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RESEARCH - KNOWLEDGE - COMMUNITY WELL-BEING



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The International Journal of Psychological Community is a scholarly publication dedicated to promoting research, academic discussion, and knowledge exchange in psychology, mental health, community well-being, and related social sciences.

The journal aims to provide a platform for researchers, academicians, psychologists, social scientists, practitioners, and research scholars to communicate original research findings, theoretical perspectives, review studies, and evidence-informed practices.

The journal encourages interdisciplinary research addressing psychological processes, human behaviour, social relationships, community development, mental health awareness, and contemporary societal challenges.

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We invite the academic and research community to participate in this continuing effort to strengthen psychological knowledge and interdisciplinary social science research.

With best wishes,

Sathiyaprakash T. Ramdoss, Ph.D.

Editor-in-Chief

International Journal of Psychological Community

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Research Paper

THE RISE OF COLLECTIVE DIGITAL SURVEILLANCE: MORAL POLICING, PARASOCIAL ENTITLEMENT, AND PUBLIC FIGURE MENTAL HEALTH

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ABSTRACT

The expansion of social media has transformed audiences from passive observers into active digital crowds that monitor, judge, and regulate the lives of public figures. While traditional media portrayed celebrities and influencers as distant personalities, contemporary digital platforms have created a culture of perceived intimacy, accessibility, and continuous public surveillance. This conceptual paper examines collective digital surveillance as a social phenomenon shaped by moral policing and parasocial entitlement. Moral policing occurs when online communities position themselves as arbiters of acceptable behaviour, while parasocial entitlement reflects the belief that public figures owe audiences access, transparency, and emotional reciprocity. Together, these forces create a high-pressure environment in which celebrities, influencers, and other public personalities are continuously scrutinized. Drawing from parasocial interaction theory, Foucault's panopticism, Goffman's dramaturgical perspective, the online disinhibition effect, and moral panic theory, the paper explains how digitally networked audiences construct moral boundaries and impose them on public figures through comments and collective scrutiny. The analysis argues that this environment normalizes intrusion while increasing psychological pressure on those in public view. Public figures are pushed into continuous self-monitoring, emotional labour, and self-censorship, which can undermine well-being and mental health. The paper concludes by emphasizing the need for healthier digital norms, more responsible audience behaviour, and stronger ethical awareness around visibility, privacy, and accountability in online life.

Keywords: collective digital surveillance, moral policing, parasocial entitlement, public figure mental health, social media.

INTRODUCTION

The rapid expansion of social media has transformed not only communication patterns but also the psychological relationship between audiences and public figures. Platforms such as Instagram, X, YouTube, and Facebook have blurred the boundaries between public and private life, creating environments where audiences gain continuous access to celebrities, influencers, creators, activists, politicians, and other socially visible individuals. Social media has transformed visibility into a permanent condition rather than an occasional event. Public figures are now watched not only by fans and critics but also by vast online communities that interpret, evaluate, and circulate their every move. In this environment, audiences often take on a supervisory role, treating public life as something that must remain morally legible at all times. Such involvement often extends beyond admiration or fandom and manifests as moral policing, intrusive surveillance, relationship regulation, body commentary, identity criticism, public shaming, and coordinated digital aggression (Rojek, 2015). Public figures are frequently subjected to intense online scrutiny regarding their romantic relationships, appearance, political opinions, parenting styles, emotional reactions, social associations, and lifestyle choices.

Digital audiences increasingly engage in collective commentary and behavioural regulation under the justification of accountability, morality, social values, or fandom loyalty. While criticism and accountability are essential within democratic digital spaces, the growing normalization of invasive audience entitlement has raised serious concerns regarding cyberpsychology, digital ethics, and mental health. This phenomenon has become more visible in contemporary social media culture, where public figures are expected to satisfy audience expectations regarding morality, emotional expression, ideology, social behaviour, and personal identity. Audiences often perceive themselves as entitled to explanations, apologies, transparency, or behavioural conformity from public figures. Such expectations contribute to what may be conceptualized as parasocial entitlement, a psychologically driven perception of ownership and emotional authority over public figures arising from repeated mediated exposure and perceived intimacy.

Constant digital surveillance and online moral policing may contribute to emotional exhaustion, anxiety, depression, identity confusion, hypervigilance, burnout, and social withdrawal among public figures. The increasing prevalence of public emotional breakdowns, digital exits, social media detoxification, and discussions surrounding celebrity mental health highlights the seriousness of this issue (Aprill, 2024)

The present conceptual paper aims to examine the rise of collective digital surveillance and the psychological mechanisms underlying moral policing directed toward public figures. The paper seeks to develop a conceptual understanding of parasocial entitlement and its implications for mental health in contemporary digital culture.

LITERATURE REVIEW

(Aprill, 2024) examined how perceived moral violations committed by influencers affect parasocial relationships among followers. The study found that audiences often react emotionally when influencers behave in ways that contradict follower expectations or perceived values. Followers demonstrated disappointment, anger, withdrawal of support, and moral judgment when influencers violated social or ethical expectations. The research highlights how parasocial attachment may create a sense of emotional investment and entitlement, contributing to online moral policing and public scrutiny of influencers.

(Rojek, 2015) discussed how modern media culture creates "presumed intimacy" between audiences and celebrities. The book argues that contemporary media environments encourage audiences to feel emotionally connected and psychologically involved in the lives of public figures despite lacking real interpersonal relationships. Rojek explained that digital media intensifies

celebrity surveillance, audience entitlement, and emotional dependency. The work is significant in understanding how social media transforms fandom into participatory monitoring and behavioural regulation of public figures.

(Nikade, 2025) explored the psychological impact of online trolling and digital harassment on celebrities, particularly Nollywood actors and actresses. The study identified that repeated exposure to hate comments, trolling, public criticism, and cyber harassment negatively affects mental health by increasing stress, anxiety, emotional exhaustion, and psychological distress. The research emphasized that digital aggression and online moral policing contribute to emotional vulnerability among public figures and may affect self-esteem, social functioning, and emotional well-being.

(Mardon, 2023) examined how positive parasocial relationships with influencers can deteriorate into hostility and anti-fan behaviour. The study found that when followers perceive influencers as inauthentic, exploitative, or morally inconsistent, audiences engage in criticism, surveillance, and online backlash. The research highlighted that social media intensifies emotional attachment while also increasing audience entitlement and moral policing toward influencers.

CONCEPTUAL FRAMEWORK

This paper conceptualizes collective digital surveillance as the interaction of three social processes.

- First, Parasocial attachment creates emotional proximity, allowing audiences to feel entitled to personal knowledge and moral access.
- Second, Moral policing changes the concern into judgment, where followers act as disciplinarian of acceptable conduct and punish deviation through public criticism.
- Third, platform visibility amplifies these processes by rewarding emotionally charged, conflict-oriented content, which increases the reach of surveillance-like behaviour.

Within this framework, public figures become both visible subjects and managed selves. They are watched through a broad logic, and exposed to disinhibited audience reactions that intensify the emotional cost of being online. Therefore, this conceptual model positions mental health not as an isolated outcome but as the result of sustained exposure to digitally distributed scrutiny.

THEORETICAL INTEGRATION

1. PARASOCIAL INTERACTION THEORY- (HORTON, 1956)

Parasocial interaction theory explains why audiences often interpret mediated contact as a relationship. Once a public figure becomes familiar through repeated exposure, the audience may develop a sense of intimacy, loyalty, or ownership that exceeds ordinary fandom. In social media settings, this can produce entitlement: the assumption that support justifies access, explanation, and emotional disclosure. (V, 2024). That entitlement becomes a foundation for invasive commentary when the public figure fails to meet audience expectations.

2.PANOPTICISM- (FOUCAULT, 1977)-(ORIGINAL WORK PUBLISHED 1975)

Foucault's panopticon is very relevant in this context because it captures the internalization of surveillance. When public figures know they may be watched, clipped, misquoted, or judged at any moment, they begin to self-regulate in advance. The effect is not only external pressure but also internal discipline. Over time, this produces caution, emotional exhaustion, and strategic authenticity, where even personal expression is shaped by the anticipated gaze of the crowd.

3. DRAMATURGICAL THEORY- (GOFFMAN, 2023)- ORIGINALLY ESTABLISHED IN 1959

This framework shows how identity is performed through front-stage behavior and managed impressions. Social media complicates this because front stage and back stage are less distinct, and online exhibitions persist beyond the moment of performance. For public figures, this means that a private mistake, casual remark, or emotional moment can be frozen, shared, and reinterpreted as evidence of character. The self becomes a public artifact rather than a protected person.

4. ONLINE DISINHIBITION- (SULER, 2004)

The online disinhibition effect explains why digital crowds often become harsher than offline audiences. Dissociative anonymity and minimized authority make users feel less accountable, while asynchronicity encourages reactive posting without reflection. This matters because collective surveillance is rarely carried out by a single critic; it is often produced through many small acts of disinhibited judgment that accumulate into a hostile public environment.

5. MORAL PANIC- (COHEN, 2011)- ORIGINALLY ESTABLISHED IN 1972

Moral panic theory helps explain the speed and scale of online outrage. Viral content can frame a public figure as a threat to social norms, allowing audiences to rally around corrective condemnation. The resulting discourse is often less about understanding and more about symbolic punishment. In this sense, moral policing becomes a performative form of virtue, where public criticism signals the critic's own alignment with community standards.

MENTAL HEALTH IMPLICATIONS

Collective digital surveillance can create a sustained psychological burden for public figures. Constant visibility may lead to anxiety, hypervigilance, self-censorship, and burnout, especially when every statement is treated as morally significant. (Aprill, 2024). The pressure to remain coherent, likable, and emotionally accessible can make public identity feel brittle and exhausting.

The mental health impact is intensified when audiences demand transparency without offering empathy. Public figures may be expected to explain every absence, relationship, silence, or personal decision, even when those matters are private. Under these conditions, the digital self becomes a site of labour rather than expression. This can erode autonomy and make emotional recovery harder because the individual is never fully outside the audience's gaze.

A further concern is the normalization of harassment as accountability. When collective criticism becomes routine, public humiliation starts to feel socially acceptable. This creates a climate in which emotional distress is treated as the price of visibility rather than a genuine harm. The result is a culture that confuses concern with control and engagement with entitlement.

Ethical and Social Implications

This conceptual discussion suggests that public discourse needs clearer ethical boundaries. Not all critique is moral policing, and not all visibility implies consent to intimacy. Public figures do carry responsibility, but responsibility does not eliminate the right to privacy, dignity, or humane treatment. Digital audiences must therefore distinguish between legitimate criticism and invasive surveillance.

Platforms also shape these outcomes by privileging virality and outrage. If systems reward conflict, they indirectly encourage collective policing behaviour. (Brady, 2017). A more ethical digital environment would reduce these incentives, slow down amplification of inflammatory content, and make room for contextual, proportionate discussion. The issue is not whether public figures can be discussed, but whether discussion respects personhood.

CONCLUSION

Collective digital surveillance is a defining feature of contemporary social media culture. Through parasocial entitlement, moral policing, and platform-amplified visibility, audiences increasingly behave as if public figures are permanently answerable to them. Theories of parasocial interaction, panopticism, dramaturgical self-presentation, online disinhibition, and moral panic together clarify how this culture emerges and why it is emotionally costly.

The central argument of this paper is that digital visibility now carries a surveillance burden that can damage mental health and reshape identity. Recognizing that burden is essential for building healthier online norms. Public accountability remains important, but it must be separated from intrusion, humiliation, and the assumption of ownership over another person's life.

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Research Paper

RELATIONSHIP BETWEEN PROCRASTINATION, SELF-ESTEEM AND SELF-EFFICACY AMONG YOUNG ADULTS

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ABSTRACT

The present study aims to investigate the interrelationship between procrastination, self-esteem, and self-efficacy among young adults. Although numerous studies have investigated procrastination, only a limited number have explored its association with both self-esteem and self-efficacy. The sample for this study comprised 200 participants, aged 18 to 25 years, drawn from in and around Villupuram. Participants included both males and females. A convenience sampling technique was employed to select individuals most relevant to the research objectives. The tools used to assess procrastination, self-esteem, and self-efficacy were: Tuckman's Procrastination Scale (1991), Rosenberg Self-Esteem Scale (1965), and the General Self-Efficacy Scale (GSE), along with demographic details. Statistical analysis was carried out using IBM SPSS Version 23. Descriptive statistics provided an overview of the data, while inferential techniques such as the Mann–Whitney U test, Kruskal–Wallis test, and Spearman's Correlation Coefficient were applied for further statistical analysis. Results indicated a significant negative correlation between procrastination, self-esteem, and self-efficacy, whereas self-esteem and self-efficacy demonstrated a significant positive relationship. Demographic details such as gender showed a significant difference in self-esteem and self-efficacy, while social gatherings showed a significant difference in procrastination. For future consideration, intervention strategies and awareness programs are recommended to cultivate healthier time management skills and strengthen coping mechanisms among young adults.

Keywords: Procrastination, Self -Esteem, Self- Efficacy, Young Adults.

INTRODUCTION

Procrastination, a pervasive behavior characterized by the voluntary delay of intended tasks despite expecting negative consequences, is a significant challenge among college students, often impacting academic performance and psychological well-being (Steel, 2007). This behavior is common and can manifest in various forms, such as putting off work assignments until the last minute or avoiding important responsibilities altogether. While occasional procrastination might seem harmless, it often stems from factors like fear of failure, perfectionism, or emotional regulation issues, and it can become a habitual pattern that disrupts productivity and well-being. Experts view it as a self-defeating behavior that provides short-term relief (e.g., avoiding immediate discomfort) but incurs long-term costs, such as increased stress or missed opportunities. This phenomenon is particularly prevalent in the college environment, where students face demanding academic schedules, complex tasks, and increased autonomy. Understanding the psychological factors that contribute to procrastination, such as self-esteem and self-efficacy, is crucial for developing interventions to enhance student success.

Self-esteem, defined as an individual's overall evaluation of their worth (Rosenberg, 1965), and self-efficacy, the belief in one's ability to succeed in specific tasks Bandura (1977), are critical psychological constructs that may influence procrastination tendencies. In the academic domain, students with high self-esteem are often more confident in their abilities, resilient in the face of challenges, and motivated to engage in tasks proactively. Conversely low self-esteem may contribute to avoidance behaviors such as procrastination, as students may doubt their capacity to perform well or fear failure. Self-efficacy, as conceptualized by Bandura (1977), is "the belief in one's capabilities to organize and execute the courses of action required to produce given attainments." It is task-specific and directly influences how individuals set goals, exert effort, and cope with challenges. In the academic setting, high self-efficacy is linked to proactive learning behaviors, while low self-efficacy often correlates with avoidance, reduced effort, and greater susceptibility to procrastination.

Procrastination can significantly erode self-esteem among young adults, who are often navigating high-pressure environments like college, early career stages, or personal development milestones. Studies on undergraduate students, for instance, have shown a clear negative correlation between procrastination and self-esteem, where chronic procrastinators report lower self-esteem due to the cycle of avoidance leading to self-criticism and emotional distress. Similarly, procrastination adversely affects self-efficacy-the belief in one's ability to execute tasks and achieve goals-in young adults. Research indicates a strong negative relationship, where higher procrastination levels correlate with reduced self-efficacy, as young adults begin to doubt their capacity for self-regulation and timely accomplishment. For example, in academic settings, procrastinators often perceive study tasks as more aversive or difficult, leading to attrition intentions and further erosion of belief in their capabilities. Numerous studies have demonstrated that higher levels of procrastination are negatively associated with both self-esteem and self-efficacy. More recent findings suggest that procrastination undermines self-esteem through heightened self-criticism and feelings of guilt, while it weakens self-efficacy by diminishing confidence in self-regulation, particularly within academic settings.

RESEARCH QUESTIONS

1. Do variations in demographic factors contribute to differences in procrastination, self-esteem, and self-efficacy among young adults?

2. Does any correlation exist between procrastination, self-esteem, and self-efficacy among young adults?

OBJECTIVES

- To address differences in procrastination, self

– esteem and self – efficacy with respect to various demographic factors such as gender, social gatherings.

- To investigate the relationship between procrastination, self – esteem and self – efficacy.

This study aims to understand the interrelationship between procrastination, self-esteem and self – efficacy among young adults. Despite extensive research on procrastination, fewer studies have explored its combined relationship with self-esteem and self-efficacy (Brando – Garrido, C., 2023; Turki, M., 2023; Jehansher, Z., 2025; Arias-Chávez, D., 2020; Zhang, Y., 2018, Tan, J., 2015; Hajloo, N., 2014). Since these two psychological constructs are crucial in shaping motivation, confidence, and achievement, it becomes necessary to study them alongside procrastination to better understand the underlying dynamics. The findings may contribute to the development of targeted interventions, awareness programs, and educational or professional strategies that foster self – regulation, enhance self-belief, and reduce procrastination, ultimately supporting young adult's success and psychological well-being.

METHOD

The present study included a total of 200 young adults, comprising students, working individuals, and unemployed individuals in and around Villupuram District. The sample encompassed both male and female participants within the age range of 18 to 25 years. A convenient sampling technique was employed to select individuals most relevant to the study's objectives. Data were collected using a structured questionnaire consisting of four key sections: demographic information, Tuckman's Procrastination Scale (TPS), Rosenberg Self-Esteem Scale (RSES), and the General Self-Efficacy Scale (GSE). Prior to administration, the purpose of the study was explained to each participant, informed consent was obtained, and rapport was established. Ethical considerations were strictly followed, including maintaining the confidentiality of participant information, ensuring anonymity of responses, and respecting participants' convenience throughout the study. After data collection, responses were scored according to the standard procedures prescribed for each scale.

TOOL DESCRIPTION

The description of the scales used to measure Procrastination, Self-esteem and Self-efficacy is given below; The original Tuckman Procrastination Scale (TPS) was developed by Bruce W. Tuckman (1991) to assess the general tendency of individuals to procrastinate, particularly in academic and everyday tasks. The most widely used version is the 16-item scale, a shortened form of the original 72- and 35-item versions and has been widely used due to its conciseness and reliability. All items are scored in the same direction, with higher scores indicating greater levels of procrastination. The TPS is unidimensional, measuring a single construct of procrastination. The TPS has consistently shown high reliability, with Cronbach's alpha values reported around .86 for the 16-item version, indicating strong internal consistency.

The original Rosenberg Self-Esteem Scale (RSES) was developed by Morris Rosenberg (1965). The scale was designed as a 10-item Likert-type self-report measure to assess global self-esteem, reflecting an individual's overall evaluation of their self-worth. Responses are rated on a four-point scale ranging from 1 = "Strongly Disagree" to 4 = "Strongly Agree." The scale consists of 10 items, of which five are positively worded and five are negatively worded; the negatively worded items are reverse-scored. A low score indicates low self-esteem, whereas a high score indicates high self-esteem. The Rosenberg Self-Esteem Scale (RSES) has demonstrated adequate internal reliability, with Cronbach's alpha values typically ranging from 0.77 to 0.88, and its test-retest correlation has been found to be satisfactory over time.

The General Self-Efficacy Scale (GSES) was developed by Ralf Schwarzer and Matthias Jeru-

salem (1995). The scale was designed as a 10-item Likert-type self-report measure to assess an individual's belief in their ability to cope with a variety of challenging situations and to successfully perform tasks. Responses are rated on a four-point scale ranging from 1 = "Not at all true" to 4 = "Exactly true." All items are scored in the same direction, with higher scores indicating higher levels of general self-efficacy, and the scale does not include reverse-scored items. The GSES has shown good internal consistency, with Cronbach's alpha values ranging from 0.76 to 0.90, and demonstrates satisfactory test-retest reliability over time.

RESULT AND DISCUSSION

The obtained data were analyzed using the statistical software IBM SPSS version 23 and the inferential statistics was run based on the normal distribution of the data collected. In order to determine whether the data had a normal distribution or not, Shapiro-Wilk Test & Kolmogorov-Smirnov test was employed, based on the results the inferential statistics like Mann-Whitney, Kruskal Wallis, Spearman Correlation Coefficient and descriptive statistics were used and analyzed clearly. The significant value was kept at 0.05 level of significant ($p \leq 0.05$). The results are as follows;

Table 1: *Examine the result of Mann – Whitney U test for Self – Esteem based on Gender.*

Variable	Sub Variable	N	Mean Rank	Z Value	U Statistic	p value
Self – Esteem	Female	100	113.32	3.141	3718.000	0.002
	Male	100	87.69			

Note: $p < 0.05$ (Significant)

The table presents the result of Mann – Whitney U test for Self – Esteem based on gender. The analysis revealed that there is a significant difference in the respondent's level of procrastination based on gender, as shown in Table 1. According to the findings, the mean rank of females was (113.32), while the mean rank for males was (87.69). This difference indicates that females tend to have higher level of self – esteem compared to males. The corresponding test result was $U (200) = 3718.000$, $Z = 3.141$, and $p < 0.05$. This result indicates that "There is a significant difference in self – esteem among young adults based on gender". Therefore, the alternative hypothesis is accepted.

