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formal sector, urban environment, mitigating migration problem, labour market condition, removing economic disparity and over and above post most importantly in the field of labour absorption and income generation.

In urban areas our country is large number of migrate workers find shelter in the waste recycle industry because this industry requires less capital and no skill. This industry provides them the best guarantee for employment. It not only provides the source of income and employment to its workers but also a wide spectrum of goods and services to the society at low prices. If proper care, encouragement and assistance is given the waste recycle industry can play a very crucial role in providing cheap raw material to various industries and help in increasing production. It has a great potential of saving precious foreign exchange by substituting imports of various raw materials or finished goods. It is needless to emphasise the importance and need of waste recycle industry has great potentialities in the field of income and employment generation and urban development.

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Subjective Well-being of Hindu and Muslim Powerloom Workers

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ABSTRACT:

Subjective well-being is an important aspect for performance of any individual employee because internal feeling affects external performance. Subjective well-being is the evaluation of one's global life circumstances, reflecting a sense that one's life is going well and one would not change much if one's life could be lived over again (Diener, et al., 1999). The present study is to examine and to compare the level of subjective well-being experienced by Hindu and Muslim powerloom workers. Subjective well-being Inventory (Sell & Nagpal, 1992) were used to measure subjective well-being. Purposive data sampling was used and data was collected from Hindu and Muslim powerloom workers from Malegaon city, Out of these powerloom workers, 30 were Hindu and 30 were Muslim from the age group of 30 to 50 years. Only male sample considered for this research. t-test was used to analyze the data. Result indicates that subjective wellbeing of Hindu powerloom workers is higher than those of Muslim powerloom workers.

Key words: Subjective well-being, powerloom workers, belongingness, dissatisfaction

INTRODUCTION:

Well-being is defined as life satisfaction, the presence of positive effect, and a relative

absence of negative effect. Together the three components are often referred to as happiness (Ryan & Deci, 2001). Subjective well-being is the evaluation of one's global life circumstances, reflecting a sense that one's life is going well and one would not change much if one's life could be lived over again (Diener, et al., 1999). The word well-being is mostly used by specific variety of goodness for example, living in a good environment, being of worth for the world, being able to cope with life, enjoying life etc. Seligman (2002) noted that engaged life, pleasant life, and meaningful life are the most important indicators of individuals' subjective well-being.

Evidence from existing literature state that psychological or subjective well-being deals with peoples' feeling in their day today life (Bradburn 1969, Campbell 1976, Warr 1978) well-being is one of the most important goal which individual as well as society strive for, so many terms such as happiness, satisfaction, hope, positive affect, positive mental health, well-being and quality of life have been used in the literature synonymously and interchangeably.

Religious belief and cultural practice of Hindu and Muslim population are markedly different from each other and so on likely to cause different level of happiness and satisfaction that consequently affect their well-being. In rapidly changing scenario of culture and work religion contributes to well-being of workers. In early 20th century, Freud consider religion to be a psychopathological, neurotic wish fulfillment.

Religious coping is also an important consideration. Pargament, Koenig, Tarakeshwar, & Hahn (2001) have identified differences in positive and negative religious coping. Positive coping is characterized by the belief that God is a benevolent protector and helper in times of trouble, whereas negative coping is characterized by concern that one's suffering is caused or sanctioned by a God who is angry and punishing. For example, among medically ill older adults, negative religious coping has been

shown to be a risk factor for dying (Pargament, et al., 2001). Rosmarin, Krumrei, & Andersson (2009) also found that Christian and Jewish beliefs and practices correlated positively with positive coping and negatively with negative religious coping, and positive religious coping predicted less psychological distress (i.e., worry, anxiety, depression). It has been found that religious people, on average, experience greater well-being than non-religious people (Diener & Seligman, 2004; Donovan & Halpern, 2002; Helliwell & Putnam, 2005; Williams & Sternthal, 2007).

In India, Khan, Ahmad, Hamdan, Mustafa and Tahir (2014) in their study on 400 Indian students, found that religiosity is significantly influencing psychological strengths and subjective well-being of the participants. Similarly, Sreekumar (2008) explored the nature and pattern of relationship of certain religious aspects like religious beliefs, religious practices, and spirituality with subjective well-being on 350 participants in Kerala. The results obtained in this study indicated that religious beliefs, practices and spirituality are positively associated with subjective well-being. Religious beliefs provide a sense of well-being through guidance, a sense of right and wrong and a connection to God (Sreekumar, 2008).

Spirituality and religiousness have been evaluated as internal factors, including: self-esteem, locus of control, and personality traits that have an impact upon subjective well-being of individuals (Holder, Coleman, & Wallace, 2010). Ghausia Taj Begum, Meena Osmany (2016) examined the religiosity, social distance and well-being on Hindu and Muslim young adult and Result revealed significant difference on the dimensions of religiosity and well-being between the two groups, but not for the dimension of social distance. Religiosity has been found to be positively correlated with well-being. Abdel-Khalek (2010) found that religiosity among Muslim Kuwaiti adolescents

was related to better health well-being and less anxiety.

Religion and religious activities might be considered as a part of meaningful life (McCullough et al., 2000). If individuals have meaningful, engaged, and pleasant life, they tend to be healthier, more satisfied within marriage, more cooperative in social life, more prolific at work, more apt to observe the rules mandated by citizenship, and much better at coping with stress (Diener & Seligman, 2002; McCullough, 2000; McCullough et al., 2000; Van Dierendonck & Mohan, 2006). Christiansen et. al. (1999) conducted a study on occupation and subjective well-being in order to explore the relationship between occupation and subjective well-being.

OBJECTIVES

- 1) To find out level of subjective well-being of Hindu powerloom workers.
- 2) To find out the level of subjective well-being of Muslim powerloom workers.
- 3) To compare subjective well-being in Hindu and Muslim powerloom workers.

HYPOTHESIS

- 1) There would be no significant difference between Hindu and Muslim powerloom workers in terms of subjective well-being.

METHOD

Sample:

In the present study, data were collected from 60 power loom workers from Malegaon city. Out of them 30 were from Hindu community and 30 were from Muslim community from the age group of 25 to 45 years. Random sampling method of probability sampling was used for the study. Also medical or illness history was considered while selecting the sample no worker had major illness since last 2 years.

VARIABLES:

IV

- 1) Religion
 - a) Hindu
 - b) Muslim

DV

1. Level of Subjective well-being

TOOLS:

Subjective wellbeing Inventory (SWB) by Sell and Nagpal (1992):

To measure the Subjective wellbeing of powerloom workers Subjective wellbeing Inventory was used for studying our problem. Subjective well-being Inventory is constructed by Sell & Nagpal (1992). This is a very comprehensive and racy instrument (originally in English language) for measuring positive indicators of health, admitting percept of wellbeing, life satisfaction, happiness, positive affect and feeling about social life. The Subjective well-being Inventory has been standardized on adult Indian population. It has been used previously in researches by other researchers (Bhogle and Prakash, 1995; Chandra, Sudha, Subbarathna, Rao, Verghese and Channabasavana, 1995; Mishra, Kumaraiah, Chandra, and Rajaram, 1998). This item pool was subjected to statistical treatment and factor analysis. The result was a 40 item version that assesses the subjective well-being of the subjects on 11 factorial dimensions.

