



BLOCK 4

**PROMOTION OF PHYSICAL AND MENTAL
HEALTH**

Pignou
THE PEOPLE'S
UNIVERSITY

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UNIT 9 PHYSICAL ILLNESS EXPERIENCES I*

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9.0 OBJECTIVES

After reading this unit, you will be able to:

- discuss illnesses related to food, diet, obesity; and
- explain problems related to sexual health.

9.1 INTRODUCTION

Deepak was in his late 20s. He had a job that he loved and he was doing well in it. He was also happily married. He paid full attention to his work and personal life and balanced them well. Though what he majorly ignored was his lifestyle. He would often indulge in junk food and sweet treats and he barely exercised. All this resulted in him putting on a lot of weight and he suffered from obesity, as a result of which he became susceptible to various health issues.

Arun's friend met with an accident and was in need of blood transfusion. Arun voluntarily agreed to donate blood and rushed to the hospital. He donated blood but received a call from hospital within a few days. They had asked him to come and meet the Doctor there. He felt worried about his friend. But upon meeting the Doctor, he was informed that he was diagnosed as HIV (Human Immunodeficiency Virus) positive. The floor slipped under Arun's feet and he was devastated. Arun was informed that he will have to start Antiretroviral therapy and was also offered counselling to help him cope with this illness.

Both the cases discussed above relate to our physical health. The first one is related to obesity, the second one is related to HIV. As we can see, these physical health related issues have a strong impact on psychological health and wellbeing as well. Thus, as students of psychology, it is important for us to understand physical illness experiences that can lead to development of psychological issues and problems in individuals suffering from them.

In the present unit we will focus on illnesses related to food, diet, obesity and problems related to sexual health. In the next unit, that is continuation of this unit, we will discuss acute and chronic pain and chronic illnesses. We also need to note here that though the illness experiences have been categorised in to physical and mental illness experiences, these illnesses have both physical and psychological ramifications.

9.2 ILLNESSES RELATED TO FOOD, DIET, OBESITY

“Eat to live, don’t live to eat.” said Benjamin Franklin (<https://www.goodreads.com/quotes/115710-eat-to-live-don-t-live-to-eat>). But we often do it the other way round. Food is essential for our survival and development, but with innumerable variety of food that is easily accessible, literally on our finger tips, we often indulge in eating stuff that may not be right for our health and wellbeing. And with technological advancement, fast pace of life, we often do not get an opportunity to shed the extra calories and fat that gets accumulated, making us susceptible to various health related issues. In the present section of this unit we will mainly focus on illnesses related to food, diet and obesity.

Food has a relevant impact on our day to day functioning, the way we look and behave and feel. Food has five main components (Sarafino and Smith, 2011, pg. 195) that are necessary for metabolic process of our body. These five components are discussed as follows:

- **Carbohydrates:** Carbohydrates constitute sugars, both simple (like glucose and fructose) and complex sugars (like sucrose, lactose and starch). It is a major source of energy. Some of the sources of carbohydrates include wheat, potatoes and maize.
- **Lipids:** These constitute the saturated and polyunsaturated fats, and cholesterol. These are also a source of energy. Some of the sources of lipids are butter and cooking oils.
- **Proteins:** Proteins are made up of amino acids that are organic molecules and they are important for our development as well as functioning mainly because they play a role in synthesis of new cell material. Some of the sources of protein include milk, eggs, fish, cheese and lean meat.
- **Vitamins:** These can be termed as chemicals that are organic. They not only play a role in regulation of metabolism but in physiological functioning as well. They also play a role in conversion of nutrients in to energy and production of hormones. Waste products and toxins are also broken down with the help of vitamins. Vitamins can be fat soluble, that is they dissolve in fats that are then stored in the fat tissue of the body, like vitamins A, D, E and K and they can also be water soluble, like vitamins B and C that are stored in the body in little quantities and any excess amount is flushed out of the body as waste. Vitamin B is found in dairy products, poultry, seafood, eggs, leafy vegetables etc. Vitamin C is found in lime, oranges, tomatoes etc. Vitamin D is found in milk, fish, eggs etc. Vitamin E is found in leafy vegetables, milk, butter, tomatoes etc. Vitamin K is found in cabbage, soya bean, spinach etc.

- **Minerals:** Minerals constitutes calcium, phosphorus, potassium, sodium, iron, iodine, and zinc, that are inorganic in nature. These also play an important role in physiological functioning and development. Sources of calcium include milk and milk products, beans, leafy vegetables etc. Sources of phosphorus include ragi, nuts, bajra, milk etc. Sources of potassium include banana, sweet potato, peas, mushrooms etc. Sources of sodium include celery, milk etc. Sources of iron include eggs, liver etc. Sources of iodine include seafood, iodised salt etc. And sources of zinc include oysters, poultry, whole grains etc.

Yet another important aspect, we need not forget is Fiber, that is extremely important for the digestion process, though it is not considered as a nutrient as the above five components discussed earlier. Fiber is found in oatmeal, beans, apples, berries, pears etc.

Our diet thus needs to include all of the above but in right proportions. Diet in this context can be explained as what we eat. And what we eat is determined by a number of factors (Sarafino and Smith, 2011). Some of these factors have been discussed as follows:

- **Inborn processes:** In born processes can determine our preference for certain types of food. The chemicals in our brains may play a role in what we eat and often pleasure centres are activated when fatty foods are consumed.
- **Environmental factors:** These include exposure to food, culture, Socio-Economic Status, accessibility to junk and fast foods, influence of media (advertisements about food products that may not exactly be healthy for us but are attractive and mouth watering) and so on.
- **Ability to manage and control ones food buying and eating habits:** This is also an important factor that determines what kind of food we buy and eat. It is necessarily a skill as we determine the food that we eat based on whether it is nutritious or not and thus make healthy choices. Though, if we lack such control, we would indulge in consumption of food that may not necessarily be healthy or as per requirement of our body.

It is important that our diet is nutritious as well as having sufficient fiber. Though, a suitable diet plan for each of us will vary based on our developmental stage, gender, health/ illness and so on. In order to improve one's diet numerous interventions can be used, including, consultations with nutritionists who will guide us about what should be our dietary intake based on our physiological parameters and health. On a larger scale in order to promote healthy diet, various programmes promoting healthy diet can be created and introduced. Interventions can be designed in order to replace unhealthy eating habits with healthy eating habits. Thus the focus of proper diet needs to be on being healthy. Diet also helps in regulation of weight that plays an important role in determining our health status.

An unhealthy diet can lead to numerous health related issues including atherosclerosis, hypertension, diabetes and even cancer. Though yet another aspect of unhealthy diet that makes us susceptible to health related problems is obesity.

When an individual's Body Mass Index (BMI) is 30 or more, then he/ she is termed as obese. A BMI obtained between 19 and 24 is considered as ideal and a BMI between 25 and 29 is considered as moderately overweight (Sanderson, 2013).

To compute BMI, the following formula can be used:

$$\text{BMI} = \text{weight (kg)} / [\text{height (m)}]^2$$

Though BMI is often criticised as it does not take in to consideration the amount of fat in the body.

There are various factors that can be associated with obesity (Ghosh, 2015), these are discussed as follows:

- The type of food that we eat can be associated with our weight gain. Frequent indulgence in junk food and sugary treats (coupled with lack of physical activity such as exercise) can lead to obesity. Food is more than just a source of nutrition, it is a part and parcel of our culture. And whether it is a festive season or when expecting guests, individuals are encouraged to eat and food is many a times also consumed as courtesy. And thus individuals may often end up eating more than they should, in terms of calories as well as the amount of food.
- The number and the size of fat cells (attributed to genetics as well as eating habits) also determines obesity. Thus, a moderately obese person will have larger size of fat cells and an extremely obese person will have both large amount as well as size of fat cells. The large number of fat cells also enables a person to store more fat, thus leading to obesity.
- Obesity also has genetic basis and obese parents are more likely to have obese children. The metabolism rate (rate at which the calories are burned) is also determined by genes and persons with obesity have lower rate of metabolism.
- Every individual has a 'set point' that determines his/ her weight range (thus indicating that obesity could also be attributed to the 'set point', that could be of higher weight range in individuals with obesity). This is referred to as the 'Set point theory of weight'. This 'set point' regulates one's weight and individual difference exists in this set point. Though it needs to be kept in mind that besides physiological factors and environmental factors also play a role.
- Obesity can also be attributed to stress as it not only has an impact on one's metabolism but also influences eating habits.
- Obesity leads to slow metabolism, which in turn works in order to maintain the increased weight. Increased weight makes it difficult for the individual to indulge in physical activities, which in turn will lead to more gain in weight. So, it is like a vicious circle, till the person cannot do much about it as he/ she feels no way out and could become negligent.

Obesity can be linked to various physiological and psychological illnesses and social problems. Obese individuals are more susceptible to developing hypertension,

diabetes, kidney related ailments, gall bladder related ailments, cardiovascular diseases and also cancer in some cases (Sanderson, 2013). And most of these illnesses come with their own complications, both physical and psychological. It can also lead to menstrual disorders in women, stroke infertility and osteoarthritis (Ghosh, 2015).

Obesity can also have psychological consequences, as such individuals will display lower self esteem, stress and anxiety as well. Further, they may also develop depression and eating disorders. With exposure to media and the modern culture that promotes body type that is slim and toned, individuals with obesity are left with a poor body image. Body image can be explained as a subjective evaluation of how one appears (Harriger and Thompson, 2012). Thus, they feel and think negatively about their bodies and this again can negatively impact their self esteem.

Obese people are often stigmatised and are perceived as being lazy, slow and lacking a strong will power. There is a negative social attitude towards them and they are also subjected to weight related teasing as well as bullying (Harriger and Thompson, 2012).

Though it would seem that diet can help loose weight, but it is important to ensure that the body gets enough nutrition and the individuals do not suffer from nutritional deficits. Further, diet may not be effective on its own and needs to be combined with exercise (Sanderson, 2013). Exercise not only helps loose weight but also increases the rate of metabolism. Lean body mass also increases and appetite decreases as a result of regular exercise (Sanderson, 2013). Overall exercise helps in enhancing one's health, both physical and psychological. While using exercise as a weight management technique, it important to set short term goals for both exercise and diet rather than long term goals. Also certain positive reinforcements or rewards can be given for achieving the goals. It is also important to regularly monitor the nature and time of one's food intake. Family members and significant others also play an important role in encouraging and supporting the individuals willing to manage his/her weight. In certain cases, surgery (for example, Bariatric surgery) is also carried out, that involves reducing the size of the stomach by stapling it, thus restraining the amount of food taken.

We focused above on how obesity can be treated, but nothing better than prevention and to prevent being overweight, obese and to overall maintain one's health, we need to adopt a healthy lifestyle that includes regular physical exercise and activities, nutritious diet and management of stress. Self monitoring one's food intake can also help in this direction. Awareness also needs to be created amongst parents about the type of food (diet plan) that can be given to the children so as to avoid obesity amongst them and also to keep them physically active and healthy.

Diagnostic and Statistical Manual of Mental Disorders (DSM) 5 includes Feeding and eating disorders, that are denoted by a continuing disturbance of eating or behaviour related to eating. And the outcome of which is change in food consumption and food absorption that has a negative impact on the health as well as psychological and social functioning of an individual.

Some of the feeding and eating disorders, as per DSM 5 are pica, rumination disorder, avoidant/restrictive food intake disorder, anorexia nervosa, bulimia nervosa and binge-eating disorder.

These are briefly discussed as follows:

- **Pica:** Pica includes consumption of items that are not thought of as food and as such do not have any nutritional value. For example, hair.
- **Rumination disorder:** Regular regurgitation (bringing up the swallowed food) of food occurring for minimum one month.
- **Avoidant/restrictive food intake disorder:** This disorder was earlier referred to as Selective Eating Disorder and involves limiting the amount/type of food that is consumed. Though this can be differentiated from Anorexia as the individual does not experience any anxiety or distress related to shape and size of his/ her body or have fear of being fat.
- **Anorexia nervosa:** This involves loss of weight or inability to gain weight due to avoiding food, difficulty in maintenance of weight as per one's height, age and stature. Further individuals any also have body image that is distorted.
- **Bulimia nervosa:** This involves binge eating that is followed by compensatory behaviours like vomiting that is self-induced so as to undo the effects of bingeing.
- **Binge-eating disorder.** This involves repeated episodes of consuming large amount of food (often quickly and even causing discomfort), having feelings of loss of control during bingeing, and experiences of shame, guilt and distress after the bingeing. There may not be regular use of compensatory behaviours that are unhealthy, like purging.

It is important to note here that these disorders are to be diagnosed by a trained professional like a clinical psychologist and cannot be diagnosed based on mere observation of symptoms.

As with any other disorder, these disorders can also cause psychological distress and can have a negative impact on physical health of the individual as he/ she is not eating healthy or appropriately and in some cases unhealthy compensatory behaviour is also involved. Some of these disorders can also be life threatening.

Individual or group therapy besides family therapy can be helpful for individuals with these disorders, besides nutritional counselling. Some of the psychotherapies that can be useful are Acceptance and Commitment Therapy, Cognitive Behaviour Therapy (CBT), Cognitive Remediation therapy (CRT), Dialectical Behaviour Therapy, Interpersonal Psychotherapy and Psychodynamic Psychotherapy. In certain cases medical treatment also needs to be provided. Social support from family members and significant others play an important role in recovery process.

Check Your Progress I

- 1) List the components of food.

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2) State any one factor that can be associated with obesity.

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9.3 PROBLEMS RELATED TO SEXUAL HEALTH

Before we go on to discuss the problems related to sexual health, let us discuss what is sexual health.

