view into the complex picture of the mental health crisis in India.



*Figure 1- Challenges in the mental health care system in India.*

## **Complex Nature of Mental Illness**

Mental illness is much more complex compared to other diseases. Psychiatry is an exceptionally challenging field. The prevalence of mental illness is rapidly increasing in India, however many factors complicate the ability of mental health professionals to solidify a diagnosis before treatment.

### ***Overlapping Symptoms and Differential Diagnosis***

Different psychological disorders exhibit similar over-lapping symptoms, which make the diagnosis of psychiatric disorders challenging. For example: A patient with Obsessive Compulsive Disorder (OCD) may report that he faces repeated anxiety provoking thoughts and a person with Generalised Anxiety Disorder-GAD may also report the same. This makes diagnosis difficult and many a times when the psychiatrist is uncertain of the diagnosis- they would write a Provisional Diagnosis along with a Differential diagnosis.

A differential diagnosis means that there is more than one possibility for the diagnosis and the doctor must differentiate between these to determine the actual diagnosis. To aid this process, apart from the DSM (Diagnostic & Statistical Manual for Psychological Disorders) there is an entire handbook published titled *Differential Diagnosis for DSM Disorders* to help in solidifying a diagnosis. Due to these complexities there are higher chances of misdiagnosis in mental health as compared to a medical illness. There is a thorough research already existing on mis-diagnosis especially in Bipolar Disorders in adults and ADHD (Attention Deficit Hyper-Activity Disorder) in children.

### ***Co-morbidities and Difficulties in Treatment***

What further complicates the picture is Co-morbidities, i.e. the concurrent simultaneous presence of another disorder or symptoms. Comorbid anxiety is common in patients with Depression. It complicates the clinical presentation of depressive disorders and can contribute to under-diagnosis or mis-diagnosis (Wu & Fang, 2014). To recognise and pay attention for the presence of co-morbidities requires time with the patient and collateral sources of information from the family members, this is challenging in our already crowded government Psychiatric OPD's.

Co-morbidities further complicate the picture when it comes to treatment. Most therapy manuals or well-researched treatments focus on one mental illness but not for *comorbid* mental illnesses. Hence, there is a lot that we still need to understand about how we recognize and treat conditions when they manifest at the same time. Psychology professors in India teaching therapy/counselling also

need to focus on training their students in therapy for co-morbid conditions and not just stand-alone conditions.

### ***Establishing Boundaries with Medical Illness***

Unrecognized medical illnesses can directly cause or aggravate a patient's presenting 'psychological' symptoms. For example: Hypothyroidism contributes to Depressive symptoms. Failure on the part of mental health professionals especially counsellors and psychologists (non-medicos) to adequately identify a hidden medical illness can result in dire health consequences for patients. As such 'masked' cases may require treatment beyond psychotherapy or an antidepressant to mitigate the underlying causes of depression.

In order to minimize the probability of a hidden medical illness going undiagnosed, we need to urgently give importance to the training of psychologists in the medical causes of psychological symptoms as well as the need for better collaboration between doctors and psychologists. This is a significant gap in the training of psychologists currently in the M.A. and M.Phil programs which needs to be urgently addressed.

### ***Lack of Awareness & Prevailing Stigma towards Mental Illness***

There is a lack of mental health literacy in India. Not only this but also regarding mental illness and its treatment options, many psychiatrists report that majority of patients delay seeking treatment or only come after they have made the rounds of endless religious places or faith healers. These faith healing centres may at times lead to tragic consequences as was witnessed in the Ervadi tragedy in Tamil Nadu in 2001 where inmates were tied to chains and when a fire broke out, they could not escape leading to the deaths of 28 mentally ill inmates.

In India, along with this lack of awareness, there is also a stigma attached to mental illness. At its core, the concept of stigma towards mental illness essentially incorporates three main elements, namely prejudicial attitudes, insufficient knowledge, and discriminatory behaviour in housing, employment etc (Boges et al, 2018).

Due to this extremely strong and undying stigma attached to mental illness, the patients tend to hide their illness, reduce their help seeking behaviour and not adhere to their treatment. Stigma also causes social exclusion and loss of self-esteem. Many a times, my clients have told me that they have hidden their mental illness from their employers fearing prejudice and negative consequences at work.