PROCEDURE:

For collecting the data powerloom units in Malegaon were visited. With the required permission of powerloom owners, the workers were approached at their work place at convenient time. The test of subjective well-being was administered with required instructions about how to fill the questionnaire. The statements were read for the workers in English with Hindi or Marathi translates whenever needed. Accordingly their responses were sought on three point rating scale. Thus total 13 powerloom units were approached.

RESULT AND DISCUSSION:

For statistical analysis descriptive statistics was used i.e. mean, S.D, and 't' value were calculated.

Table 1: Comparison of subjective well-being of Hindu and Muslim powerloom workers.

IV	Level of IV	Subjective well-being				t-value	Sign.
		N	Mean	SD	DF		
Religion	Hindu	30	57	5.67	58	2.24	.029
	Muslim	30	53.83	5.24			

Table 1 indicates the mean, SD, and 't' value with its level of significance as per the research findings. Result indicates the mean and SD of subjective well-being for Hindu powerloom workers was 57 and 5.67 respectively. The mean and SD of subjective well-being for Muslim powerloom workers was 53.83 and SD is 5.24. The calculated t-value is 2.24 which is greater than critical value for .05 level which is 2.00. It means the obtained t-value is significant at .05 level. However the critical value for .01 level is 2.66 which is greater than calculated value so obtained t-value is not significant at .01 level.

As shown in the previous research religiosity is positively associated with the subjective well-being (GhausiaTaj Begum & Meena Osmany 2016) Abdel-Khalek (2010) found that religiosity among Muslim Kuwaiti adolescents was related to better health and well-being and less anxiety. This result shows different finding but it can be happen because of varied nature of problems and because of different sample group. It is also proved by Sacks, D.W., Stevenson, B. and Wolfers, J. (2010) that income plays a large role in determining subjective well-being. Hindu and Muslim Powerloom workers from Malegaon city and nearby area has been facing same problems but their daily practices, religious activity, are different so that it gives impact on their Subjective well-being.

CONCLUSION:

The research findings indicate that Hindu powerloom workers and Muslim powerloom workers differ significantly in terms of their subjective well-being. It means that a subjective well-being tendency in higher in Hindu powerloom workers than Muslim powerloom workers.

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GST as Revolution in Indirect Taxes in Indian.

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Introduction:

On 3rd August 2016 Rajya Sabha and on 8th August Lok Sabha of India passed 'Goods And Services Tax Bill' by making 122th Amendment in the Constitution of India, which is signed by the President of India on 8th September, 2016 after passed by 16 State Assemblies in India, which will be treated as mile stone of revolution in Indian Tax System as well as in Indian economy. From the acceptance of reform in economy and LPG policy it was expected by the Economists as well as from Industrialists and politicians also that there should be reform in indirect tax system in India. But for this or that reason it did not happened till August, 2016 and let us hope that as the reform in the form Goods and Service Tax will commence from 1st April, 2017. In this paper an attempt is made to discuss on the:

- 1) Historical background of the reform of GST,
- 2) Objective, Nature & Scope of Goods and Services Tax
- 3) Existing Indirect Taxes situation in India
- 4) Procedure of charging GST & Rate of GST
- 5) Implementation Mechanism of GST
- 6) Benefits of GST to Indian Economy
- 7) Challenges before Centre Govt. regarding GST

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3.3.2.1 Research Paper Published in Peer Reviewed and Referred Journals

Holistic Medicine

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ABSTRACT

Objective of this study is to find out how religious beliefs and spiritual practices can represent powerful sources of comfort, hope, and meaningful life. These practices develop positive states such as faith, hope courage, compassion, love, and forgiveness and reduce negative states such as anxiety and anger.

Holistic medicine is the terminology basically deals with body, mind, spirit and emotions. Ultimate goal of holistic medicine practice is achieve proper balance in life. "Rather than focusing on illness or specific parts of the body, this ancient approach to health considers the whole person and how he or she interacts with his or her environment. Physical, emotional, and spiritual are interdependent parts within the individual and if one part is not working properly, all the other parts will be affected its cause's imbalance in life and develops negative effect on overall health.

120 Samples in between age 35 to 50 are randomly selected and examined their mantel health status. 't'test was applied to compare to mental health of spiritual and non spiritual health.

Keywords: Holistic medicine, Religion, Spirituality, Depression, Anxiety.

INTRODUCTION

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

Mind, body and spirit — these aspects of each patient are considered to be intertwined and essential to achieving optimal health. Human beings are comprised of physical, emotional, mental and spiritual elements are another way to look at it. "The quality of being concerned with the human spirit or soul as opposed to material or physical things.

Spirituality does not mean any particular practice. It is a certain way of being. To get there, there are many things to do. This is like a garden in our house. If the soil, sunlight or stem of a plant is in a certain way, it won't yield flowers, we have to do something. We have to take care of those things. So if we cultivate our body, mind, emotions and energies to a certain level of maturity, something else blossoms within us – that is what spirituality is. When our rationale is immature, it doubts everything. When our rationale matures, it sees everything in a completely different light.

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DEFINITIONS

Holistic medicine is the terminology basically deals with body, mind, spirit and emotions. Ultimate goal of holistic medicine practice is achieve proper balance in life. "Rather than focusing on illness or specific parts of the body, this ancient approach to health considers the whole person and how he or she interacts with his or her environment. Physical, emotional, and spiritual are interdependent parts within the individual and if one part is not working properly, all the other parts will be affected its cause's imbalance in life and develops negative effect on overall health.

SPIRITUALITY INVOLVES EXPERIENCES OF

- A deep seated sense of meaning and purpose in life.
- A séance of belonging

SPIRITUALITY AND MENTAL HEALTH

Mind, body and spirit — these aspects of each patient are considered to be intertwined and essential to achieving optimal health. Human beings are comprised of physical, emotional, mental and spiritual elements are another way to look at it. "The quality of being concerned with the human spirit or soul as opposed to material or physical things.

OBJECTIVES

- To study the effect of spirituality as a part of holistic medicine on mental health
- To compare the mental health of spiritual and non Spiritual.

METHODOLOGY

120 Samples in between age 35 to 50 are randomly selected and examined their mantel health status. 't'test was applied to compare to mental health of spiritual and non spiritual health.

TOOLS

Mental Health Inventory by Jagdish Shrivastava

RESULT AND DISCUSSION

Significant difference observed in mean score. Major findings shows mental health is sound in spiritual practitioners rather than non spiritual.

Table no.1

	Spirituals		Non Spirituals	
	Mean	Category	Mean	Category
PSE	34.17	GOOD	28.34	AVERAGE
PR	26.35	GOOD	22.80	AVERAGE
IP	39.28	GOOD	35.39	AVERAGE
AUNTY	19.31	GOOD	15.61	POOR

	Spirituals		Non Spirituals	
	Mean	Category	Mean	Category
GOA	37.11	GOOD	33.31	AVERAGE
EM	33.78	GOOD	30.67	AVERAGE
TOTLE	180.45	GOOD	160.27	AVERAGE

Table no.2

	Spirituals			Non Spirituals		Mean Diff.	Significance
	Mean	SD	N	Mean	SD		
PSE	34.17	4.13	30	26.34	3.56	5.83	0.01
PR	26.35	4.82	30	22.8	3.29	3.55	0.01
IP	39.28	3.31	30	35.39	2.89	3.89	0.01
AUNTY	19.31	4.73	30	15.71	3.13	3.6	0.01
GOA	37.11	4.51	30	33.31	2.05	3.8	0.01
EM	37.78	4.32	30	36.67	3.13	3.19	0.01
TOTLE	180.45	5.3	30	161.37	5.79	13.31	0.01

In concern to second objective of the present study significant difference has been found on spirituality

RESULT

The major finding of the study shows that spiritual has better mental health in comparison to non spirituals and it because of absence of positive attitude toward life

CONCLUSION

Spirituality as part of holistic practices plays vital role in *maintaing* the optimal health.