World Health Organisation (2020) defines sexual health as “a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence”. As you can see this definition is similar to the definition of health that we studied in the first unit, though the aspects of definition are specifically in the context of sexuality. Further, the focus is on positive approach to sexuality and respect in sexual relationships. The definition also highlights the need for safe sexual experience that is not forceful and is without any discrimination and violence. Thus, maintaining, protecting and fulfilling the sexual rights leads to attainment and maintenance of sexual health (WHO, 2020).

American Sexual Health Association (2020) explains being sexually health as

- Comprehension of sexuality being a natural part of life and involving more than sexual behaviour.
- Sexual rights are recognised as well as respected.
- Access to information, education and care related to sexual health.
- Efforts in direction of avoiding unintended pregnancies and Sexually Transmitted Diseases and seeking care and treatment as and when required.
- Ability to experience sexual pleasure, satisfaction and intimacy when desired by the individual.
- Ability to have communication about sexual health with others, including sexual partners and health care providers.

Sexual health plays an important role in maintaining health as well as wellbeing of not only individuals, couples and families but the health and wellbeing of community and society as well.

We also need to understand that problems related to sexual health may vary not only based on gender, but they can vary based on developmental stages as well. Males and females may experience different problems. Further, the problems faced by adolescents may also differ from those of other older age groups.

As the meaning of sexual health is now clear, let us discuss about problems related to sexual health.

Problems related to sexual health can range from Sexually Transmitted Infections, Human Immunodeficiency Virus (HIV), and Reproductive Tract Infections (RTIs)

to resulting outcomes, for instance, cancer and infertility; unwanted/ unintended pregnancy and abortion; sexual dysfunction; sexual violence; and harmful practices, for instance female genital mutilation (WHO, 2020).

Problems related to sexual health can be attributed to conditions related to the individual, relationship between the individuals and societal conditions (WHO, 2020). It is important to note here that problems related to sexual health can be physical, psychological or both.

Let us now discuss some of the problems related to sexual health:

- **Sexually Transmitted Infections (STI):** As the name suggests, these are infections that spread through vaginal, oral or anal sex with an individual having STI. Though, certain STIs may spread through blood and blood products (for instance, from mother to child during pregnancy or during child birth (WHO, 2020). STIs like HIV, Human Papilloma Virus (HPV), Hepatitis B, Herpes are caused as a result of virus and STIs like Syphilis, Gonorrhoeas and Chlamydia are caused due to bacteria (American Academy of Family Physicians, 2020). Some of the symptoms of STI include discharge from vagina/ penis, experiencing pain during urination or while having sex, pain in pelvic region and so on. Though, it is also possible that there are no or very mild symptoms. STI can transmit from mother to child, lead to stillbirths and deaths in new borns and the individual is also under risk of acquiring HIV and cancer. A person suffering from STIs may also develop psychological problems. Cure with the help of antibiotics is available for STIs that are caused due to bacteria. However, for STIs caused as a result of virus, like HIV, there is no cure and as such symptoms can be treated to manage the infection (American Academy of Family Physicians, 2020). Early diagnoses and treatment plays an extremely important role. Though, most important is prevention for which awareness and educations needs to be carried out especially amongst the high risk groups that are vulnerable of acquiring STIs.
- **Human Immunodeficiency Virus (HIV):** HIV is a virus that attacks the immune system (the T cells or CD4 cells). This results in weakening of the immune system and thus the individual becomes prone to various infections and illnesses. If treatment is not received and symptoms are not managed then the individual can also develop Acquired Immuno Deficiency Syndrome (AIDS). Though there is no cure, HIV can be controlled (with the help of Antiretroviral therapy) and individuals with HIV can lead a healthy life. Some of the symptoms include headache, fever, rash, muscle pain, swelling in lymph glands etc. HIV has been further discussed under AIDS in subsection on chronic illnesses. Pharmacology can be used to treat the individuals with HIV.
- **Reproductive Tract Infections (RTIs):** Reproductive Tract Infections (RTIs) include “three types of infections: Sexually Transmitted Infections, such as Chlamydia, Gonorrhoea, Chancroid, and Human Immunodeficiency virus (HIV); endogenous infections, which are caused by overgrowth of organisms normally present in the genital tract of healthy women, such as bacterial vaginosis or vulvovaginal candidiasis; and iatrogenic infections, which are associated with improperly performed medical procedures” (Wasserheit and Holmes, 1992, page 7). STIs, are more common in men

as compared to the other two infections, namely, endogenous and iatrogenic. RTIs can lead to maternal and perinatal morbidity and mortality. RTIs are linked to infertility, miscarriages, cervical cancer, ectopic pregnancy amongst women, still births, low birth weight in infants, infant blindness, and neonatal pneumonia. RTIs can be caused due to unsafe abortions, improper use of contraceptions, female sterilisation in an unhealthy conditions and so on. Pharmacology can be used to treat certain RTIs. Though, prevention is definitely better than cure and awareness needs to be created with regard to RTIs and other problems related to sexual health with a focus on risk behaviours that can cause RTIs. Individuals diagnosed with RTIs may also require psychological intervention and counselling to help them cope with the illness.

- **Sexual Dysfunction Disorder:** Problems related to sexual health could be temporary that is related to relationship issues or they could be long term like sexual dysfunction disorder. According to Diagnostic and Statistical Manual of Mental Disorders (DSM) 5, for sexual dysfunction disorder to be diagnosed, the problems need to exist for at least six months that causes distress as well as impairment (Ray, 2015, pg. 401).

Three main perspectives are relevant when we discuss about sexual disorders:

- **The influence of medical and physiological factors:** Illnesses like diabetes can interfere with sexual functioning. Further, sexual responding can get affected due to lack of physical activity, inability to manage weight and consumption of alcohol and tobacco.
- **The influence of psychological factors:** One's past experiences can also influence one's sexual functioning. For instance, abuse during childhood or even previous sexual encounter can have an influence on sexual functioning. Psychological disorders like anxiety and depression can also have a negative impact on sexual functioning of an individual.
- **Relationship issues:** Issues related to relationship such as conflict, lack of communications, expectations and desire from partner can also have an impact sexual functioning,

The sexual dysfunction disorders (IsHak and Tobla, 2013) are as follows:

- **Erectile disorder:** This is denoted by recurrent and consistent inability of a man to attain/ maintain penile erection in order to carryout sexual activity.
- **Female orgasmic disorder:** This disorder is denoted by delayed orgasm that follows normal excitement and sexual activity. While diagnosing this disorder a number of factors need to be considered (including age and situation of the person).
- **Delayed ejaculation:** This disorder is characterised by an undue delay in achieving the climax or ejaculation during sexual activity.
- **Early ejaculation:** Ejaculation that takes place with minimal sexual stimulation either before or soon after penetration and it occurs before the individual would want it to occur.

- **Female sexual interest/ arousal disorder:** This disorder includes significantly reduced or lack of sexual arousal/interest.
- **Male hypoactive sexual desire disorder:** This is characterised by recurrent or persistent deficiency in sexual thoughts, fantasies and desire for sexual activity.
- **Genito-Pelvic pain/ penetration disorder:** This disorder includes experiencing pain and extreme discomfort during or while attempting intercourse. It was earlier referred as Sexual pain disorder that included dyspareunia and vaginismus.
- **Substance/medication induced sexual dysfunction:** This disorder denotes sexual dysfunction as a result of use of alcohol or other drugs or medications.
- **Other specified sexual dysfunctions and Unspecified sexual dysfunction:** Both these categories indicate that though the criteria for any other sexual dysfunctional disorders are not met but the individual displays symptoms of sexual dysfunction that is causing distress in him/ her. However in other specified sexual dysfunction, the clinician who carries out the diagnosis mentions certain reasons why the criteria is not completely met. And in unspecified sexual dysfunction, the clinician does not list the reasons that the criteria is not completely met, including circumstances when enough information is not available to make a diagnosis.

As we can see above, there are various disorders though they are mainly characterised by disturbance (that is clinically significant) in an individual's ability with regard to sexual responding and to experience sexual pleasure. It is also possible that an individual has more than one sexual dysfunction.

Sexual disorders can be treated with the help of pharmacological approach. Further, sexual therapy can also be used. Psychotherapy can also play an important role

Sexual health to a greater extent can be promoted with the help of awareness programmes that provide information about sex and sexuality and deals with any misconceptions and negative attitudes. Awareness and knowledge about risky sexual behaviour along with its consequences is also important. Further, it is also important to provide an environment that is conducive for promoting sexual health/ becoming sexual healthy, where there is also easy access to care related to sexual health. Further, the focus of intervention needs to be not only on identification and treatment but on prevention as well.

Check Your Progress II

1) What is sexual health?

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2) What is full form of HIV and AIDS?

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The present block mainly focuses on promoting physical and mental health. In the present unit we mainly discussed about physical illness experiences. Early diagnosis of illnesses is definitely important. But the most important thing is prevention. And in order to prevent an illness (and even for early diagnosis) the individuals need to be aware (refer to box 9.1).

Box 9.1: Promoting Health

When our objective is promoting health, one of the important aspects that we need to focus on is awareness, that is, how aware the people are with regard to health related issues. What is their knowledge, attitude and practices? This is important because, based on this suitable intervention or awareness programme can be developed and implemented. However, before that is done, we also need suitable tools to measure the health related knowledge, attitude and practices amongst the individuals. One such scale is Health Modernity Scale by A. K. Singh. Health Modernity can be defined as “Scientifically correct information, attitudes and behaviour in relation to physical and mental health, diet and nutrition, family planning and child-care including breast feeding, personal hygiene and environmental sanitation and such other issues which are essential pre-requisites for healthy living and, therefore, for human and social development” (A. K. Singh, 1983). The scale constitutes ten dimensions, namely, Physical Health, Mental Health, Nutrition and Diet, Family Planning, Child Care, Breast Feeding, Mental Retardation, Attitudes towards Females, Cancer, and AIDS. With the help such scales and other tools, misconception and ignorance can be identified and accordingly a suitable intervention strategy or awareness programmes can be developed. Further, while dealing with any issue or problem, we need to deal with it at different levels, like, individual level, family level, community level, national and international level. So that the issue/problem is effectively dealt with.

9.4 LET US SUM UP

To summarise, in the present unit we focused on illnesses related to food, diet, obesity and problems related to sexual health. Food is essential for our survival and development, but with innumerable variety of food that is easily accessible, literally on our finger tips, we often indulge in eating stuff that may not be right for our health and wellbeing. The five components, namely carbohydrates, lipids, proteins, vitamins and minerals were discussed. Obesity was also discussed with a focus on various factors that can be associated with obesity. The consequences of obesity along with treatment were also briefly discussed. The next subtopic that was explained in the present unit was problems related to sexual health. Sexual health was described as a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality

and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. Some of the problems related to sexual health, namely Sexually Transmitted Infections, Human Immunodeficiency Virus, Reproductive Tract Infections and Sexual dysfunction disorders, were also discussed.

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9.6 KEY WORDS

Obesity : When an individual's Body Mass Index (BMI) is 30 or more, then he/ she is termed as obese.

Body Mass Index (BMI) : BMI is computed with help of formula: $BMI = \frac{\text{weight (kg)}}{[\text{height (m)}]^2}$

Reproductive Tract Infections (RTIs) : Reproductive Tract Infections (RTIs) include three types of Infection: Sexually Transmitted Diseases (STDs), such as chlamydia, gonorrhea, chancroid, and Human Immunodeficiency Virus (HIV); endogenous infections, which are caused by overgrowth of organisms normally present in the genital tract of healthy women, such as bacterial vaginosis or vulvovaginal candidiasis; and iatrogenic infections, which are associated with improperly performed medical procedures.

Sexual health : Sexual health can be explained as a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

Sexually Transmitted Infections (STI) : These are infections that spread through vaginal, oral or anal sex with an individual having STI.

9.7 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress I

1) List the five components of food.

The five components of food are:

- Carbohydrates
- Lipids
- Proteins
- Vitamins
- Minerals

- 2) State any one factor that can be associated with obesity.

Obesity can be attributed to stress as it not only has an impact on one's metabolism but also influences eating habits.

Check Your Progress II

- 1) What is sexual health?

Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

- 2) What is full form of HIV and AIDS?

Full form of HIV is Human Immunodeficiency Virus (HIV) and full form of AIDS is Acquired Immuno deficiency Syndrome

9.8 UNIT END QUESTIONS

- 1) Discuss the components of food.
- 2) Explain obesity with a focus on its effect.
- 3) Discuss eating disorders.
- 4) Define sexual health and discuss various problems related to sexual health.
- 5) Explain sexual dysfunction disorders.

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UNIT 10 PHYSICAL ILLNESS

EXPERIENCES II*

Structure

- 10.0 Objectives
- 10.1 Introduction
- 10.2 Acute and Chronic Pain
- 10.3 Chronic Illnesses
- 10.4 Let Us Sum Up
- 10.5 References
- 10.6 Key Words
- 10.7 Answers to Check Your Progress
- 10.8 Unit End Questions

10.0 OBJECTIVES

After reading this unit, you will be able to:

- describe acute and chronic pain; and
- discuss chronic illnesses.

10.1 INTRODUCTION

Susheela often suffered from migraine headaches and when she had these episodes, she would feel unwell and could not concentrate on what she was doing. It was taking a toll on her as she not only suffered physically, but psychologically as well, as she became more and more anxious and lived in fear in anticipation of the pain.