An indigenous initiative to reduce the stigma and sensitise people towards mental health treatment is the Dava-Dua clinic where medical treatment complements prayer at the 550 year old Dargah of Hazrat Saiyed Ali Mira Datar situated 100kms from Ahmedabad, where there is a huge patient inflow for mental and behavioural problems attributed to ghosts and djinns. Funded by the Department of Health and Family Welfare, State Government of Gujarat; with Guidance and Monitoring by Hospital for Mental Health, Ahmedabad 'Dava & Dua' is a unique concept of providing modern scientific mental health services along-with traditional faith healing (Altruist, 2019)

Along with such indigenous initiatives there is still a huge need for mental health literacy campaigns, and stigma reduction campaigns which need to be mobilised at the state and national level in India.

## **Challenges in Treatment**

### ***Lack of Trained Manpower***

India faces a significant gap between the prevalence of mental illness among the population and the availability and effectiveness of mental health care in providing adequate treatment. To deal with this massive crisis the Mental health workforce in India is extremely low; per 1,00,000 population it includes psychiatrists (0.3), nurses (0.12), psychologists (0.07) and social workers (0.07) (WHO India, 2019).

The problem is compounded in the rural areas where there is acute lack of counsellors/psychologists or psychiatrists. When poor patients from the rural areas don't have access to mental health treatment in their villages, they have to travel to the cities for treatment, in doing so they may lose out on their daily wages plus have additional expenditure for travel and lodging. In such a scenario calling them once or twice a week for therapy is not feasible or financially possible.

With this large and growing patient burden, hardly anyone is paying attention to the health of mental health professionals. Also, due to lack of treatment centres, there is huge crowding in the Psychiatric OPD's leaving the doctors and counsellors with burn-out, secondary trauma and compassion fatigue. Abroad, there are support systems available for therapists and mental health professionals and they are also covered under indemnity insurance. India lacks such systems and the mental health professionals are mostly left to fend for themselves.

### ***Lack of Licencing Body for Counsellors and Psychologists***

India's mental health professionals such as counsellors or psychologists lack forums where they can raise these matters or have a governing body to help

them address these. RCI i.e. the Rehabilitation Council of India gives a license number for psychologists who have completed RCI Recognised courses but it only covers Clinical Psychology and Rehabilitation Psychology. We have a large work force that have completed M.A. - Masters of Arts in Psychology and are working as counsellors in schools or as psychologists in industries but have no protection under any State body.

Lack of a clear body for licensing of Psychologists in India also leads to another major problem of unqualified work-force, for example there have been instances when people are employed as counsellors just on the basis of a one-year part time Diploma education.

We need to frame much stricter rules and regulations regarding the licensing of counsellors and psychologists so that unethical and practices are curbed.

In India, another compounding problem is that majority of colleges and universities offering B.A. and M.A. Psychology programs refer to DSM in their syllabus for training of diagnostic skills. Whereas, when students pass out and are employed, they face difficulties as some of the hospitals refer to ICD (International Classification of Diseases) nomenclature. Colleges and universities must take a step to introduce both DSM and ICD to students in their training years so that the newly employed psychologists are not intimidated by an entire new classification when they start working.

### ***Lack of Halfway Homes***

Due to an increase in nuclear families, there is a high need for halfway homes in India. Half-way homes are for those mentally ill patients who are discharged as inpatients from a mental hospital but are not completely cured in order to live independently or with the family. The halfway homes also run programmes to help individuals recover from mental illness in their transition to independent living and learning life skills.

We have a very few halfway homes in India and with the rise of nuclear families there is an increasing need for such facilities. Lack of such facilities leads to an increase in '*dumping tendency*' i.e. the tendency to leave the family member in the mental hospital and give up on them. The patient then becomes the responsibility of the hospital and the state. In every government mental health hospital one will find many such cases. Hence, the need for halfway homes is pressing.

### ***Lack of Helplines / Hotlines***

With increasing prevalence of Depression and suicide attempts there is an

urgent need for hotlines and helplines in India. Currently, there are very few such functional hotlines and awareness about them in the community is abysmally low. We need to increase the number of such help-lines in India so that those who do not have access to treatment can at least be given some amount of Psychological First Aid over a call.