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Journey of Self -Matured Self

Dr. Jaiprakash N. Choube*

ABSTRACT

Humanistic psychology focuses whole person, and the uniqueness of each Personality. Humanistic psychology has assumptions that people have free and are motivated to achieve their potential and self-actualize. Journey of self means peoples are motivated to self-actualize or fully actualize. Present paper focuses on growing openness to experience, existential lifestyle, and freedom of choice, creativity, real and ideal self. It also elaborates need hierarchy theory in relation to development of personality. It also emphasizes the seven habits of effective person and balanced personality explained in Shrimad Bhagwad Gita

Keywords: Self, Self-actualize, fully functioning person, incongruence, master of self.

Humanistic psychology is a psychological perspective which rose to prominence in the mid-20th century, drawing on the work of early pioneers like Carl Rogers, Maslow and the philosophies of existentialism and phenomenology. It adopts a holistic approach to human existence through investigations of meaning, values, freedom, tragedy, personal responsibility, human potential, spirituality, and self-actualization. It believes that people are inherently good.

- **Development of the personality**

With regard to development, he described principles rather than stages. The main issue is the development of a self concept and the progress from an undifferentiated self to being fully differentiated.

In the development of the self concept, he saw conditional and unconditional positive regard as key. Those raised in an environment of unconditional positive regard have the opportunity to **fully actualize** themselves. Those raised in an environment of conditional positive regard feel worthy only if they match conditions (what Rogers describes as conditions of worth) that have been laid down for them by others.

1. **The fully functioning person**

(a) Optimal development, as referred to in proposition 14, results in a certain process rather than static state. He describes this as the good life, where the organism continually aims to fulfill its full potential. He listed the characteristics of a fully functioning person

(b) **A growing openness to experience** – they move away from defensiveness and have no need for subsection (a perceptual defense that involves unconsciously applying strategies to prevent a troubling stimulus from entering consciousness).

(c) **An increasingly existential lifestyle** – living each moment fully – not distorting the moment to fit personality or self concept but allowing personality and self concept to emanate from the experience. This results in excitement, daring, adaptability, tolerance, spontaneity, and a lack of rigidity and suggests a foundation of trust. "To open one's spirit to what is going on now, and discover in that present process whatever structure it appears to have"

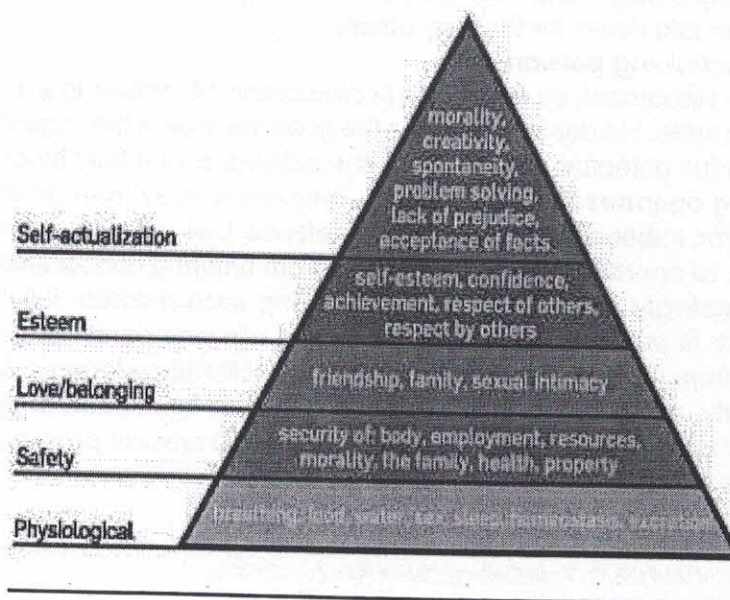
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- (d) **Increasing organismic trust** – they trust their own judgment and their ability to choose behavior that is appropriate for each moment. They do not rely on existing codes and social norms but trust that as they are open to experiences they will be able to trust their own sense of right and wrong.
- (e) **Freedom of choice** – not being shackled by the restrictions that influence an incongruent individual, they are able to make a wider range of choices more fluently. They believe that they play a role in determining their own behavior and so feel responsible for their own behavior.
- (f) **Creativity** – it follows that they will feel more free to be creative. They will also be more creative in the way they adapt to their own circumstances without feeling a need to conform.
- (g) **Reliability and constructiveness** – they can be trusted to act constructively. An individual who is open to all their needs will be able to maintain a balance between them. Even aggressive needs will be matched and balanced by intrinsic goodness in congruent individuals.
- (h) **A rich full life** – he describes the life of the fully functioning individual as rich, full and exciting and suggests that they experience joy and pain, love and heartbreak, fear and courage more intensely. Rogers' description of the good life:

- **Incongruence**

Rogers identified the “**real self**” as the aspect of one’s being that is founded in the actualizing tendency, follows organismic valuing, needs and receives positive regard and self-regard. It is the “you” that, if all goes well, you will become. On the other hand, to the extent that our society is out of sync with the actualizing tendency, and we are forced to live with conditions of worth that are out of step with organismic valuing, and receive only conditional positive regard and self-regard, we develop instead an “**ideal self**”. By ideal, **Rogers is suggesting something not real, something that is always out of our reach, the standard we cannot meet. This gap between the real self and the ideal self, the “I am” and the “I should” is called incongruity.**

- **Maslow’s hierarchy of needs**



1. Hierarchy

Maslow's hierarchy of needs is often portrayed in the shape of a pyramid, with the largest and most fundamental levels of needs at the bottom, and the need for self-actualization at the top.

2. Physiological needs

For the most part, physiological needs are obvious – they are the literal requirements for human survival. If these requirements are not met, the human body simply cannot continue to function. Air, water, and food are metabolic requirements for survival in all animals, including humans. Clothing and shelter provide necessary protection from the elements. The intensity of the human sexual instinct is shaped more by sexual competition than maintaining a birth rate adequate to survival of the species.

3. Safety needs

With their physical needs relatively satisfied, the individual's safety needs take precedence and dominate behavior. In the absence of physical safety – due to war, natural disaster, or, in cases of family violence, childhood abuse, etc. – people (re-)experience post-traumatic stress disorder and trans-generational trauma transfer. In the absence of economic safety – due to economic crisis and lack of work opportunities – these safety needs manifest themselves in such things as a preference for job security, grievance procedures for protecting the individual from unilateral authority, savings accounts, insurance policies, reasonable disability accommodations, and the like.