Sabina was in her late 30s, when she was diagnosed with breast cancer and her whole world collapsed. Though her cancer was in early stages, she found it very difficult to cope and that added to her misery as she suffered not only physically but psychologically as well. Though her husband was very supportive, her mother could not see her child suffer and felt sick.

As you read the above cases, you may realise that the first one is related to pain and the second one is about cancer. Pain can play an important role in our life as it is a sign that something is wrong and needs to be treated, but it can have negative impact on physical as well as psychological wellbeing of the individual suffering from it. The case with chronic illnesses (like cancer) is similar. We also have to mention that pain (especially, chronic pain) and chronic illnesses will not only disrupt the day today day functioning but can also affect the family members and significant others in the life of the individuals suffering from them.

In the present unit we will focus on acute and chronic pain and chronic illnesses.

10.2 ACUTE AND CHRONIC PAIN

Pain can be an outcome of actual or threatened damage or irritation of tissue that results in the individual experiencing discomfort, both sensory and emotional (Sarafino and Smith, 2011). The term clinical pain is used when the pain necessarily requires professional care. Though its experience is negative, pain is important as it leads an individual to seek treatment. Pain can be described as complex as well as a multidimensional phenomenon as it has multiple components, namely, physiological, behavioural, cognitive and emotional (Marks et al, 2008). Pain can negatively impact day to day functioning, social, familial and work life of the individual experiencing it. It also has economic consequences.

Pain can be characterised (Marks et al, 2008) as follows:

- Pain can be progressive, that is it becomes worse over a period of time, for example, arthritis.
- It can be intermittent, that is, it fluctuates over a period of time and its intensity may also fluctuate.
- Pain could be associated with an illness that is progressive or its underlying cause could be (malignant) or it can be harmless (benign).
- Pain could also be intractable, that is, it does not respond to the treatment.
- It can also be recurrent, that is it occurs at regular intervals.
- Pain can also be referred, that is it may originate in one area of the body, but is perceived as originating from some other area.

Pain can also be classified as organic pain, psychogenic pain, acute pain and chronic pain. Organic pain is as a result of tissue damage or pressure. For example, pain due to sprain. In psychogenic pain, there is as such no tissue damage or pain and the pain is mainly an outcome of underlying psychological issue. Most of the pain experienced though can be termed as having both psychological and physical factors playing a role. Thus, organic and psychogenic pain can be perceived as two ends of a continuum.

Pain can also be categorised as acute and chronic pain, that are the focus of this unit and discussed in detail.

Acute and chronic pain

Acute pain can be described as pain that is experienced on temporary basis and could last for a few months, that is, less than six months (Sanderson, 2013). As such acute pain can also be described as a physiological response that is essential and is caused as a result of an injury or disease. Fractured limb, labour pain during child birth and bruises are examples of acute pain. Pharmacological treatment can be given to relieve such pain (Marks et al, 2008). It needs to be kept in mind that acute pains can transit in to chronic pain. Though acute pain is not for a longer duration, the individuals suffering from this pain often experience psychological distress at least till the pain lasts.

Chronic pain, on the other hand, is experienced for a longer duration, it does not go away even after six months (Sanderson, 2013). Individuals with chronic

pain may not respond to pharmacological treatment (Marks et al, 2008). Cancer and arthritis are examples of chronic pain.

Further, individuals suffering from chronic pain not only experience psychological distress but may also display signs of helplessness and lack of hope. They may not get proper sleep which leads to exhaustion and fatigue. Pain often leads to disruption of sleep, not only due to the distress that it causes, but also due to worry and disrupting thoughts that the individuals in pain experience. Further, deprivation of sleep over a long period of time will lead to individuals experiencing negative emotions and they may also become more sensitive to pain.

As a result of chronic pain, the day to day activities of the individuals experiencing it also gets disturbed and they are not able to focus on their life and career goals. In fact, pain takes a central place in their lives. There are financial implications as well, as the individuals are not able to maintain their jobs due to physical and psychological distress and also because the treatment could be expensive.

The effect of chronic pain as experienced by the individuals will depend on the following (Sarafino and Smith, 2011):

- Whether the underlying cause is harmless (benign) or harmful (malignant) and getting worse.
- If the distress experienced is continuous in nature or it is experienced in episodes that are intense in nature and occur frequently.

Based on the above chronic pain can be categorised as follows:

1. **Chronic- recurrent pain:** Here the underlying cause is harmless, though there are episodes of pain that are intense in nature and occur frequently. For example, migraine headaches.
2. **Chronic-intractable-benign pain:** Here the underlying cause is harmless, but the pain experienced is continuous in nature. For example, back pain.
3. **Chronic-progressive pain:** Here the underlying cause is harmful and the distress experienced is continuous in nature. For example, rheumatoid arthritis and cancer.

Pain can interfere with the treatment and also has negative impact on the adjustment process.

Pain can be measured using tools like self report inventories (that is the person undergoing pain is asked to describe the pain). Inventories and questionnaires can also be used based on behavioural measures (that constitute physiological symptoms and verbal and non verbal expressions). Further, physiological measures can also be used to measure pain (where pain is measured based on temperature of the skin, heart rate, tension in muscles), though this may not be a valid way to measure pain as compared to the other two (Sanderson, 2013).

Various psychological factors including stress can have an influence on the way pain is experienced. Individuals undergoing stress are more likely to complain of pain (headaches, stomach aches and so on). Further, learning also plays a role in the way we react to an injury or illness. We may learn these reactions through observation. Pain may also elicit positive reinforcement from other as

the individuals under pain receives attention and others express their concern towards him/ her. Also activities that individuals associate with pain are avoided by them. For example, if an individual gets a stomach ache after consuming certain food items, he/ she is likely to avoid the same in future due to fear of pain. Experiencing pain also depends on the individual's perception about his/ her own capacity to bear and cope with pain. Further, individuals experiencing anxiety and depression are more likely to experience pain and the other way is also true, where individuals experiencing pain may experience anxiety and depression (Sanderson, 2013).

Treatments for pain include medication and surgery. Physiotherapy (physical therapy) is also often used in order to help individuals gain relief from pain. Various behavioural and cognitive methods can also be used. Techniques to reduce fear associated with pain can also be helpful. Relaxation techniques and biofeedback can also be used besides interpersonal therapy and group psychotherapy. Multidisciplinary programmes can also be used for pain relief. These programmes can be termed as most effective as they combine multiple approaches including medical, psychosocial, physical therapy, occupational therapy and vocational approaches (Sarafino and Smith, 2011, pg. 324).

Check Your Progress III

- 1) Explain organic and psychogenic pain.

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- 2) List the three categories of chronic pain.

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10.3 CHRONIC ILLNESSES

A chronic illness in simple terms can be explained as an illness that continues for a long duration of time. Some of the chronic illnesses are Arthritis, Diabetes, Coronary Heart Disease, HIV/ AIDS, Cancer, Epilepsy, Alzheimer's disease, and so on.

Let us now briefly discuss about some of the chronic illnesses:

- **Diabetes:** Diabetes is denoted by hyperglycaemia, where there is more than required glucose in an individual's body. The blood sugar levels in our body are controlled by insulin. But in diabetic individuals, there is insufficient insulin, because the pancreases have not produced enough insulin or because the body is not responding normally to the insulin. Diabetes is of following types:
 - **Type I:** This has an early onset, that is during childhood or adolescence. This can be due to the destruction of cells of pancreas as a result of

autoimmune processes. Individuals with type I diabetes have to use insulin injections to keep their glucose levels in check and avoid any complications.

- **Type II:** This mostly develops later in life, that is after 40. Though it can also develop earlier. Individuals with type II diabetes need not necessarily take insulin injections. But they do have to take medication and make lifestyles changes and change their food habits and consumption.

In this context we can also discuss about pre-diabetes. Individuals are termed as pre-diabetic when they have moderately high levels of glucose in their blood and also display insensitivity to insulin. Such individuals are likely to develop diabetes later in their lives and therefore need to make diet and lifestyle changes.

We can also mention about gestational diabetes, that is high levels of glucose in blood during pregnancy in women who did not have diabetes earlier. Such women have to take insulin injections and are also required to regularly monitor the glucose levels (that should not be too high or too low) so that there is no negative effect on the development of the foetus.

Individuals suffering from diabetes, not only need to take regular medications, but they also have to make major lifestyle changes so that the glucose levels are maintained within the limits. Self esteem and social support play an important role in helping individuals cope with this chronic illness. Experiencing stress and emotional distress can lead to difficulty in management of diabetes.

- **Coronary Heart Disease (CHD):** Also referred to as coronary artery disease, it is an outcome of narrowing of the walls of coronary arteries due to atheroma, the fatty material. CHD can be categorised in to two (Marks et al, 2008):
 - **Myocardial Infarction (MI):** MI is commonly termed as heart attack and is an outcome of blocked coronary artery due to blood clot due to which part of the heart does not receive oxygen. The symptoms include chest pain that is severe, besides, sweating, dizziness, nausea or shortness of breath. Heart attack is often seen as one of the first signs of CHD.
 - **Angina:** In angina, there is narrowing of arteries due to atheroma. Thus, the heart muscles are deprived of the blood consisting of oxygen, especially when the demand is much more such as during heavy physical activity. Symptoms of angina include severe pain in the chest that spreads to other parts like face, neck, jaw, arms, back and so on. Angina can further be categorised as stable and unstable. Stable angina occurs during exertion or when high levels of stress is experienced. The pain does not get worse over a period of time and also its frequency does not change. In unstable angina, the chest pain takes place due to exertion, or while resting or while experiencing stress and the pain experienced worsens both in its severity and frequency (Nail, 2017).

Individuals diagnosed with CHD not only find it difficult to cope, but their quality of life also decreases. The treatment process is also stressful and it negatively influences their day to day life, both personal and work. They can also experience anxiety and are prone to developing depression as well.

Individuals suffering from CHD not only need to take prescribed medications, but also have to make major lifestyle changes. Cognitive Behaviour Therapy can be used in order help such individuals adjust to the illness. Besides stress management techniques can also be used. Social support plays an important role in recovery from CHD. Family members of individuals having CHD may also need help and psychological counselling and intervention to help them cope with the situation and provide adequate help and support to the individuals suffering from CHD.

- **Cancer:** The very term ‘cancer’ evokes fear in our minds. This is yet another chronic illness that we will be discussing. Cancer can be described as ‘a disease of cells’ (Sarafino and Smith, pg. 370). It is as a result of proliferation of cell that is uncontrolled and that generally results in neoplasm (a growth of tissue in body that is new or not normal) that is malignant. There are five main types of cancer (Sarafino and Smith, 2011 pg. 370):
 - **Carcinoma:** Neoplasm that is malignant that forms in the skin and the linings of organs like respiratory system, digestive system and reproductive tracts.
 - **Melanomas:** These are neoplasm of skin cell that produces melanin, that is the skin pigment.
 - **Lymphomas:** These are cancers related to the lymphatic system.
 - **Sarcomas:** Neoplasm of muscles, bones or connective tissue.
 - **Leukemias:** These are cancers of blood-forming organs, like, bone marrow that results in white blood cells proliferation.

Cancer can also spread through lymph system to other parts of the body, that is termed as metastasis.

Treatment of cancer involves surgery, radiation and chemotherapy. There are side effects of cancer treatment as well, that are mainly fatigue and nausea and vomiting. Besides the physical pain and suffering, a cancer patient will also undergo psychological distress and upheaval as he/ she tries to cope with the illness and its treatment as well. There is also uncertainty about the future, as he/she is not sure if the cancer will be cured. If cured, there could also be a relapse. It is also difficult for the family members to cope as they also have play a role of caregivers and often to experience care givers burden. Social support plays an extremely important role in helping individuals cope with this illness. Some of the psychological interventions that can be used for cancer patients include relaxation techniques, systematic desensitisation, stress management, mindfulness, Yoga, meditation and so on. (Sarafino and Smith, 2011). Besides, music therapy, art therapy, hypnosis and biofeedback can also be used effectively (Marks et al, 2008).

- **Acquired Immune Deficiency Syndrome (AIDS):** This is a disease that is infectious and is as a result of Human Immunodeficiency Virus (HIV). It spreads through blood and semen. Thus, if the blood or semen of an HIV positive person or individual with AIDS comes in contact with bodily

fluids of an uninfected individual, then this individual can also become HIV positive. This can take place in three ways (Sarafino and Smith, 2011):

- Unsafe sexual activity between an infected and uninfected person, where they are exposed to each others bodily fluids.
- When contaminated syringes are used (in drug use).
- Infected mother to her baby.

A person may be HIV positive and it can take many years before he/she develops AIDS. Medical treatment for HIV/ AIDS involves using antiretroviral agents. Highly Active Antiretroviral Therapy (HAART) is also used, that involves combined use of two or more than two antiretroviral agents.

As in cancer, there is fear about HIV/ AIDS as well, but this mainly stems from being infected by an HIV positive person, which results in stigmatisation and rejection of HIV positive individuals. Thus, HIV positive individuals may not get adequate support even from their family members. This also results in individuals hiding their HIV positive status from others, even their own family members. Family members also find it difficult to cope because of stigmatisation attached with this illness.

HIV positive individuals often require psychological intervention in order to deal with the psychological distress that they experience, management of pain and deal to with sleep related issues. Such individuals also experience anxiety and stress and can also develop depression. Exercises, relaxation techniques and group counselling can play an important role in helping such individuals cope. Family members also need to be provided with adequate counselling and intervention in order to help them cope with the situation and also be able to adequately support the individual diagnosed with HIV.