### ***Psychological Treatment Related Aspects***

In India, the treatment for psychological disorders focuses more on diagnosis and medication, and the socio-cultural aspects of treatment are not given much emphasis. There is also a lack of formulation-based treatment where there is individualisation of every case. We need to go beyond just medicines and biology and truly embrace the Bio-Psycho-Social Model of mental health treatment.

A recent trend nowadays is the emergence of Mobile Apps such as Wysa, PUSH-D App of NIMHANS, Calm App which provide basic counselling on the phone through the App. This is a progressive step in this field, however we need to develop such Apps in indigenous languages as they are currently and mostly only available in English language.

### **Challenges at Policy Level**

The following challenges at a macro level currently exist in the mental health framework of India. Lacunae of research funding into mental health – a very little percentage of the Budget is allocated to mental hospitals and mental health. At the same time, there is a lack of insurance coverage for mental illness. The insurance market in India is extremely under-developed when it comes to mental health treatment. There are very few policies that cover mental illness, and the cover is usually only for in-patient hospitalisation. OPD medication, therapy visits and counselling sessions are usually not under insurance coverage. A majority of the patients with mental illness do not need hospitalisation. Hence, the way forward would be to regulate insurance coverage for OPD visits, as well as therapy and counselling.

Another issue at the macro level is the lack of regulations for media depiction of mental illness. Recently the Movie starring Kangana Ranaut faced immense criticism for naming the movie *Mental Hai Kya* and the posters of the movie depicted violent scenes such as the lead actors keeping a razor blade in their mouth. This poster has been drawing a lot of condemnation for the terrible depiction of ‘crazy’. There’s also a video showing why exactly they are being termed as ‘crazy’ with scenes depicting mindless violence such as the actor stubbing a lit cigarette out on his forehead or Kangana Ranaut lying in a chalk-out of a body.

Many a times in Bollywood movies or Indian television, people with intellectual disabilities or mental illness are poorly sketched out characters mainly for providing comic relief. People in the media and in the Censor Boards need to be sensitised to encourage healthy conversation about mental health awareness and normalising the stigma around it.

### ***Judicial Aspects – Rights of People with Mental Illness***

The rights of people with mental illness in India have often come under the scanner in the past. In 1994, the huge controversy in Maharashtra regarding the removal of the uterus of women with intellectual disability illustrates this. It started with the Maharashtra Government's decision to allow a team of doctors led by a Bombay gynaecologist, to perform hysterectomies on 21 women, inmates of the government-certified Shirur home for mentally retarded girls. The mental age of the women was between two and four and the authorities maintained that they were exposed to numerous health hazards as they could not cope with their periods. While women activists were concerned about the operations, it was the manner in which they were carried out *en masse* which really raised their hackles. Activist Ahilya Rangnekar, who led their protest spoke about how the Post-operative care for 20 women at a time could become a complication. She met the Chief Minister and he called a halt to the exercise but the operation had already been performed on 11 women before the halt. Activists also argued that this move could increase the risk of sexual abuse towards the inmates as now they couldn't become pregnant (Abreau 1994).

Recently, the new Mental Healthcare Act, 2017 aims to protect, promote and fulfill the rights of persons during delivery of mental health care and services. Chapter V of the Act enumerates the rights of persons with mental illness, including the right to equality, right to confidentiality, the right to protection from cruel, inhuman and degrading treatment in any mental health establishment (which includes the right to proper clothing so as to protect such person from exposure of his/her body to maintain his/her dignity, and the right to be protected from all forms of physical, verbal, emotional and sexual abuse), right to community living, etc (Kaur, 2018).

When undergoing treatment, a woman with mental illness is in the most vulnerable state and could be exploited. This Act will play a pivotal role in ensuring that the vulnerabilities of such women requiring and undergoing mental healthcare are not exploited. The provisions of the Act are progressive and are a welcome change, but we would need immense man-power and budgetary funding to ensure their correct implementation.

## Other Contributory Factors to the Decline in Mental Health in India

There are other factors contributing in direct or indirect pathways towards the decline of mental health in India such as:

1. Increasing demands and stress
2. Role of technology: Glorified virtual self-lost real self
3. Unemployment
4. Dealing with rapid social change - Fragmentation of family and isolation

Psychologists have little control over these factors; however the way forward is the promotion of Resilience and mental health skills such as Emotional regulation, promotion of positive mental health, integrated into the school and college education. This would ensure that the coming generations are better prepared to survive in the VUCA world - Volatile, Uncertain, Complex and Ambiguous world.