- **Safety and Security needs include:**

1. **Personal security**

2. **Financial security**

3. **Health and well-being**

4. **Safety net against accidents/illness and their adverse impacts**

5. **Love and belonging**

After physiological and safety needs are fulfilled, the third layer of human needs is social and involves feelings of belongingness. The need is especially strong in childhood and can over-ride the need for safety as witnessed in children who cling to abusive parents. Deficiencies with respect to this aspect of Maslow's hierarchy – due to hospitalize, neglect, shunning, ostracism etc. – can impact individual's ability to form and maintain emotionally significant relationships in general, such as:

- **Friendship**
- **Intimacy**
- **Family**

Humans need to feel a sense of belonging and acceptance, whether it comes from a large social group, such as clubs, office culture, religious groups, professional organizations, sports teams, gangs, or small social connections (family members, intimate partners, mentors, close colleagues, confidants). They need to love and be loved (sexually and non-sexually) by others. In the absence of these elements, many people become susceptible to loneliness, social anxiety, and clinical depression. This need for belonging can often overcome the physiological and security needs, depending on the strength of the peer pressure; an anorexic, for example, may ignore the need to eat and the security of health for a feeling of control and belonging.

ESTEEM

All humans have a need to be respected and to have self-esteem and self-respect. Esteem presents the normal human **desire to be accepted and valued by others**. People need to engage

themselves to gain recognition and have an activity or activities that give the person a sense of contribution, to feel self-valued, be it in a profession or hobby. Imbalances at this level can result in low self-esteem or an inferiority complex. People with low self-esteem need respect from others. They may seek fame or glory, which again depends on others. Note, however, that many people with low self-esteem will not be able to improve their view of themselves simply by receiving fame, respect, and glory externally, but must first accept themselves internally. Psychological imbalances such as depression can also prevent one from obtaining self-esteem on both levels.

Most people have a need for a stable self-respect and self-esteem. Maslow noted two versions of esteem needs, a lower one and a higher one. The lower one is the need for the respect of others, the need for status, recognition, fame, prestige, and attention. The higher one is the need for self-respect, the need for strength, competence, mastery, self-confidence, independence and freedom. The latter one ranks higher because it rests more on inner competence won through experience. Deprivation of these needs can lead to an inferiority complex, weakness and helplessness.

Maslow also states that even though these are examples of how the quest for knowledge is separate from basic needs he warns that these "two hierarchies are interrelated rather than sharply separated" (Maslow 97). This means that this level of need, as well as the next and highest level, is not strict, separate levels but closely related to others, and this is possibly the reason that these two levels of need are left out of most textbooks.

SELF-ACTUALIZATION

"What a man can be, he must be." This forms the basis of the perceived need for self-actualization. This level of need pertains to what a person's full potential is and realizing that potential. Maslow describes this desire as the desire to become more and more what one is, to become everything that one is capable of becoming. This is a broad definition of the need for self-actualization, but when applied to individuals the need is specific. For example one individual may have the strong desire to become an ideal parent, in another it may be expressed athletically, and in another it may be expressed in painting, pictures, or inventions. As mentioned before, in order to reach a clear understanding of this level of need one must first not only achieve the previous needs, physiological, safety, love, and esteem, but master these needs.

- **Self Esteem, Self-Concept and self-Efficacy**

Self Esteem

- (a) The original normal definition presents self-esteem as a ratio found by dividing one's successes in areas of life of importance to a given individual by the failures in them or one's "success / pretensions". Problems with this approach come from making self-esteem contingent upon success: this implies inherent instability because failure can occur at any moment. In the mid 1960s, Morris Rosenberg and social-learning theorists defined self-esteem in terms of a stable sense of personal worth or worthiness. Nathaniel Branden in 1969 defined self-esteem as "... the experience of being competent to cope with the basic challenges of life and being worthy of happiness". According to Branden, self-esteem is the sum of self-confidence (a feeling of personal capacity) and self-respect (a feeling of personal worth). It exists as a consequence of the implicit judgment that every person does about, on one side, his/her ability to face life's challenges, that is, to understand and solve problems, and, on the other side, his right to achieve happiness, or, in other words, to respect and defend his own interests and needs. This two-factor approach, as some have also called it, provides a balanced definition that seems to

be capable of dealing with limits of defining self-esteem primarily in terms of competence or worth alone.

Self-concept

- (a) Self-concept (also called self-construction, self-identity or self-perspective) is a multi-dimensional construct that refers to an individual's perception of "self" in relation to any number of characteristics, such as academics, gender roles and sexuality, racial identity, and many others. Each of these characteristics is a research domain (i.e. Academic Self-Concept) within the larger spectrum of self-concept although no characteristics exist in isolation as one's self-concept is a collection of beliefs about oneself. While closely related with self-concept clarity (which "refers to the extent to which self-knowledge is clearly and confidently defined, internally consistent, and temporally stable"), it presupposes but is distinguishable from self-awareness, which is simply an individual's awareness of their self. It is also more general than self-esteem, which is the purely evaluative element of the self-concept.

Self-efficacy

Self-efficacy is a term used in psychology, roughly corresponding to a person's belief in their own competence.

It has been defined as the belief that one is capable of performing in a certain manner to attain a certain set of goals. It is believed that our personalized ideas of self-efficacy affect our social interactions in almost every way. Understanding how to foster the development of self-efficacy is a vitally important goal for positive psychology because it can lead to living a more productive and happy life.

- **The 7 Habits to Develop Self**

Stephen R. Covey (1990): - Defines positive personality in terms of habits. A person who doesn't blame circumstances or conditions or any person for his behaviour it is because of the function of decision, which is based on values and conscious choice. Such person is known as a '**Proactive person**'. He has fix goal in life, has fix plans of behaviour, handles inter personal relationship effectively, has empathetic communication style.

Habit 1: Be Proactive

Take initiative in life by realizing that your decisions (and how they align with life's principles) are the primary determining factor for effectiveness in your life. Take responsibility for your choices and the subsequent consequences that follow.

Habit 2: Begin with the End in Mind

Self-discover and clarify your deeply important character values and life goals. Envision the ideal characteristics for each of your various roles and relationships in life.

Habit 3: Put First Things First

Plan, prioritize, and execute your week's tasks based on importance rather than urgency. Evaluate whether your efforts exemplify your desired character values, propel you toward goals, and enrich the roles and relationships that were elaborated in Habit 2.

1. Interdependence

The next three have to do with Interdependence (working with others):

Habit 4: Think Win-Win

Genuinely strive for mutually beneficial solutions or agreements in your relationships. Value and respect people by understanding a "win" for all is ultimately a better long-term resolution than if only one person in the situation had gotten his way.

Habit 5: Seek First to Understand, Then to be understood

Use empathetic listening to be genuinely influenced by a person, which compels them to reciprocate the listening and take an open mind to being influenced by you. This creates an atmosphere of caring, respect, and positive problem solving.

Habit 6: Synergize

Combine the strengths of people through positive teamwork, so as to achieve goals no one person could have done alone. Get the best performance out of a group of people through encouraging meaningful contribution, and modeling inspirational and supportive leadership.

Habit 7: Sharpen the Saw

Balance and renew your resources, energy, and health to create a sustainable, long-term, effective lifestyle.

Essence of these approaches is purely based on Principles of Shrimad Bhagwad Gita. According to Bhagwad Gita self actualised person one who is master of self.