- **Asthma:** According to Sarafino and Smith (2011, pg. 334) “Asthma is a respiratory disorder involving episodes of impaired breathing when the airways become inflamed and obstructed”. It can be triggered due to various factors like environmental conditions including pollution, presence of pollen, cold temperature and so on; personal factors such as experiencing stress/ anxiety or suffering from a respiratory infection; physical activities like strenuous workout or activity (Sarafino and Smith, 2011). Further, psychosocial factors (stress, anxiety, experiencing negative affect) can not only trigger asthma, but can make it worse as well.
- **Epilepsy:** Epilepsy includes episode of sudden and repeated seizures that can be attributed to the electrical disturbances of the cerebral cortex (Sarafino and Smith, 2011). Epilepsy has been linked to psychosocial factors like stress, anxiety and any emotional arousal, that can lead to increase in likelihood of the individual experiencing epilepsy. Further, these factors can also make the epileptic episode more severe. Individuals suffering from epilepsy often face stigmatisation due to the way they act when experiencing seizure and also due to lack of awareness amongst general public. Further, the family members may also find it difficult to cope with this illness and may not be able to provide adequate and required help and support to the individuals suffering from epilepsy.

Adjusting and coping with a chronic illness is not easy and individuals suffering from such illnesses may have to go through not only physical pain but psychological suffering as well, especially, when they are not able to cope well with the illness. Their initial reaction, when they come to know about their illnesses is that of shock, that is often followed by denial.

Crisis theory can be discussed here in order to understand the coping process of individuals diagnosed with chronic illnesses. As per this theory, the coping process will depend on the factors related to the illness, personal and background factors and physical and social environmental factor (Sarafino and Smith, 2011).

Factors related to illness include the threat posed by the illness, whether it is life threatening, painful and whether it would lead to any disfiguration, stigma and so on.

Personal and background factors include personality traits of the individual, his/her age, socio economic status, gender besides his/ her self esteem, emotional maturity and so on.

Physical factors include, the physical set up of the hospital or the home environment, social environmental factors include the social support available.

All these three factors are interrelated and affect each other.

As we have discussed under various chronic illnesses, they negatively impact individuals. Not only their health, but their family and work life is also affected. Such illnesses also have a major negative impact on family members and significant others in lives of these individuals. The treatment process, side effects experienced, frequent trips to hospitals and clinics, financial issues that develop as a result of the illness (including cost of treatment, loss of working hours etc.) can all take a toll on the individuals. Individuals thus have to cope with not only the illness but also with guilt that they may experience when they see their family members suffer. Various psychological issues ranging from stress, anxiety, loneliness, depression and so on are also experienced by such individuals. Therefore, besides early diagnosis and adequate treatment, proper social support and counselling also needs to be made available to these individuals. Suitable intervention and counselling also needs to be provided to the family members.

Thus, besides treatment that focuses on curing or alleviating the symptoms of the illness, psychological interventions are equally important. And these interventions mainly focus on bringing about a behavioural change. (Sarafino and Smith, 2011).

Check Your Progress IV

- 1) List the five main types of cancer.

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2) What is epilepsy?

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In the present unit and the previous unit (unit 9), we mainly focused on the physical and mental illness experiences. We discussed some of the prominent illnesses and disorders that have significant impact on the wellbeing of the individuals suffering from them. It is important to understand these illnesses and disorders, mainly in order to devise awareness programmes that can help prevent them/ detect them early and treat them adequately. Mainly, the focus needs to be on helping individuals change/ modify their attitude and behaviours, especially health related attitudes and behaviours. Refer to box 10.1 that focuses briefly on promoting health.

Box 10.1: Promoting Health

Individuals often know that consumption of junk food can have a negative impact on one’s health. But they still consume junk food on regular basis. The same is true with smoking as well and various other health behaviours. It can be said that healthy practices, lifestyle and attitudes can go a long way in ensuring positive health and wellbeing of an individual. Thus, in order to promote health we need to focus on the relationship between health behaviour and health related attitudes. Some of the beliefs that are relevant in the context of relationship between health behaviours and health related attitudes (Sears, Peplau and Taylor, 1991) are:

- Values with regard to general health, that is the interest and concern that the individual has with regard to the health.
- Danger and threats to health, denoting the severity of the disease/ disorder and its threat.
- Individual vulnerability to the disease or disorder, denoting how vulnerable he/ she thinks he/ she is to the disease or disorder. Individual’s self efficacy (confidence about one’s ability) for dealing with the threat of the disease or disorder.
- Response efficacy denoting whether the efforts taken by the individual for dealing with the illness will lead to outcomes desired by him/ her. In this context we also need to focus on few models that can be utilised to bring about changes in health related behaviour. Some of these models are discussed as follows:
 - **Health Belief Model:** According to this model the health related behaviour displayed by an individual will depend on:
 - a) His/ her perceived vulnerability/susceptibility to the illness,
 - b) The severity of the illness as perceived by the individual,
 - c) The benefits of health behaviour as perceived by the individual, that

is, whether the perceived vulnerability/ susceptibility will decrease if the health related behaviour is followed,

d) And lastly, the perception with regard to barriers or obstacles regarding the health related behaviour.

- **Theory of Planned Behaviour:** This theory was proposed by Ajzen and it mainly highlights behaviour intentions of an individual that can play a role in health related behaviours. And behaviour intentions can be determined by attitude towards behaviour. And attitude towards behaviour is determined by

a) The beliefs and evaluation related to outcome of following certain health related behavior,

b) Subjective norms, that denotes the belief related to the expectations of significant others,

c) And the motivation of individual to follow the health related behaviour.

- **Stages of change model:** This model was proposed by Prochaska and Diclemente. The stages in this model are described as follows:

Stage 1: Precontemplation (the individual does not intent to change the behaviour).

Stage 2: Contemplation (realisation and contemplation regarding need to change the behaviour)

Stage 3: Preparation (steps and measure to change behaviour)

Stage 4: Action (bringing about change in behaviour)

Stage 5: Maintenance (maintaining the changed behaviour)

10.4 LET US SUM UP

To summarise, in the present unit we focused on acute and chronic pain and chronic illnesses. Acute pain can be described as pain that is experienced on temporary basis and could last for a few months, that is, less than six months. Chronic pain, on the other hand, is experienced for a longer duration and it does not go away even after six months. Effect of pain and treatment were also briefly touched upon in the unit. The last subtopic discussed was chronic illnesses. A chronic illness in simple terms can be explained as an illness that continues for a long duration of time. Some of the chronic illnesses discussed in the unit were are diabetes, Coronary Heart Disease, Cancer, AIDS, Asthma and Epilepsy.

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10.6 KEY WORDS

Acute pain : Acute pain can be described as pain that is experienced on temporary basis and could last for a few months, that is, less than six months.

Asthma : Asthma is a respiratory disorder involving episodes of impaired breathing when the airways become inflamed and obstructed

Chronic pain : Chronic pain is experienced for a longer duration, it does not go away even after six months.

Coronary Heart Disease (CHD): Also referred to as coronary artery disease, is an outcome of narrowing of the walls of coronary arteries due to atheroma, the fatty material.

10.7 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress I

1) Explain organic and psychogenic pain.

Organic pain is as a result of tissue damage or pressure. For example, pain due to sprain. In psychogenic pain, there is as such no tissue damage or pain and the pain is mainly an outcome of underlying psychological issue.

2) List the three categories of chronic pain.

The three categories of chronic pain are:

- Chronic- recurrent pain
- Chronic-intractable-benign pain
- Chronic-progressive pain

- 1) List the five main types of cancer.

The five main types of cancer are:

- Carcinoma
- Melanomas
- Lymphomas
- Sarcomas
- Leukemias

- 2) What is epilepsy?

Epilepsy includes episode of sudden and repeated seizures that can be attributed to the electrical disturbances of the cerebral cortex.

10.8 UNIT END QUESTIONS

- 1) Explain acute and chronic pain.
- 2) Describe any Diabetes and Asthma as chronic illnesses.
- 3) Discuss Coronary Heart Disease (CHD).
- 4) Explain AIDS.

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UNIT 11 MENTAL ILLNESS EXPERIENCES*

Structure

- 11.0 Objectives
- 11.1 Introduction
- 11.2 Depression
- 11.3 Anxiety
- 11.4 Psychosomatic Illnesses
- 11.5 Substance Use
- 11.6 Let Us Sum Up
- 11.7 References
- 11.8 Key Words
- 11.9 Answers to Check Your Progress
- 11.10 Unit End Questions

11.0 OBJECTIVES

After reading this unit, you will be able to:

- explain the concepts depression, anxiety, psychosomatic illnesses and substance use.

11.1 INTRODUCTION

After Salil lost his best friend in an accident, he was not like before. He not only isolated himself from others but his appetite and sleep were also affected. He even lost interest in his studies. His parents initially consulted a physician, who could not find any physical ailment that Salil was suffering from and therefore the physician suggested that Salil could be taken to clinical psychologist to help him deal with any psychological problems that he could be facing.

Shaila was in 10th standard and was preparing very hard for her board examinations. Her parents had high expectations from her and she wanted to make her parents happy by securing good marks in her board examinations. She would study regularly and was a hard worker. But recently her parents noticed that she was often complaining about head ache. There were instances when the head aches would become so bad that she had to miss school and rest at home. Her physician initially treated her for the pain, which would subside for a while and then return. They also consulted an ophthalmologist and a neurologist but the source of head ache could not be traced. Shaila's aunt suggested that they consult a clinical psychologist to see if the recurrent headaches were due to some psychological issue.

Everybody saw Sunaina as a happy go lucky person, always smiling and approachable, until she attempted suicide. Everybody was shocked to hear the news. Though, Sunaina could be saved, her near and dear ones realised that she was fighting a battle within herself, trying to cope with her situations and issues and required both help and support. We often come across news about individuals committing suicide. One of the causes of suicide can be that the person is undergoing depression.

The above mentioned examples discuss three different cases related to psychological issues/ mental illnesses. There are various mental illnesses that need to be focused on or need to be understood as we study the course on psychological health and wellbeing. It is important to be observant and note any changes in behaviours of people with whom we interact on day to day basis, so that they receive help and support on time.

In the previous units (Unit 9 and 10) we discussed about some of the physical illness experiences. In the present unit we will focus on some of the mental illness experiences. Mainly we will discuss the terms, depression, anxiety, psychosomatic illnesses and substance use. Though the focus of this unit will not be on symptoms and diagnosis of these disorders (as is the case with courses like Psychological disorders/ Understanding Psychological Disorders) but on how these disorders have an impact on the day to day functioning of the individual. You need to understand these mental illnesses so as to be able to comprehend the nature of the illness and how they lead to psychological distress so that prevention/diagnosis and treatment can be carried out at the earliest.

11.2 DEPRESSION

We often feel upset or sad in certain situations. A failure or loss can make us sad or upset. And often the feelings experienced in such situations is referred to as depression by lay persons. However, when we talk about depression in the context of psychological disorder, it is much more than instances of sadness. Depression can be differentiated from sadness not only in terms of degree but also in terms of duration. Being sad is an emotion and is often experienced as a result of situations like a failure, break up (in relationship), death of a near or dear one and so on. But a person with depression may experience depressed mood, lack of hope, interest and pleasure in any situation. An individual with depression may have all the valid reason to be happy and cheerful but they are not able to experience any pleasure or interest and feel hopeless and depressed.

Depression is one of the mental illnesses categorised under mood disorder as per DSM (Diagnostic and Statistical Manual) 5. Depressive disorders have been classified in DSM 5 as follow:

- **Disruptive mood dysregulation disorder:** Can be described as a condition in childhood adolescence that is characterised by extreme irritability and anger and intense and recurrent outbursts of temper.
- **Major depressive disorder** (including major depressive episode): This disorder is also called unipolar depression and includes symptoms like continuing depressed mood, decreased interest in day to day activities, increased or decreased appetites, slow thought process and decreased physical movement, fatigue and energy loss and experiencing guilt insomnia or hypersomnia, lack of concentration and inability to take decisions,

recurring suicidal ideation (with or without a specific plan for committing suicide) and also recurrent thoughts related to death. Though there is an elaborate criteria (as specified in DSM 5) that needs to be considered while diagnosing depression in an individual.

- **Persistent depressive disorder (dysthymia):** In order to diagnose an individual with dysthymia, the symptoms of depression need to persist for more than two years and individual is not without symptom for more than two months.
- **Premenstrual dysphoric disorder:** In this disorder, the symptoms related to severe depression, irritation, and tension occur before menstruation in women, And these symptoms are intense as compared to Premenstrual Syndrome (PMS).
- **Depressive disorder due to another medical condition:** This disorder includes depression that occurs due to medical conditions like hypothyroidism, brain injury and so on.

Further, the depressive disorders can also be categorised by specifiers including peripartum onset, seasonal pattern, melancholic features, mood-congruent or mood-incongruent psychotic features, anxious distress, and catatonia as per DSM 5.

Depressive disorders are characterised by sadness, emptiness, irritability along with cognitive and bodily changes that have considerable impact on the functioning of an individual. Though they may differ based on their duration, timing and assumed aetiology.

It is important to remember that the diagnosis is to be carried out using suitable tools and methods by a clinical psychologist. And just based on mere symptoms one cannot judge or label any individual as suffering from depression.

According to WHO, depression is one of the major causes of disability and it not only has psychological and physiological impact but also affects family and social life of the individual. Further, it is also an expensive psychological disorder (Ray, 2015). An individual suffering from this disorder is not able to function adequately in his/ her work setup and his/ her family life also gets affected. If untreated, the symptoms will only aggravate and this again can have detrimental effect on the individual. Also it can affect individuals at any developmental stage from childhood to old age.