Table 2: *Examine the result of Mann – Whitney U test for Self – Efficacy based on Gender.*

Variable	Sub Variable	N	Mean Rank	Z Value	U Statistic	p value
Self – Efficacy	Female	100	108.56	1.971	4194.500	0.049
	Male	100	92.45			

Note: $p < 0.05$ (Significant)

The table presents the result of Mann – Whitney U test for Self – Efficacy based on gender. The analysis revealed a significant difference in the respondent's self – efficacy based on gender, as shown in Table 2. According to the findings, the mean rank of females was (108.56), while the mean rank for males was (92.45). This difference indicates that males had lower level of self – efficacy compared to females. The corresponding test result was $U (200) = 4194.500$, $Z = 1.971$, and $p < 0.05$. This result indicates that "There is a significant difference in self – efficacy among young adults based on gender". Therefore, the alternative hypothesis is accepted.

Table 3: *Examine the result of Kruskal Wallis test for Procrastination based on Social Gatherings.*

Variable	Sub Variable	N	Mean Rank	χ^2	df	p value
Procrastination	Frequently	30	85.88	8.544	3	0.036
	Never	25	78.28			
	Often	39	99.87			
	Rarely	106	110.11			

Note: $p < 0.05$ (Significant)

The table presents the result of Kruskal Walli's test for Procrastination based on social gathering. The analysis revealed a significant difference in the respondent's level of procrastination based on frequency of social gatherings as shown in Table 3. According to the findings, the mean rank of respondent who frequently engaged in social gatherings was (85.88), mean rank of respondent who never engaged in social gatherings was (78.28), mean rank of respondent who often engaged in social gatherings was (99.87), and mean rank of respondent who rarely engaged in social gatherings was (110.11). This difference implies that individuals who engaged in rarely in social gatherings had higher procrastination tendencies compared to others. The corresponding test result was χ^2 (3) = 8.544, and $p < 0.05$. This result indicates that "There is a significant difference in procrastination among young adults based on social gathering". Therefore, the alternative hypothesis is accepted.

Table 4: *Examine the result of Spearman's rho Correlation Coefficient between Procrastination, Self – Esteem and Self – Efficacy among young adults.*

Variables	Procrastination	Self – Esteem	Self - Efficacy
Procrastination	-	- 0.216**	- 0.315**
Self – Esteem	- 0.216**	-	0.374**
Self - Efficacy	- 0.315**	0.374**	-

Note: **Correlation is significant at 0.01 (Sig.2 tailed)

Spearman's correlation was employed to examine the interrelation between the independent and dependent variables. Table 4 shows that a significant negative association was found between procrastination and both self-esteem and self-efficacy. Specifically, the results indicate a significant negative correlation between procrastination and self-esteem *($r = – 0.216$**, $p < 0.01$),* as well as between procrastination and self-efficacy *($r = – 0.315$**, $p < 0.01$)*. This suggests that individuals who procrastinate frequently are more likely to report lower levels of self-esteem and self-efficacy. Furthermore, the findings reveal a significant positive correlation between self-esteem and self-efficacy ($r = 0.374$**, $p < 0.01$). This indicates that individuals with higher self-esteem tend to exhibit higher self-efficacy, and vice versa.

A negative coefficient of correlation implies that as one variable increases, the other decreases. Accordingly, individuals who engage more in procrastination are likely to experience lower self-esteem and self-efficacy respectively. Conversely, a positive coefficient of correlation indicates that as one variable increases, the other also increases, means that individuals with high self-esteem are likely

to have high self-efficacy. These results emphasize the interrelationships among procrastination, self-esteem, and self-efficacy, and they are consistent with previous research findings (Brando – Garrido, C., 2023; Turki, M., 2023; Jehansher, Z., 2025; Arias-Chávez, D., 2020; Zhang, Y., 2018, Tan, J., 2015; Hajloo, N., 2014). Therefore, the stated hypothesis. "There will be a significant relationship between procrastination, self-esteem, and self-efficacy among young adults" is accepted.

CONCLUSION

The results indicate that the Spearman's correlation coefficient analysis concluded that procrastination has a significant negative relationship with self-esteem ($r = -0.216^{**}$) as well as with self-efficacy ($r = -0.315^{**}$) among young adults. Furthermore, the findings reveal a significant positive correlation between self-esteem and self-efficacy ($r = 0.374^{**}$, $p < 0.01$). The current study used the Mann-Whitney U test and Kruskal-Wallis test to find the differences in procrastination, self-esteem, and self-efficacy based on demographic factors. Gender was found to has a significant difference in self-esteem and self-efficacy among young adults based on the findings; however, social gatherings was found to have a significant difference only in procrastination. Such a conclusion is consistent with previous studies (Brando – Garrido, C., 2023; Turki, M., 2023; Jehansher, Z., 2025; Arias-Chávez, D., 2020; Zhang, Y., 2018; Tan, J., 2015; Hajloo, N., 2014). These findings further reinforce the view that procrastination is significantly associated with lower self-esteem and self-efficacy, while self-esteem and self-efficacy are positively interrelated. Therefore, the present research findings support the assumption that procrastination has significant association with self-esteem and self-efficacy, highlighting the need for targeted interventions to reduce procrastination and enhance psychological well-being among young adults.

Limitations And Future Research Direction:

Though the present study provides meaningful insights into the relationship among procrastination, self-esteem, and self-efficacy, certain limitations must be acknowledged. The sample size was limited to 200 young adults drawn from in and around Villupuram District, which restricts the generalizability of the findings to other regions and populations. Additionally, the study focused exclusively on the 18–25 age group, thereby excluding other developmental stages in which procrastination and self-related constructs may manifest differently. The use of self-report measures may have been influenced by response bias or participants' reluctance to provide completely honest responses. The adoption of a convenience sampling technique further limits representativeness and may not adequately capture population diversity. Moreover, the statistical analyses were confined to non-parametric tests and correlation methods, restricting deeper causal interpretations. The study also considered only a limited set of demographic variables, overlooking other important influencing factors such as family environment, academic stress, personality traits, and coping styles. Cultural and contextual factors specific to Villupuram District may also limit the applicability of the findings to other settings.

Despite these limitations, the study contributes valuable insights into the interplay between procrastination, self-esteem, and self-efficacy among young adults and holds important implications for practice. The findings highlight the psychological consequences of procrastination and underscore the need for awareness and intervention programs aimed at enhancing self-esteem and self-efficacy. Counsellors, educators, and mental health professionals can incorporate cognitive-behavioral strategies, time-management training, and self-regulation techniques in academic and therapeutic contexts, while educational institutions may establish workshops, peer mentoring systems, and counselling services to promote self-confidence and goal setting. Educators and

policymakers can utilize these findings to design structured academic environments to address procrastination as a significant academic and mental health concern. Future research is encouraged to include larger and more diverse samples across different age groups, regions, and cultural contexts, explore mediating and moderating variables such as motivation, perfectionism, academic stress, and digital distractions, and employ longitudinal and intervention-based designs to better understand causal relationships and long-term outcomes related to procrastination, self-esteem, and self-efficacy.

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Research Paper

THE STUDY ON ACADEMIC BURNOUT AMONG UNDERGRADUATE STUDENTS

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ABSTRACT

Academic burnout has become a pressing concern in higher education, affecting students' well-being and academic performance. This study examined burnout among 50 undergraduate students aged 17–21 years in Chennai, India, using the Academic Burnout Questionnaire (ABQ) developed by Bresó, Salanova, and Schaufeli (2007). Data were collected via Google Forms and analyzed using independent sample t-tests, one-way ANOVA, and Pearson correlation. Results revealed that burnout was moderate across the sample, with no statistically significant differences across gender, locality, stream of study, or year of study. Correlation analysis further confirmed that demographic variables did not influence burnout levels. These findings suggest that burnout is a universal phenomenon among undergraduates, underscoring the need for institutional-level interventions such as counseling, wellness programs, and resilience-building strategies to support student well-being.

Keywords: Academic burnout; Emotional exhaustion; Academic efficacy; Student well-being

INTRODUCTION

Procrastination, a pervasive behavior characterized by the voluntary delay of intended tasks despite expecting negative consequences, is a significant challenge among college students, often impacting academic performance and psychological well-being (Steel, 2007). This behavior is common and can manifest in various forms, such as putting off work assignments until the last minute or avoiding important responsibilities altogether. While occasional procrastination might seem harmless, it often stems from factors like fear of failure, perfectionism, or emotional regulation issues, and it can become a habitual pattern that disrupts productivity and well-being. Experts view it as a self-defeating behavior that provides short-term relief (e.g., avoiding immediate discomfort) but incurs long-term costs, such as increased stress or missed opportunities. This phenomenon is particularly prevalent in the college environment, where students face demanding academic schedules, complex tasks, and increased autonomy. Understanding the psychological factors that contribute to procrastination, such as self-esteem and self-efficacy, is crucial for developing interventions to enhance student success.

Self-esteem, defined as an individual's overall evaluation of their worth (Rosenberg, 1965), and self-efficacy, the belief in one's ability to succeed in specific tasks Bandura (1977), are critical psychological constructs that may influence procrastination tendencies. In the academic domain, students with high self-esteem are often more confident in their abilities, resilient in the face of challenges, and motivated to engage in tasks proactively. Conversely low self-esteem may contribute to avoidance behaviors such as procrastination, as students may doubt their capacity to perform well or fear failure. Self-efficacy, as conceptualized by Bandura (1977), is "the belief in one's capabilities to organize and execute the courses of action required to produce given attainments." It is task-specific and directly influences how individuals set goals, exert effort, and cope with challenges. In the academic setting, high self-efficacy is linked to proactive learning behaviors, while low self-efficacy often correlates with avoidance, reduced effort, and greater susceptibility to procrastination.

Procrastination can significantly erode self-esteem among young adults, who are often navigating high-pressure environments like college, early career stages, or personal development milestones. Studies on undergraduate students, for instance, have shown a clear negative correlation between procrastination and self-esteem, where chronic procrastinators report lower self-esteem due to the cycle of avoidance leading to self-criticism and emotional distress. Similarly, procrastination adversely affects self-efficacy-the belief in one's ability to execute tasks and achieve goals-in young adults. Research indicates a strong negative relationship, where higher procrastination levels correlate with reduced self-efficacy, as young adults begin to doubt their capacity for self-regulation and timely accomplishment. For example, in academic settings, procrastinators often perceive study tasks as more aversive or difficult, leading to attrition intentions and further erosion of belief in their capabilities. Numerous studies have demonstrated that higher levels of procrastination are negatively associated with both self-esteem and self-efficacy. More recent findings suggest that procrastination undermines self-esteem through heightened self-criticism and feelings of guilt, while it weakens self-efficacy by diminishing confidence in self-regulation, particularly within academic settings.

RESEARCH QUESTIONS

1. Do variations in demographic factors contribute to differences in procrastination, self-esteem, and self-efficacy among young adults?

2. Does any correlation exist between procrastination, self-esteem, and self-efficacy among young adults?

OBJECTIVES

- To address differences in procrastination, self

– esteem and self – efficacy with respect to various demographic factors such as gender, social gatherings.

- To investigate the relationship between procrastination, self – esteem and self – efficacy.

This study aims to understand the interrelationship between procrastination, self-esteem and self – efficacy among young adults. Despite extensive research on procrastination, fewer studies have explored its combined relationship with self-esteem and self-efficacy (Brando – Garrido, C., 2023; Turki, M., 2023; Jehansher, Z., 2025; Arias-Chávez, D., 2020; Zhang, Y., 2018, Tan, J., 2015; Hajloo, N., 2014). Since these two psychological constructs are crucial in shaping motivation, confidence, and achievement, it becomes necessary to study them alongside procrastination to better understand the underlying dynamics. The findings may contribute to the development of targeted interventions, awareness programs, and educational or professional strategies that foster self – regulation, enhance self-belief, and reduce procrastination, ultimately supporting young adult's success and psychological well-being.

METHOD

The present study included a total of 200 young adults, comprising students, working individuals, and unemployed individuals in and around Villupuram District. The sample encompassed both male and female participants within the age range of 18 to 25 years. A convenient sampling technique was employed to select individuals most relevant to the study's objectives. Data were collected using a structured questionnaire consisting of four key sections: demographic information, Tuckman's Procrastination Scale (TPS), Rosenberg Self-Esteem Scale (RSES), and the General Self-Efficacy Scale (GSE). Prior to administration, the purpose of the study was explained to each participant, informed consent was obtained, and rapport was established. Ethical considerations were strictly followed, including maintaining the confidentiality of participant information, ensuring anonymity of responses, and respecting participants' convenience throughout the study. After data collection, responses were scored according to the standard procedures prescribed for each scale.

TOOL DESCRIPTION

The description of the scales used to measure Procrastination, Self-esteem and Self-efficacy is given below; The original Tuckman Procrastination Scale (TPS) was developed by Bruce W. Tuckman (1991) to assess the general tendency of individuals to procrastinate, particularly in academic and everyday tasks. The most widely used version is the 16-item scale, a shortened form of the original 72- and 35-item versions and has been widely used due to its conciseness and reliability. All items are scored in the same direction, with higher scores indicating greater levels of procrastination. The TPS is unidimensional, measuring a single construct of procrastination. The TPS has consistently shown high reliability, with Cronbach's alpha values reported around .86 for the 16-item version, indicating strong internal consistency.

The original Rosenberg Self-Esteem Scale (RSES) was developed by Morris Rosenberg (1965). The scale was designed as a 10-item Likert-type self-report measure to assess global self-esteem, reflecting an individual's overall evaluation of their self-worth. Responses are rated on a four-point scale ranging from 1 = "Strongly Disagree" to 4 = "Strongly Agree." The scale consists of 10 items, of which five are positively worded and five are negatively worded; the negatively worded items are reverse-scored. A low score indicates low self-esteem, whereas a high score indicates high self-esteem. The Rosenberg Self-Esteem Scale (RSES) has demonstrated adequate internal reliability, with Cronbach's alpha values typically ranging from 0.77 to 0.88, and its test-retest correlation has been found to be satisfactory over time.

The General Self-Efficacy Scale (GSES) was developed by Ralf Schwarzer and Matthias Jeru-

salem (1995). The scale was designed as a 10-item Likert-type self-report measure to assess an individual's belief in their ability to cope with a variety of challenging situations and to successfully perform tasks. Responses are rated on a four-point scale ranging from 1 = "Not at all true" to 4 = "Exactly true." All items are scored in the same direction, with higher scores indicating higher levels of general self-efficacy, and the scale does not include reverse-scored items. The GSES has shown good internal consistency, with Cronbach's alpha values ranging from 0.76 to 0.90, and demonstrates satisfactory test-retest reliability over time.

RESULT AND DISCUSSION

The obtained data were analyzed using the statistical software IBM SPSS version 23 and the inferential statistics was run based on the normal distribution of the data collected. In order to determine whether the data had a normal distribution or not, Shapiro-Wilk Test & Kolmogorov-Smirnov test was employed, based on the results the inferential statistics like Mann-Whitney, Kruskal Wallis, Spearman Correlation Coefficient and descriptive statistics were used and analyzed clearly. The significant value was kept at 0.05 level of significant ($p \leq 0.05$). The results are as follows;

Table 1: *Examine the result of Mann – Whitney U test for Self – Esteem based on Gender.*

Variable	Sub Variable	N	Mean Rank	Z Value	U Statistic	p value
Self – Esteem	Female	100	113.32	3.141	3718.000	0.002
	Male	100	87.69			

Note: $p < 0.05$ (Significant)

The table presents the result of Mann – Whitney U test for Self – Esteem based on gender. The analysis revealed that there is a significant difference in the respondent's level of procrastination based on gender, as shown in Table 1. According to the findings, the mean rank of females was (113.32), while the mean rank for males was (87.69). This difference indicates that females tend to have higher level of self – esteem compared to males. The corresponding test result was $U (200) = 3718.000$, $Z = 3.141$, and $p < 0.05$. This result indicates that "There is a significant difference in self – esteem among young adults based on gender". Therefore, the alternative hypothesis is accepted.

Table 2: *Examine the result of Mann – Whitney U test for Self – Efficacy based on Gender.*

Variable	Sub Variable	N	Mean Rank	Z Value	U Statistic	p value
Self – Efficacy	Female	100	108.56	1.971	4194.500	0.049
	Male	100	92.45			

Note: $p < 0.05$ (Significant)

The table presents the result of Mann – Whitney U test for Self – Efficacy based on gender. The analysis revealed a significant difference in the respondent's self – efficacy based on gender, as shown in Table 2. According to the findings, the mean rank of females was (108.56), while the mean rank for males was (92.45). This difference indicates that males had lower level of self – efficacy compared to females. The corresponding test result was $U (200) = 4194.500$, $Z = 1.971$, and $p < 0.05$. This result indicates that "There is a significant difference in self – efficacy among young adults based on gender". Therefore, the alternative hypothesis is accepted.

Table 3: *Examine the result of Kruskal Wallis test for Procrastination based on Social Gatherings.*

Variable	Sub Variable	N	Mean Rank	χ^2	df	p value
Procrastination	Frequently	30	85.88	8.544	3	0.036
	Never	25	78.28			
	Often	39	99.87			
	Rarely	106	110.11			

Note: $p < 0.05$ (Significant)

The table presents the result of Kruskal Walli's test for Procrastination based on social gathering. The analysis revealed a significant difference in the respondent's level of procrastination based on frequency of social gatherings as shown in Table 3. According to the findings, the mean rank of respondent who frequently engaged in social gatherings was (85.88), mean rank of respondent who never engaged in social gatherings was (78.28), mean rank of respondent who often engaged in social gatherings was (99.87), and mean rank of respondent who rarely engaged in social gatherings was (110.11). This difference implies that individuals who engaged in rarely in social gatherings had higher procrastination tendencies compared to others. The corresponding test result was χ^2 (3) = 8.544, and $p < 0.05$. This result indicates that "There is a significant difference in procrastination among young adults based on social gathering". Therefore, the alternative hypothesis is accepted.

Table 4: *Examine the result of Spearman's rho Correlation Coefficient between Procrastination, Self – Esteem and Self – Efficacy among young adults.*

Variables	Procrastination	Self – Esteem	Self - Efficacy
Procrastination	-	- 0.216**	- 0.315**
Self – Esteem	- 0.216**	-	0.374**
Self - Efficacy	- 0.315**	0.374**	-

Note: **Correlation is significant at 0.01 (Sig.2 tailed)

Spearman's correlation was employed to examine the interrelation between the independent and dependent variables. Table 4 shows that a significant negative association was found between procrastination and both self-esteem and self-efficacy. Specifically, the results indicate a significant negative correlation between procrastination and self-esteem *($r = – 0.216$**, $p < 0.01$),* as well as between procrastination and self-efficacy *($r = – 0.315$**, $p < 0.01$)*. This suggests that individuals who procrastinate frequently are more likely to report lower levels of self-esteem and self-efficacy. Furthermore, the findings reveal a significant positive correlation between self-esteem and self-efficacy ($r = 0.374$**, $p < 0.01$). This indicates that individuals with higher self-esteem tend to exhibit higher self-efficacy, and vice versa.

A negative coefficient of correlation implies that as one variable increases, the other decreases. Accordingly, individuals who engage more in procrastination are likely to experience lower self-esteem and self-efficacy respectively. Conversely, a positive coefficient of correlation indicates that as one variable increases, the other also increases, means that individuals with high self-esteem are likely

to have high self-efficacy. These results emphasize the interrelationships among procrastination, self-esteem, and self-efficacy, and they are consistent with previous research findings (Brando – Garrido, C., 2023; Turki, M., 2023; Jehansher, Z., 2025; Arias-Chávez, D., 2020; Zhang, Y., 2018, Tan, J., 2015; Hajloo, N., 2014). Therefore, the stated hypothesis. "There will be a significant relationship between procrastination, self-esteem, and self-efficacy among young adults" is accepted.