Thus, to conclude, India is on the brink of a mental health crisis. Proper implementation of the measures discussed above will help us deal with the mental health issues and challenges.

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## *Book Reviews*

**Robert D. Kaplan, *Earning the Rockies: How Geography Shapes America's Role in the World* (New York: Random House, 2017), Price: \$27, Pages: 201.**

Reviewed by:

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*Earning the Rockies* by Robert Kaplan is a narrative and account of America and its geographical and physical aspects which make it significant in the conduction of its foreign policy and domestic affairs. The book is a result of travels undertaken by the author inside his country and observations made throughout the journey which inspire a perspective from him on what defines America and the American dream. The author has found knowledge and inspiration from certain ideals of his father- Philip Alexander Kaplan who was an ordinary citizen of America but with values that hold the country in high regard. His father was a truck driver and travelled throughout the country exploring the vast terrain and Kaplan too undertook the cross-country journey imbibing the meaning and significance of America's vast land expanse and natural resources and what that means of the people of the country.

Robert Kaplan is an American author whose work primarily focuses on theory of International Relations, travel, politics and global affairs. Several of his works have been published in journals, newspapers and publications like The Washington Post, The Wall Street Journal and The New York Times. His interest in history and world affairs was encouraged by his father from an early age, which proved advantageous. *Earning the Rockies*, too, is an idea inspired from the values his father instilled in him about the country and its history.

The author has meticulously chosen the title of the book with a deeper significant meaning behind it. He emphasises on how politically and strategically the country and the government should explore the advantage posed by the

mountain ranges, rivers, plains and the vast expanse of land that defines the country. The book is not just an account of the role that geography plays in the formulation of the foreign and domestic policy of the country, it is an insight into the author's perspective and feelings about his country and the learnings from his journey. It is also a political analysis of how America's power lies in the heart of the country and its unexplored territory. The author delves deeper into the 'frontier' attitude of America and the necessity to have such an outlook. He urges the people to explore the country and gain a new perspective on politics in the country. By using the term "Earning the Rockies", he advocates that the journey to understand every land of America cannot be done by flying from coast to coast, but to "see the mornings and evenings along the way of the ground you have covered".

The beauty of the book is the fact that the author has so passionately spoken about the country continuing to dominate the world if it realises its own inner strengths. Kaplan predicted the change in politics and power that would begin if there is a change in leadership at the top tier of the White House- what we see today as the time of Donald Trump as President Trump. He implores the people in power to take advantage of the nation's agricultural wealth, land expanse, natural resources and favourable geographical position. He has quoted and used the ideas of Bernard DeVoto, the historian, geologist John Powell and several other eminent analysts and thinkers. The book delves deeper into ideas such as conservatism, imperialism, globalisation and what that implies today.

During this rapid era of globalization, and the connectivity across the world, the fundamental question that Kaplan asks is how well do you know your own people? In every city, every street and lane, between elites and commoners, with the wholesome presence of the media, what connects the people? The most prominent theme behind the book is that you cannot gauge the significance of the Rockies by flying from the East Coast, the learning takes place in seeing the sight of the Rockies by driving across the prairies and the Great Plains, and understanding why America conquered this land to become a superpower.

Earning the Rockies is an insightful read for any and everyone who is interested in the field of International Relations, Global Affairs and Politics, particularly. It is also worth a read for anyone else who enjoys geography and travel and feels inspired. The meaning behind every place he sees and the message that Kaplan is trying to get across to the readers is quite prominent. The book is layered in its approach to analyse America's role in the world today and is philosophically very pure in its analysis of America's rise and decline as a global power. As an IR Major student, the book definitely provided me with a new



dimension of perceiving America and its policies and approaches as a global power. It gives a new perspective on the role of geography and the importance of geopolitics in the world today. The book and its meaning stay with you long after the read is over.



**Kisholoy Roy, *Women in Indian Advertisements – Plots & Perspectives*, (Lulu.com: 2017), Price: Rs. 275, Pages: 69.**

Reviewed by:

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Dr. Roy has classified the book into two sections viz. Perspectives & Plots. The perspectives section provides an insight into advertisements and advertising. It tries to debunk various myths regarding advertisements by highlighting the ‘asset creating ability’ of advertisements that ‘helps develop brands out of generic products.’ Before advertising, marketers begin with correctly identifying the need gap and developing the products accordingly so as to cater to the requirements of customers. Advertising involves a scientific process that aims to inform consumers about ‘product features and benefits before they make purchases.’