Box 11.1: DSM and ICD

DSM: The full form of DSM is Diagnostic and Statistical Manual of Mental Disorders. It is basically a handbook that provides detailed guidelines that can be followed in order to diagnose mental disorders. Each mental disorder is categorised and criteria for their diagnosis is clearly given in this manual. It is released by American Psychiatric Association. And the latest, DSM 5, was released in 2013, before which DSM IV-TR was followed.

ICD: Though in the present course we have discussed the psychological disorders as per DSM, there is ICD as well that is followed for classification of disorders. ICD stands for International Statistical Classification of Diseases and Related Health problems and is maintained by WHO. The latest version of ICD, that is ICD 11, was accepted in 2019 and will come in to effect 2022 onwards.

Early diagnosis of depression is important as are efforts to prevent it altogether. Treatment of depression includes techniques that can be employed to manipulate brain activities, medication that can have an effect on neurotransmitters so that the brain processes can be controlled (facilitated or inhibited), psychotherapy (including Cognitive Behaviour Therapy (CBT), Emotion Focused Therapy and Psychodynamic therapy) and even exercise and meditation (Ray, 2015). Though social support from the family members and significant others also play an important role in management and treatment of depression.

Check Your Progress I

- 1) How is depression different from sadness?

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- 2) List the treatments for depression.

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11.3 ANXIETY

Anxiety in simple terms can be explained as worry. “Anxiety is defined as the response to prolonged, unpredictable threat, a response which encompasses physiological, affective, and cognitive changes” (Robinson at al, 2013, pg. 1). Like stress, every individual will experience anxiety many times through out his/ her life time. It is important at this point to distinguish between anxiety and anxiety disorders. Anxiety is often experienced by individuals, though it may not interfere with their day to day lives to an extent where their functioning is disrupted. Whereas, individuals having anxiety disorder will have difficulty functioning effectively.

Let us first discuss about anxiety and then we will also focus on anxiety disorders.

As was stated earlier, anxiety can be denoted as worry. Though, it can also constitute feelings of nervousness, apprehension and fear. As discussed under stress, anxiety as well plays a significant role in our lives and is important in order to save us from certain dangers and make certain changes. As stress that goes beyond an optimal level can have detrimental impact on the wellbeing and functioning of the individual, in a similar manner, anxiety that is persistent can have detrimental effect on the day today functioning of the individual. Further, like stress, anxiety can also have an impact on physiology and psychology of the individual.

The short term effects of anxiety include rapid breathing and increased heart rate. Also the blood flow concentrates more in the brain. Long term/ chronic anxiety can be detrimental to the quality of life of the individual. Experiencing stress can also lead to development of anxiety in an individual as can substance use disorder and a critical medical condition (Cherney, 2018).

Experiencing anxiety can also lead to developmental of digestion related issues, high risk for infection, and functioning of respiratory system and cardiovascular system can also get affected (Leonard, 2018).

Some of the symptoms experienced during anxiety are feelings of nervousness and fear, feeling restless, experiencing panic attacks, increased heart rate, rapid breathing, perspiring, tiredness, feeling weak and dizzy, inability to concentrate, sleep related problems, feeling nauseous, chest pain and so on (Leonard, 2018).

It is important to differentiate between anxiety and anxiety disorders. Anxiety can be termed as a reaction to stress that is normal. And from time to time each one of us faces anxiety. As there are various techniques to manage stress, in a similar manner anxiety can also be managed in order to avoid its detrimental effect. With regard to anxiety disorders there may not be any stressors that creates anxiety and in fact the individual may experience anxiety at all times. Further, the degree and duration of anxiety experienced by an individual with anxiety disorder is much more. In anxiety disorders, there are other physical and psychological symptoms as well besides worry. Most importantly, an individual with anxiety disorder will not be able to function adequately.

Let us now briefly focus on various anxiety disorders.

The disorders that are categorised under anxiety disorders have certain common features like experiencing anxiety or worry and experiencing excessive fear as a result of which the individual experiences behavioural disruptions.

Following are the anxiety disorders as stated in DSM 5 (Ray, 2015):

- **Separation Anxiety Disorder:** This is irrational fear of being separated from individuals that one has attachment with. And such a fear is not age appropriate and also interferes with the individual's day to day functioning.
- **Selective Mutism:** This disorder can be termed as an anxiety disorder during childhood that is denoted by inability to speak and communicate in certain social situations like school. Such children communicate normally in other setups, in which they are at ease and feel safe.
- **Panic Disorder:** Includes panic attacks that are recurrent along with experiencing distress that is both physiological and psychological.
- **Agoraphobia:** Phobia can be explained as an irrational fear. And Agora means open spaces in Greek. Agoraphobia can be explained as an irrational fear of finding oneself in situations from which it would be difficult to escape or possibility of experiencing shame and humiliation. Or fear of being in a situation where help may not be available in case panic symptoms are experienced. Individuals with this phobia have fear of being in open or enclosed spaces, using public transport, being in crowded places etc.

- **Specific phobia:** Specific phobia can be termed as persistent and intense fear of certain objects, situations, events and activities that as such are harmless. Individuals diagnosed with such phobia find it difficult to cope with the fear despite of knowing that it is excessive.
- **Social Anxiety Disorder (Social Phobia):** This mainly relates to speaking in public or being in social set up, in company of others that induces anxiety.
- **Generalised Anxiety Disorder:** The individual diagnosed with this disorder is persistently and excessively anxious/ worried and that interferes with his/ her day to day functioning.
- **Substance- Induced Anxiety Disorder:** This disorder is diagnosed when the symptoms such as being restless, nervous and experiencing panic attacks are caused as a result of consumption of certain drugs or due to discontinuing the consumption of certain drugs.
- **Anxiety Disorder Attributable to Another Medical Condition:** Certain medical conditions will lead to an individual experiencing anxiety, panic attack and so on.
- **Other Specified and Unspecified Anxiety Disorder:** Other specified anxiety disorder is diagnosed when the complete criteria for certain anxiety disorder is not met but anxiety symptoms are displayed by the individual that cause distress in him/ her. And unspecified anxiety disorder is diagnosed when symptoms related to anxiety disorder are displayed by an individual that cause distress as well, however, sufficient information is not available to diagnose certain anxiety disorder. Such a situation is likely to occur in emergency room set up where the case history and appropriate evaluation are not possible or not available (Jacofsky et al. 2020).

In DSM IV-TR, Obsessive Compulsive disorder was included under Anxiety disorder, but in DSM 5, it is discussed separately.

Anxiety disorders can have a negative impact on psychological, physical as well as social wellbeing of an individual.

In order to treat anxiety disorders psychotherapies like Cognitive Behaviour Therapy (CBT) can be used. Though different therapies can be used for different anxiety disorders. For Generalised Anxiety Disorder, for instance, CBT and behaviour therapy can be used. Besides medication may also be given. Exposure therapy and social skills training can be used for social anxiety disorder. Further mindfulness meditation can also be helpful in dealing with anxiety disorders.

It is again to be remembered that the diagnosis and treatment of these disorders need to be carried out by necessarily qualified individuals with required expertise.

Check Your Progress II

1) What is Anxiety?

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- 2) List any five anxiety disorders.

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11.4 PSYCHOSOMATIC ILLNESSES

In previous two units, we discussed about physical illness experiences and also highlighted how each of the illnesses can have an impact on psychological wellbeing of the individuals suffering from them. And in this unit we are focusing on various mental illness experiences that mainly display psychological distress and symptoms. In psychosomatic illnesses, physical symptoms are an outcome of some underlying psychological issues.

In simple terms, psychosomatic illness can be explained as an illness that involves both mind and body (Psyche means mind and soma means body) (Weiss, 2015). Katz (2017) defines psychosomatic illnesses as “any illness that is caused, exacerbated, or perpetuated—either fully or partially— by psychological factors”. Individuals may display certain symptoms like lack of energy or fatigue, headache, stomach ache and so on (these could range from common to severe illnesses) that cannot be attributed to any illness.

Weiss (2015) classified psychosomatic illness in to the following:

- The first form of psychosomatic illnesses constitutes those individuals who display both psychological as well as medical issues. Management of such an illness can be a challenge.
- The second form constitutes individuals who display psychological issues that could be linked to a medical issue or its treatment. For instance, an individual having a terminal illness may develop depression.
- The third form of psychosomatic illnesses constitutes individuals who display physical symptoms that can be attributed to certain psychological causes and issues rather than medical issues. For instance, stomach upset as a result of experiencing stress.

Psychosomatic illnesses can be attributed to personality traits, environmental influences, genetic and biological factors and so on. They can also be as a result of learned behavior. Stress, anxiety and depression can also lead to development of psychosomatic disorders.

Psychosomatic illness can also have a negative impact on the day today functioning and quality of life of an individual. A person with psychosomatic illnesses will experience both mental and physical difficulties and issues.

In this context, we can discuss about Somatic Symptom and Related Disorders as given in DSM 5. In DSM IV- TR it was termed as somatoform disorders. The disorder constitutes somatisation disorders, pain disorders and hypochondriasis that were earlier included under somatoform disorders. Individuals diagnosed with this disorder display physiological symptoms that are distressful in nature and the reaction to these symptoms is in terms of thoughts, feelings and behaviour that are not normal. Ray (2015, pg. 349) described Somatic Symptom Disorders

as “a condition in which a person’s somatic or bodily symptoms cause distress or disruption in physical health that is not consistent with a medical disorder”.

Individuals suffering from this disorder display persistent and excessive thoughts with regard to the severity of their symptoms. Further, they also display increased and persistent anxiety about their health or the symptoms experienced by the and are preoccupied with the health related concern or symptoms and thus invest their significant time and energy in focusing on them.

Following are the Somatic Symptom and Related Disorders as stated in DSM 5:

- **Somatic Symptom Disorder:** This disorder is diagnosed when the individual displays excessive focus on physical symptoms like pain and tiredness that lead to affective distress and interferes with day to day functioning. Another medical condition may or may not be present. But the reaction of the individual towards the symptoms experienced is not normal.
- **Illness Anxiety Disorder:** This was earlier referred to as Hypochondriasis. Individuals with this disorder display fear that they have or will acquire a serious illness or disorder.
- **Conversion Disorder (Functional Neurological Symptom Disorder):** In this, despite of lack of any medical condition, the individual experiences neurological symptoms. The symptoms are realistic and can have an impact on the motor and sensory functioning.
- **Psychological Factors Affecting Other Medical Conditions:** This disorder is diagnosed when there is a negative effect of psychological or behavioural factors (not related to another psychological disorder) on a general medical condition, that not only interferes with the treatment process but can lead to morbidity and mortality.
- **Factitious Disorder:** In this disorder an individual behaves as if he/ she is suffering from some physical or mental illness. This is not on purpose as they wish to be perceived by others as being unwell or injured. This disorder is often linked to affective issues and situations that are perceived as stressful.
- **Other Specified and Unspecified Somatic Symptom and Related Disorder:** Other specified somatic symptoms and related disorder are denoted by presence of symptoms of somatic symptoms and related disorders that cause distress but they do not meet the full criteria of any of the symptoms and related disorders. Unspecified somatic symptom and related disorder denotes presence of somatic symptoms but the information available is not sufficient to carry out any specific diagnosis.

Individuals having this disorder often visit a physician, who upon examination realises that the individuals are not having any physical issue. Though we need to note that such individual are not lying about their symptoms as any pain or distress that is experienced by them is real, though there may not be any physical cause. Further, the pain and distress interferes with their day to day activities. We also need to distinguish Somatic Symptom Disorder from malingering (that is, faking an illness) (Ray, 2015).

Psychotherapy like Cognitive Behaviour Therapy (CBT) and behaviour therapy can be used for Somatic Symptom and Related Disorders. Psychoanalysis can also play an important role in treating individuals with these disorders. Practicing stress management techniques and relaxation techniques can also be helpful, besides being aware about the impact of stress and anxiety on one’s physiology. Often medication is also prescribed to help individuals cope with pain and physical distress.

Check Your Progress III

- 1) Define psychosomatic illnesses.

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11.5 SUBSTANCE USE

Substance use was earlier referred to as substance abuse. To define substance abuse, according to Buddy (2019), it is “a pattern of harmful use of any substance for mood-altering purposes. “Substances” can include alcohol and other drugs (illegal or not) as well as some substances that are not drugs at all. Now the term abuse has been replaced with use because, when we say ‘abuse’ we mean that certain substance is used in a way that is not supposed to be used or recommended and it is possible that individuals use substances but are not addicted (based on criteria given in DSM 5).

Substance abuse, as discussed above, involves use of psychoactive substances that are harmful if consumed. These substances could be alcohol or illegal drugs and use of these could lead to development of dependence syndrome that includes various behavioural, cognitive and physiological repercussions as a result of frequent use of the substance. It also includes an intense desire to consume the drug, difficult in having control over its use despite of negative consequences and more priority is given to the drugs than to other activities and duties. Further there is an increased tolerance and the person may also experience physical withdrawal (WHO, 2020). The individual using such substances over a period of time develop physical dependence. The body adjusts itself to the substance and the individual will have to consume it in more quantities to achieve same effect. This is because the body becomes tolerant to the substance. The individual will also start craving for the substance and will not only develop physical dependence but psychological dependence as well, which eventually will lead to addiction and if the individual stops consumption of the substance he/ she will experience withdrawal symptoms (including headaches, nausea, tremors and so on) (Ghosh, 2015).