(Chap.2, Chanto 61, Page 40)

Positive personality is explained in Bhagwad Gita in term of '**Satvik personality**'. Satvik person means one who is innerly controlled, away from unwanted attachment, such a of '**Yogi**' is known as satvik or positive person. (Chap.4, Chanto 39, Page 75)

Spiritual person one who has mastered his senses, is exclusively devoted to his practice and is full of faith, attains knowledge; having had the revelation of truth, he immediately attains supreme peace.

Bhagwat Gita it self gives the ways to higher concentration power. It also emphasizes a control on anger and greed. (Ch.2, 63, P.40)

From anger arises infatuation; from infatuation confusion of memory, from confusion of memory, loss of reason; and from loss of reason, one goes to complete ruin.

The cause of anger is unfulfilled desire and sense of desire is strong attachment towards objects. In short one can control all the negative aspects of personality by controlling only undue desires, anger and greed which result in perfection in personality.

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Optimism, Pessimism, Mental Health and Personality Adjustment

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ABSTRACT

Present study examines differences in mental health and personality adjustment between optimistic and pessimistic college going students. For this purpose 150 third year under graduate students were selected from different colleges of Sakri Taluka. Optimistic-Pessimistic Attitude Scale (1989) by D.S.Parashar, Mental Health Inventory (1989) by Anand Kumar and Thakur and Personality Adjustment Inventory (1972) by C.P.Sharma was used to data collection. t and X² values are calculate for interpretation. Results prove significant differences between optimistic and pessimistic in relation to their mental health and personality adjustment. Significant relationship was observed between mental health and personality adjustment of pessimistic students. But same thing was not observed within optimistic students.

Keywords:- Optimism, Pessimism, Mental Health, Personality and Adjustment.

INTRODUCTION

We can easily judge human personality through behaviour which is very much influenced by heredity and environment. Initially self-concept is developed by parents and other family members and later on by friends and society plays vital role in development of attitude, hobbies and feelings. Parents are first teacher and trainer at home and they inculcate number of values and attitude in children.

Optimism means hopeful. Optimism is a mental attitude or world view that interprets situations and events as being best. This term initially used by Trevoux (1937).

Pessimism is the term emerged in English in 1975. Jung (1933) Stated an extrovert is influenced and operated by external world and self-centered by inner environment. Pessimism is a state of mind in which one anticipates undesirable outcomes or believes that the evil or hardships in life outweigh the good or luxuries.

Mental Health is the capacity of the individual, the group and the environment to interact with one another way that promote subjective wellbeing, the optimal development and use of the mental abilities.

Personality is the well defined by Allport (1937) as "the dynamic organization within the individual of those psychophysical systems that determine his characteristic behavior and thought." Personality is the particular combination of emotional, attitudinal, and behavioral response patterns of an individual.

Adjustment is a precarious and ever changing balance between needs and desires of the individual on the one hand and demands of the environment or society on the other hand.

OBJECTIVES

1. To study the mental health of optimistic and pessimistic students.
2. To study the personality adjustment of optimistic and pessimistic students.

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3. To study the interdependence between mental health and personality of optimistic students.
4. To study the interdependence between mental health and personality of pessimistic students.

HYPOTHESES

1. There is no significant difference between mental health of optimistic and pessimistic students.
2. There is no significant difference between personality adjustment of optimistic and pessimistic students.
3. There is no interdependence between mental health and personality adjustment of optimistic students.
4. There is no interdependence between mental health and personality adjustment of pessimistic students.

METHOD

Sample

Total 150 students randomly selected from under graduate classes of different colleges from Sakri Taluka. In which 75 were male and 75 female students.

Tools

The following tests were used for data collection.

1. Optimistic- Pessimistic Attitude Scale (D.S.Parashar, 1989).
2. Mithila Mental Health Status Inventory (Anand Kumat and Thakur, 1985).
3. Personality Adjustment Inventory (C.P.Shrma, 1972)

RESULTS AND DISCUSSIONS

Table: 1 Shows Difference between Optimistic and Pessimistic Students on Mental Health

STUDENTS	MENTAL HEALTH		t
	MEAN	SD	
Optimistic (N=92)	132.8	12.8	12.7**
Pessimistic (N=58)	137.7	12.2	

**Significant at 0.01 level

1. Results in Table No.1 shows obtain 't' value is greater than tabulated value on 0.01 level ($p < 0.01$) It indicates null hypothesis "There is no significant difference between mental health of optimistic and pessimistic students." is rejected. It proves that optimistic students had significantly better mental health than pessimistic students.

Table: 2 Shows Difference between Optimistic and Pessimistic Students on Personality Adjustment.

STUDENTS	PEESONALITY ADJUSTMENT		t
	MEAN	SD	
Optimistic (N=92)	18.5	8.2	3.7**
Pessimistic (N=58)	23.8	8.9	

**Significant at 0.01 level

Table no.2 clearly indicates significant difference on personality adjustment pessimistic students at 0.01 level. Mean value shows that optimistic students scored less than the pessimistic students it proves better personality adjustment of optimistic students than pessimistic students. Hence null hypothesis no.2 **“There is no significant difference between personality adjustment of optimistic and pessimistic students”** is rejected.

Table: 3 Shows Interdependence between Mental Health and Personality Adjustment Among Optimistic Students.

Level of mental health	Degree of personality adjustment			Total
	Adjusted	Average	Maladjusted	
Better mental health	2	12	2	16
Average	14	38	8	60
Poor mental health	1	15	0	16
Total	17	65	10	N=92

$X^2=6.34$; $df= 4$

Table No.3 reveals that the chi-square value is 6.34 which shows insignificant difference. It means null hypothesis No.3 **“There is no interdependence between mental health and personality adjustment of optimistic students”** is accepted. It is features of optimistic personality. Optimists are very confident and have strong patience in adverse conditions. They are social in nature and always take part in group activities. And due to all these qualities they posses better mental health than pessimistic.

Table: 4 Shows Interdependence between Mental Health and Personality Adjustment Among Pessimistic Students.

Level of mental health	Degree of personality adjustment			Total
	Adjusted	Average	Maladjusted	
Better mental health	4	3	1	8
Average	5	29	8	42
Poor mental health	0	6	2	8
Total	9	38	11	N=58

$X^2=9.5$; $df= 4$

Significant at 0.05 level

Table No.4 reveals that the chi-square value is 9.5 which is significant at 0.05 level of confidence. Hence null hypothesis no.4 **“There is no interdependence between mental health and personality adjustment of pessimistic students”** is rejected. Basically pessimistic person are introvert in nature. Most of them are success seeker and up to some extent they achieve their goals but they are not satisfied with their achievements it pulls them in frustration state and maladjustment. It causes mental health problem within them.

CONCLUSIONS

On the basis of overall results researcher conclude that optimistic students have better mental health and personality adjustments than the pessimistic students. But no significant dependence found between mental health and personality adjustment of optimistic students. While there is significant dependence found between mental health and personality adjustment of pessimistic students.

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Rape: Causes and Prevention

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Rape is a type of sexual assault usually involving sexual intercourse or other forms of sexual penetration carried out against a person without that person's consent. The act may be carried out by physical force, coercion, abuse of authority, or against a person who is incapable of giving valid consent, such as one who is unconscious, incapacitated, has an intellectual disability or is below the legal age of consent. The term rape is sometimes used interchangeably with the term sexual assault.