CONCLUSION

The results indicate that the Spearman's correlation coefficient analysis concluded that procrastination has a significant negative relationship with self-esteem ($r = -0.216^{**}$) as well as with self-efficacy ($r = -0.315^{**}$) among young adults. Furthermore, the findings reveal a significant positive correlation between self-esteem and self-efficacy ($r = 0.374^{**}$, $p < 0.01$). The current study used the Mann-Whitney U test and Kruskal-Wallis test to find the differences in procrastination, self-esteem, and self-efficacy based on demographic factors. Gender was found to has a significant difference in self-esteem and self-efficacy among young adults based on the findings; however, social gatherings was found to have a significant difference only in procrastination. Such a conclusion is consistent with previous studies (Brando – Garrido, C., 2023; Turki, M., 2023; Jehansher, Z., 2025; Arias-Chávez, D., 2020; Zhang, Y., 2018; Tan, J., 2015; Hajloo, N., 2014). These findings further reinforce the view that procrastination is significantly associated with lower self-esteem and self-efficacy, while self-esteem and self-efficacy are positively interrelated. Therefore, the present research findings support the assumption that procrastination has significant association with self-esteem and self-efficacy, highlighting the need for targeted interventions to reduce procrastination and enhance psychological well-being among young adults.

LIMITATIONS AND FUTURE RESEARCH DIRECTION

Though the present study provides meaningful insights into the relationship among procrastination, self-esteem, and self-efficacy, certain limitations must be acknowledged. The sample size was limited to 200 young adults drawn from in and around Villupuram District, which restricts the generalizability of the findings to other regions and populations. Additionally, the study focused exclusively on the 18–25 age group, thereby excluding other developmental stages in which procrastination and self-related constructs may manifest differently. The use of self-report measures may have been influenced by response bias or participants' reluctance to provide completely honest responses. The adoption of a convenience sampling technique further limits representativeness and may not adequately capture population diversity. Moreover, the statistical analyses were confined to non-parametric tests and correlation methods, restricting deeper causal interpretations. The study also considered only a limited set of demographic variables, overlooking other important influencing factors such as family environment, academic stress, personality traits, and coping styles. Cultural and contextual factors specific to Villupuram District may also limit the applicability of the findings to other settings.

Despite these limitations, the study contributes valuable insights into the interplay between procrastination, self-esteem, and self-efficacy among young adults and holds important implications for practice. The findings highlight the psychological consequences of procrastination and underscore the need for awareness and intervention programs aimed at enhancing self-esteem and self-efficacy. Counsellors, educators, and mental health professionals can incorporate cognitive-behavioral strategies, time-management training, and self-regulation techniques in academic and therapeutic contexts, while educational institutions may establish workshops, peer mentoring systems, and counselling services to promote

self-confidence and goal setting. Educators and policymakers can utilize these findings to design structured academic environments to address procrastination as a significant academic and mental health concern. Future research is encouraged to include larger and more diverse samples across different age groups, regions, and cultural contexts, explore mediating and moderating variables such as motivation, perfectionism, academic stress, and digital distractions, and employ longitudinal and intervention-based designs to better understand causal relationships and long-term outcomes related to procrastination, self-esteem, and self-efficacy.

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Research Paper

RELATIONSHIP BETWEEN COGNITIVE STYLE AND LEADERSHIP PREFERENCE AMONG COLLEGE STUDENTS IN SELECTED INSTITUTIONS OF COIMBATORE

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ABSTRACT

Educational institution is the basic platform where the students gain knowledge and develop their skills. The inculcated knowledge would influence the thinking style in students. The thinking style plays crucial role in different kind of decision-making process. This study aimed at examining the relationship among cognitive style and leadership preference among college students in an educational institution located in Coimbatore district. A sample of 103 participants was recruited using a purposive sampling technique. The Cognitive Style Inventory (Dr. Praveen Kumar Jha, 2018) and Leadership Preference Scale (L. I. Bhusan, 2011) administered as a data collection tool. The collected data was subjected to statistical analysis like descriptive and inferential statistics to test the hypothesis. The results revealed no significant gender differences in cognitive style or leadership preference. However, a significant relationship was observed between cognitive style and leadership preference. Finally, it is concluded that cognitive style plays important role in leadership preference among college students.

Keywords: *cognitive style, systematic style, intuitive style, leadership preference, college students, educational institutions.*

INTRODUCTION

Cognitive style signifies the habitual and distinctive manner in which a person perceives, processes, organizes, and understands information during thinking, learning, and problem-solving activities. It signifies an individual's favored method for managing cognitive tasks, as opposed to the degree of intelligence or capability that they have. People vary in their cognitive styles, including being more analytical or intuitive, reflective or impulsive, and visual or verbal in their thought processes. These styles affect how individuals comprehend information, make choices, engage with their surroundings, and react to various circumstances. Cognitive style tends to remain consistent over time, yet it can be influenced by elements like education, experience, and cultural context. It has a significant impact on domains such as learning, communication, and problem-solving, influencing how well an individual can adjust to different cognitive challenges.

Woolfolk (1998) proposed that cognitive style pertains to the manner in which an individual perceives and structures information, data from the external environment. Cognitive style serves as the foundational concept for processing information irrespective of the context in which it is utilized (Furnham, 1995).

TYPES OF COGNITIVE STYLES

Intuitive Style: An intuitive cognitive style describes a thinking approach that is quick, instinctive, and relies on emotions, gut feelings, or past experiences. People with this approach usually depend on "intuition" instead of thorough examination. They frequently take swift actions, grasp the big picture effortlessly, and feel at ease managing uncertainty. This approach is often linked to creativity and comprehensive thinking, yet it can occasionally result in mistakes if choices are made without adequate assessment.

Systematic Style: A systematic cognitive style includes methodical, careful, and rational thought processes. People with this approach meticulously assess information, adhere to methodical processes, and ground their choices in evidence and logic. They favor organization, precision, and in-depth examination prior to drawing conclusions.

LEADERSHIP PREFERENCE

Leadership preference denotes a person's inclination or disposition to favor a specific leadership style or method, whether in their own leadership of others or in their preferred way of being led. It embodies individual beliefs, principles, perspectives, and previous experiences that influence what someone views as successful leadership. Leadership preferences can affect individuals' reactions to authority, teamwork in groups, and their effectiveness in organizational environments. It is influenced by elements such as personality, culture, situational requirements, and organizational context, rendering it a crucial concept for comprehending behavior in teams and work settings. Leadership is a skill that allows a person or a group to influence and guide followers or other members of a group, extending beyond just institutions or organizations. It is necessary when individuals must make significant choices regarding their personal and professional lives. It is necessary not only for decision-making but also for creating and sharing a clear vision, establishing achievable objectives, and providing members and oneself with the information and tools required to reach those objectives (Robinson, 2016).

Autocratic leadership: Autocratic leadership is a leader-focused approach where the leader retains total control and makes decisions alone, with minimal or no contributions from team members. This approach highlights control, discipline, and rapid decision-making, making it beneficial in scenarios that need prompt action or clear guidance; however, it might stifle creativity and diminish morale among team members.

Democratic leadership: Democratic leadership is a collaborative approach where the leader fosters participation from team members in the decision-making process. Communication is trans-

parent, and people are encouraged to express their thoughts and viewpoints, which can boost motivation, creativity, and team unity. While democratic leadership might involve longer decision-making processes, it typically results in greater satisfaction and enhanced commitment among members. The primary distinction is in participation levels: autocratic leadership depends on authority and control, whereas democratic leadership emphasizes collaboration and shared responsibility

REVIEW OF LITERATURE

Reviews on Cognitive Style

Laxman (2022) examined cognitive style among arts and science college students in Aurangabad District. The findings revealed a significant difference in cognitive style between students from science and arts faculties, indicating that academic discipline may influence the development of cognitive preferences.

Mittal and Kaur (2024) investigated cognitive styles among college students in relation to selected demographic variables. The study found no significant differences in either systematic or intuitive cognitive styles based on gender, locality (rural and urban), or type of institution (government and private colleges). Furthermore, arts and science students did not differ significantly in their systematic cognitive style; however, a significant difference was observed in their intuitive cognitive style.

Chakraborty, Das, and Jha (2025) explored the role of cognitive style in academic achievement and creative thinking among students. The results indicated that students with a systematic cognitive style demonstrated higher levels of academic achievement compared to those with an intuitive cognitive style. The study further reported that systematic thinkers consistently obtained better academic scores than their intuitive counterparts.

Reviews on Leadership Preference

Najar and Dar (2017) examined leadership preferences among postgraduate students at Kashmir University. The findings indicated that students showed a greater preference for authoritarian leadership. Female students were found to exhibit a stronger preference for authoritarian leadership compared to male students. Additionally, students from nuclear families demonstrated a higher preference for authoritarian leadership than those from joint families. However, no significant differences were observed in leadership preferences between students from rural and urban backgrounds.

Mathew and Jethwani (2023) investigated the relationship between leadership style preference and motivation among young adults. The study revealed a significant positive relationship between leadership style preference and motivation, suggesting that individuals with stronger leadership preferences tend to exhibit higher levels of motivation.

OBJECTIVES OF THE STUDY

- To assess the cognitive style of the college students
- To assess the leadership preference of the college students
- To find out the relationship between the cognitive style and leadership preference among college students
- To identify the difference between male and female students in terms of cognitive style
- To identify the difference between male and female students in terms of leadership preference

METHODOLOGY

The contradictory findings of the previous researches the present study aims to find out the relationship between cognitive style and leadership preference among college students Further it also aimed to find whether there is any difference

between the male and female students in terms of cognitive style and leadership preference. The population for present study included the college students from selected institution in Coimbatore district from Tamil Nadu State, India.

The samples (N=103) were selected using purposive sampling method from selected institutions in Coimbatore.

TOOLS

The Cognitive Style Inventory (CS Inventory) was developed by Dr. Praveen Kumar Jha (2018) is a 5-point rating scale which contains 40 statements related to cognitive style under 2 different dimensions namely systematic style and intuitive style. The CS Inventory has good reliability coefficient: Systematic style (0.58) & Cognitive style (0.56) (Test-retest).

The Leadership Preference Scale (LP Scale) was developed by L. I. Bhushan (2011). The LP Scale consist of 30 statements that assess the preference of leadership style in a 5-point rating scale. The LP Scale has good reliability coefficient (0.79) (Test-retest).

The informed consent was obtained from the participants and their personal information was also collected. In order to assess the study variables, the Cognitive Style Inventory (CS Inventory) and the Leadership Preference Scale (LP Scale) was administered with the participants.

RESULTS AND DISCUSSION

The findings showed (Table – 1) that a notable correlation exists between cognitive style and leadership preference (N=103) in college students. Additionally, it indicates that the students exhibit an average (Mean=140.16) degree of cognitive style and a high (Mean=97.37) degree of leadership preference. Nevertheless, male students (Mean = 128.67; SD = 38.67) and the female students (Mean = 143.11; SD = 22.23) show no significant differences in their cognitive style. In the same way, male students (Mean = 99.19; SD = 11.61) and female students (Mean = 96.91; SD = 11.59) do not show a significant difference in their leadership preference (Table – 2).

Based on two different cognitive styles, the male students (Mean = 64.33.67; SD = 19.57) and the female students (Mean = 73.17; SD = 11.46) show no significant differences in their systematic type of cognitive style. In the same way, male students (Mean = 64.33; SD = 19.43) and female students (Mean = 69.84; SD = 11.61) do not show a significant difference in their intuitive type of cognitive style (Table – 3).

The present findings indicate a notable relationship between cognitive style and leadership preference among college students, suggesting that the way individuals process, organize, and interpret information plays a significant role in shaping their preference on leadership styles. Students with particular cognitive style such as intuitive or systematic may be more inclined toward specific leadership orientations, reflecting a consistency between thinking patterns and decision-making tendencies in leadership contexts.

The research findings show no significant gender differences in cognitive style among college students, suggesting that both groups demonstrate relatively similar patterns of thinking and information processing. This implies that cognitive style, as a psychological construct, may be more influenced by individual differences and contextual factors such as educational experiences rather than gender alone. Similarly, the findings show no significant difference in leadership preference. This may reflect changing social norms and increased emphasis on gender equality in educational settings, where both male and female students are provided with similar opportunities to develop leadership skills. The lack of significant gender difference in leadership preference suggests that leadership orientation is shaped more by individual experiences, personality traits, and environmental factors rather than gender.

The findings indicate that there is no statistically significant difference between male and female students in both systematic and intuitive cognitive

styles and this findings align with an earlier study by Mittal & Kaur (2024) examining the cognitive style among college students in relation to some demographic variables, revealed that there is no significant difference in the systematic style and intuitive style between male and female students, rural and urban students and students studying in government and private colleges.

Systematic cognitive style is generally linked to logical, sequential, and analytical thought processes. Elements that lead to the creation of a systematic style encompass formal education, training in organized problem-solving, familiarity with scientific or mathematical reasoning, and assignments that necessitate thorough assessment and planning. Traits like conscientiousness and a liking for order could also enhance systematic processing. Factors in the environment, like teaching approaches that prioritize logical reasoning, evidence-supported thinking, and structured learning, enhance this style. Conversely, intuitive cognitive style encompasses fast, instinctive, and experience-driven evaluations. It is frequently shaped by prior experiences, emotional reactions, and recognition of patterns. Elements contributing to an intuitive style encompass experiences with real-world scenarios, instinctive learning, ingenuity, and settings that promote adaptability and swift choices. Traits like openness to experiences and dependence on emotions can also encourage intuitive thinking. Cultural factors and social engagements could also influence the development of intuitive responses.

The presence of both styles in comparable amounts among male and female students indicates that cognitive processing is adaptable rather than static. People might alternate between systematic and intuitive methods based on the demands of the task, time limits, and the situation. Consequently, the results support the notion that cognitive styles are influenced more by situational, educational, and psychological elements than by gender differences alone.

TABLE 1: The Relationship between Cognitive Style and Leadership Preference among college students

Variables	n	Mean	SD	1	2
1. Cognitive Style	103	140.16	26.83	--	
2. Leadership Preference	103	97.37	11.57	0.130	--

TABLE 2: Difference between the male and female students in terms of Cognitive Style and Leadership Preference

Variables	Male		Female		t	P
	M	SD	M	SD		
Cognitive Style	128.67	38.67	143.11	22.23	1.643	0.114 (NS)
Leadership Preference	99.19	11.61	96.91	11.59	- 0.802	0.424 (NS)

NS: Not Significant

TABLE 3: Difference between the male and female students in terms of Systematic style and Intuitive Style

Variables	Male		Female		t	P
	M	**SD**	**M**	**SD**		
Systematic Style	64.33	19.57	73.17	11.46	1.983	0.059 (NS)
Intuitive Style	64.33	19.43	69.84	11.61	1.243	0.226 (NS)

NS: Not Significant

CONCLUSION

The current research shows that cognitive style and leadership preference are significantly connected, suggesting that how students understand and analyze information affects their leadership approach. However, the lack of major gender differences in cognitive styles (systematic and intuitive) and leadership preference indicates that these constructs are not dictated by gender but rather influenced by personal traits, educational backgrounds, and environmental factors. The results emphasize that both systematic and intuitive cognitive styles exist together in students and can be adaptively utilized based on situational requirements, underscoring the fluidity of cognition. The research highlights that leadership preference is significantly associated with cognitive abilities and is shaped more by psychological and contextual influences than by demographic factors like gender.

CONSTRAINTS

The sample size was relatively small in relation to the overall population. The study was limited to selected institutions only. The relationship between the study variables and socio-demographic variables was not examined.

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Research Paper

THE INFLUENCE OF PEER PRESSURE SUSCEPTIBILITY ON FEAR OF MISSING OUT (FOMO) AMONG YOUNG ADULTS IN DIGITAL SOCIAL ENVIRONMENTS

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ABSTRACT

Peer pressure and Fear of Missing Out (FOMO) have emerged as important factors influencing the digital and emotional well-being of young adults. The present study examined the relationship between peer pressure susceptibility and Fear of Missing Out among young adults engaged in digital social environments. A quantitative research design was employed, and data were collected from 150 participants (75 males and 75 females) using a convenience sampling method. Standardized instruments, namely the Peer Pressure Susceptibility Scale and the Fear of Missing Out Scale, were administered to assess the study variables. Statistical analyses were conducted using JASP Version 0.95.4. Descriptive statistics, including means and standard deviations, were calculated, and Pearson's correlation analysis was performed to examine the relationship between peer pressure susceptibility and FOMO. The findings revealed no statistically significant relationship between peer pressure susceptibility and Fear of Missing Out among young adults. These results suggest that susceptibility to peer pressure may not be a significant predictor of FOMO in digital social contexts. The findings highlight the complexity of digital social behavior and indicate that other psychological, social, and technological factors may contribute to the development of FOMO. Further research is recommended to explore additional determinants of FOMO and their impact on the well-being of young adults in digital environments.

Keywords: *peer pressure, fear of missing out, FOMO, digital social environments, social media, young adults*

INTRODUCTION

Peer pressure, also referred to as peer influence, is a form of social influence exerted by individuals of similar age, social status, or interests that affects attitudes, beliefs, and behaviors. Although peer pressure is often associated with negative outcomes such as substance use, risky behaviors, and unhealthy decision-making, it can also promote positive behaviors, including healthy lifestyle choices, academic engagement, and social development. During adolescence and young adulthood, peers play a significant role in shaping emotions, self-concept, and decision-making processes. The extent to which individuals are influenced by peer pressure depends on various factors, including personality traits, self-esteem, resilience, and social context (Laursen, 2021).

A closely related phenomenon in contemporary digital environments is the Fear of Missing Out (FOMO). FOMO is defined as a pervasive apprehension that others may be having rewarding experiences from which one is absent. The concept gained widespread recognition with the rapid growth of social networking platforms and was officially included in the Oxford English Dictionary in 2013. Grounded in Self-Determination Theory, FOMO is associated with an individual's need for social connectedness and belongingness. Social media platforms often intensify FOMO by continuously exposing users to curated images, activities, achievements, and social interactions of others. Frequent exposure to such content may lead individuals to perceive that they are missing valuable experiences, opportunities, or social connections. Research suggests that elevated levels of FOMO are associated with increased social media use, anxiety, stress, reduced life satisfaction, and symptoms of depression. Consequently, FOMO has emerged as an important psychological construct influencing the emotional well-being and digital behavior of young adults in contemporary society.

REVIEW OF LITERATURE

Bruijn (2021) examined the relationship between susceptibility to peer pressure and problematic social media use among 338 Dutch adolescents. The study highlighted that individuals who were more susceptible to peer influence were more likely to experience Fear of Missing Out (FOMO), which subsequently contributed to excessive social media engagement. The findings suggest that peer-related social concerns play an important role in shaping online behavioural patterns among young people.

Similarly, Gallegos et al. (2021) investigated the predictive role of peer pressure susceptibility on adolescent substance use and emotional dysregulation. Their findings indicated that adolescents who were more vulnerable to peer influence were at greater risk of engaging in maladaptive behaviours. Muhliawati and Purwadi (2023) reported that resistance to peer pressure was associated with lower disruptive behaviour among students, emphasizing the protective role of individual autonomy in social contexts.

Laursen (2021) proposed the Influence–Compatibility Model, which explains how adolescents adapt their attitudes and behaviours to align with their peer groups. According to this model, conformity is often driven by a desire for social acceptance and belongingness. Supporting this perspective, Keyzers (2020) found that heightened susceptibility to peer influence was associated with increased substance use among adults, indicating that peer pressure remains relevant beyond adolescence.

Research has also explored the relationship between peer influence and social relationships. Morris (2020) discussed various forms of peer pressure in adulthood, particularly in relation to alcohol consumption, while Allen (2020) demonstrated that friendship quality and peer relationships significantly influence adolescent behaviour. These findings suggest that interpersonal relationships may strengthen the effects of peer influence on individual decision-making and social behaviour.

Several studies have specifically examined Fear

of Missing Out (FOMO) and its associated factors. Yaputri et al. reported that FOMO was positively associated with consumer behaviour among millennials, indicating that concerns about missing social experiences can influence purchasing decisions. Jin Wan and Zishu Zhou (2025) found significant relationships among FOMO, loneliness, and social media use among students. Likewise, Durao et al. (2023) observed that FOMO was associated with emotional intelligence and attachment styles among older adults, suggesting that the phenomenon extends across different age groups and social contexts.

Although existing research has examined peer pressure susceptibility and FOMO separately, findings remain limited regarding their direct relationship among young adults in digital social environments. Most studies have focused on adolescents or Western populations, leaving a gap in understanding how peer pressure susceptibility influences FOMO among young adults who actively engage in online social interactions. Therefore, the present study seeks to address this gap by examining the influence of peer pressure susceptibility on Fear of Missing Out (FOMO) among young adults in digital social environments.

THEORETICAL FRAMEWORK

SOCIAL IDENTITY THEORY

Social Identity Theory, proposed by Henri Tajfel and John Turner (1979), explains how an individual's self-concept is influenced by membership in social groups. According to the theory, individuals derive part of their identity and self-esteem from belonging to groups such as peer networks, educational institutions, cultural communities, and online social groups. The theory is based on three key cognitive processes: social categorization, social identification, and social comparison. Social categorization involves classifying oneself and others into groups, social identification refers to adopting the values and norms of a group, and social comparison involves evaluating one's group relative to others to maintain a positive social identity.