Substance use can have negative repercussions not only on physical health and wellbeing of the individual, but it has an impact on his/ her psychological health and wellbeing as well. His/ her social relationships are also affected. Such individuals are not able to take any responsibilities in their personal and work life and their quality of life can also get affected. The individual consuming drugs, especially, intravenous are also at the risk of HIV infection. Other risks involve accidents when riding, driving or handling heavy machinery under influence of

alcohol and drugs. Besides a negative impact on the individual's, health and wellbeing, substance abuse has detrimental effect on the wellbeing his/her family as well. Aggression can also be linked to substance use that can then lead to violent behaviour.

In DSM 5, the substance use disorder is stated as Substance-related and Addictive Disorders. The disorder includes ten different classes of drugs, namely, alcohol; caffeine; cannabis; hallucinogens (with separate categories for phencyclidine [or similarly acting arylcyclohexylamines] and other hallucinogens); inhalants; opioids; sedatives, hypnotics, and anxiolytics; stimulants (amphetamine-type substances, cocaine, and other stimulants); tobacco; and other (or unknown) substances (Hartney, 2019). DSM 5 also gives a criteria for diagnosis of the disorder that are mainly divided in to four categories (there are total of 11 criteria), impairment of control, social impairment, risky use and pharmacological indicators (tolerance and withdrawal). Besides, severity of the disorder is also stated where an individual having two to three criteria is termed as having mild disorder, four to five as moderate and six or more as severe. In general, treatment for these disorders includes use of medication and also psychotherapies like Cognitive Behaviour Therapy and behaviour therapy. Group counselling is also used for the individuals as well as their spouses.

Some of the addictions are discussed as follows:

- **Tobacco:** Tobacco is often consumed through smoking cigarettes or even through smokeless forms, like chewing pan, pan masala, snuff and so on (Ghosh, 2015). Consumption of tobacco can lead to various types of cancer, including cancer of lungs, mouth, throat, bladder, liver, stomach, colon and so on. Further, when an individual indulges in smoking cigarettes around others, he/ she subjects them to passive smoking thus putting them at risk of developing health hazards as well. Other health related risks of tobacco consumption include cardiovascular diseases and chronic obstructive pulmonary diseases (Ghosh, 2015, pg. 230). Smoking can also lead to aggravation of asthma symptoms. Tobacco can thus have harmful effect on the physical health of the individuals and the individuals become addicted to it. If they stop its consumption they will experience physical and psychological distress. Thus, such individuals need suitable treatment and help in dealing with the addiction. Medications are sometimes required besides therapies like behaviour therapy and Cognitive Behaviour Therapy. Motivational interviewing and mindfulness can also play an important role. Though it is most important to focus on why the individuals engaged in tobacco consumption, whether it was due to cultural practices or peer pressure or media influence. This is important as accordingly interventions can be designed in order to develop awareness programmes in order to make individuals aware about the negative effects of tobacco consumption.
- **Alcohol consumption and addiction:** Like tobacco, alcohol is yet another substance that can lead to addiction when consumed over a period of time. Alcohol addiction is described as a state in which the individual becomes physically and psychologically dependent on alcohol and lack of its consumption will lead to his/ her experiencing withdrawal symptoms. Alcohol leads to indirect stimulation of Gamma-Aminoobutyric Acid (GABA), that is a neurotransmitter and when the release of GABA is

increased, the functioning of the brain is inhibited and becomes slow, thus negatively affecting the individual's speed, reaction time as well as motor skills (Ghosh, 2015). Therefore it is said that one should not drive or even carry out any heavy physical activity after consumption of alcohol as there is danger of accidents and individuals getting hurt badly or even death. Excessive consumption of alcohol can have numerous repercussions from health related issues (including liver cirrhosis and cancer), to socio economic adversities and so on. There is also negative impact on the family members. The work life of the individual may also suffer as he/ she may remain absent from work or he/she may also be at risk of injuring himself/ herself if he/she indulges in using heavy machinery or hazardous substances like chemical etc. while under influence of alcohol. The coworkers and other employees may also be at risk due to this and also because such individual may have behavioural issues and problems as well. In order to help an individual deal with alcoholism, he/ she may have to go through the process of detoxification. Sometimes such individuals also need to be in Alcohol Anonymous, as they not only have to deal with the withdrawal symptoms but also need to develop social skills. Psychotherapies like Cognitive Behaviour therapy, Body Psychotherapy, Dialectical Behaviour Therapy can be used. It is also important to provide intervention to the family members. Counselling can be carried out for the family members and significant others and psychotherapy can also be used if required. They also need to be encouraged to become part of support groups, where they can interact with family members of alcoholics.

- **Drug abuse:** Here we mainly refer to the psychoactive drugs. Consumption of these drugs can lead to dependence both physical and psychological and they also have a negative impact on the cognitive processes and behaviour of the individuals who consume them. The four main classes of psychoactive drugs (Ghosh, 2015, pg. 236) are:
 - **Depressants:** The main effect of these drugs include decrease in anxiety and feeling of being relaxed. Alcohol, Valium, Barbiturates can be categorised under this category.
 - **Stimulants:** These stimulate the individuals and leads to alertness and experience of euphoria. Amphetamines, Benzadrine and Dexdrine can be categorised under this category.
 - **Narcotics/ Opiates:** These lead individuals to become alert and euphoric. Further, they can also lead to experiencing hallucinations. Examples of this category are cocaine, heroin, morphine, opium, nicotine etc. These may also help in controlling pain.
 - **Hallucinogens/ Psychedelics:** These can lead to alterations in individuals' perception, hallucinations and euphoria. They can also make individuals feel relaxed. Some examples of this category are LSD (Lysergic Acid Diethylamide), Marijuana, Cannabis, Hashis etc.

Consumption of psychoactive drugs have health and socio-economic repercussions. Medical treatment is often required in treating individuals that abuse such drugs.

Detoxification needs to be used and focus also needs to be on prevention of relapse. Psychotherapies like Cognitive Behaviour Therapy, Multidimensional family therapy and behaviour therapy besides others can be used.

Check Your Progress IV

- 1) State the ten different classes of drugs under Substance- related and Addictive Disorders as stated in DSM 5.

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Box 11.2: Diagnoses and Treatment of Psychological Disorders

The most important step in determining the treatment process of any psychological disorder is diagnosis. It is important to note that mere presence of symptoms is not an indication of presence of a disorder. For instance, we may often feel anxious before an interview or an examination or we may also feel upset about a certain loss but that does not mean that we are suffering from an Anxiety Disorder or Depression. **DEGREE** and **DURATION** of symptoms is often relevant in diagnosis. Also it is important that the diagnosis is carried out by a professional and certified person so that the individual receives adequate treatment. If a person has fever due to malaria but is wrongly diagnosed as having flu, there could be detrimental effects on health of the individual as the symptoms will not alleviate and the illness can deteriorate. This holds true for diagnosis of psychological disorders as well. Diagnosis of psychological disorder includes taking a detailed case history of the individual, carrying out Mental Status Examination (MSE), using interview with the individual as well as his/ her family and significant others (could be friends and colleagues), using psychological tests for diagnosis and also behavioural assessment. Once the diagnosis is carried out then psychotherapy can be used. Though for certain psychological disorders medication is also required but the same are prescribed by a Psychiatrist. A clinical psychologist cannot prescribe medication. In simple terms psychotherapy can be explained as an interaction between two individuals, one of whom is displaying distress and the other is skilled and qualified, having necessary expertise in psychotherapy. And these individuals decide to work together with an aim to help the individual in distress deal with his/her distress. Psychotherapy is different from counselling (that you must frequently heard about). Psychotherapy is much more in-depth and a long term process when compared with counselling. In psychotherapy various therapies are used and in counselling certain techniques like listening, questioning and so on are employed. Some of the psychotherapies are listed below:

- Psychodynamic Approach
- Existential Therapy
- Behaviour Therapy
- Cognitive Therapy

- Cognitive Behaviour Therapy (CBT)
- Person Centered Therapy
- Gestalt Therapy
- Rational Emotive Behaviour Therapy (REBT)
- Family Therapy
- Group Therapy
- Solution Focused therapy
- Narrative Therapy
- Acceptance and Commitment Therapy (ACT)
- Body Psychotherapy
- Multicultural Therapy
- Choice and Reality Therapy

The next unit will further focus on prevention, management and intervention for physical and mental health.

11.6 LET US SUM UP

To summarise, the main focus of this unit was on depression, anxiety, psychosomatic illnesses and substance use. A person with depression may experience depressed mood, lack of hope, interest and pleasure in any situation. An individual with depression may have all the valid reason to be happy and cheerful but they are not able to experience any pleasure or interest and feel hopeless and depressed. The classification of depression as per DSM 5 was also discussed. The next subtopic discussed was anxiety. Anxiety in simple terms can be explained as worry. Anxiety can be denoted as worry and it also includes feelings of nervousness, apprehension and fear. Like stress, every individual will experience anxiety many times through out his/her life time. Distinction was also made between anxiety and anxiety disorder. As there are various techniques to manage stress, in a similar manner anxiety can also be managed in order to avoid its detrimental effect. Anxiety disorders were also discussed in the unit. The unit also discussed about psychosomatic illness, that can be explained as an illness that involves both mind and body (Psyche means mind and soma means body). Individuals may display certain symptoms like lack of energy or fatigues, headaches, stomach ache and so on (these could range from common to severe illnesses) that cannot be attributed to any illness. Lastly, in this unit substance use was explained. In the unit, the term substance abuse was described, as a pattern of harmful use of any substance for mood-altering purposes. “Substances” can include alcohol and other drugs (illegal or not) as well as some substances that are not drugs at all. In DSM 5, the substance use disorder is stated as Substance- related and Addictive Disorders.

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11.8 KEY WORDS

- Anxiety** : Anxiety is defined as the response to prolonged, unpredictable threat, a response which encompasses physiological, affective, and cognitive changes
- Depression** : Depression is one of the mental illnesses and categorised under mood disorder as per DSM (Diagnostic and Statistical Manual) 5
- Psychosomatic illnesses** : Psychosomatic illness can be defined as any illness that is caused, exacerbated, or perpetuated—either fully or partially – by psychological factors.
- Substance abuse** : Substance abuse can be defined as a pattern of harmful use of any substance for mood-altering purposes. “Substances” can include alcohol and other drugs (illegal or not) as well as some substances that are not drugs at all.

11.9 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress I

- 1) How is depression different from sadness?

Depression can be differentiated from sadness not only in terms of degree but also in terms of duration. Being sad is an emotion and is often experienced as a result of situations like a failure, break up (in relationship), death of a near or dear one and so on. But a person with depression may experience depressed mood, lack of hope, interest and pleasure in any situation. An individual with depression may have all the valid reason to be happy and cheerful but they are not able to experience any pleasure or interest and feel hopeless and depressed.

- 2) List the treatments for depression.

- Techniques that can be employed to manipulate brain activities
- Medication that can have an effect on neurotransmitters so that the brain processes can be controlled (facilitated or inhibited)
- Psychotherapy (including Cognitive Behaviour Therapy, Emotion Focused Therapy and Psychodynamic therapy)
- Exercise and meditation

Check Your Progress II

- 1) What is Anxiety?

Anxiety is defined as the response to prolonged, unpredictable threat, a response which encompasses physiological, affective, and cognitive changes.

- 2) List any five anxiety disorders.

- Separation Anxiety Disorder
- Panic Disorder
- Agoraphobia
- Social Anxiety Disorder (Social Phobia)
- Generalised Anxiety Disorder

Check Your Progress III

- 1) Define Psychosomatic illnesses.

Psychosomatic illness can be defined as any illness that is caused, exacerbated, or perpetuated—either fully or partially— by psychological factors.

- 1) State the ten different classes of drugs under Substance- related and Addictive Disorders as stated in DSM 5.

The Substance- related and Addictive Disorders include ten different classes of drugs, namely, alcohol; caffeine; cannabis; hallucinogens (with separate categories for phencyclidine [or similarly acting arylcyclohexylamines] and other hallucinogens); inhalants; opioids; sedatives, hypnotics, and anxiolytics; stimulants (amphetamine-type substances, cocaine, and other stimulants); tobacco; and other (or unknown) substances

11.10 UNIT END QUESTIONS

- 1) Explain depression with a focus on how it is stated and classified under DSM 5.
- 2) Discuss anxiety and anxiety disorders.
- 3) Describe psychosomatic illnesses.
- 4) Explain Substance use disorders.



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UNIT 12 PREVENTION, MANAGEMENT AND INTERVENTION*

Structure

- 12.1 Objectives
- 12.2 Introduction
- 12.3 Cultivating Human Strengths and Virtues
- 12.4 Hope and Optimism
 - 12.4.1 Approaches to Optimism
 - 12.4.2 Hope Theory
- 12.5 Gainful Employment
 - 12.5.1 The Strength-Based Approach to Work
- 12.6 Work Life Balance
- 12.7 Exercise and Nutrition
- 12.8 Yoga and Meditation
- 12.9 Let Us Sum Up
- 12.10 References
- 12.12 Key Words
- 12.12 Answers to Check Your Progress
- 12.13 Unit End Questions

12.1 OBJECTIVES

After reading the Unit, you will be able to:

- describe different ways of promoting health and well-being;
- elucidate the preventive approaches as well as intervention measures for health behaviours;
- discuss the character strengths model and its use in health and well-being;
- know the approaches to optimism and hope theory and their application for human well-being;
- discuss the ways of gainful employment and how it helps in the individual's well-being; and
- explain the role of exercise, nutrition, yoga and meditation in health and well-being of people.