EFFECTS

Emotional and psychological

During the assault a person will respond by fight, flight, freeze, friend, or flop. A person may react in a way they did not anticipate. After the rape, he or she may be uncomfortable with and not understand how they reacted. Most people respond passively to the rape. This can cause confusion for others and the person assaulted. The assumption is that someone being raped would call for help or struggle. A struggle would result in torn clothes or injuries.

Dissociation can occur during the assault. Memories may be fragmented especially immediately afterwards. They may consolidate with time and sleep. A man or boy who is raped may be stimulated and even ejaculate during the experience of the rape. A woman or girl may orgasm during a sexual assault. This may become a source of shame and confusion for those assaulted along with those who were around them.

PHYSICAL

The presence or absence of physical injury may be used to determine whether a rape has occurred. Those who have experienced sexual assault yet have no physical trauma may be less inclined to report to the authorities or to seek health care.

While penetrative rape generally does not involve the use of a condom, in some cases a condom is used. This significantly reduces the likelihood of pregnancy and disease transmission, both to the victim and to the rapist. Rationales for condom use include: avoiding contracting infections or diseases (particularly HIV), especially in cases of rape of sex workers or in gang rape (to avoid contracting infections or diseases from fellow rapists); eliminating evidence, making prosecution more difficult (and giving a sense of invulnerability); giving the appearance of consent (in cases of acquaintance rape); and thrill from planning and the use of the condom as an added prop. Concern for the victim is generally not considered a factor.

SEXUALLY TRANSMITTED INFECTIONS

Those who have been raped have relatively more reproductive tract infections than those not had been raped. The HIV virus can be transmitted through rape. Acquiring AIDS through rape puts people risk of suffering psychological problems. Acquiring HIV through rape may lead to the in behaviors that create risk of injecting drugs. Acquiring sexually transmitted infections increases the risk of acquiring HIV. The belief that having sex with a virgin can cure HIV/AIDS exists in parts of

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Africa. This leads to the rape of girls and women. The claim that the myth drives either HIV infection or child sexual abuse in South Africa is disputed by researchers Rachel Jewkes and Helen Epstein.

VICTIM BLAMING, BULLYING AND OTHER MISTREATMENT

People who have been raped or sexually assaulted are sometimes blamed and considered responsible for the crime. This concept refers to the just world fallacy and attitudes that certain victim behaviors (such as flirting or wearing sexually provocative clothing) may encourage rape. In extreme cases, victims are said to have "asked for it" by not behaving demurely. In most Western countries, the defense of provocation is not accepted as mitigation for rape. A global survey of attitudes toward sexual violence by the Global Forum for Health Research shows that victim-blaming concepts are at least partially accepted in many countries. Women who have been raped are sometimes deemed to have behaved improperly. Often, these are countries where there is a significant social divide between the freedoms and status afforded to men and women.

REASONS

Different rapists commit rape for different reasons, and any one rapist may rape for different reasons at different times. But types of rape focuses on reasons of rape. These are,

- **Anger rape:** - The aim of this rapist is to humiliate, debase, and hurt their victim; they express their contempt for their victim through physical violence and profane language. For these rapists, sex is a weapon to defile and degrade the victim; rape constitutes the ultimate expression of their anger. This rapist considers rape the ultimate offense they can commit against the victim.
- **Power rape:** - The intent of the power rapist is to assert their competency. The power rapist relies upon verbal threats, intimidation with a weapon, and only uses the amount of force necessary to subdue the victim. The power rapist tends to have fantasies about rape and sexual conquests. They may believe that even though the victim initially resists them, that once they overpower their victim, the victim will eventually enjoy the rape. The rapist needs to believe that the victim enjoyed what was done to them, and they may even ask the victim to meet them for a date later.
- **Sadistic rape:** - For these rapists, there is a sexual association with various concepts, so that aggression and the infliction of pain is eroticized. For this rapist, sexual excitement is associated with the causing of suffering upon his/her victim. The offender finds the intentional maltreatment of his victim intensely gratifying and takes pleasure in the victim's torment, anguish, distress, helplessness, and suffering the offender finds the victim's struggling an erotic experience. Sadistic rape usually involves extensive, prolonged torture and restraint. Sometimes, it can take on ritualistic or other bizarre qualities. The rapist may use some type of instrument or a foreign object to penetrate their victim. Sexual areas of the victim's body become a specific focus of injury or abuse.
- **Gang Rape:** - Gang rape occurs when a group of people participate in the rape of a single victim. Rape involving at least two or more violators is widely reported to occur throughout the world. Systematic information and statistics on the extent of the problem, however is limited.

Rape is defined as a sexual act forced on a person against his or her will. The most useful tool to prevent rape is to be more aware of the issue. Always trust your instincts if you are somewhere or with someone and you do not feel safe and comfortable.

PREVENTION /SEFTY

The following safety tips may help reduce your chances of being raped:

1. Carry items that you can use if you need to call attention to your situation (such as whistles and personal alarms).
2. Consider taking a self-defense class. This may give you self-confidence and provide useful skills and strategies for different situations.
3. Do not hitchhike. If your vehicle breaks down and someone offers to give you a ride, ask the person to call for help while you stay locked in your vehicle.
4. If someone tries to assault you, scream loudly or blow a whistle.
5. If you are walking or jogging, stay out of secluded or isolated areas. Arrange to do the activity with at least 1 other friend, rather than alone. It is best to do these kinds of activities during daylight hours.
6. Keep car doors locked while driving, check the back of your car for intruders before getting in, and park your car in an open and well-lit area.
7. Keep doors and windows of your home locked.
8. On public transportation, sit near the driver or up front if possible. Avoid sitting near groups of young men who are out together.

WHEN OUT BY YOURSELF

1. Avoid getting isolated with people you do not know or do not trust.
2. Be aware of where you are and what is around you. Do not cover both of your ears with music headphones.
3. Keep your cell phone charged and with you.
4. Stay away from deserted areas.
5. Try to appear strong, confident, aware, and secure in your surroundings.

At parties or in other social situations, take the following steps:

1. Go with a group of friends, if possible, or keep in contact with someone you know during the party.
2. Avoid drinking too much. Do not accept drinks from someone you do not know, and keep your drink or beverage close to you.
3. Do not go somewhere alone or leave a party with someone you do not know or feel comfortable with.

If you find yourself in a situation where you are being pressured into sexual activities you do not want, things you can do include:

1. State clearly what you do not want to do. Remember, you do not need to feel any obligation to do something you are not comfortable doing.
2. Remain aware of your surroundings and how you can get away.
3. Have a special codeword with a friend or family member that you can say if you call them during a situation in which you are being pressured into unwanted sex.
4. If you need to, make up a reason why you need to leave.