In digital social environments, young adults often identify strongly with peer groups and online communities. The desire to gain acceptance, maintain group membership, and conform to peer expectations may increase susceptibility to peer pressure. Social comparison through social networking platforms can further intensify concerns about social inclusion and belongingness. Consequently, Social Identity Theory provides a useful framework for understanding how peer group influence may contribute to experiences of Fear of Missing Out (FOMO) among young adults.

SELF-DETERMINATION THEORY

Self-Determination Theory (SDT), developed by Edward L. Deci and Richard M. Ryan (1985), proposes that human behaviour is guided by three fundamental psychological needs: autonomy, competence, and relatedness. Autonomy refers to the need to experience personal choice and self-direction, competence refers to the need to feel effective and capable, and relatedness refers to the need to establish meaningful social connections with others. The fulfilment of these needs promotes psychological well-being, motivation, and healthy functioning.

Fear of Missing Out (FOMO) is closely associated with the need for relatedness. Individuals who perceive that they are excluded from rewarding social experiences may experience anxiety, dissatisfaction, and a stronger desire to remain connected with others. Social media platforms often amplify these feelings by providing continuous access to information about the activities and experiences of peers. From the perspective of Self-Determination Theory, FOMO may arise when the need for social connectedness is not adequately satisfied. Therefore, SDT provides a valuable theoretical basis for understanding the psychological mechanisms underlying FOMO in digital social environments.

RELEVANCE TO THE PRESENT STUDY

The present study is grounded in Social Identity Theory and Self-Determination Theory, which

together provide a theoretical basis for understanding the relationship between peer pressure susceptibility and Fear of Missing Out (FOMO) among young adults. Social Identity Theory suggests that individuals are influenced by peer groups through processes of social identification and social comparison, which may increase their susceptibility to peer pressure. Self-Determination Theory emphasizes the importance of relatedness and belongingness as fundamental psychological needs, suggesting that unmet social needs may contribute to the development of FOMO. In the context of digital social environments, these theories help explain how peer influence and the desire for social connectedness may shape young adults' online experiences and behaviours. Therefore, the integration of these theories provides a comprehensive framework for examining the influence of peer pressure susceptibility on FOMO among young adults.

Empirical Findings

Empirical research has consistently demonstrated that peer influence plays a significant role in shaping behavioural and psychological outcomes among adolescents and young adults. Keyzers (2020) found that negative peer pressure was positively associated with binge drinking among emerging adults, whereas positive peer pressure was linked to reduced substance use. Similarly, Morris (2020) reported that peer pressure to consume alcohol remains prevalent throughout adulthood and may occur in both direct and indirect forms.

Allen (2020) observed that adolescents often mirror the substance use behaviours of their close friends, particularly within high-quality friendships, highlighting the influence of peer relationships on behavioural choices. Gallegos et al. (2021) further reported that early substance use was associated with increased susceptibility to peer pressure, emotional detachment, and a greater likelihood of progressing to illicit drug use. Supporting these findings, Laursen (2021) explained that conformity to peer norms is a common developmental process during adolescence and young adulthood, driven by the need for social acceptance and group belonging.

Research on Fear of Missing Out (FOMO) has similarly highlighted the influence of social and digital factors on individual behaviour. Bruijn (2021) found that FOMO was significantly associated with problematic social media use among adolescents. Likewise, Yaputri et al. (2022) reported a positive relationship between FOMO and consumptive behaviour among millennials, suggesting that concerns about missing rewarding experiences may influence decision-making and online engagement. Collectively, these findings indicate that peer influence and FOMO are important psychological constructs that contribute to social behaviour, emotional well-being, and digital media use among young people.

METHODOLOGY

This chapter outlines the problem statement, objectives, and hypotheses, as well as the research design, sampling methods, criteria for selection, variables chosen for the study along with their operational definitions, the tools utilized and their descriptions, and the process for data collection in this present investigation.

RESEARCH DESIGN

This study is quantitative based cross sectional research to inquire about the link between vulnerability to peer pressure and Fear of Missing Out (FOMO) among young adults in online social environments. A rationale behind this choice of methodology is to gain insight into existing differences in these two psychological constructs in online settings. A comparative part of this research will help in understanding differences based on demographic variables such as gender and age categories. The present research relates to the aims of this project, which basically revolve around searching for connections via regression analysis and non-parametric tests.

PARTICIPANTS/ SAMPLES

The research sample comprises 150 young adult students in their 18-25 years age group in Chennai city. The 18-25 years age group represents the young adulthood life stage, which in itself is an important life phase with increased social media activity and exposure to online peer influence. A non-probability sampling technique, convenience sampling, is used to pick research participants who are accessible, active, and using social media sites in Chennai city.

CRITERIA

The criteria for selecting research participants include being a young adult in their 18-25 years age group and using social media sites actively, with the exclusion criteria including those in digital detox programs, restricting online interaction for religious, cultural, or personal reasons; in addition to those with official psychological/ psychiatric diagnoses which might affect their responses to research questionnaires. Paper-format distribution is used to conduct research among this accessible population with ease.

INSTRUMENTS AND MEASURES

B

This PPSQ-R measures peer pressure across susceptibility to peer influence across different social contexts. It has 25 items, and responses are measured by 5 5-point Likert scale.The scores are interpreted based on cutoff values that categories individuals into low, moderate, or high susceptibility to peer pressure.

Fear of missing out

Fear of Missing Out Scale: FoMOs was developed by Przybylski, Murayama, DeHann, & Gladwell (2013). It has 10 items, and responses are measured by 5 5-point Likert scale. The scores are interpreted by summing responses to the 10 items. Higher total scores indicate greater levels of FOMO.

Demographic questions

Participants provide information like name, gender and age.

PROCEDURE

The study shows the influence of peer pressure susceptibility on Fear of Missing Out (FOMO) among young adults in digital social environments in Chennai city. They were informed about the purpose of the study. First, they were given a socio-demographic sheet to document their personal information. Subsequently, they were provided the Peer Pressure Susceptibility Questionnaire and Fear of Missing Out Scale for evaluation. Scoring will be done according to the scoring manual.

DATA ANALYSIS

Data's where collected in excel sheet then Analyzed by Jasp application. The following statical techniques were applied. Data analysis which performed in this research included descriptive Statistics, Independent t test, and Correlation analysis. In which descriptive Statistics, include sections like valid data, Mean data, std deviation, Shapiro Will, P- value of Shapiro - Will, Minimum, Maximum scores, then in the independent t test we compared team and individual sports with gender-based differentiation. In the correlation Analysis we compared Pearson's correlation coefficients were calculated to examine the relationship between attachment like anxiety, avoidance, and avoidance with self-esteem.

This table shows the Model Summary – FOMO of the data

Model	R	R^2	Adjusted R^2	RMSE
H_0	0.000	0.000	0.000	8.284
H_1	0.696	0.485	0.482	5.965

RESULT AND DISCUSSION

Table 1- the Model Summary - FOMO

Note: This table shows the comprehensive linear regression model forecasting FOMO by considering susceptibility to peer pressure. R (Correlation Coefficient): Assesses the intensity and orientation of the linear connection between peer influence and FOMO. The H_0 model indicates 0.000 (no correlation), while the H_1(variable) model shows 0.696, reflecting a strong positive association. R^2 (Coefficient of Determination): Indicates the fraction of variance in FOMO accounted for by peer influence. For H_1, it is 0.485 (48.5%), indicating that peer pressure accounts for almost half of the differences in FOMO. Adjusted R^2: Modifies R^2 based on the number of predictors, providing a more precise metric. It is 0.482 for H_1, near R^2, validating model strength. RMSE (Root Mean Square Error): Indicates the average error in predictions; a smaller value signifies a better fit. RMSE enhanced from 8.284 in the null model (H_0) to 5.965 in the alternative model (H_1), showing increased predictive accuracy with the inclusion of peer

Table 2- Linear regression coefficients

This table shows the Linear regression coefficients of the data

Model		Unstandardized	Standard Error	Standardized	t	P
H_0	(Intercept)	27.333	0.676		40.410	< .001
H_1	(Intercept)	7.704	1.732		4.447	<.001
	PP	0.282	0.024		11.807	<.001

Note: This table shows the linear regression coefficients examining the connection between peer pressure (PP) and Fear of Missing Out (FOMO). The unstandardized coefficient for peer influence is 0.282 with a standard error of 0.024, suggesting that for every unit increase in peer influence, FOMO rises by 0.282 units. The standardized coefficient (Beta) of 0.696 indicates a significant positive effect size. The coefficients for both the intercept (7.704) and peer pressure are statistically significant, with p-values below 0.001, indicating a notable predictive association between peer pressure and FOMO.

Table 3- Mann-Whitney U test.

This table shows the Mann-Whitney U test of the data

W	DF	p
2223.500		0.027
1940.500		0.001

Note. This table shows the outcomes of the Mann-Whitney U test, a non-parametric analysis that evaluates differences between groups in peer pressure and FOMO scores. The test statistics for peer pressure (U = 2223.500, p = 0.027) and FOMO (U = 1940.500, p = 0.001) suggest statistically significant differences among groups probably influenced by demographic factors like gender or age. This indicates that the peer pressure susceptibility and FOMO score distributions significantly vary between these groups, emphasizing that personal traits affect these experiences in online social environments.

Table 4- Independent Samples T-Test

This table shows the Independent Samples T-Test of the data

W	DF	p
1763.500		0.003
1774.000		0.003

Note. This table shows the presents findings from the Independent Samples T-Test, which evaluates if the average scores of peer pressure (PP) and Fear of Missing Out (FOMO) show significant differences between two independent groups, like gender or age categories. The values of the test statistic (W = 1763.500 for PP, W = 1774.000 for FOMO) in conjunction with the degrees of freedom (df) reveal the sample size context for the test. Both PP and FOMO exhibit p-values of 0.003, which fall below the standard significance level of 0.05, suggesting that the variations in average peer pressure and FOMO scores between the groups are statistically significant. This indicates that personal factors such as age or gender significantly influence differences in susceptibility to peer pressure and feelings of FOMO in online social environments. The mention of "Mann-Whitney U test" probably pertains to a corresponding non-parametric comparison used in the research for added robustness.

DISCUSSION

This study analyzes the influence of peer pressure susceptibility on the Fear of Missing Out (FOMO) among young adults in digital social environments using descriptive statistical analyses, It examined differences and relationships between peer pressure, fear of missing out (FOMO), and demographic variables such as gender and the influence of social media. the data collectively challenge the null hypotheses, establishing that peer pressure is a strong predictor of FOMO and that both phenomena manifest uniquely across gender and age groups within digital environments. These results align with contemporary research, confirming that the digital context intensifies social comparison pressures leading to FOMO, especially among young adults susceptible to peer influence. The findings underscore the need for targeted interventions and greater awareness of peer pressure and FOMO dynamics on social media platforms.

In Table 1 (Model Summary – FOMO) shows the overall adequacy of the regression model that predicts Fear of Missing Out (FOMO) in relation to vulnerability to peer pressure. The alternative model (H_1) indicates a robust positive correlation (R = 0.696) accounting for approximately 48.5% of the variance in FOMO, with a reduced prediction error (RMSE = 5.965), suggesting that peer pressure is a crucial predictor of FOMO.

In Table 2 (Coefficients of Linear Regression) outlines the connection between peer influence and FOMO. The unstandardized coefficient for peer pressure (0.282) indicates that as peer pressure rises, FOMO experiences a notable increase. The standardized beta of 0.696 indicates a strong effect size, while the significant t and p values (<.001) show that this relationship is statistically significant.

In Table 3 (Mann-Whitney U Test) analyzes the differences between groups in peer pressure and FOMO scores through a non-parametric method. Notable p-values (0.027 for peer pressure and 0.001 for FOMO) indicate substantial differences among groups (like gender or age), showing that these personal traits influence vulnerability and experiences associated with peer pressure and FOMO.

In Table 4 (Independent Samples T-Test) additionally verifies notable disparities in average peer pressure and FOMO scores among groups, with both assessments producing p-values of 0.003. This indicates that demographic elements significantly influence vulnerability to peer pressure and FOMO, supporting the results from the Mann-Whitney test.

In this, these tables together show that peer influence is a powerful, statistically relevant factor in FOMO among young adults, and that vulnerability to and experiences of FOMO vary significantly among different demographic groups.

CONCLUSION

The present study examined the Peer pressure and Fear of Missing Out (FOMO) among young adults in digital social environments. the results concludes that it rejects the null hypotheses, confirming that peer pressure is a major factor driving FOMO in online social spaces for young adults. These effects are further shaped by demographic characteristics, suggesting that targeted interventions and support may be needed to address vulnerability to FOMO and peer pressure in digital contexts.

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Research Paper

THE DYNAMICS OF FEMALE REPRESENTATION IN ACTION SEQUENCES OF CONTEMPORARY HINDI CINEMA

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ABSTRACT

Violence and action sequences in films have, for a long period, been associated with men performing them. This paper looks at the politics of representation of violence performed by women in the three film texts, including Naam Shabana (2017), Akira (2016) and Dhaakad (2022). It aims at understanding the power play and implications in the action scene and the socio-cultural stance of women. With the notion that the films are created and viewed inside a society that is firmly rooted in male-dominated stereotypes, this paper aims to review these films about women in contemporary times that seek to get revenge without being idolised as a goddess. So the portrayal of women in action scenes needs closer analysis. The paper is analysed using the framework of rape and revenge and performativity by Lalitha Gopalan and Judith Butler, respectively, to answer how the fight sequences involving women are portrayed, why the portrayal is implemented in such a manner, what it connotes, and thus, what the power equation and socio-cultural relation it suggests. Thus, it looks at how violence performed by women in a way just strengthens patriarchy due to the body language shown to be masculine and stunts performed being less dangerous in nature.

Keywords: *Women, Violence, Hindi Cinema, Performativity, Revenge, Stunts*

INTRODUCTION

Being the world's largest producer of films, Hindi cinema and India's social and political history have always been closely related. Hindi cinema has contributed significantly to the construction of several dichotomies, including tradition and modernity, Indian and Western, and spiritual and material, within the backdrop of India's nationalist movement. Bollywood storylines have contributed to the conversation about women's roles and positions in Indian society by struggling with these boundaries. Action genres gained immense popularity as they catered to the patriarchal society, which promoted the portrayal of men as supreme as they are very strong and capable of fighting the bad single-handedly. Women were not allowed to act in Indian films when they first came out. Thus, male artists also used to take on the roles of women. Women's entry into the film industry redefined the significance of women in films, transforming the face of Indian cinema. Due to their vast appeal, Indian history and mythology were previously used as an influence for the works. It dramatised male fantasies about the feminine and primarily reflected the interests and viewpoints of masculine bias. Although women have historically played important roles in Indian society, it is unclear if these responsibilities were truly important or were merely used to reinforce stereotypes and uphold a patriarchal system.

A majority of the general public has the opinion that watching violent or graphically violent films makes people less likely to perform violent acts in real life. This has led to the fact that, in certain circumstances, it has prompted censorship, while in others, it has caused regulation. However, for some viewers, it is said to be cathartic in nature. This strengthens the argument for action films existing as a genre. The genre, on the other hand, typically portrays a so-called versatile hero who is battling against tremendous challenges, such as deadly circumstances, an evil and dangerous villain or is on a pursuit that typically results in the protagonist's/hero's victory and appears to be resembling the spheres of action proposed by Vladimir Propp.

Over the years, the woman's boldness, valour and modernity in the film have served as a barometer for the nation's greatness and modernity. With the economic pressures intervening, the Indian Public sphere was crucially refashioned and thus, even Indian cinema addressed and shaped it. In contemporary times, women are starring in bold blockbusters, narrating untold stories of women and catching attention through their bold stunts and movements in their performance, questioning the stereotypes of a woman's role in a film. In earlier action genres, women were rarely performing stunts. Even the stunts performed portrayed women as fighting with swords as queens and had a historical and mythological touch. However, in recent times, women are shown in fiction films performing stunts casually without such a setting, making use of other kinds of weapons.

RATIONALE

The texts chosen for analysis include choreographed fight scenes from films that have at least two to three major action scenes with women performing them. The films chosen for the research are Tapasee Pannu starrer Naam Shabana(2017), directed by Shivam Nair, Sonakshi Sinha starrer Akira(2016), directed by A.R. Murugadoss and Kangana Ranaut starrer Dhaakad(2022), directed by Razneesh Ghai, which acts as the primary source. The reason for the choice of texts is to highlight the action scenes in the film that are not sports films and consist of a minimum of two to three major choreographed fight scenes with different well-established lead actors.

OBJECTIVES

The goal of the research is to analyse the politics in representations of women in chosen action sequences of Hindi films post-2015. The objective of the current study is to provide a comprehensive study of film texts with such scenes and the star construct in relation to the genres. The study has the following sub-objectives:

1. To understand the power play and implications in the action scene in terms of gender

2. To read the Socio-political and cultural stance of women with respect to the scene

LITERATURE REVIEW

Action sequences and women

Even though Valentina Vitali's *Hindi Action Cinema:* Industries, Narratives, Bodies informs about the basic premise of the study, it discusses women in action cinema in the 1920s and 30s, which shows the need for the evaluation of the same in contemporary times. The women performed stunts in historicals(Rajput). It also talks about the presence of actions of women in Hindi cinema in the early careers of Durga Khote (Maya Machindra). Women in films were, first and foremost, a powerful marketing device. Their images in action films were mostly in the commercial dimension. The industrial pressure read images of women as commodities. Women performing movements that exceeded or diverged from the prevailing codes of modesty gave the producers something valuable to sell and gave a competitive edge. Films featuring stunts and actions from Fearless Nadia involved the greater visibility of images of real women in the public sphere. The research further attempts to explore the contemporary times that the book has not catered to.

Although the book Cinema of Interruptions: Action Genres in Contemporary Indian Cinema suggests a framework for comprehending the uniqueness of Indian film as a national cinema, the chapter that deals with Avenging Women clearly talks about the idea of rape and revenge and looks at women in the action genre specifically.

Industry's narrative and engagement

The star cast and other celebrities of the film franchise provide an outlook on how they view the film and their expectations and opinions of it. In an interview with Mid-day newspaper, Sonakshi Sinha, the lead of the film Akira, stated, "For years, we have only had men playing action hero parts. It is high time we change that. The audience has become more accepting now and is ready to watch experimental stuff. They don't mind watching a woman pumelling goons. Look at our women athletes who brought back medals from the Rio Olympics. There's really nothing girls can't do. (Mid Day 2016)" which acts as a source for study, as it shows how women in action scenes are still considered to be experimental in spite of their existence since the 1920s and 30s. The need to change the stereotypes of how women are portrayed in action scenes of Hindi cinema is observed. Actor Vidyut Jammwal in an interview, seemed to praise Kangana Ranaut's performance in Dhaakad by saying, "When I saw this film, I was very proud that there is a girl who is doing something really great"(Entertainment Desk 2022), which clearly draws attention towards the scantiness of such roles and scenes for women and highlights the idea of a "girl" performing stunts which makes it great. . Tapsee Pannu in an interview with Deccan Chronicle says "When it comes to martial arts, Akshay is the best. I looked up to him for my action sequences. But it is very intimidating to do an action scene with him. I also learnt basic Mixed martial arts (MMA) techniques for this film"(Deccan Chronicle 2017), which clearly shows the need to portray oneself capable enough to match the standards and norms that the industry engages with in association with male action scenes. The male stardom takes the key attention.

Women in Hindi Cinema

Urvashi Butalia's ideas in her work Woman in Indian Cinema suggest that commercial Indian cinema is the most effective form of communication, which helps the study in analysing the chosen commercial texts. In order to increase awareness of issues affecting women, including marriage, widowhood, dowry, and rape, many Indian directors have created films about these topics. These actions made it possible for women to appear in more films that dealt with women's issues and made them more prominent on the screen. Only one film out of every 100 that was watched portrayed women as full-fledged human beings, continuing the tradition of portraying women as sex objects and unequal partners (Butalia 1984).

She recommended that Indian films place more of an emphasis on balancing women's image and avoiding stereotypes. Though this study does not act as the foundation, it informs us that very few works highlight women to be bold through performing stunts and cooking outside of the domestic setting, which can help in understanding the politics of representation of women.