12.2 INTRODUCTION

As you have learned in the previous units, health is not an uni-dimensional concept. It is better understood and effectively managed from a multi-dimensional approach. You have learned the role of biological, psychological and social

factors in explaining health and illness. The biopsychosocial model plays a crucial role in health behaviours. We need to be aware about the health compromising behaviours such as smoking, substance use etc. that negatively impact both our physical and mental health. And the focus should be on the health enhancing behaviours and health protective behaviours. Hence a multi-centric approach involving preventive approach as well as intervention approach towards health and well-being is required. This can focus on the different aspects of our life including physical health, personal character development, relationships, employment and career, and mental health. In this Unit, you will learn about different ways in which we can promote our health and well-being.

Health is defined by the WHO as a “state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity”. Both physical and mental health are affected by our health behaviours. Health behaviours refer to the behaviours or actions undertaken by people to maintain and enhance their health. Certain behaviours can protect our health and some enhance our health. Examples of some positive forms of health behavior are exercise, balanced diet, avoiding drugs, adequate sleep, friendship and social relations. Thus, the health behaviours are crucial as they prevent health problems, and maintain and enhance our health and well-being.

Pursuit of good health and wellbeing is an important life goal. Managing our health can be preventive, taking care of the things before the problem occurs as well as intervention based, after the illness has occurred. Both are essential and affect our health and well being.

We will discuss in the present Unit various strategies to promote health and well-being that can be used both as a preventive and intervention measure.

12.3 CULTIVATING HUMAN STRENGTHS AND VIRTUES

Psychology has always focused on the mental illness and the problems in human life. However, with the advent of positive psychology, emphasis has shifted to focusing on the strengths in human beings. It goes beyond the medical model of diseases and illness only and strives to enhance life by cultivating inner strengths and virtues. As the World Health Organization (WHO) has stated, mental health is not merely the absence of disorders or mental illness, but also to achieve psychological well-being. The WHO defines mental health as “a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.

Thus, we need to focus on the potentials and character strengths each of us has to live our life fully.

Similar to the Diagnostic and Statistical Manual which classifies the mental disorders, Peterson and Seligman (2004) have devised a Values in Action (VIA) model that classifies the human strengths. Strengths refer to the dispositional qualities present in the people that act like their assets in their achievement of things and promotion of health and well-being. They have organised the 24 character strengths under six broad virtues such as Wisdom and Knowledge, Courage, Humanity, Justice, Temperance and Transcendence. Each of these virtues has a subgroup of 3 to 5 character strengths resulting in a total of 24

strengths. The focus is on how each of these strengths contribute to optimal development and functioning (Park & Peterson, 2006a). Important point here is that these human strengths are malleable (Peterson, 2006) and hence have implications for their training and intervention.

Table 12.1: List of Character Strengths

VIRTUES	CHARACTER STRENGTHS				
WISDOM	Creativity	Curiosity	Judgment	Love of Learning	Perspective
COURAGE	Bravery	Perseverance	Honesty	Zest	
HUMANITY	Love	Kindness	Social Intelligence		
JUSTICE	Teamwork	Fairness	Leadership		
TEMPERANCE	Forgiveness	Humility	Prudence	Self-regulation	
TRANSCENDENCE	Appreciation of Beauty & Excellence	Gratitude	Hope	Humor	Spirituality

A growing body of research indicates the impact of the character strengths on mental health, well-being and life satisfaction of people. In a recent study (Wagner et. al., 2019), the 24 character strengths were examined across the PERMA which represents five dimensions of well-being such as Positive emotions, Engagement, Positive Relationships, Meaning and Accomplishment. It was found that each of these well-being dimensions is related with various strengths. The top two strengths for each dimension were as follows: zest and hope (positive emotions); creativity and curiosity (engagement); love and kindness (positive relationships); curiosity and perspective (meaning); and perspective and perseverance (accomplishment).

Zhang and Chen (2018), in another study, found well-being to have robust correlations with the strengths of hope, curiosity, zest, perseverance and love among the university students. Gander et. al. (2019) also reported well-being to have strongest relationships with zest, hope, curiosity and love. A comprehensive review (Harzer, 2016) of research studies on character strengths pointed at significant correlations with different aspects of well-being. Positive affect was found to be related with strengths of curiosity, zest and hope; whereas negative affect was related to strengths of honesty, forgiveness and humility. Environmental mastery was related to zest and hope; personal growth related to strengths of love of learning and curiosity; purpose in life was related to self-regulation, perseverance, curiosity, zest and hope; autonomy related to honesty, bravery and perspective; self-acceptance related with strengths of zest and hope; and positive relationships related to love and social intelligence.

The character strength of transcendence was found to be associated with higher levels of happiness and better mental health among the university students while

the strengths of temperance was associated with less happiness (Petkari & Ortiz-Tallo, 2016). The five character strengths showing a high and consistent relationship with life satisfaction are hope ($r = .53$), zest ($r = .52$), gratitude ($r = .43$), curiosity ($r = .39$), and love ($r = .35$) (Park, Peterson & Seligman, 2004).

Thus, various studies indicate association of different strengths with health and wellbeing. This has implications for the promotion of health and well-being by taking steps to inculcate these strengths in people.

Check Your Progress I

- 1) Define Mental Health.

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12.4 HOPE AND OPTIMISM

The key to human survival, development and progress is the quality and strength of hope and optimism. These character strengths are important inputs in the making of a society and nation. The popular question of ‘Is the glass half full or half empty?’ indicates the person’s orientation towards positive approach. Each one answers as per his/her view of the world and the surroundings. People vary in their overall level of optimism and pessimism, an optimist takes a positive view of the situation whereas the latter takes a negative view of the same situation. Having a positive view also involves a sense of personal control where the person feels capable over the situation.

Personal control or personal causation involves a feeling that you are the originator of action in your life (Baumeister, 1998) and this has been found to be related to well-being (Argyle, 2001). In general, people have the need for control and the perception of the self as capable of controlling the environment (Carr, A. 2004). It helps reduce the stress response of the individual. This is termed as a positive bias where people view themselves in an optimistic way. This **positive illusion** (Shelly Taylor, 1989) involves the illusion of self enhancement (viewing oneself in a very positive light or high self worth), an unrealistic sense of personal control and an unfounded sense of optimism that the future will be very rosy and safe. Thus, positive illusions act as self-deceptive strategies that protect us from the feeling of helplessness and uncertainty and to manage negative information.

Positive illusions include the following cognitive aspects (Taylor & Brown, 1994):

- a) **Selective attention and benign forgetting:** It refers to focusing only on the positive side of ourselves and not recalling the negative information about the self. We forget the negative things about ourselves, thus selectively attending to positive things only;
- b) **Pockets of incompetence:** We identify areas of our incompetence where we are not so good and then ring-fence those areas, thus pushing them to the periphery. We pay attention to the aspects of the self having the

good attributes only. We do not consider the incompetence areas and thus maintain our self esteem and self worth.

- c) **Negative self-schema:** Self schema refers to a set of beliefs about the self. Negative self schema refers to the schema regarding the negative characteristics or attributes of the self. So the person is able to explain or justify negative evaluation of the self in any situation by attributing it to the negative self-schema. For example, since I am an introvert, I could not speak out well and the teacher selects only those students who can speak well for the debate competition. This helps maintain the self esteem of the individual.

These positive illusions get shattered in cases of traumatic events and chronic illnesses. People facing such situations doubt their self worth, experience a sense of lack of control and perceive a bleak future for themselves.

12.4.1 Approaches to Optimism

There are two major approaches to optimism: Optimism as a broad personality trait characterized by general optimistic expectations (Scheier & Carver, 1992), and optimism as an explanatory style (Seligman, 1998).

Dispositional Optimism: It is defined as a global expectation that the future will bring a bounty of good things and a scarcity of bad things (Scheier & Carver, 1992). Dispositional optimism views optimism as a broad personality trait which refers to having a positive future outlook that good things will happen. The opposite, that is pessimism refers to a negative expectation that future outcomes will be bad. Optimistic people persist in the face of adversities and they believe in themselves. Further, they self-regulate them and use effective coping strategies to deal with the difficulties and achieve the desired goals.

Optimistic Explanatory Style: This approach explains optimism in terms of how optimistic people explain the negative events or the setbacks. They use an explanatory style that points to causes that are external, transient and specific. For example, I failed in the exam because there were tough questions. On the other hand, pessimists explain the negative events by attributing their cause to internal, stable and global factors, For example, I am not good in studies. Thus, an optimistic explanatory style points at the circumstances/situations whereas the pessimist attributes it as a personal failure.

Optimism acts as a source of motivation. In optimistic explanatory style, when we say the cause of the negative experience is *external*, we point to outside situations and these are not under our control; *transient* means it is temporary and may go away (Example, I could not attend the classes because of my illness); *specific* refers to a particular cause. Thus, this attribution style offers control over the situation and generates a positive future outcome expectation.

12.4.2 Hope Theory

Hope is positively correlated with optimism. Snyder (2000) has proposed that hope consists of two key aspects such as (a) the ability to plan pathways to desired goals despite obstacles, and (b) agency or motivation to use these pathways. We can see that the ability to plan pathways is related to the positive future *expectations* as involved in dispositional optimism, whereas the *agency* is emphasized in optimistic explanatory style. Thus, Snyder has combined these two elements of expectation and agency in his Hope Theory.

Hope is characterized by a goal-directed behavior. The individual faces an obstacle while working towards achieving a goal. The individual will find ways to overcome the challenges, thus exploring the possible pathways and having a positive expectation regarding the effectiveness of the pathways. Here, the thoughts focusing on personal agency, that is, how effective one will be in following the pathways to reach the goal, also plays a role.

These three aspects of a goal-directed behavior, pathways and agency operate in the context of the thoughts/ learning experiences of the individual acquired during the developmental stages of life. These affect the way we perceive cause and effect relationship related to events and situations and the self as instrumental in this. Agency thoughts is related to the efficacy expectancy and the pathways thoughts are related to the outcome expectancy.

Snyder (2000) suggests that hope develops in a clearly defined way over the developmental stages of infancy, childhood and adolescence. The developmental milestones achieved in these stages help them to develop goal-directed activities, plan paths to overcome barriers to valued goals, and engage in hopeful pursuits. A secure attachment with parents, supportive family environment and consistent and structured rules at home help children develop a hopeful disposition.

Optimism and hope are related to positive outcomes. Studies have found these to be related to physical health, mental health and well-being (Jahanara, 2017; Hasnain, Wazid, & Hasan, 2014; Arnau, Rosen, Finch, Rhudy, & Fortunato, 2007; Bailey, Eng, Frisch & Snyder, 2007; Schiavon, Marchetti, Gurgel, Busnello, & Reppold, 2016). Other studies have explored the role of hope in job performance (Peterson & Byron, 2008). Further, Verma, Agarwal, & Mishra (2018) found academic achievement to have significant positive correlation with hope and optimism, and advocated for developing programmes on hope and optimism to help students to improve their academic performance.

Thus, both hope and optimism are positive feelings and motivational states and help us overcome life challenges. Positive expectancies are involved in both, that everything is good in future. However, hope involves going beyond this and integrates conceptualisation of goals, pathways or strategies to achieve those goals and the motivation to pursue those goals. It is pertinent to note here that hope, optimism and self-efficacy are related terms, all focusing on the expectancies towards goal attainment. However, they also differ from each other in important ways. People with self-efficacy expect that they will master a domain. Optimism involves a positive expectancy for future outcomes without considering one's personal control over the outcome. On the other hand, people with hope have both the will and the pathways and strategies necessary to achieve their goals (Kaufman, 2011). It involves beliefs about the self as agency to control the things, to pursue in face of difficulties, be resilient and bring in changes.

Check Your Progress II

- 1) Explain dispositional optimism.

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2) What is positive illusion?

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3) Hope theory emphasises on the two elements of and

12.5 GAINFUL EMPLOYMENT

One's work or employment occupies an important place in one's life. Work is the most important determinant of quality of life after personal relationships (Linley & Joseph, 2004). It significantly affects every other aspects of one's life. Gainful employment in psychology refers to the benefits derived from work that contributes to our well-being. The term 'gainful employment' was coined by Snyder, Lopez and Pedrotti (2011) to highlight the role of one's work in producing a healthy life. According to them, gainful employment includes the following nine components.

- **Happiness and satisfaction out of the work:** Work or employment has a central role in the well-being of the individual. It gives an identity to the individual. It offers meaning to the life of the individual. Getting ready in the morning to get to the work makes life more organized and structured. In fact, happiness from work is the main benefit of gainful employment as it is related to all other aspects. For instance, our job provides us the income to support ourselves and our family. It engages us in some work, and gives us a feeling of contributing and achieving something. Our work also connects us to other people and caters to the fulfillment of our social needs and support. It fulfills our need to belong and relate to others. Gainful employment has clinical implications as well (Perkins, Raines, Tschopp, & Warner, 2009). It reduces the stigma associated with people who have suffered from mental disorders. Thus, our work affects how others perceive us. It also acts as a buffer against stress, depression and anxiety. If we talk in terms of Maslow's hierarchy of needs, work contributes to the satisfaction of all the needs either directly or indirectly. Thus, our work is related to our physical well-being, psychological well-being as well as social well-being, and is instrumental for our happiness and satisfaction in life.
- **Positive engagement:** Work is fulfilling when the individual is involved in it in a very positive way. There is engagement with the work, spending time and energy willingly to do various things as part of one's work. Here, the employee is aware and have clear idea of the tasks and expected responsibilities at work. Thus, positive engagement refers to those circumstances in which employees "know what is expected of them, have what they need to do their work, have opportunities to feel something significant with coworkers whom they trust, and have chances to improve and develop" (Harter et.al., 2002, pg. 269). We will feel engaged to our work when we are able to perform and deliver in the workplace. This will require a matching between the work expectations and the skills and abilities of the employee. In such situation, the employee will feel motivated to get involved in the work and perform well. It also leads to satisfaction and happiness regarding one's work.