The book also provides a brief study on the evolution of advertising that dates back to in fact 3000 BC in ancient Rome to present. Benjamin Franklin is considered the Father of American Advertising because of his publication Pennsylvania Gazette – newspaper with the largest advertising volume that first appeared in the beginning of 18<sup>th</sup> C. The 20<sup>th</sup> C marked as the “Golden age” for advertising led to the emergence of radio as a popular advertising medium. The ‘1960-1970 decade is considered as the decade of creative revolution in advertising business as three outstanding personalities Leo Burnett, David Ogilvy & William Bernbach spearheaded the creative pursuits in advertising products.’ “Bengal Gazette” was the first Indian newspaper to be started in 1780 in Calcutta, whereas the first advertising agency was started in 1907 in Bombay. ‘Some of the leading ad agencies in the country are JWT, Lowe Lintas, Chaitra Leo Burnett, Contract Advertising, Enterprise Nexus, Euro RSCG, Equus Advertising, FCB-Ulka Advertising, Mudra Communications, McCann Erickson, Ogilvy & Mather, Rediffusion-Young & Rubicam and many more.’

Advertisements are made by advertising agencies and it is the corporate entities known as sponsors or advertisers who engage agencies to develop advertisements for their products. Budget negotiations happen between client servicing team of an agency and the marketing department of an advertiser. And then ‘once an agency receives the creative brief, it is passed on to the creative department of an agency to conceptualize and develop a suitable output.’

The various career options associated with advertising business demand working in an advertising agency. An advertising agency recruits Client service executive or Account executive, Copywriters, Visualizers, Graphic designers, Researchers/Market Researchers, Media Planners, etc.

There are various types of advertisements based on the different parameters used to classify them. Likewise, there are two advertisement types based on the target audience primarily viz. B2C Advertising and B2B Advertising. B2C – Business to Consumer advertising includes ‘four sub categories of advertising viz. National advertising, Local advertising, End-product advertising and Direct response advertising.’ B2B – Business to Business advertising includes ‘four sub categories viz. Trade advertising, Industrial advertising, Professional advertising and Institutional advertising.’

There are three advertisement types based on the nature of product being advertised viz. Goods advertising, Services advertising, and Idea advertising. There are also three advertisement types based on nature of protagonist in an advertisement viz. Advertisement featuring Celebrities (Celebrity Endorsements), Advertisement featuring non-celebrity, and Advertisement featuring products only. Similarly, there are four advertisement types based on type of medium that hosts an advertisement viz. Print advertisement, Broadcast advertisement, Out of Home (Outdoor) advertisement, and Internet advertisement.

The majorly understood role of an advertisement is to promote products in the mass media. However, the roles and responsibilities are not restricted to the world of marketing alone because advertisements do affect society. ‘Advertisements do influence the way a society behaves and defines consumerism.’ So accordingly, advertisements have four major roles – the marketing role, the communication role, the economic role, and the societal role.

Advertising has its roots in marketing and the various aspects of marketing. It is marketing that helps in classifying a heterogeneous market into certain homogeneous segments on the basis of which products are positioned and

advertisements framed. Before advertisements are created by agencies, certain marketing tasks need to be executed so to establish an understanding as for whom advertisement is to be made and what should be the logical message of the advertisement. For instance, one such task is performing a STP analysis that stands for Segmentation, Targeting and Positioning. The various bases of market segmentation are – Geographic, Demographic, Psychographic, Psychological, and some other homogeneous segments. An effective market segment should be Measurable, Accessible, Substantial, Differentiable, and Actionable. Marketers employ strategies and reach out to the segments with their marketing mix elements.