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Yoga, Meditation and Health

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ABSTRACT

'Yoga' and 'Meditation' are interrelated terms. While 'Aum' or 'Om' is a vital part of the science of 'Yoga'. Objectives of this study is to find out the effect of all these three on mental and physical health. For present study only men in the age group of 25-35 years are volunteered and randomly divided in two groups of each fifteen. Forty minutes of yoga practice followed by twenty minutes of meditation with chanting 'Aum' for 21 times for ninety days was given to experimental group. Simple physical training was administered to control group. Pre and post self-well-being test and fMRI of both group was used to measure the changes. Observation shows that regular practices of all these three increase endogenous secretion of 'Melatonin' which is responsible for improved sense of well-beings. It has been also observed that chanting of 'Om' reduce depression level and activate the different part of the right hemisphere of the brain which is related to conscience and creativity.

Keywords: Meditation, Mental and Physical Health, Well-beings, fMRI, Melatonin.

INTRODUCTION

Yoga, Meditation an ancient culture of Indian heritage, When adopted as way of life is claimed to bestow the practitioner with ideal, physical, mental, intellectual and spiritual health. Yoga and meditation is fast emerging as a new discipline for targeting mind and body into harmony (Mind body relationship)

Meditation: - Meditation can be defined as a practice where an individual focuses his or her mind on a particular object, thought or activity to achieve a mentally clear and emotionally calm state. Meditation may be used to reduce stress, anxiety, depression, and pain. It may be done while sitting, repeating a mantra, and closing the eyes in a quiet environment.

Mental Health: - Mental health is a level of psychological well-being.

Well-beings:- Wellness refers to diverse and interconnected dimensions of physical, mental, and social well-being that extend beyond the traditional definition of health. vitality, mental alacrity, social satisfaction, a sense of accomplishment, and personal fulfillment.

fMRI : Functional magnetic resonance imaging or functional MRI (**fMRI**) measures brain activity by detecting changes associated with blood flow. This technique relies on the fact that cerebral blood flow and neuronal activation are coupled. When an area of the brain is in use, blood flow to that region also increases.

Melatonin: - Melatonin is a hormone made by the pineal gland a small gland in the brain. Melatonin helps control your sleep and wake cycles. Melatonin supplements are sometimes used to treat jet lag or sleep problems (insomnia). Scientists are also looking at other good uses for melatonin.

OBJECTIVES

1. To study the effect of yoga on health

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2. To study the effect of meditation on health
3. To study the effect of Omkar chanting on health

Hypotheses

1. There would be the effect of yoga on mental and physical health.
2. There would be the effect of meditation on mental and physical health.
3. There would be the effect of omkar chanting on mental and physical health.

Sample

30 healthy normal male volunteers of age 25-35 were randomly selected for study. Healthy means none of the subjects had any health problem regarding metabolic or endocrine disease. They were not having previous habit of yoga and meditation. Samples were randomly divided in two group of 15 each.

Tools

1. Physical training (P.T.) was given to control group and yoga and meditation training was given to experimental group.
2. Well being inventory consist 50 statements with no 'right' and 'wrong' answers. Every selected sample has to express his own feelings and views.

Procedure

Forty minutes of yoga practice followed by twenty minutes of meditation with chanting 'Aum' for 21 times for ninety days was given to experimental group. Simple physical training was administered to control group. In Yogic prayer, Kapal Bhati, Surya namaskar, Shavasan, Bhujangasan, Dhanurasan, Vajrasan, Anulom-Vilom, Athas, Bhramari was administered for 40 minutes.

In meditation seating in Sukhasan and with long breath 21 times omkar chanted in specific rhythm in supervision of well-trained yoga teacher.

Simple physical training was administered to **control group**.

After 90 days of training the wellbeing test administered to both group. It is five-point scales, no right and wrong answers and samples are free to express their own feelings and views.

fMRI responses measured along with Heart rate, Blood pressure and mean arterial pressure in supervision of authorized medical practitioner

Results

Table No.1

	Control Group		Experimental Group (Yoga Group)	
	Before	After	Before	After
HR	58.46 2.2	62.16 1.9	59.26 2.4	58.26 2.2
SBP (mm Hg)	117.56 2.3	116.06 2.5	117.06 1.7	107.86 2.2*
DBP (mm Hg)	78.16 2.0	76.46 1.9	77.46 1.9	67.46 1.5*
MAP (mm Hg)	83.16 1.9	85.96 2.1	90.96 1.7	80.66 1.7*

*Versus Before p 0.001

Values are Mean 6 standard error of mean (SEM)

1. The mean HR, SBP, DBP and MAP were not significant different in control group.
2. In Yoga group after 90 days of yoga practices the mean HR did not shows any significant (p. 0.05) change. But SBP, DBP and mean ABP shows significant reduction (p. 0.001). The Orthostatic tolerance is slight significant increase on. 05 levels.
3. Increase level of melatonin is found after yoga and meditation. The higher level of melatonin levels during night and after yoga and meditation shows positive correlation with well being. It results in reduced stress and anxiety level.
4. fMRI shows significant deactivation in the amygdale, anterior cingulated gyrus, hippocampus, insula, orbit frontal cortex, para hippocampus gyrus and thalamus during 'om' chanting. No significant activation/deactivation found in control group.
5. Om chanting and meditation may have been cue to relaxation.

CONCLUSIONS

Regular practice yoga, meditation and omkar chanting has positive effect on mental, physical health. It activates the right hemisphere of the brain which related to conscience and creativity and develops sense of well beings.

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Secretes of Happiness

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Abstract

According to Bhagwad Gita happiness emerges from control of desire and senseorgans. It also focuses on types and ways to happiness. While Psychology *today*, define it as study of happiness and traditionally is focused on people with mental illness or other psychological problems and how to cure it. Positive psychology is a relatively new growing branch of applied psychology that examines how ordinary people can become happier and live more fulfilled lives. Present research paper also focuses the role of hormones in happiness like Endorphins, Serotonin, Dopamine and Oxytocin. Yoga and meditation is the only way to achieve health and happiness in life. Along with some practices or training courses are available to maintain the happiness in life. In brief the ancient rituals and practices mentioned in Bhagwadgita are accepted by intellectuals and researchers under the title of Positive Psychology.

A) Bhagwad Gita

The Gita, which was penned by Vyasa, the old sage, in words in the Mahabharata, has remained an all-time classic. Even the West, from where most of our intellectuals get their inspiration from, has recognised the Gita as an all-time great. American author Stephen Covey, in his books, reiterates the same principles without reference to the original source.

In BhagwadGita, "*Aapurya-manamachala-prathistham*

samudramapahpravishantiyadvat

tadvat-kama yam pravishantisarve

sashantim-apnotinakama-kaami" (Chapter II, Verse 70)

It means, "As the waters (of different rivers) enters the Great Ocean, which though full on all sides remains undisturbed, like wise a person who is not disturbed by the incessant flow of desires – can alone achieve peace, and not the man who runs after these desires & strives to satisfy such desires."

THE THREE TYPES OF HAPPINESS

“Sukha tvidani tri-vidha shrinu me bharatarshabha

abhyasad ramateyatra duhkhamtam cha nigachchhai” (Chapter 18, Verse 36)

There are three kinds of happiness in which the embodied soul rejoices, and can even reach the end of all suffering.”

1. Satvik or Pure happiness: It is the happiness that arises from the elevation of the soul.

However, attaining this is not easy. One pursuing satvik or pure happiness has to practice a lot of discipline. That is why, it feels like poison in the beginning but nectar in the end.