- **Income for family and self:** One of the main aspects of work is the income which plays an important role in meeting the needs and requirements in one's life. It also serves as a great incentive for employee performance. Though money is not everything, still it has a crucial role as it is required to meet the basic needs and maintain a decent lifestyle. The general conception is that the more one earns, the more one is happy in life. It follows from this that richer people are more happy. However, research has shown that more money does not necessarily lead to happiness. However, a decent income is required so that the employee is able to take care of self and the family.
- **Variety in work:** Life is monotonous without any variety in it. This holds true with regard to our work also. We become lethargic, and uninvolved if our work is repetitive, routine without any challenge and creativity. As it is said, variety is the spice of life. Our work also needs to include as much variety and stimulation as possible in their work activities (Hackman & Oldham, 1980). Employees will feel excited to go to the work every day if it offers opportunity to be involved in a variety of activities. It will enable to use their skills and thus enhance their self concept and positive engagement at work.
- **Performing well and meeting goals:** Employees need to have a sense of achievement in work to call it as a gainful employment. This sense of achieving at workplace will be generated when the employee is able to complete the work tasks and meet the goals as required. Importance of this can be observed in the spillover from work to home and family. If we feel happy at work because we are able to achieve the desired work related goals, this also affects positively our interaction at home with the family. Performance at work is related to a sense of effectiveness and leads to general satisfaction.
- **Safe work environment:** Perceived safety of the workplace was found to be one of the strongest predictors of employee satisfaction (Harter et. al., 2002). Employees need to have a safe and healthy physical environment so that they can focus more on work and be productive and happy.
- **Respect and appreciation for diversity at work:** Workplace may have employees from diverse backgrounds and abilities. This is more so in the present globalised work culture. One basic thing in a multi-cultural work environment is the need for respect and appreciation for each individual coming from a variety of backgrounds including their gender, abilities and disabilities, social, economic and cultural contexts. An inclusive work environment gives a sense of being valued and happiness among the employee. Further, it also leads to effective decision-making as it considers the workforce diversity.
- **Companionship and loyalty at work:** Work offers us an opportunity to form companions and friends. It leads to bonding together over shared work experiences and contexts, both in physical space as well as psychological aspects. The workplace offers a social world of its own that creates friendships, support systems and loyalty to the institution. All these fulfills the need for belongingness and creates a work identity for the employees.

- **A sense of purpose in doing the work:** If there is no purpose derived from doing one’s work, the employee will lack in positive engagement and happiness in one’s work. Purpose gives a sense of contribution to other people and to the society (Snyder, Lopez and Pedrotti, 2011). It provides meaning to one’s life in this world. Here, the employee is not concerned about the physical and material aspects of the work, but is focused on the commitment and passion towards the work.

Thus, gainful employment offers several benefits. Another major element in gainful employment includes a focus on the strengths of the employee.

12.5.1 The Strength-based Approach to Work

The general approach in the employment sector is to follow a “fix it” model. If an employee is lacking in something, then fix it, that is, train him in that aspect. Thus the focus is on improving on what is not there in the employee which the organization/company requires. However, why not focus on what is there in the employee, the strengths? A strengths-based approach to work will make use of the strengths or the resources available with the employee for the benefit of the company. It will require to assign the employee those tasks that make use of his strengths or design the job activities around his skills and talents. This will lead to gainful employment for the employee in terms of the nine aspects described earlier. Thus, finding out the strengths and building on those strengths are more important and helpful than addressing the weaknesses (Hodges & Clifton, 2004, pg. 256).

There are three stages in the strengths-based approach to gainful employment (Clifton & Harter, 2003):

- Identification of the assets or strengths in the employee.
- Integration of these strengths or talents into the employee’s self-image, so that s/he consciously becomes aware of these.
- Attribution of any success or achievement in job to these strengths of the employee, thus highlighting behavioural change in the employee where s/he focuses and owns the strengths or assets she or he has.

Check Your Progress III

- 1) Explain gainful employment.

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12.6 WORK LIFE BALANCE

In the changing work scenario of the 21st century, an emerging issue facing the population is the work life balance. The changing work culture, shift work, effect of globalisation, increased work time, dual income families, decreased social support, increase in nuclear families etc. have made it challenging for the working individuals to maintain a happy and healthy balance between their work on the one hand and personal and social life on the other hand.

The present generation is facing a hard time trying to maintain a balance between their personal life and professional life. This negatively affects the health and well-being of people. It leads to various life style related disorders such as high blood pressure, cardiac related problems, diabetes etc. and mental health problems also. Maintaining a work life balance will help us to prevent and manage these and enhance our well-being.

The concept of work life balance refers to striking a balance between work related activities and personal life related activities. Work here refers to paid work. When the person is engaged in work, there are certain work related demands which the person needs to do to effectively perform in the work. At the same time, the person also needs to give time to himself for his own enjoyment and leisure activities and also take out time for his family and friends. Splitting of time between the two becomes a challenging prospect for the person as he finds hard to allot equal time for both. There is always a spill over from work to family and also from family to the work. This creates tensions, stress and frustration and leads to negative health conditions.

Therefore, we need to take steps for maintaining a healthy work life balance. A few things need to be taken care of in this regard. Work life balance does not mean allocating equal time and energy to work and personal life. Rather, it is achieving a harmony between the two fields. As Hudson (2005) puts it, work life balance refers to a satisfactory level of involvement or 'fit' between the multiple roles in a person's life. Work life balance also involves prioritizing of different demands on oneself. Work life balance is about understanding your priorities, both at professional level in terms of work demands, targets, career goals, advancements, job performance etc. and at personal level in terms of family interaction, leisure time, pursuing hobbies, social life and so on. Thus, it depends on each individual to prioritise the things and achieve a balance between the roles in a way which ultimately leads to a sense of happiness and satisfaction in the individual. Thus, the right balance may differ from one individual to another.

Check Your Progress IV

- 1) What are the reasons for lack of work life balance in the today's society?

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12.7 EXERCISE AND NUTRITION

Good food and proper exercise go a long way in preventing diseases and disorders in people. Studies have time and again emphasised the benefits of having a proper nutrition and a regular proper regimen of exercise in contributing to our physical health and mental health. Godman (2018) presents the findings that regular exercise improves memory and thinking skills of the brain. Studies have also reported evidence of the effectiveness of regular physical activity in the primary and secondary prevention of several chronic diseases (e.g., cardiovascular disease, diabetes, cancer, hypertension, obesity, depression and osteoporosis) and premature death (Warburton, Nicol, & Bredin, 2006). In a

systematic review of fifteen longitudinal studies on the health benefits of physical activity, the researchers reported positive long-term influence of physical activity on non-communicable diseases such as coronary heart disease, type 2 diabetes mellitus, alzheimer’s disease, dementia, obesity and weight gain (Reiner, Niermann, Jekauc, & Woll, 2013).

Further, exercise has also been found to improve mental health, reduce anxiety, depression and improve the mood (Sharma, Madaan, & Petty, 2006; Callaghan, 2004; and Guskowska, 2004).

Relationship between food and our physical health has always been known. However, what we eat also affects how do we feel. Various studies have pointed out the effect of food on the mental health of people (O’Neil et. al., 2014). Research has also focused on the relationship between diet and mental health in children and adolescents (O’Neil, Quirk, Housden, Brennan, Williams, Pasco, et.al., 2014). The study of food affecting our mental health has been emerging as the field of ‘*Nutritional Psychiatry*’ which focuses on how what we eat affects not only our physical health but also our psychological well-being. Food plays an essential role in our health and we need to be aware of it so that we make an informed choice about what to eat and what not to eat.

Hence, one needs to make it a habit to engage in exercise and have good nutrition. We need to think these as prescriptive medicines which we need to take on a regular basis for our health and well-being.

Check Your Progress V

- 1) List three benefits of exercise.

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12.8 YOGA AND MEDITATION

Yoga and meditation are ancient practices that have been used in the Indian cultural practices since long. They have impact on both physical and mental health (Gangadhar & Porandla, 2015; Khalsa, 2013; Shroff & Asgarpour, 2017; Gururaja, Harano, Toyotake, & Kobayashi, 2011; Büssing, Michalsen, Khalsa, Telles, & Sherman, 2012). Yoga as practiced in the ancient Indian context had the objective of going beyond oneself, cultivating awareness and developing self-realization. Yoga is being used predominantly in the present times in three main ways: asanas or postures, breathing exercises, and meditation. Practice of these brings about better physical and mental health. The United Nations has declared 21st June every year as the International Yoga Day to create awareness and encourage people to practice yoga for their betterment and well-being.

The term meditation refers to a family of self regulation practices that focus on training attention and awareness in order to bring mental processes under greater voluntary control and thereby foster general mental well-being (Walsh & Shapiro, 2006, pg. 228). Mindfulness meditation is a practical tool to focus on oneself – one’s thoughts, feelings and actions. As Kabat-Zinn

(1990 pg. 26) points out, mindfulness is not a mystical or spiritual activity, rather it helps to see all life's problems more clearly through a clear mind). We usually go about our day-to-day life without giving much attention to our thoughts or feelings. In the process, we do not stay connected to the present moment. Either we live in the past, constantly comparing things with the past situation, or worried by future uncertainties and fears. For example, when you are performing on stage, you may start linking it to your past performance where you could not do it properly, or get stressed that the audience will point your mistakes and make fun of you.

Mindfulness thus involves paying attention to and be aware of the present moment or moment-to-moment experience without judging or evaluating it. Thus, it can be said to consist of the following seven attributes such as, Non-judging, Patience, Open mind, Trust, Non-striving, Acceptance, and Letting go (Kabat-Zinn, 1990). One needs to practice these seven essential qualities to develop mindfulness.

People do have mindfulness moments in their life, for example, when one is fully engrossed in a cricket match or writing a story. However, this needs to be practiced in all aspects of life, whether eating, walking, listening or studying or doing any work. Hence, mindfulness, as a personal quality, needs to be first cultivated gradually in the limited context of meditation, and then it begins to transfer to other aspects of life (Baumgardner & Crothers, 2015, pg. 290).

Check Your Progress VI

1. Mention the main attributes of mindfulness.

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12.9 LET US SUM UP

The present Unit focused on the prevention and intervention strategies for achieving health and well-being. Following a biopsychosocial approach to health, factors related to all these dimensions need to be taken into account as having an impact on our health. Thus, various ways and strategies were discussed including good nutrition, exercise, yoga and meditation. Positive psychological constructs such as optimism and hope were explained as being crucial in maintaining our well-being. A strengths –based approach was also highlighted in the context of work, focusing on the employee assets. This results in gainful employment which has significant influence on employee health and well-being. It is not only the factor of money but there are other factors also associated with gainful employment and having an impact on our well-being. In this context, maintaining a work life balance was also explained as impacting our health and well-being.

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12.11 KEY WORDS

- Strengths** : Strengths refer to the dispositional qualities present in the people that act like their assets in their achievement of things and promotion of health and well-being.
- Positive illusion** : It involves the illusion of self enhancement (viewing oneself in a very positive light or high

self worth), an unrealistic sense of personal control and an unfounded sense of optimism that the future will be very rosy and safe (Shelly Taylor, 1989).

- Hope** : It consists of two key aspects such as (a) the ability to plan pathways to desired goals despite obstacles, and (b) agency or motivation to use these pathways (Snyder, 2000).
- Gainful employment** : It refers to the role of one's work in producing a healthy life.
- Work life balance** : It refers to a satisfactory level of involvement or 'fit' between the multiple roles in a person's life (Hudson, 2005).
- Mindfulness** : Mindfulness involves paying attention to and be aware of the present moment or moment-to-moment experience without judging or evaluating it.

12.11 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress I

- 1) Define Mental Health.

The WHO defines mental health as “a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.

Check Your Progress II

- 1) Explain dispositional optimism.

Dispositional optimism is defined as a global expectation that the future will bring a bounty of good things and a scarcity of bad things (Scheier & Carver, 1992).

- 2) What is positive illusion?

Positive illusion involves the illusion of self enhancement (viewing oneself in a very positive light or high self worth), an unrealistic sense of personal control and an unfounded sense of optimism that the future will be very rosy and safe (Shelly Taylor, 1989).

- 3) Hope theory emphasises on the two elements of expectation and agency.

Check Your Progress III

- 1) Explain gainful employment.

Gainful employment in psychology refers to the benefits derived from work that contributes to our well-being. The term 'gainful employment' was coined by Snyder, Lopez and Pedrotti (2011) to highlight the role of one's work in producing a healthy life.

Check Your Progress IV

- 1) What are the reasons for lack of work life balance in the today's society?

The reasons for lack of work life balance in the today's society changing work culture, shift work, effect of globalisation, increased work time, dual income families, decreased social support, increase in nuclear families etc.

Check Your Progress V

- 1) List three benefits of exercise.

Exercise has been found to improve mental health, reduce anxiety and depression and improve the mood.

Check Your Progress VI

- 1) Mention the main attributes of mindfulness.

Mindfulness consist of seven attributes, namely, non-judging, patience, Open mind, Trust, Non-striving, Acceptance, and Letting go (Kabat-Zinn, 1990).

12.12 UNIT END QUESTIONS

- 1) Discuss the nine elements of gainful employment.
- 2) Explain the strengths based approach to work.
- 3) What is mindfulness and how it can help us in achieving health and well-being?
- 4) Discuss the role of optimism and hope in contributing to good health.

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