The marketing mix is a tool available with the marketers that enables them to understand the basic strategies they need to develop, to make a product acceptable by customers. McCarthy coined 4Ps of marketing i.e. Product, Price, Place, and Promotion to denote the marketing mix for goods. For services there are three additional Ps i.e. People, Process, and Physical evidence. Advertising does not function in isolation, advertising needs to be integrated with the other strategies employed in the marketing mix. ‘Advertising is basically a part of Promotion and Promotion is one of the components of marketing mix.’ The function of advertising is to ‘build a brand,’ and that takes time and a lot of effort. There are different types of advertising done for the different phases/stages of a product. ‘The Product Life Cycle (PLC) comprises four stages through which a product passes viz. Introduction, Growth, Maturity, and Decline.’ The advertisement types based on PLC are – Pioneering advertising, Competitive and Comparative advertising, and Reminder advertising. Apart from all these communication process also need to be aptly managed so that the message reaches the audience without any sort of distortion.

When we talk about Gender and Advertising, we take into consideration the performance of certain roles based on gender. Gender is a social construct and so is the division of labor based on gender, a stereotype regarding women’s role to be cleaning, nurturing, cooking etc. When advertisements are made considering the changes brought in by various feminist movements and changing government roles, they are categorized as path-breaking advertisements.

In the Plots section of the book Roy presents a very interesting analysis of some advertisements that show women as free-wheeler, in control of the affairs and more so as participants in sharing public space with men.



**Akhil Katyal, *How Many Countries does the Indus Cross*, (The (Great) Indian Poetry Collective, 2019), Price: Rs. 350, Pages 67.**

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### **A Political Residue**

The political residue embedded in the consciousness of the people who are divided by the political lines nonetheless share an undivided common history find a voice in the poems of Akhil Katyal. The poems, in Akhil Katyal's *How Many Countries does the Indus Cross*, are infused with the politics of bygone days of the Indian subcontinent which unfailingly defines our present-day politics and dictates the lives of the people. With an engaging title, the poet critiques absurdly painted borders of the surfaced nations on the map of the Indian subcontinent in the twentieth century. Every country that Indus passes through has been witnessing an ongoing unrest. These countries have been engulfed in territorial conflicts, regions in the course of Indus have witnessed suffering and fought a politicised dispute over the water of Indus. In spite of all, as poet shows, irrevocable Indus, ironical as it seems, overruns the divided lands unifying the people in their experiences. Katyal's poems, interspersed with a thematic plethora, engage the readers with the stylistic appeal.

As we begin, we find that the poet has already set the tone for the rest of the poems by invoking two late poets, Agha Shahid Ali and Fahmida Riaz, at the beginning of the book. What agonised Agha Shahid Ali had once written:

“One must wear jewelled ice in dry plains  
to will the distant mountains to glass.  
The city from where no news can come  
is now so visible in its curfewed nights  
that the worst is precise....”

Akhil Katyal picks up the mantle from Shahid. He divides the book into three sections:

- I. To Will the Distant Mountains to Glass
- II. To Will the Distant Mountains to Glass
- III. To Will the Distant Mountains to Glass

With a singular emphasis on each of the words in the entire line, he unfolds an assorted essence of these words. For the first section of the book emphasises on the ‘Distant’, the second section highlights the ‘Will’, while all the poems in the third section are on and dedicated to Kashmir. In each of the poems in the first section the idea of the ‘Distant’ emerges unparallel to each other. Unvaryingly united by the theme of ‘Distant’ the poems touch upon the ‘afar’ with diverse subjects. While in the second section ‘Will’ dominates the poems. Poems located in cities and cities located in poems, the poems on spaces are dictated by the political and cultural life of the cities. The poems in this section exhibit the ‘personal’ affected by the political. Some of the poems address homosexuality, attacking the institutional injustice done to the queer community. The last section of the book ‘Mountains to Glass’ is dedicated to Kashmir and the people of Kashmir. The poems in this section revolve around the suffering and loss in the conflict-torn Kashmir.

As discussed above that the common subject in the poems of Katyal is politics, and in this collection, we find poems loaded with contemporary political subjects. In the first poem ‘To the Soldier of Siachen’ Katyal builds on the anti-war rhetoric addressing the soldier with an appeal to return to the homeland. Interestingly, the poem critiques the prevalent nationalist war propaganda which thrives on the war for its sustenance. Katyal writes:

“Come back  
 the snow is treacherous  
 come back  
 they are making you fight a treacherous war  
 you were not born in snow  
 you do not know snow, come back  
 I do not want you to fight that war in our name  
 I want you to rest, I want you to be able to feel your fingers  
 I want the snow in your veins to give way  
 for you to be able to breathe, to melt  
 into a corner, to sleep.”