To add to this representation of women, it is important to look at how the female body is looked at and the norms set for it. The female body evolved into a crucial component of an actress's popularity throughout the history of Hindi cinema. Their slender frames testify to the time they spend working out in the gym or maintaining a stereotyped body type. Sonu Sharma and Dr Jitendar Singh Narban, in their work Indian Cinema and Woman, highlight how filmdom doesn't seem to reflect the shifting social trend in which women are emancipating themselves from taboos and preconceptions. Women are now appearing in more films than ever before, but their roles are now much smaller on the screen. The majority of the time, male counterparts receive unfair favouritism over females from the plot to the end credits. This clearly shows the imbalance between the socio-cultural and political setting and the representation in the films. In this context, actor Kangana Ranaut stated, "Forget the credit; they (male actors) take all the money as well. We don't get paid even one-third of what male actors take home. It's not so much about the money; but it's about (being a) woman."(Zee News 2014). However, even though, in a quiet, steady, and non-confrontational manner, women working in the film industry have been discovered to be powerful forces in changing the face of Indian cinema, they still lack getting different roles showing their true abilities.

To further support the idea of the objectification of women, Uberoi, in her study Feminine Identity and National Ethos in Indian Calendar Art, examines how women are portrayed in popular art in India and notes two distinct processes. Within a larger cultural environment that is both homogenising and hegemonic, the objectification of women.

She looked at the two main causes of their absence from the media and society. Women have never been able to contribute fully and appropriately to society, on the one hand, due to the patriarchal rhetoric that marginalises them, and on the other, men have always controlled the myths and authorities that give society its legitimacy, while women have been exchanged and possessed in the social relationships between men (Uberoi 1990).

Gender, Performativity and Society

In the opening chapter of Gender Trouble, Butler introduces the concept of performativity by addressing how "gender proves to be performance—that is, constituting the identity it is alleged to be. Gender is always a doing in this sense, even though it's not a doing by a person who could be considered to have existed before the deed" (Butler 25). This text plays a key role in the study due to its framework on performativity. The study will draw on the idea of performativity in such scenes by the women leads. In order to view a film as a reflection of society, understanding the socio-cultural status of women and its evolution helps the study in tracking the changes observed, if any and its influence on the representation of women in action scenes. Dr Partha Sarathi Mallik traces out the position of women in various eras and the actions society has taken to improve the situation in his work Socio-Cultural Status of Women in India: A Historical Perspective.

METHODOLOGY

The article will be positioned in the larger framework of gender studies and feminist studies in specific. A qualitative methodology using the theoretical framework of Judith Butler's idea of performativity will be used in the study, along with Lalitha Gopalan's idea of rape and revenge. The need to use a textual analysis is imperative to understand the various aspects involved in the action scene in terms of the shot sizes, angles and stunts performed, among others.

RESULTS AND DISCUSSION

All three primary texts consist of action scenes that take the narrative forward. The film Dhaakad starts with an action scene that sets the mood and the tone of the film. It establishes the role of the female lead as superior, with several low-angle shots in the fight that introduce her as an agent who works against human trafficking. A woman's body language is often considered to be "feminine". This is often understood through the lesser usage of what we consider the lateral space of the body. Kangana Ranaut stands up straight with broad shoulders, which is considered masculine, according to body language experts. So, there is a sense of "masculinity" that is tried to be shown to take the female lead seriously and be capable of fighting the goons. But despite that being the attempt, there is an emphasis on femininity by having close-up shots to focus on the feminine area of the body. Erwin Straus discusses the basic importance of lateral space, one of the distinctive spatial dimensions produced by the human upright stance (1966), which understands the idea with the example of throwing, which can also be applied to fight scenes as it majorly tends to understand the body language. The basic difference that Straus observes is that "compared to boys, girls do not fully engage their bodies in motion" (Straus 157). Except for their arms, which are not extended as far as they could be, the girls tend to stay rather still when compared to the boys. Even though the filmmaker and the actress have made efforts to contradict and challenge the body language that is considered to be masculine, with performance and bold stunts and movements, it still is shown as feminine due to the camera angles and the body-hugging clothes.

In the first fighting scene in the film Akira, a young girl (who then becomes the female lead of the film) is shown to be getting trained in karate and fighting against acid attackers. She stays in one position and moves limited enough to fight the goons. This particular fight scene witnesses the lead take the role of the attacker with stunts like front leg axe kick and Hapkido, which creates space and helps to push an opponent off-balance. Women are typically less forthcoming about their bodies than males are in their stance and pace. Typically, a man's stride is longer in proportion to his physique than a woman's stride is in proportion to hers. Is what he argues. So the act becomes gendered through the portrayal of the lead in action scenes in terms of their body language, postures, and camera shots. The girl is portrayed as valorous compared to her friends through the act and her body language, which is a result of her training in Karate, where she is the only girl in the group to learn it. Though all the chosen texts look at violence and have similarities, the stunts, context, and settings are different. So despite it having females as leads, it cannot be looked at as a single identity. Butler claims that it is problematic that it is presumed that the term "women," for instance, refers to a single identity. This is troublesome since it is impossible to identify a common factor among all women because they are so diverse. Similarly, unlike stereotypical representations of women in male-dominated films, characters in films with women in action scenes are completely different. All three characters in each film have different personalities and are driven for their revenge for different reasons.

Every hero in the film, irrespective of his personality, is portrayed as capable of fighting in action scenes, irrespective of not being taught to perform such acts, whereas women have to be trained. These characters undergo training in Martial arts, Karate, and other forms to be able to fight regardless of the role of the opponent. The reason for all three characters to be drawn towards violence and take vengeance starts from their childhood and the trauma associated with what they experienced and witnessed. So unlike men, who are considered to know fighting almost naturally, women have to undergo an incident or a traumatic experience for them to learn the skill and to fight their opponents in these texts. Akira, as a young kid, is seen fighting against acid attackers and is even seen training herself in karate. So defending herself and attacking wherever necessary comes off as very natural through repetition. So gender identity can then be understood as it is formed through a set of acts. "Gender proves to be per-

formative— that is, constituting the identity it is purported to be. In this sense, gender is always a doing, though not a doing by a subject who might be said to preexist the deed" (Butler 1999, 33). The act of fighting and performing stunts which were initially in the attacking end becomes performative in nature as a defence despite being given high levels of sedatives in the film. Kangana Ranaut, in the film Dhaakad is trained to fight and use ammunition. She is then aware of her role as an agent in fighting against human traffickers. Whereas when she is searching for Zaira, a little girl, and fights others to find her, it becomes a performative act through repetition. The close-up shots add to the cinematic storytelling during the fight scenes. It shows she is emotional as it focuses eyes filled with tears, highlighting her care towards the child, which supports the idea that the primary role of a woman has been that of a caregiver/taker. This gives an impression of how despite the lead being trained in the skill of fighting, the role of a woman as a caretaker in society cannot be removed from any situation.

It is often understood that men are strong and powerful and thus are often the ones who save women from the villains (who are predominantly seen as the damsel in distress). This adds to the idea of their manliness. In the film Naam Shabana, despite Tapasee Pannu being trained and sent to accomplish a mission, it is still Akshay Kumar who is shown to save her in the end. Using a high angle, which often acts as looking down, also shows her helplessness and needing help to defend and save herself. She stands close to her body, showing vulnerability. Women still frequently sit with their legs somewhat close together and their arms crossed over their torso, despite the fact that women now wear trousers more frequently than they once did and, as a result, do not have to be constrained by their clothing as they once did. Men tend to keep their feet more apart when standing or reclining than women do, and women also keep their hands and arms closer to or covering their bodies more frequently, especially when showing vulnerability (Young 142). So when it is Akshay Kumar who saves her, the act then conforms to the expected gender identity, whereas when it is the female lead who is fighting the goons, it is often understood as a contestation to the gender core. Except for the time she is vulnerable, her body language is viewed to be masculine during the performance of action. "It seems fair to say that certain kinds of acts are usually interpreted as expressive of a gender core or identity and that these acts either conform to an expected gender identity or contest that expectation in the way" (Butler 1988, 527). This act of Akshay Kumar saving her despite her being considered to be very skilled and capable shows her in need of a man to protect her, as though one can never independently fight and take care of themselves.

COSTUME

Indian films have historically relied heavily on costumes to be successful, particularly historical dramas, biopics, and films that depict lavish Indian weddings. Technology has only served to increase the allure. The character's attire immediately reveals something to the audience, giving a hint as to what the act will be about and who the character is in relation to the action of the performance.

Unlike the typical "masala films" that portray women in chiffon sarees running around snow-capped mountains, there is a need to represent women as strong and fit like their male counterparts in action films. The leading ladies in these films are shown to be tough through their figure-hugging "Western" clothes, unlike other films that show femininity through other types of clothes and behaviour. There is a sense of toughness that is associated with Western clothing, usually which is made to be seen as valorous. Even if they are wearing Indian clothing, the neckline is deep, and the clothes are tight to enhance and highlight the cleavage and chest area. The idea of sexualizing the female body is very evident.

The fact that these leading ladies in the films wearing Western clothing seems normalized can also be understood as the result of performativity. The repetition of the performed acts is a crucial

component of performativity (Butler 2011, xii). Additionally, Butler compares it to "a ritualised manufacture" (Butler 2011, 60). So with the repeated act of wearing it, our view of Indian women wearing such clothes or instead not wearing sarees or salwar, is made normal, and the view is changing. But despite the act being normalised in Indian society, it is still viewed as progressive and modern, which often makes them look rebellious and courageous. Women in Indian society are appreciated when they have long hair, whereas in these films, the hairstyles are short, which can be understood as an effort to make them look more masculine or progressive.

CONCLUSION

The films have a contemporary touch to them and make real-world connections through the protagonists' realistic portrayal in these sequences, rather than make-believe; the characters seem more relatable. It would be common to associate the goddess Kaali with vengeful women, yet that is not the case in these texts. The fact that they had prior training to be able to fight in this fashion makes it easier for the viewer to relate to the narrative more engagingly. It does not depict the women in pristine, immaculately kept garments, whether it is in terms of makeup or attire. Instead, it is done in a way that enhances the story by giving it a more realistic look. They are depicted in casual clothing, which fits the situation.

The themes primarily centre on violence and vengeance. The majority of the violence is perpetrated by the protagonist because it is typically motivated by retaliation, which is viewed as an act of attack. The intolerance for injustice is what is shown symbolically. It is a battle against social injustices in society, not only the adversary. The use of violence in these films also serves as evidence that one can prevail in battle. Despite a few male characters controlling the female leads, Dhaakad's conclusion demonstrates true independence, and Akira makes a sacrifice for the sake of society, leading to a win. As a result, women's use of violence turns into a strategy for obtaining their goals. The tactics used to represent power go through a constant conflict, with the climax of the fight portraying power in the hands of the women protagonists in all three texts, with the use of appropriate camera angles.

The portrayal seems to be implemented in such a manner to reiterate the idea of how "Women can do anything men can do", as Manijeh Nasrabadi claims in the title of her paper "Women Can Do Anything Men Can Do: Gender and the Affects of Solidarity in the U.S. Iranian Student Movement, 1961–1979". This also acts as the agenda behind women performing violence and not men. There is a need to portray women as equivalent to men in terms of performance. However, the violence performed in these texts clearly shows women outdoing men and not just as equivalents in the fight sequences, but it is important to note that they do not really transpose the kind of association made with men. The box office collection plays a crucial role in understanding the same. Unlike some of Rohit Shetty's films that portray unrealistic and exaggerated action stunts with men, the stunts performed in the chosen texts are less dangerous in nature, which hinders the equalising factor.

Dhaakad sexualises the female body and portrays the woman as flexible in the fight sequences. Naam Shabana, towards the final fight, does showcase the need for a male figure to help her. Akira portrays her as helpless towards the end of the film despite the fight sequence showing her as a wild attacker who does not stop till she gets her revenge. So, the films bring in the emotional factor that mainstream male action films do not cater to. Therefore, the conventional notion of femininity is portrayed in these texts despite women performing stunts in a valorous and bold manner through the politics of representation, leading to a clear distinction between men and women performing the same, an act of violence.

The selection of these texts allows for a wider area of research because they are performed by different actors from different years and on dif-

ferent subjects. The reasoning is unique to these texts alone and cannot be generalised, which is one of the study's limitations. It simply examines violence in one language of three texts and does not examine historical violence in depth. The article does not include mental or communal violence as well.

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Research Paper

PERCEIVED OVERPARENTING AND HEALTH-RELATED QUALITY OF LIFE AMONG EMERGING ADULTS: A CROSS-SECTIONAL STUDY

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ABSTRACT

The period of emerging adulthood is an important developmental period where young adults are increasingly being asked to be autonomous and independent. Though parental involvement is important during this stage of development, overparenting can lead to negative impacts on well-being (Melendro et al., 2020). The present study aimed to examine the relationship between perceived overparenting and health-related quality of life across physical, psychological, social, and environmental domains among emerging adults. A cross-sectional analytical study with 250 emerging adult subjects (age – 18 to 25 years). Participants completed Consolidated Overparenting Scale (COS), and the World Health Organisation Quality of Life-BREF (WHOQOL-BREF). Descriptive Statistics, Pearson's Correlation Analysis, and Multivariate Multiple Regression were performed on the study data. Perceived overparenting showed a significant multivariate association with HRQoL domains (Pillai's Trace = 0.28, $p < 0.001$). Domain-specific analyses revealed that higher levels of perceived overparenting were significantly associated with lower psychological ($\beta = -0.43$, $p < 0.001$), social ($\beta = -0.36$, $p < 0.001$), and environmental ($\beta = -0.21$, $p < 0.001$) quality of life, while the association with physical HRQoL was weak and not statistically significant. The findings indicate that perceived overparenting is selectively associated with poorer psychosocial aspects of health-related quality of life among emerging adults.

Keywords: *Emerging adulthood, Family dynamics, Health-related quality of life, Overparenting, Psychological wellbeing.*

INTRODUCTION

BEmerging adulthood (ages 18-25) is a time of major psychological, social, and role transitions. At this point, individuals begin to develop autonomy, establish stable relationships, and make independent decisions in regards to their education, career, and lifestyle (LaFreniere, 2024). As a result, these developmental tasks are directly related to overall health and wellbeing; thus, emerging adulthood is an important time to promote mental and psychosocial health. Much of the different contextual factors that impact wellbeing in this stage are family or parenting dynamics (Green et al., 2024).

In the past few years, there has been a growing focus on the concept of overparenting, which is characterized by an excessive amount of parental involvement, control, and interference in their children's lives that goes beyond what is appropriate based on the child's stage of development (Urone et al., 2024). The term "helicopter parenting" is often used in the literature to describe overparenting as it describes how parents' behaviour can restrict their child's opportunity to learn how to solve problems independently, make decisions independently, etc. While parental involvement normally correlates with and promotes positive developmental outcomes, researchers have found a consistent pattern with maladaptive outcomes when it comes to overparented children and adolescents(Hesse et al., 2018)]. There are many studies that show that too much parental control has the potential to inhibit the development of autonomy, create dependency on parents for emotional support, and create emotional distress for children/adolescents (Jiao et al., 2024).

Numerous studies suggest that over-parenting results in poorer mental health for emerging adults (higher anxiety levels, depression, stress, and less self-efficacy) and this may also affect other areas of health and functioning (Lawson & Chen, 2025). Many previous studies have looked at only certain symptoms of mental illness rather than a comprehensive measure of well-being. Another way to understand health is through "health-related quality of life" (HRQoL), which evaluates health in terms of multiple dimensions (physical, psychological, social, and environmental) to provide a more complete view of individual well-being (Li & Zhong, 2022).

HRQoL as an outcome measure has significant importance in the field of health, and there is only a small body of literature that investigates the relationship between perceived overparenting and HRQoL in emerging adult, non-clinical populations. Most of the studies that have been conducted to date have examined global HRQoL scores, which may mask the effect of perceived overparenting on specific domains of HRQoL (Jiao et al., 2024; Urone et al., 2024). Because overparenting is considered to be a psychosocial exposure, it is expected that the effect on HRQoL will be greater on the psychological and social domains than on the physical domain. Evaluating HRQoL at the domain level could provide a better understanding of how perceived overparenting affects young adults' quality of life (QL) (Beliveau et al., 2023; Das, 2016).

Furthermore, the cultural context influences ways to parent as well as how people view parenting by parents (Alexander & Chauhan, 2020). In societies that are more collective, it is common for parents to be very much involved in their children's lives and this level of involvement can be viewed positively from a social standpoint which makes it more difficult to determine whether one is parenting supportively or overparenting (Zhou & Chung, 2022). When trying to provide culturally competent health and family intervention programs, it is important to consider how those involved in parenting view overparenting compared to health and quality of life concerns in that culture (Ria Novianti et al., 2023).

Therefore, the main purpose of the current research was to explore the link between perceived overparenting and health-based quality of life (HRQoL) among young adults with a domain-specific analytic method. This was done through the concurrent model of multiple HRQoL domains with the goal of providing clarity on how

perceived overparenting may impact individual domains of well-being, and to provide an evidence base to inform preventative mental health and public health interventions.

METHODOLOGY

STUDY DESIGN:

This research used a cross-sectional, analytical observational method to study how perceived overparenting associates with health-related quality of life in emerging adults. This method is best suited to study relationships of psychosocial exposures and health-related outcomes for a population at one time point. By evaluating multiple health-related quality of life domains, this study sought to determine domain-specific association patterns while taking into account important sociodemographic characteristics. The cross-sectional method allows an efficient data collection approach and was done using a comparatively larger sample. This research approach is used in psychosocial and public health studies to explore correlational relationships and create evidence that informs prevention and intervention strategies.

Sample size and participants:

Overall, 250 young people (ages 18 - 25) were included in this study, with participants recruited from universities and community settings. The number of participants needed was based on standard recommendations for the multivariate statistics used in the analysis with the size of the sample determined by both the number of variables (i.e., predictors and outcomes) and the estimated effect size of 0.2 or less (meaning small). For a small-to-moderate effect (0.2 or less) at the alpha level of 0.05 (5 percent), with 80 percent power to detect an effect, it was determined that a sample of at least approximately 200 participants would be sufficient. Given the potential for non-response, incomplete questionnaires, and missing data, the target sample size was increased to 250 total participants.

Convenience sampling was used to select participants, and participants were required to meet the inclusion/exclusion criteria that were established prior to the start of the study. The criteria for inclusion included being in the designated age range and having a willingness to participate and being able to provide informed consent. Criteria for exclusion from study participation included a self-reported personal history of severe psychiatric disorders, cognitive disabilities, or chronic illnesses that could adversely impact one's quality of life to reduce the potential confounding. The final sample included a non-clinical population of young adults, and thus was appropriate to examine perceptions of overparenting and health-related quality of life in a community-based sample.

Measures

Sociodemographic Information:

A structured sociodemographic questionnaire was used to collect information on participants' age, gender, socioeconomic status, educational background, and living arrangement (living with parents or away from home). Socioeconomic status was assessed based on self-reported family income and categorized into low, middle, and high groups.

Perceived Overparenting:

Perceived overparenting was measured using the Consolidated Helicopter Parenting Scale (COS) developed by Schiffrin et al. (2019) (Schiffrin et al., 2020). The CHPS is a comprehensive self-report measure designed to assess excessive parental involvement, control, and intrusion as perceived by emerging adults. The scale consolidates key dimensions of overparenting identified in prior literature and consists of 10 items rated on a 7-point Likert response format, with higher scores indicating greater perceived overparenting. The Consolidated Overparenting Scale has demonstrated strong psychometric properties, including good internal consistency, construct validity, and applicability to emerging adult populations. In the present study, the scale exhibited

good internal reliability, with Cronbach's alpha values exceeding the acceptable threshold.

Health-Related Quality of Life:

World Health Organization Quality of Life – BREF (WHOQOL-BREF) (The World Health Organization, 1995) was assessed using Health-related quality of life. This scale encompasses four dimensions including physical health, psychological health, social relationships, and environmental health. The WHOQOL-BREF comprises 26 items rated on a 5-point Likert scale, with higher scores indicating better perceived quality of life. Dimensions scores were calculated in accordance with WHO scoring guidelines. The instrument has been extensively validated across diverse cultural contexts and age groups, including emerging adults, and demonstrated satisfactory reliability in the current sample.

Covariates:

Age, gender, socioeconomic status, and living arrangement were included as covariates in the statistical analyses due to their potential influence on both perceived overparenting and health-related quality of life, as supported by previous research.

Procedure

Data were collected after receiving ethical clearance from the Institution's Institutional Ethics Committee. Potential participants were recruited from a college and from the community through one-on-one contact. Individuals who were eligible for inclusion received a detailed explanation regarding the purpose and nature of the study. After explanation, participants signed a written informed consent form. The questionnaires (sociodemographic information, CHPS and WHOQOL-BREF) were administered in either paper/pencil or electronically based on the convenience of the participant. Each of the questionnaires contained clear instructions, and participants were encouraged to provide honest, independent responses. Approximately 20-25 minutes were required by the participants to complete the questionnaires. Participation was completely voluntary, and all responses were anonymized. Participants were informed about their right to withdraw from the study at any time, with no repercussions to them. Once the data collection was completed, each participant's responses were checked for completeness, assigned a unique identification code and secured safely for scoring and analysis.