“Yat tad agre viham iva pariname mitopamam

tat sukham sattvikam proktam atma-buddhi-prasada-jam” (Chapter 18, Verse 37)

“That which seems like poison at first, but tastes like nectar in the end, is said to be happiness in the mode of goodness. It is generated by the pure intellect that is situated in self-knowledge.”

2. Rajasik or result-oriented happiness: This is the materialistic pleasure that is derived when the senses come in contact with external objects that create a feeling of gratification. However, this kind of happiness is temporary.

“Vishayendriya-sanyogad yat tad agre mritopamam pariname visham iva tat sukham rajasam smritam” (Chapter 18, Verse 38)

“Happiness is said to be in the mode of passion when it is derived from the contact of the senses with their objects. Such happiness is like nectar at first but poison at the end.”

3. Tamasic or slothful happiness: This is the lowest form of happiness and is derived from sleeping or being lazy. The soul is never nurtured through these practices yet since there is a tiny sense of pleasure associated with it, people wrongfully consider it to be a state of happiness.

“Yad agre chanubandhe cha sukham mohanam atmanah nidralasya-pramadottha tat tamasam udahritam” (Chapter 18, Verse 39)

“That happiness which covers the nature of the self from beginning to end, and which is derived from sleep, indolence, and negligence, is said to be in the mode of ignorance.”

B) Psychology of Happiness:

- Happiness: -Happiness is a sense of well-being, joy, or contentment. When people are successful, or safe, or lucky, they feel happiness. The "pursuit of happiness" is something this country is based on, and different people feel happiness for different reasons.
- Optimism and helplessness: -Learned optimism is the idea in positive psychology that a talent for joy, like any other, can be cultivated. It is contrasted with learned helplessness. Learning optimism is done by consciously challenging any negative self talk.
- Mindfulness: -The quality or state of being conscious or aware of something. Mindfulness also involves acceptance, meaning that we pay attention to our thoughts and feelings without judging them—without believing, for instance, that there's a "right" or "wrong" way to think or feel in a given moment. When we practice mindfulness, our thoughts tune into what we're sensing in the present moment rather than rehashing the past or imagining the future.
- Flow, which is a state of complete immersion in your present activity:-According to positive psychologist Mihály Csíkszentmihályi, what you are experiencing in that moment is known as flow, a state of complete immersion in an activity. He describes the mental state of flow as "being completely involved in an activity for its own sake
- Character strengths and virtues:-Courage: bravery, persistence, integrity, vitality, zest. Humanity: love, kindness, social intelligence. Justice: citizenship, fairness, leadership. Temperance: forgiveness and mercy, humility, prudence, self control.
- Hope:- a feeling of expectation and desire for a particular thing to happen.
- Positive thinking: -Positive thinking is a mental attitude in which you expect good and favorable results. In other words, positive thinking is the process of creating thoughts that create and transform energy into reality. A positive mind waits for happiness, health and a happy ending in any situation.
- Resilience: - the capacity to recover quickly from difficulties; toughness.

C) Hormones and Happiness

Our feelings and emotions are a result of chemical reactions taking place in our body. These reactions are responsible for making us to feel negative emotions, like anger and

sadness, as well as positive emotions, like love and happiness.

- **Endorphins**

Endorphins is natural painkillers. Exercise releases endorphins, but we don't realise the reason for this. It reduce the pain and create the bodily happiness.

- **Serotonin**

Serotonin is the key hormone of happiness, since it regulates mood, prevents depression, thwarts irritation and makes us happy and sociable.

- With spending some time in sunlight in the morning causes generation of Vitamin D, which triggers the release of serotonin.
- Think happy thoughts, since our brain produces serotonin when we remember happy memories or think about things that make us happy.
- Consume foods like milk and corn, since they contain tryptophan, a substance that our body converts to serotonin. Other carbohydrates also contain tryptophan.
- Do a low-intensity workout, since your body produces serotonin when it is performing aerobic exercise, as opposed to the endorphins it produces during anaerobic exercise.

- **Dopamine**

Dopamine is a pleasure hormone that is released when we strive towards a goal. Dopamine motivates us to work hard so that we can achieve the satisfaction of reaching that goal. It also keeps us mentally alert and helps us focus.

Ways to increase our dopamine levels:

- Set daily or monthly goals and plans to achieve it.
- Set exercise goals, since dopamine increases in tandem with serotonin and endorphins when we exercise. Setting goals will increase the production of dopamine even more.
- Eat foods that are rich in protein.

- **Oxytocin**

Oxytocin is the love hormone, and is released in large amounts during sexual intercourse and childbirth, but also during other types of affectionate physical contact, like hugging. Oxytocin also increases feelings of love and trust.

Ways to increase our oxytocin levels:

Get a massage, since it relaxes our muscles and the prolonged physical contact triggers the release of oxytocin.

- Show our friends and family that you love them by touching them affectionately.

We can hug our parents, throw an arm around a friend or cuddle up with our partner.

What are the limitations of these hormones?

Hormones are effective, but they do have their limitations. The effects of endorphins are only temporary. If we have had a fight with someone for example, exercising will make you feel better for a while, but until we sort out the fight our unhappiness will keep returning.

Oxytocin is a great way to build a relationship, but common sense dictates that we can't love and trust everyone whom we meet. Too much dopamine is unhealthy, and it can cause addictions.

D) Yoga, Meditation and Happiness

Yoga is a form of meditation and it promotes our happiness and well-being. It helps us to attain a clear and focused mind and a heightened sense of self. Place and pose are two important factors in yoga and meditation. With relaxation of muscles it enhances our inner energy and concentration power. After long regular practice a person becomes affirmative and patient in nature. Such a self-controlled person bridges the gaps between 'self' and 'ideal self'.

Yoga and meditation activate the right hemisphere of the brain which is related to conscience and creativity. It causes a suitable hormonal balance in the body and relief from anxiety and depression. According to Sara Lazar (2016) meditation shrinks the amygdala, the part of the brain that controls anxiety and fear and it translates to less stress means more joy and happiness. Devis U.C. (2014) found meditation can effectively lower the level of cortisol (stress hormone) in the body. Less cortisol means less stress and more happiness.

F) Literature and Happiness

It has been proved that literature has an evolutionary value in allowing us to try solutions of life situations. It helps us to empathize with other humans. It makes us morally sound and happy. It has a good impact on our perception process. For example..

1. How much wealth do we really need in life? Bare minimum.

Sayen Itna Deekiye, Ja Mein Kutumb Samaye.

Main Bhi Bhookha Na Rahun, Sadhu Na Bhookha Jaye.

Give so much O God, suffice to envelop my clan. I should not suffer cravings,
nor does the visitor go unfed.

2. Who is bad among all? It's the word "I", One's ego.

Bura Jo Dekhan Main Chala, BuraNaaMilyaKoye

Jo Mann KhojaApnaa, To MujhseBuraNaaKoye

I searched for the crooked, met not a single one When searched myself, "I" found the
crooked one.

KabirkeDohe, Tukaram'sAbhang, Devotional Artis like "Om Jai Jagdish Hare.." etc.
chanting of these works like "self instruction therapy" which reduces greediness , jealousy
,anger, self centeredness, hate, stress and cultivate harmony, love, cooperation and above all
peace in life.

Our thoughts, habit, life style has great impact on our mental health. So to maintain
happiness in life we have to focus on all these factors.

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