The poet, assuming a larger collective position of common citizens, addresses the soldier to abandoned the war which is compulsively fed to him as a national duty. By presenting a collectivised voice of the people who essentially consider war as a political instrument whenever used devastates and victimises the common people. The existing political tension between India, Pakistan and China compels human positioning in the Siachen glacier region. However, in the inhumane climatic condition of the Siachen glacier uprooted personnel is posted to guard the people of the plains of India. This is turned into a politically weaponised narrative by various political agencies to sway and mobilise people's support in a democratic setup. Against the weaponised narrative, Katyal's poem puts up a counter-discourse. The symbolic emphasis on the snow in the poem dominates the concept of alienation. The territorial unfamiliarity introduced in the following stanza opens up a conversation on the tactical colonial hangover, as he writes:

“Go Home  
 go home to Madurai, go home  
 to Vellore, Satara, Mysore  
 do not stay in the snow  
 go home to Ranchi, that war  
 is not for you to fight, that war  
 is not for us to give to you to fight  
 let not our name be ice....”

With the symbolic significance in an apparent continuation, the poet highlights a commonly used tactical strategy by the British colonisers where the soldiers from the different cultural background were enlisted and deployed to a geo-culturally different landscape. It enables them to carry out the orders without hesitation as in an alienated space the soldiers found assimilation with the natives difficult. The same tactical strategies are employed with a similar objective, in the poem we find that the soldiers either belong to the peninsular belt of India or central India.

Uniquely crafted structure allows making a poetic document of human loss and suffering in the Kashmir valley. With the meticulous diction, he draws what everyday life in conflict-torn Kashmir is for her people. In 'Identity Card' Katyal encapsulates death poetically in the form of a document, registering the death of an eleven-year-old boy Nasir in Kashmir. The linguistic diversity and style of the poem express a humane point of view in the form which displays insensitivity towards the loss of human life and yet the poem legitimises the creative

expression. Within the unusual documented style Katyal seamlessly poeticised the narrative with the interplay of words and infused emotively filtered words replacing the dry administrative diction. The poet throws light on the process of writing, as at the end of the poem the poet has put a note, which leads the readers to understand the creative labour. In fact, in his process of writing some of the poems, he refers to news items which he considers to be of his interest and then poetises the subject.

The act of reclaiming appears to be ironically usual when the question of art is put on the table. To claim the roots of art and cultural sprouting out of the land has prevailed forever. But after the partition, the position of the artists changed yet the countries claimed and reclaimed them to be of their origin. In his ‘He Was Born in 1948, So He’s’ he posits before us a conflated dilemma and transcendental effect of the art which is not controlled by any boundaries. He writes:

“Straight up Pakistani, not some  
pre-Partition guy we can claim  
as our own. Now the trouble is,  
how do I wipe clean all those  
evenings, growing up, when  
drunk on his voice, we heard  
“Afreen Afreen” losing all our  
cares, not knowing Nusrat  
was theirs.”

The poem “When Shammi Kapoor Slides Down the Snow” throws light on the cinematic representation of Kashmir in Hindi film industry. In this poem Katyal points out how Kashmir over the years has been misrepresented in Hindi films, deceiving the audience as well as Kashmiris with a deluded portrayal of what is shown as Kashmir on the screen. Reflecting on the idea of Kashmir in general politics which also operates in the domains of public life Katyal writes:

“So we’ve always got it wrong- granduncle or  
grandnephew - and we’ve been like this for long  
always Kashmir without Kashmiris, all for a song.”

And in another sardonic poem “The Incredible India J&K Tourism Video” he pummelled at operative methods of the State media machinery. Describing the role of editors in creating and maintain an image he writes:

“I suppose the most crucial role here is the editor’s:  
so damn difficult to keep the dead out. To keep  
the green of the hills, the blue of the lake, the  
white of the snow, and still, to keep the red out.”

What makes his poetic collection remarkable is his unusual creative treatment to personal yet fragile political subjects. As discussed earlier many of his poems refer to the newspaper articles, out of these newspaper articles he churns out poetry. Katyal’s ability to see the unwritten underlying emotion in those articles and successfully holding on to the emotion only to later record it in poetic form. And through poetry, he voices resistance against jingoist fervour which emerges as a dominant matter in politics and gives voice to the Kashmir conflict like his fellow Kashmiri and non-Kashmiri writers.



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