Data analysis

The data were analysed using IBM SPSS Statistics (version 25) to summarize the sociodemographic characteristics and study variables using descriptive statistics and evaluate the internal consistency of the measures using Cronbach's alpha. This study used Pearson's correlation analysis to analyse the bivariate associations between perceived overparenting and the four HRQoL domains. The primary analysis completed utilized a multivariate multiple regression, with the independent variable of perceived overparenting and the dependent variables of the four domains of HRQoL (physical, psychological, social, and environmental), while adjusting for age, gender, socioeconomic status, and living arrangement. Multivariate significance was evaluated using Pillai's Trace to examine the respective regression coefficients for each of the four HRQoL domains. All statistical analyses were two-tailed and considered statistically significant at $p < 0.05$.

RESULTS

Table 1. Sociodemographic Characteristics of Participants (N = 250)

Variable	n	(%)
Age group (years)		
18–20	84	(33.6%)
21–23	112	(44.8%)
24–25	54	(21.6%)
Gender		
Male	118	(47.2%)
Female	132	(52.8%)
Socioeconomic Status		
Low	46	(18.4%)
Middle	152	(60.8%)
High	52	(20.8%)
Living Arrangement		
With parents	156	(62.4%)
Away from parents	94	(37.6%)

Table 1 shows the demographic characteristics of the participants in the study, showing the participants were primarily emerging adults (21-23 years of age) and are evenly distributed by gender. The majority of study participants came from a middle-income family and still live with their parents. This distribution reflects the typical emerging adult population in India and provides a representative demographic sample to study students' perceptions of overparenting, as well as their health-related quality of life.

Var iable	Mean	SD	Cronbach's α
Perceived Overparenting	42.8	9.6	0.86
Physical HRQoL	65.4	11.2	0.79
Psychological HRQoL	58.6	12.5	0.83
Social HRQoL	56.9	13.1	0.81
Environmental HRQoL	61.2	10.8	0.77

Table 2 provides descriptive statistical data and internal consistency for the variables measured in this study. The reported reliability for the perceived overparenting scale supports that measured scores were consistent with each other. Health-related quality of life was measured across physical, psychological, social and environmental domains, with a range of mean scores within each domain that displayed an acceptable level of variability in comparison to one another, and all domains had an acceptable level of reliability. Emerging adults scored lower than average on the psychological and social domains, indicating increased risk in these areas of health-related quality of life.

Table 3. Correlation Matrix of Perceived Overparenting and HRQoL Domains

Variable	1	2	3	4	5
1. Overparenting	-				
2. Physical HRQoL	–0.12*	-			
3. Psychological HRQoL	–0.46**	0.41**	-		
4. Social HRQoL	–0.39**	0.35**	0.52**	-	
5. Environmental HRQoL	–0.24**	0.44**	0.48**	0.46**	-

Table 3 shows the associations between perceived overparenting and health-related quality of life (HRQoL) in a bivariate manner. Negative correlations were found among the HRQoL psychological, social and environmental domains of perceived overparenting. However, this association was weak for HRQoL physical health. Also, each HRQoL domain had a relatively strong or moderate correlation with one another indicating that HRQoL is multidimensional thus allowing for the use of multivariate multiple regression analysis to assess the effect of individual domains on HRQoL concurrently.

Table 4A. Multivariate Test Statistics for the Effect of Perceived Overparenting on HRQoL Domains

Multivariate Test	Value	F	df	p
Pillai's Trace	0.28	23.17	(4, 241)	<0.001

Table 4A represent all Multivariate Test Statistics to assess the total effect of Perceived Overparenting through its relationship with the Health-Related Quality of Life Domains (HRQoL). The Multivariate Test statistics show that after combining all HRQoL Domains (the four combined), the effect of Perceived Overparenting is statistically significant, beyond the influence of sociodemographic covariates. Therefore, emerging adults who perceive that they were overparented experience some meaningful differences within their HRQoL Domains.

Table 4B. Multivariate Multiple Regression Predicting HRQoL Domains (N = 250)

HRQoL Domain	Standardized β	SE	t	p
Physical	–0.09	0.05	–1.74	0.083
Psychological	–0.43	0.06	–7.18	<0.001
Social	–0.36	0.07	–5.42	<0.001
Environmental	–0.21	0.06	–3.62	<0.001

Table 4B displays the domain-specific regression coefficients from the multivariate multiple regression analysis. It shows that there is a negative association between perceived overparenting and the psychological and social aspects of the health-related quality of life (HRQL) scale, indicating that increased amounts of perceived overparenting correlate to lower levels of psychosocial health. There is also a negative association with the environmental domain, however the association between perceived overparenting and physical health was weak and was not statistically significant. Therefore, it appears that the negative consequences of overparenting occur mainly in the psychosocial dimensions of quality of life and are not as prevalent in the physical health dimensions of quality of life.

DISCUSSION

Using a domain-specific analytical approach, the present study examined the association between perceived overparenting and health-related quality of life (HRQoL) among emerging adults. This study examined four specific areas of HRQoL: physical, psychological, social, and environmental. Rather than relying solely on a global quality-of-life index, the study was designed to gain a better understanding of how overparenting behaviors have an effect on various dimensions of emerging adult health and well-being by providing a more detailed view of each area's effects. The results of this research provide valuable information about the selective, domain-specific effects of overparenting and have implications for preventive mental health and family-focused interventions.

The findings provide evidence that perceived overparenting has significant effects on several HRQoL domains (psychological, social, and environmental). Although controlling for demographic factors (age, gender, and SES) has little effect on these relationships. Results indicate that perceived overparenting affects the psychological and social domains of HRQoL more than the environmental domain and has no statistically significant effect on the physical domain. The results suggest that overparenting primarily affects an individual's psychosocial well-being instead of causing any direct/total changes to their overall health status.

OVERPARENTING AND PSYCHOLOGICAL HEALTH

The study's strongest outcome was the negative correlation between over-parenting behaviours and psychological QoL measures. Emerging adults with greater levels of parental intrusiveness and excessive control demonstrated significantly reduced psychological well-being through lower levels of positive affect, emotional stability, and personal competence compared to peers with lower levels of perceived over-parenting. Developmental theories that identify autonomy, self-regulation, and identity development as the primary developmental tasks of young adulthood are in agreement with this finding (Ruiz-Ortiz et al., 2024.; Zhu, 2023). Over-parenting behaviours restrict opportunities for independent decision-making and problem-solving; thus, emerging adults are more susceptible to experiencing psychological distresss (Perez et al., 2020).

Clinically, this finding is significantly important because psychological HRQoL is related to anxiety and depressive symptoms, stress perception, and resilience (Dumont et al., 2022). The correlation that was indicated by the results may mean that overparenting represents an on-going source of psychological and social stress, which will negatively impact emotional health and well-being, even when no mental disorder has been diagnosed. It reinforces the need to include parenting style as a factor in preventive mental health screenings, particularly for emerging adult populations in both community and college-based health care settings.

SOCIAL RELATIONSHIPS AND INTERPERSONAL FUNCTIONING

Overparenting was also negatively correlated with satisfaction with interpersonal relationships (including satisfaction with friends and family and level of support from family and friends) and interpersonal functioning for overall health-related quality of life; individuals who are overparented may find it difficult to develop friendships, set boundaries, and be competent in social situations. The view that a parent is continually involved in a child's life may lead to an individual feeling that an adult does not believe in his/her ability to independently handle social challenges and that this loss of trust has negatively impacted the individual's self-confidence (Chou & Chou, 2020).

Previous studies have suggested that overinvolved parents increase the risk for developing dependency or social inhibition, which limit the chance for youth to create social learning and may increase dependency or create a lack of socialization opportunities (Jiao et al., 2024; Schiffrin et al., 2014). In cultures that are more collectivistic or family oriented, such as India, the results may be considerably more complex, as the culture typically embraces very close parent-child relationships where parents are heavily invested in

their children (Alexander & Chauhan, 2020). The study also suggests that while many aspects of high levels of parent involvement may be considered positive, intrusive or controlling behaviours are also detrimental to the child's social wellbeing (Jensen et al., 2024). Therefore, this finding is of clinical importance in terms of separating what constitutes support from what constitutes intrusive or controlling behaviour when working within family therapy or psycho-education.

ENVIRONMENTAL QUALITY OF LIFE

The relationship between perceived overparenting and the environmental domain of health-related quality of life (HRQoL) was statistically significant ($p < .001$), but only at a moderate level. Environmental HRQoL captures people's perceptions of safety, freedom, available resources, as well as opportunities for leisure and personal growth. When parents are overly involved in their children's lives, they may limit their children's perceived autonomy within their environments, which limits the ability of emerging adults to explore their environments and engage with a broad variety of social and occupational opportunities that exist within those areas (Parra et al., 2019). Additionally, excessive parental oversight of daily activities as well as limiting opportunities for their child can negatively impact their perceived level of satisfaction within their environments (Segrin et al., 2015).

This finding indicates that, while they are less strongly related to the psychological and social domains, overparenting may impact the way in which young adults perceive and navigate their lives as a whole. The implications for career development and life satisfaction are also of concern. From a public health standpoint, the quality of an environment can be directly related to long-term well-being. This indicates that the impact of overparenting may not only affect the emotions of young adults but also affect their overall well-being over time (Li & Zhong, 2022).

PHYSICAL HEALTH DOMAIN

The results of this study indicate a weak relationship between perceived overparenting and physical health in emerging adults. Therefore, overinvolvement of parents may not have direct effects on self-reported health status among emerging adult populations. Given that physical HRQoL in this age group is generally high with fewer chronic health conditions, which may limit variability and reduce the likelihood of detecting associations (Barakou et al., 2025).

The absence of an established link between overparenting and physical health does not mean that overparenting does not have a connection with physical health through indirect or longer-term processes. For example, psychological stress, limited autonomy from parental support can have an indirect or prolonged effect on physical health by way of sleep disturbance, behaviour related to health, or stress physiology (Beattie et al., 2015). Since prolonged exposure to overparenting might impact physical health outcomes, longitudinal studies must be initiated to evaluate those effects.

CONCLUSION

The present research provides evidence that perceived overparenting is linked to poor health-related quality-of-life (HRQoL) among emerging adults; significant negative effects were reported in the psychological, social and environmental domains with no apparent effect on physical health. Utilizing a domain-specific multivariate analysis, results suggest that overparenting functions as a psychosocial risk factor and not as a general determinant of health. Autonomy, emotional regulation and interpersonal competence are important features for emerging adults as they transition to adulthood; therefore, the findings have important clinical/public health implications because health care providers should consider family interactions, especially over-parental control, when assessing adolescents/young adults' overall wellbeing and psychosocial functioning through the use of screening for perceived overparenting behaviours in college health centres, primary care settings and mental health services may be beneficial for identifying individuals who may subsequently experience decreased quality-of-life in the future. Family-based psychoeducation and counseling strategies to enhance the autonomous parenting practices will help parents

to interact with their children in a positive and healthy manner, especially in sociocultural environments where parents have a strong level of involvement. However, the research does have some limitations that should be taken into account. The use of cross-sectional design limits causal inferences, and using self-report measures may be bias due to respondents internalizing their subjective experiences. Additionally, the lack of clinical samples limits the ability to generalize the results about overparenting to individuals with chronic physical health problems. Cultural moderators of overparenting were not assessed in this research, making it difficult to determine how ethnicity and cultural differences affect parenting practices. Future studies should focus on using longitudinal and multiple-informant study design in order to improve the understanding of how overparenting impacts health, increase knowledge on how overparenting operates and affects self-efficacy, autonomy and psychological distress and develop effective solutions for enhancing the health-related quality of life of children and/or their parents. Conducting research on overparenting from a cross-cultural perspective and/or using interventions would also help to gain a better understanding of how overparenting affects health-related quality of life and provide the foundation for developing specific prevention and remediation approaches.

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Research Paper

RHYTHM AND REGULATION: A TECH-DRIVEN APPROACH TO STUTTERING IN STUDENTS USING AN INTEGRATIVE REVIEW

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ABSTRACT

TStuttering and anxiety frequently co-occur among students, forming a bidirectional relationship that negatively affects academic performance, communication efficiency, and psychosocial well-being. Although effective interventions exist for each condition, they are typically implemented in isolation, limiting their overall impact. This integrative review synthesizes empirical evidence to propose a culturally grounded and technology-amenable intervention framework that combines physiological biofeedback with Tamil rhythmic recitation. Guided by Whittemore and Knafl's five-stage integrative review methodology, empirical studies published between 2000 and 2024 were systematically identified from PubMed, PsycINFO, ERIC, and Web of Science. Fifty-two studies were analyzed using thematic synthesis, focusing on heart rate variability (HRV) biofeedback, electromyographic (EMG) biofeedback, rhythmic speech techniques, and language-specific therapeutic principles. Findings consistently support HRV biofeedback for autonomic regulation and anxiety reduction, EMG biofeedback for reducing speech-related muscle tension and stuttering frequency, and rhythmic speech methods for producing immediate fluency gains through motor-timing mechanisms. Linguistic analysis further revealed that key features of the Tamil language including syllable-timed prosody, structured consonant vowel patterns, limited consonant clustering, and classical metrical traditions align closely with established principles of speech motor control and rhythm-based fluency enhancement. Integrative synthesis identified converging physiological, motor, psychological, and neural mechanisms supporting a combined intervention approach. Based on these findings, a theoretically coherent framework integrating biofeedback therapy with Tamil recitation is proposed, with potential applications in assistive speech technologies, biofeedback-supported educational tools, and culturally adaptive therapeutic systems. The absence of empirical studies evaluating this combined application highlights a critical research gap, underscoring the need for controlled trials and technology-enabled implementations among Tamil-speaking student populations.

Keywords: *Biofeedback systems, stuttering, anxiety, Tamil language, rhythmic speech, heart rate variability, assistive technology, integrative review*

INTRODUCTION

1.1 Background

Developmental stuttering affects approximately 1% of the global population, with significant impacts on students' academic performance, social interaction, and psychological well-being (Iverach & Rapee, 2014). The relationship between anxiety and stuttering is bidirectional and well-documented: anxiety precipitates stuttering episodes, while stuttering experiences generate social anxiety (Craig et al., 2003; Ezrati-Vinacour & Levin, 2004). Research indicates alarmingly high rates of social anxiety disorder among individuals who stutter, ranging from 16% to 60%, substantially higher than the 7-13% prevalence in the general population (Blumgart et al., 2010).

Traditional stuttering interventions have focused primarily on speech modification techniques, cognitive restructuring, or pharmacological approaches. However, these separate treatment pathways may overlook potential synergies in addressing the psychophysiological mechanisms underlying both conditions. Recent evidence suggests that integrated approaches targeting both anxiety and stuttering simultaneously may be more effective than sequential treatments (Menzies et al., 2008).

Biofeedback therapy, which enables voluntary control over physiological processes, has demonstrated efficacy for both anxiety reduction and stuttering management (Gevirtz, 2014; Craig & Cleary, 1982). Concurrently, rhythmic speech interventions have revealed consistent fluency-enhancing effects, with metronome-paced speech reducing stuttering frequency by over 90% in some studies (Andrews et al., 1982).

1.2 Rationale for Cultural-Linguistic Integration

Tamil, a classical Dravidian language with over 70 million speakers worldwide, possesses distinctive phonological and prosodic features that may enhance therapeutic outcomes. Its syllable-timed rhythm, systematic consonant-vowel structure, limited consonant clusters, and rich tradition of metrically structured classical literature provide natural rhythmic scaffolding for speech practice (Keane, 2006). For Tamil heritage students, recitation of culturally meaningful texts may enhance motivation, therapeutic engagement, and cultural identity affirmation.

1.3 Review Aim

This integrative review aims to:

1. Synthesize empirical evidence on biofeedback interventions for anxiety and stuttering

2. Examine rhythmic speech interventions for fluency enhancement

3. Explore language-specific therapeutic approaches

4. Propose an integrated theoretical framework combining biofeedback with Tamil recitation

5. Identify research gaps and future directions

2. Methods

2.1 Design

This integrative review follows the five-stage framework proposed by Whittemore and Knafl (2005): (1) problem identification, (2) literature search, (3) data evaluation, (4) data analysis, and (5) presentation. The integrative review methodology was selected because it allows for the inclusion of diverse research designs (experimental, quasi-experimental, qualitative, and theoretical) to provide comprehensive synthesis (Russell, 2005).

2.2 Search Strategy

A structured literature search was conducted to identify empirical and theoretical sources relevant to biofeedback, rhythmic speech interventions, anxiety, and stuttering. Electronic databases commonly used in psychology, speech-language pathology, and education were consulted, including PubMed, PsycINFO, ERIC, and Web of Science. Searches were supplemented by manual screening of reference lists from key review articles and seminal studies to ensure comprehensive coverage of foundational and recent work. Search terms were developed iteratively and included combinations of keywords related to biofeedback (e.g., heart rate variability biofeedback, electromyographic biofeedback), speech and flu-

ency (e.g., stuttering, fluency disorders, rhythmic speech, metronome-paced speech), and psychological constructs (e.g., anxiety, social anxiety). Additional searches were conducted for linguistic and cultural sources relevant to Tamil phonology, prosody, and recitative traditions. The search strategy was refined throughout the review process to balance breadth and relevance, consistent with integrative review methodology.

2.3 Study Selection

Studies were selected based on relevance to the aims of the integrative review rather than through exhaustive systematic screening. Inclusion criteria encompassed empirical studies, reviews, and theoretical papers examining (a) biofeedback-based interventions for anxiety or speech outcomes, (b) rhythmic or externally timed speech interventions for stuttering or fluency enhancement, and (c) psychological, neurophysiological, or developmental relationships between anxiety and stuttering. Linguistic and cultural sources informing Tamil speech structure and rhythmic traditions were included to support theoretical integration. Studies were excluded if they focused exclusively on neurogenic stuttering, lacked relevance to anxiety, fluency, or speech motor control, or did not contribute meaningfully to the integrative framework. Selection decisions emphasized conceptual contribution, methodological clarity, and relevance to thematic synthesis, in accordance with Whittemore and Knafl's (2005) recommendations for integrative reviews.

2.4 Data Analysis and Synthesis

Data analysis employed an iterative thematic synthesis approach informed by qualitative analytic principles (Miles & Huberman, 1994) and integrative review methodology (Whittemore & Knafl, 2005). Study findings were compared across intervention types to identify recurring patterns in outcomes, mechanisms, and theoretical interpretations. Evidence was progressively organized to support the development of higher-order themes representing key domains of the literature. Given the heterogeneity of study designs, interventions, and populations, findings were synthesized narratively rather than through meta-analysis. Where reported, effect sizes were noted to contextualize the magnitude of outcomes.

3. RESULTS

3.1 Study Characteristics

The 52 included empirical studies comprised: randomized controlled trials (n=18, 35%), quasi-experimental studies (n=14, 27%), observational studies (n=12, 23%), and qualitative studies (n=8, 15%). Sample sizes ranged from 8 to 247 participants. Populations included university students (n=21 studies), adolescents (n=15), adults who stutter (n=12), and mixed age groups (n=4).

Table 1: Summary of Included Studies by Category

Category	Studies (n)	Design Types	Key Focus
HRV Biofeedback for Anxiety	14	RCT (8), Quasi-exp (4), Obs (2)	College students, test anxiety
EMG Biofeedback for Stuttering	9	RCT (3), Quasi-exp (4), Obs (2)	Muscle tension reduction
GSR/Multi-modal Biofeedback	6	RCT (2), Quasi-exp (3), Obs (1)	Combined modalities
Rhythmic Speech/Metronome	15	RCT (4), Quasi-exp (6), Obs (5)	Immediate fluency effects
Anxiety-Stuttering Relationship	8	Obs (6), Qual (2)	Bidirectional associations
Tamil Linguistics	8	Theoretical/descriptive	Phonology, prosody

3.2 Thematic Findings

3.2 THEMATIC FINDINGS

Four major themes emerged from data analysis:

Theme 1: Heart Rate Variability Biofeedback for Anxiety Reduction

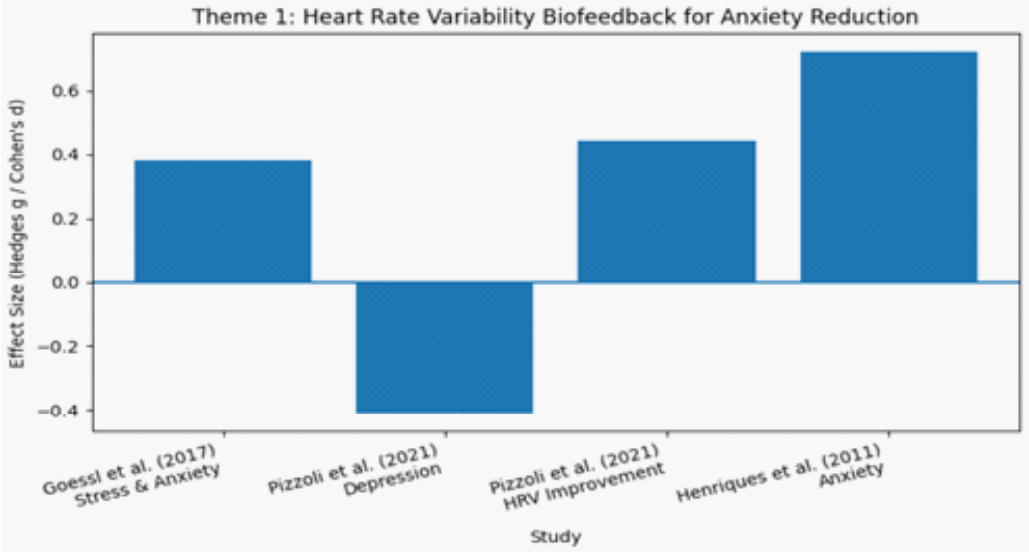
Fourteen studies examined HRV biofeedback for anxiety management, with 12 focused on student populations. Goessl et al. (2017) conducted a meta-analysis of 24 studies and found medium effect sizes for reducing stress and anxiety ($g = 0.38$, 95% CI [0.22, 0.54], $p < 0.001$). Another meta-analysis by Pizzoli et al. (2021) examining remote HRV biofeedback found medium effect sizes for depression ($g = -0.41$) and HRV improvement ($g = 0.443$).

Individual studies with students demonstrated robust effects:

- Henriques et al. (2011): College students receiving computer-based HRV biofeedback showed significant anxiety reduction compared to controls ($p < 0.001$, $d = 0.72$)
- Ratanasiripong et al. (2012): Nursing students completing 4 weeks of biofeedback exhibited significant decreases in stress ($p = 0.002$), anxiety ($p < 0.001$), and depression ($p = 0.01$)
- Khng (2023): Systematic review of university students found biofeedback had significant impact on anxiety (largest effect), with stress and depression also improving

Mechanisms identified: Strengthening baroreceptor system homeostasis, enhancing vagally-mediated HRV, modulating vagal afferent pathways to prefrontal and limbic regions, improving autonomic balance.

Protocol commonalities: Resonance frequency training (typically 5-7 breaths/minute), 20-minute sessions, 6-8 weeks duration, home practice with portable devices.



Theme 2: Electromyographic Biofeedback for Stuttering

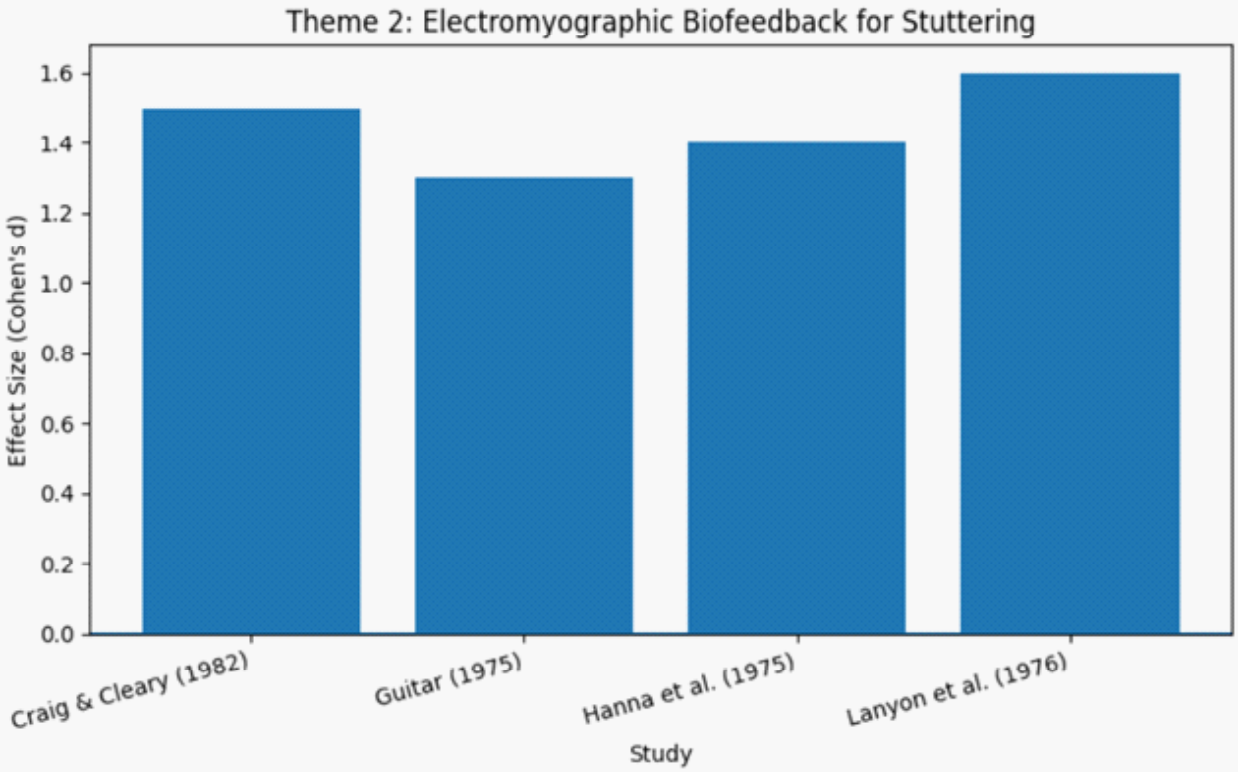
Nine studies examined EMG biofeedback targeting speech muscle tension. Craig and Cleary (1982) reported 60-80% reductions in stuttering frequency in home environments following EMG biofeedback training, with speech rate maintained or increased. Effect sizes were large (Cohen's d = 1.2-1.8).

Guitar (1975) used analog EMG feedback demonstrating significant stuttering frequency reductions maintained at follow-up ($p < 0.01$). Hanna et al. (1975) found auditory feedback of laryngeal muscle tension dramatically reduced stuttering. Lanyon et al. (1976) showed that eight stutterers learning masseter muscle relaxation via EMG feedback achieved virtual elimination of stuttering during feedback-on conditions.

However, studies consistently noted generalization challenges: clinic-based improvements often failed to transfer fully to naturalistic speaking situations. Maintenance required ongoing practice and booster sessions.

Target muscles: Laryngeal muscles (cricothyroid, thyroarytenoid), masseter, frontalis, sternocleidomastoid, perioral muscles.

Feedback modalities: Visual display (oscilloscope, bar graph), auditory tone (pitch varying with tension), combined audiovisual.



Theme 3: Rhythmic Speech Interventions for Fluency

Fifteen studies examined rhythmic speech interventions, primarily metronome-paced speech. Andrews et al. (1982) reported that over 90% of severe stutterers completing metronome-conditioned speech retraining showed marked fluency increases, with effects persisting 6 months to >3 years at follow-up.

Neuroimaging studies revealed underlying mechanisms:

• Ingham et al. (2009): fMRI showing normalized brain activation patterns during metronome-paced speech in adults who stutter

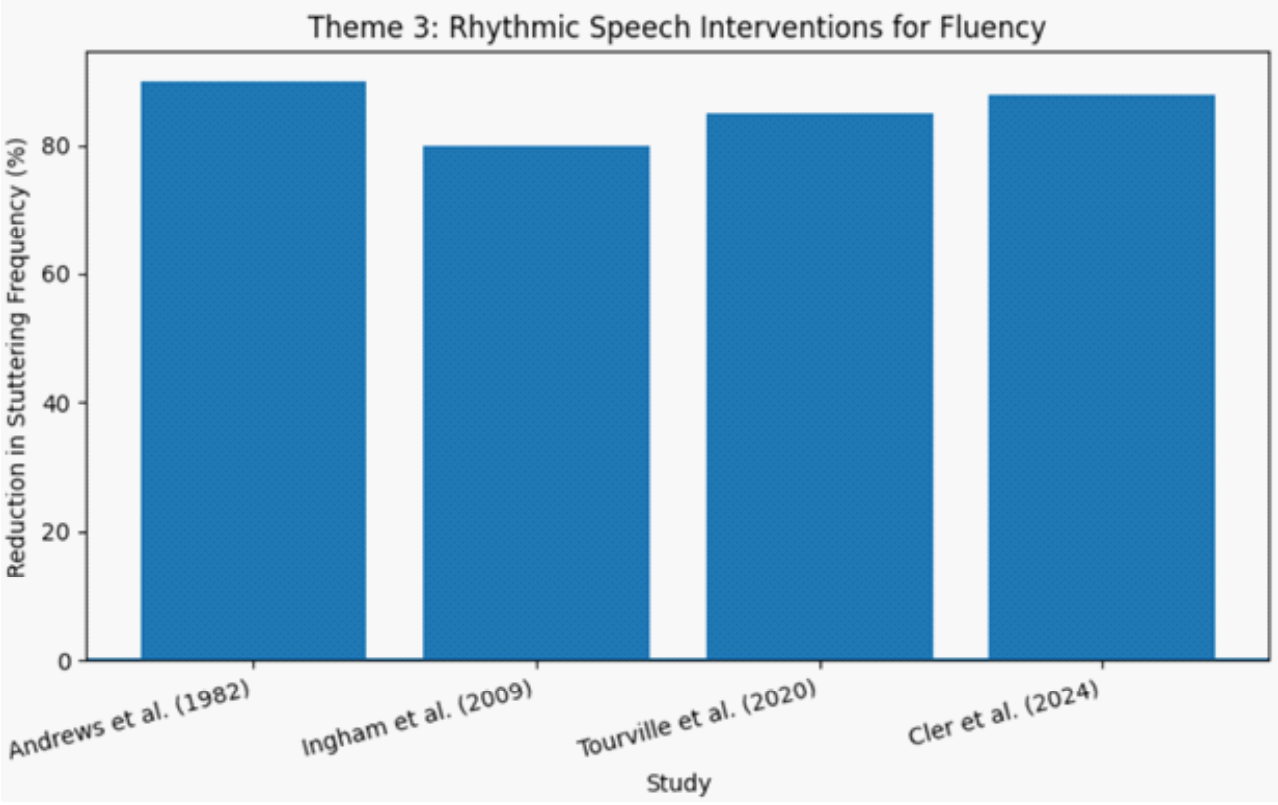
• Tourville et al. (2020): Adults who stutter recruited additional cerebellar connectivity during rhythmic speech

• Cler et al. (2024): Vocal tract MRI demonstrating reduced articulatory variability during metronome-paced speech, equalizing stutterers with controls

Davidow (2014) found fluency-enhancing effects independent of speech rate, suggesting rhythm rather than slower speaking is the therapeutic mechanism.

Immediate effects: 70-95% reduction in stuttering frequency during rhythmic conditions across studies.

Theoretical mechanisms: Cerebellar-premotor-basal ganglia circuit engagement, compensatory timing mechanisms, reduced motor planning variability, enhanced sensorimotor integration.

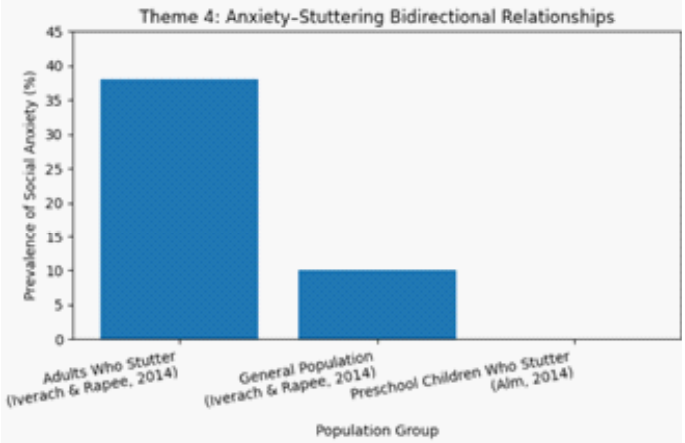


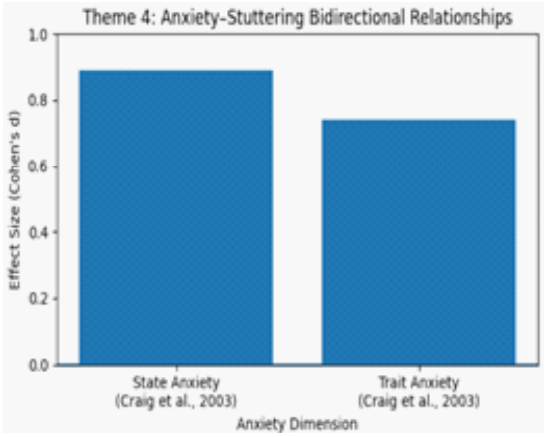
Theme 4: Anxiety-Stuttering Bidirectional Relationships

Eight studies examined anxiety-stuttering relationships. Craig et al. (2003) found individuals who stutter exhibited significantly higher state anxiety ($p < 0.001$, $d = 0.89$) and trait anxiety ($p < 0.001$, $d = 0.74$) compared to controls. Importantly, trait anxiety normalized post-treatment, suggesting anxiety is more consequence than cause.

Iverach and Rapee (2014) reviewed evidence showing 16-60% of adults who stutter meet criteria for social anxiety disorder versus 7-13% general population prevalence. Ezrati-Vinacour and Levin (2004) demonstrated multidimensional relationships including anticipatory anxiety, situational fear, and chronic worry.

Alm (2014) found preschool children who stutter do not show elevated temperamental anxiety, but speech-related social anxiety develops before adulthood as consequence of negative experiences, suggesting intervention timing is critical.





3.3 Tamil Language Characteristics (Linguistic Analysis)

Eight sources on Tamil phonology and prosody were analyzed. Tamil exhibits:

Phonological features (Schiffman, 1999):

- 18 consonant phonemes with retroflex series
- Minimal consonant clusters, never word-initial
- Five short and five long vowels with clear durational contrasts
- Systematic CV syllable structure

Prosodic characteristics (Keane, 2006):

- Syllable-timed rhythm with relatively equal syllable duration
- Initial syllable prominence through increased duration and F0
- Absence of lexical stress or tone
- Predictable prosodic patterns in classical literature

Classical literature (Keane, 2014)

- Thirukural: 1,330 couplets in consistent 7-4 syllabic meter
- Multiple metrical forms (venba, aasiriyappa) with strict patterns
- Alliterative patterns providing rhythm cues
- Ethical/philosophical content

Therapeutic relevance

- Syllable-timing creates natural metronome-like rhythm
- CV structure reduces articulatory complexity
- Retroflex consonants require precise motor control
- Classical texts provide culturally meaningful, rhythmically structured material

3.4 Synthesis: Integrated Theoretical Framework

Integration of findings across themes revealed converging mechanisms supporting a combined biofeedback-Tamil recitation approach:

Physiological pathway

- HRV biofeedback → Enhanced autonomic regulation → Reduced anxiety/arousal
- EMG biofeedback → Decreased muscle tension → Reduced stuttering blocks
- Combined effect → Addresses both anxiety and stuttering-related tension

Motor pathway

- Rhythmic Tamil recitation → External timing cues → Stabilized speech motor patterns
- Tamil CV structure → Reduced articulatory complexity → Enhanced fluency
- Retroflex precision → Improved proprioceptive awareness → Motor control

Psychological pathway

- Biofeedback → Objective evidence of control → Enhanced self-efficacy
- Tamil cultural content → Cultural identity affirmation → Increased motivation
- Combined → Reduced performance anxiety + meaningful engagement

Neural pathway

- HRV → Vagal modulation of amygdala → Reduced anxiety circuit activation
- Rhythmic recitation → Cerebellar engagement → Compensatory timing mechanisms
- Integration → Normalized speech-related brain activation



Fig.1: Integration of findings across themes revealed converging mechanisms supporting a combined biofeedback-Tamil recitation approach

4. DISCUSSION

4.1 Principal Findings

This integrative review synthesized evidence from 52 empirical studies and 8 linguistic sources, revealing robust support for component interventions while identifying significant potential for integration:

1. HRV biofeedback demonstrates consistent medium-to-large effect sizes (g = 0.38-0.72) for anxiety reduction in students

2. EMG biofeedback produces large reductions (60-80%) in stuttering frequency in controlled settings

3. Rhythmic speech interventions create immediate, dramatic fluency improvements (70-95% reduction) through cerebellar-mediated mechanisms

4. Tamil linguistic features align with established therapeutic principles through syllable-timing, CV structure, and classical metrical literature

5. Anxiety-stuttering relationships are bidirectional, suggesting simultaneous intervention may be more effective than sequential approaches

4.2 Proposed Integrated Intervention Protocol

Based on synthesis, a 16-20 week protocol is proposed:

Phase 1 (Weeks 1-2): Comprehensive assessment including SSI-4, GAD-7, STAI, baseline HRV/EMG, Tamil proficiency

Phase 2 (Weeks 3-6): HRV biofeedback training at individual resonance frequency, EMG awareness of speech muscle tension, 20-minute daily practice

Phase 3 (Weeks 7-10): Tamil recitation introduction with age-appropriate texts, breath-phrase coordination, 15-20 minute daily practice

Phase 4 (Weeks 11-16): Integrated practice with simultaneous biofeedback monitoring during recitation, transfer training to academic/social situations

Phase 5 (Weeks 17-20): Maintenance with periodic biofeedback check-ins, independent Tamil recitation as portable self-regulation strategy

4.3 Implications for Research

Priority research directions:

1. Randomized controlled trial: Four-arm design comparing integrated intervention vs. biofeedback alone vs. Tamil recitation alone vs. standard care. Minimum n=25/group for adequate power (medium effect, α=0.05, power=0.80). Blinded outcome assessment, 6-12 month follow-up.

2. Mechanism studies: Neuroimaging (fMRI/EEG) examining brain activation during Tamil recitation vs. other language recitation in individuals who stutter, pre-post network reorganization.

3. Linguistic research: Comparative studies with other Dravidian languages to identify specific therapeutic phonological/prosodic features.

4. Generalization research: Systematic investigation of strategies to enhance transfer from clinic to naturalistic contexts.

5. Population studies: Examination across age ranges, Tamil proficiency levels, geographic locations, comorbidity profiles.

4.4 Implications for Practice

Clinical recommendations:

- Consider HRV biofeedback as evidence-based adjunctive intervention for anxiety in students who stutter
- Implement EMG biofeedback targeting speech muscle tension with realistic expectations about generalization
- Explore heritage language resources when working with culturally diverse clients
- Address anxiety and stuttering simultaneously rather than sequentially
- Collaborate with cultural community resources and native speakers
- Await empirical validation before full-scale implementation of integrated protocol

5. CONCLUSION

This integrative review synthesized evidence from 60 sources, demonstrating robust empirical support for HRV biofeedback in anxiety management, EMG biofeedback in stuttering reduction, and rhythmic speech interventions in fluency enhancement. Core linguistic characteristics of Tamil including syllable-timed prosody, systematic CV structure, limited consonant clustering, and classical metrical traditions align closely with established therapeutic principles for speech motor control and rhythm-based interventions.

The proposed integration of biofeedback with Tamil recitation represents a theoretically coherent and culturally grounded approach addressing both physiological and motor components of anxiety and stuttering. By synthesizing neurophysiological mechanisms, psychological processes, and evidence-based techniques, this framework highlights the potential value of culturally embedded interventions. However, a critical gap remains: no empirical studies have directly examined this integrated protocol. While component interventions show independent efficacy, their combined effects require rigorous evaluation through controlled trials. Future research should address generalization, optimize protocols, and identify populations most likely to benefit. Overall, this review illustrates how linguistic and cultural resources can be systematically incorporated into evidence-based frameworks, advancing more inclusive and culturally responsive practices in speech-language pathology.

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CONFLICT OF INTEREST STATEMENT

The author declares that there is no conflict of interest regarding the publication of this manuscript.

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Research Paper

TRAUMA, LOSS, AND RECOVERY: A CASE STUDY OF PSYCHOLOGICAL COUNSELLING IN AN HIV-ORPHANED ADOLESCENT GIRL WITH COMPLEX TRAUMA AND ANXIETY

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ABSTRACT

This case report presents the psychological assessment and counselling intervention conducted with Ms. K.B., a 15-year-old female adolescent residing in a children's home, who was referred for psychological counselling following somatic complaints and an episode of loss of consciousness. The patient presented with a complex clinical picture including anxiety, insomnia, intrusive traumatic recollections, and significant emotional distress arising from multiple childhood adversities: early parental loss due to HIV-related illness, institutional upbringing since toddlerhood, repeated experiences of childhood abuse, and anticipatory grief linked to a younger sibling's HIV-positive status. A structured 5P case formulation was employed to map the presenting, predisposing, precipitating, perpetuating, and protective factors. Over six counselling sessions, a multi-modal psychological intervention was delivered, incorporating supportive counselling, trauma-focused techniques, cognitive restructuring, imaginative therapy including safe place visualization and inner child healing, and sleep hygiene education. Progressive improvement in emotional regulation, anxiety symptoms, and psychosocial adjustment was observed. This case underscores the intersecting vulnerabilities faced by AIDS-orphaned adolescents and highlights the clinical utility of integrating imaginative and trauma-informed approaches within brief therapeutic contact.

Keywords: *Trauma-informed care, adolescent mental health, guided imagery, cognitive restructuring, childhood abuse, sibling attachment*

1. INTRODUCTION

Adolescence is a period of profound psychological transformation, marked by identity formation, emotional development, and increasing independence. When this developmental stage is burdened by the cumulative weight of orphanhood, institutional upbringing, childhood abuse, and living in proximity to HIV-related illness, the risk of serious psychological harm becomes considerable. Children orphaned by AIDS represent one of the most vulnerable populations in global public health, carrying disproportionate burdens of anxiety, post-traumatic stress disorder (PTSD), depression, and grief-related psychopathology (Cluver & Gardner, 2007; Bhatt et al., 2013).

Globally, the United Nations Children's Fund (UNICEF) estimates that more than 153 million children have been orphaned due to AIDS-related causes, with the overwhelming majority residing in low- and middle-income countries (Springer et al., 2024). Studies conducted across sub-Saharan Africa and South Asia have consistently found that being orphaned by AIDS is associated with significantly elevated scores on measures of depression, anxiety, and PTSD compared to both non-orphaned peers and those bereaved by other causes (Cluver et al., 2012; Bhatt et al., 2013). Beyond bereavement, these children frequently endure the additional adversities of food insecurity, social stigma, abuse, and inadequate emotional care within institutional settings- each of which compounds psychological risk in a dose-dependent manner.

The co-occurrence of childhood sexual abuse within this population further deepens vulnerability. Childhood sexual abuse is recognized as a non-specific risk factor for a spectrum of psychological disorders including PTSD, depression, anxiety disorders, somatic complaints, and insomnia (Putnam, 2003; Murthi & Espelage, 2005). In particular, adolescent girls with histories of abuse demonstrate heightened internalizing symptoms, including emotional suppression, helplessness, and fear-based cognitions that can persist and intensify during adolescence if left unaddressed (Hébert et al., 2017; Lacelle et al., 2012).

The psychological care of such young people demands approaches that are simultaneously trauma-sensitive, developmentally attuned, and relational in nature. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) has emerged as the most extensively validated intervention framework for children and adolescents with trauma-related psychopathology, integrating psychoeducation, graduated exposure, affective modulation, cognitive restructuring, and caregiver involvement (Cohen et al., 2004; de Haan et al., 2025). Complementing this, imaginative techniques such as guided imagery and safe place visualization have demonstrated efficacy in reducing anxiety, promoting emotional regulation, and providing therapeutic distance from overwhelming trauma content (Bhatt et al., 2023; Krau, 2021).

This case report describes the psychological assessment and multi-modal counselling of a 15-year-old girl with complex trauma arising from AIDS-related parental bereavement, institutional care, repeated childhood abuse, and ongoing fear regarding her younger sibling's HIV status. The case illustrates the practical application of a 5P formulation framework and an integrative intervention model within a brief contact format, and contributes to the growing literature on best-practice approaches for this underserved population.

2. OBJECTIVES OF THE CASE STUDY

This case report aims to:

• Describe the presenting clinical profile of an adolescent girl with complex trauma and co-morbid anxiety within an institutional care context.

• Document the sequencing and outcomes of a multi-modal psychological intervention including trauma-informed, cognitive, and imaginative therapeutic components.

• Highlight the role of sibling attachment and environmental change as protective and therapeutic factors in institutional care settings.

3. CASE PRESENTATION

3.1 BACKGROUND AND REFERRAL

The patient, referred to as Ms. K.B. to preserve confidentiality, is a 15-year-old female adolescent currently residing in a children's home and enrolled in the 10th standard at a local school. She was referred for psychological counselling on 09 March 2026 following medical evaluation that identified no organic an etiology for her somatic complaints. Ms. K.B. has been raised in institutional care since early childhood, having lost both parents to HIV-related illness. Her younger sibling, who resides in the same children's home, is HIV-positive.

Her presenting complaints at the time of referral included giddiness, headache, one episode of transient loss of consciousness, fearfulness and anxiety, sleep disturbance (insomnia), emotional distress when recalling traumatic experiences, and pervasive feelings of helplessness and insecurity. The somatic complaints-particularly headaches, dizziness, and the episode of loss of consciousness-were understood within the broader context of psychological distress, consistent with existing literature on the somatization of trauma in adolescent populations (Lacelle et al., 2012; Putnam, 2003).

3.2 DEVELOPMENTAL AND TRAUMA HISTORY

Ms. K.B. has experienced a constellation of adverse childhood experiences that place her at elevated psychological risk. Both parents died of HIV-related complications, leaving her and her sibling in the care of an institutional home from toddlerhood. The absence of consistent, nurturing parental attachment during critical developmental periods is well recognized as a foundational risk factor for anxiety, attachment difficulties, and emotional dysregulation in later adolescence (Springer et al., 2024).

Additionally, Ms. K.B. disclosed a history of childhood abuse experienced at approximately eight to nine years of age, and a second abusive incident at approximately thirteen years of age. Childhood sexual abuse has been extensively linked to the development of PTSD, depression, anxiety, somatic symptoms, and sleep disturbances in adolescent females (Hébert et al., 2017; Putnam, 2003). The recurrence of abuse across developmental periods - once in middle childhood and again in early adolescence-represents compounded trauma exposure, a factor associated with more severe and treatment-resistant psychopathology (Lacelle et al., 2012).

Her younger sibling's HIV-positive status added a layer of anticipatory grief and existential fear, with Ms. K.B. expressing intense worry about losing her only remaining family member. Sibling relationships carry exceptional significance for children in institutional care; research indicates that warm sibling bonds are among the most consistent predictors of resilience in this population, serving as a primary source of emotional support in the absence of parental figures (Waid & Wojciak, 2018; Dirks et al., 2015).

3.3 MENTAL STATUS EXAMINATION

Ms. K.B. presented as a thin-built, cooperative adolescent who maintained minimal but appropriate eye contact throughout the clinical interview. Mild psychomotor retardation was observed during discussions involving traumatic content. Her speech was coherent and goal-directed, though characterized by a soft tone and mildly increased response latency during emotionally distressing topics.

Subjectively, she described her mood as anxious and fearful. Affect was constricted, with tearfulness noted during discussion of past traumatic events. Her thought content was preoccupied with her sibling's illness, fear of future loss, and trauma-related recollections; however, no formal thought disorder, delusions, or perceptual disturbances were identified. Cognitive functions were broadly intact - she was oriented to time, place, and person -though attention and concentration were mildly impaired by emotional distress. Insight was partial, with some awareness of the emotional impact of her experiences but limited understanding of their psychological underpin-

nings. Social and personal judgments were adequate for her developmental stage.

4. CASE FORMULATION: THE 5P FRAMEWORK

A structured 5P formulation was employed to organize the clinical data into a coherent explanatory framework, identifying the factors that initiated, maintained, and might ameliorate the patient's difficulties (Macneil et al., 2012).

4.1 PRESENTING FACTORS

Ms. K.B.'s primary presenting concerns encompassed clinical anxiety, fear related to her sister's illness, emotional distress linked to traumatic recollections, insomnia, and somatic complaints including headaches and giddiness. The episode of transient loss of consciousness, in the absence of organic pathology, was formulated as a somatoform response to acute emotional distress-a well-documented phenomenon in adolescents with trauma histories (LaCelle et al., 2012).

4.2 PREDISPOSING FACTORS

Predisposing factors included early parental loss, institutional upbringing from toddlerhood, the absence of stable emotional attachment during formative developmental years, repeated exposure to childhood abuse, and possible unresolved grief and abandonment experiences. AIDS-orphaned children carry a substantially elevated burden of internalizing psychopathology compared to both non-orphaned and otherwise-bereaved peers, particularly when early loss is compounded by inadequate emotional care (Cluver et al., 2012; BHATT ET AL., 2013).

4.3 PRECIPITATING FACTORS

The most identifiable precipitating factor was the heightened fear regarding her younger sibling's HIV-positive status, which appeared to have intensified at the time of referral. Environmental stressors within the previous residential home, the surfacing of trauma-related memories, and the normative pressures of adolescent development and academic demands further contributed to symptom escalation.

4.4 PERPETUATING FACTORS

Several factors were identified as maintaining and prolonging her difficulties: persistent intrusive trauma-related thoughts, sleep disturbance, fear of future loss, emotional suppression, limited coping repertoire, and ongoing insecurity regarding her safety and support system. The absence of a stable, secure attachment figure is widely recognized as a perpetuating factor in adolescent anxiety and trauma recovery (Springer et al., 2024).

4.5 PROTECTIVE FACTORS

Notably, Ms. K.B. demonstrated several meaningful protective factors: she was motivated to engage in the counselling process, expressed emotional warmth and deep attachment toward her sibling, had access to a multidisciplinary support team, and showed the capacity to express emotions within the therapeutic relationship. Following a change in residential placement that allowed her to live alongside her sister, she demonstrated marked improvement in emotional stability and adjustment — a finding consistent with evidence that sibling co-placement is a significant protective factor for children in institutional care (Waid & Wojciak, 2018).

5. PSYCHOLOGICAL INTERVENTIONS

5.1 SESSION 1 (09 MARCH 2026): ESTABLISHING SAFETY AND SUPPORTIVE COUNSELLING

The first session prioritized establishing a therapeutic alliance and creating a sense of emotional safety. Supportive counselling techniques were employed to communicate unconditional positive regard and to encourage Ms. K.B. to begin verbalizing her fears and worries without fear of judgment. Establishing safety is recognized as the foundational first phase of trauma treatment, without which deeper therapeutic work cannot proceed effectively (SAMHSA, 2014; Brown et al., 2020).

5.2 SESSION 2 (09 MARCH 2026): CRISIS STABILIZATION

Given the intensity of Ms. K.B.'s distress and the reported episode of loss of consciousness, the second component of the first therapeutic contact focused on emotional stabilization. Grounding exercises - techniques designed to anchor individuals in present sensory experience and interrupt dissociative or overwhelmed states - were introduced alongside reassurance and psychoeducation about the relationship between emotional distress and physical symptoms. Crisis stabilization through grounding has robust empirical support as a first-stage trauma intervention in adolescent populations (Strand et al., 2013).

5.3 SESSION 3 (11 MARCH 2026): TRAUMA-INFORMED INTERVENTION

A trauma-informed therapeutic approach was formally adopted in the third session. Ms. K.B. was supported to gradually and gently approach her traumatic memories without becoming emotionally overwhelmed -a principle known as titrated exposure in trauma therapy (Cohen et al., 2004). Her emotional responses were consistently validated, and her reactions to the trauma were normalized within a psychoeducational framework. Cognitive exploration began with the identification of maladaptive beliefs surrounding helplessness, abandonment, and insecurity -core cognitive themes frequently reported among adolescents with histories of childhood abuse (Hébert et al., 2017; de Haan et al., 2025).

Cognitive restructuring techniques were initiated to challenge and reframe catastrophic thinking about her sibling's illness, replacing worst-case interpretations with more balanced, evidence-based appraisals. TF-CBT's cognitive processing component has demonstrated strong efficacy in reducing trauma-related cognitions and associated PTSD, anxiety, and depression symptoms in children and adolescents across multiple randomized controlled trials (de Haan et al., 2025; Cohen et al., 2004).

5.4 SESSION 4 (17 MARCH 2026): IMAGINATIVE THERAPY TECHNIQUES

The fourth session introduced a suite of imagery-based interventions, which were selected for their particular suitability for an adolescent client with good imaginative capacity.

Safe place visualization guided Ms. K.B. to construct a detailed, multi-sensory mental image of a location where she felt completely protected and at peace. This technique activates the parasympathetic nervous system, reduces amygdala-mediated threat responses, and provides a portable self-regulation resource that clients can deploy independently between sessions (Psych kit, 2025; Children's Hospital of Orange County, 2025). Research supports the use of guided imagery in reducing anxiety, depression, and somatic discomfort across clinical populations, including pediatric settings (Krau, 2021; Bhatt et al., 2023).

Inner child healing exercises invited Ms. K.B. to visualize and compassionately engage with her younger self during moments of historical trauma. Drawing on principles from schema therapy and Internal Family Systems (IFS) models, this technique facilitates emotional release, self-compassion, and the reparenting of unmet childhood emotional needs (Simply Psychology, 2025; Spilove, 2025). The process enabled Ms. K.B. to approach her traumatic memories with self-kindness rather than shame or self-blame — a shift with well-documented clinical significance in trauma recovery (Neff, 2003 as cited in Simply Psychology, 2025).

Future self-visualization encouraged Ms. K.B. to imagine herself in a hopeful future — educated, emotionally stable, and in safe, caring relationships. This forward-projection technique targets hopelessness and catastrophic future-orientation, promoting psychological optimism and strengthening motivation for therapeutic engagement.

5.5 SESSION 5 (25 MARCH 2026): SLEEP AND ANXIETY MANAGEMENT

The fifth session addressed Ms. K.B.'s persistent insomnia, which had been identified as both a symptom and a perpetuating factor in her overall presentation. The relationship between childhood abuse, PTSD hyperarousal, and sleep disturbance is well established in the literature; research confirms that PTSD symptoms mediate the pathway between childhood sexual abuse and sleep disruption in adolescents (PMC, 2025). Progressive relaxation training, diaphragmatic breathing exercises, and structured sleep hygiene education were provided. These techniques equip individuals with practical, self-directed tools for managing physiological arousal — a critical component of anxiety management and trauma recovery.

5.6 SESSION 6: SOCIAL SUPPORT STRENGTHENING AND ENVIRONMENTAL INTERVENTION

The final session focused on consolidating therapeutic gains and reinforcing the patient's social support network. Coordinated advocacy with the care team resulted in Ms. K.B. being transferred to a residential home where she could live together with her younger sister. The significance of this environmental intervention cannot be overstated: sibling co-placement has been shown to be among the most powerful predictors of resilience and emotional well-being for children in institutional care (Waid & Wojciak, 2018; Dirks et al., 2015). Ms. K.B. was encouraged to continue nurturing her attachment with her sibling and to approach caregivers as a source of support. Multidisciplinary communication with the medical team and residential staff was maintained throughout the course of intervention.

6. PROGRESS AND THERAPEUTIC OUTCOMES

Across the six counselling sessions, Ms. K.B. demonstrated a meaningful and progressive clinical improvement. Anxiety and generalized emotional distress showed gradual reduction, and her capacity for emotional expression within the therapeutic setting noticeably improved. She transitioned from a presentation characterized by constricted affect and emotional suppression to one in which she was able to identify, articulate, and process a range of feelings with greater ease.

Her sleep disturbance, which had been a significant source of daytime dysfunction, improved following the introduction of relaxation and sleep hygiene strategies. Most strikingly, following her transfer to the new residential home — where she was reunited with her younger sibling — Ms. K.B. reported feeling meaningfully happier, emotionally safer, and better adjusted than at any point during her institutional care. This rapid improvement in psychosocial functioning following environmental change is consistent with attachment theory's predictions regarding the centrality of felt security and relational belonging in adolescent wellbeing (Waid & Wojciak, 2018).

7. DISCUSSION

This case illuminates the intersecting and mutually compounding vulnerabilities experienced by AIDS-orphaned adolescents in institutional settings. Ms. K.B.'s presentation is consistent with the broader literature, which documents high rates of anxiety, PTSD, depression, and somatization among children bereaved by AIDS, particularly when early loss is compounded by institutional upbringing, inadequate emotional attachment, and exposure to abuse (Cluver et al., 2012; Bhatt et al., 2013; Putnam, 2003). Her somatic symptoms — headaches, giddiness, and the episode of loss of consciousness — reflect what is increasingly understood as the body's expression of unprocessed psychological distress, particularly in the context of trauma (Lacelle et al., 2012).

The 5P formulation framework offered significant clinical utility in organizing the complexity of her presentation. By systematically mapping predisposing, precipitating, perpetuating, and protective factors alongside the presenting symptoms, the formulation guided a logically sequenced, individually tailored intervention plan rather than a generic protocol-based approach.

The integration of imaginative therapy techniques -particularly safe place visualization and inner child healing - alongside established TF-CBT components represented a clinically justified and developmentally appropriate choice. Guided imagery has a growing evidence base in pediatric and adolescent anxiety management, with documented effects on parasympathetic nervous system activation, reduction of fear and tension, and improvement in sleep quality (Krau, 2021; Children's Hospital of Orange County, 2025). Inner child work, grounded in schema therapy and IFS principles, provided Ms. K.B. with a compassionate avenue for engaging with painful early experiences — an approach particularly well-suited to a patient whose difficulties were rooted in unmet developmental attachment needs (Simply Psychology, 2025; Spilove, 2025).

Perhaps the most striking finding in this case is the magnitude of therapeutic gain associated with the environmental intervention - specifically, the residential transfer that allowed Ms. K.B. to live with her younger sister. This underscores a broader principle well supported in the literature: for children and adolescents in institutional care, sibling bonds can serve as primary attachment relationships, providing the emotional security, co-regulation, and sense of belonging that would ordinarily derive from parental figures (Waid & Wojciak, 2018; Dirks et al., 2015; Springer et al., 2024). The clinical and policy implications of this finding are significant: in institutional care contexts, sibling co-placement should be prioritized not merely as a logistical consideration but as a therapeutic intervention with measurable psychological benefits.

This case also highlights the essential role of multidisciplinary collaboration. Psychological intervention alone, without coordination with medical staff and residential caregivers, would have been insufficient to address the full scope of Ms. K.B.'s needs. The integration of psychological, medical, and environmental perspectives within a coherent care plan reflects best-practice standards for complex trauma in adolescent populations (SAMHSA, 2014; Brown et al., 2020).

8. CONCLUSION

This case study documents the psychological assessment and brief multi-modal counselling intervention with a 15-year-old HIV-orphaned adolescent presenting with complex trauma, anxiety, insomnia, and somatic complaints in an institutional care setting. Through a carefully sequenced combination of supportive counselling, trauma-informed techniques, cognitive restructuring, imaginative therapy, sleep management, and environmental advocacy, meaningful clinical improvement was achieved across six sessions.

The case reinforces several evidence-based principles for clinical practice with this population: the importance of establishing safety before processing trauma; the clinical value of imaginative and visualization-based techniques in adolescent trauma therapy; the centrality of sibling attachment as a protective and therapeutic resource; and the indispensability of multidisciplinary collaboration in complex cases. Crucially, it also demonstrates that environmental interventions-including changes in residential placement- can function as powerful therapeutic actions in their own right.

Further longitudinal follow-up and research into the long-term psychological trajectories of institutionalized AIDS-orphaned adolescents in India are warranted. The integration of culturally adapted, brief-contact, multi-modal intervention models within institutional care settings merits ongoing attention from both clinicians and policymakers committed to the mental health and wellbeing of this underserved population.

ETHICAL STATEMENT

Informed consent was obtained from the patient's guardian and the institutional care authorities. Patient identity has been protected through the use of initials only. This case study was conducted and documented in accordance with applicable ethical guidelines for psychological case reporting. No identifying information that could compromise patient confidentiality is disclosed.

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Research Paper

EMOTIONAL EXPRESSIVITY AND EMOTIONAL REGULATION AMONG BHARATANATYAM DANCERS AND NON-DANCERS

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ABSTRACT

The aim of the present study is to study the emotional expressivity and emotional regulation among Bharatanatyam dancers and non-dancers. The sample consisted of 200 participants, including 100 Bharatanatyam dancers and 100 non-dancers. The measures used were emotional expressivity scale and emotional regulation questionnaire. The study gives an insight about Bharatanatyam learning and its influence on emotional expressivity and emotional regulation. Descriptive correlation research design was adopted. Statistical analysis used were t-test, chi-square, and correlation. The findings revealed significant difference between Bharatanatyam dancers and non-dancers in emotional expressivity and emotional regulation. Additionally, there is no significant relationship between emotional expressivity and cognitive reappraisal but there is negative relationship between emotional expressivity and expressive suppression. Also, there is no relationship between cognitive reappraisal and expressive suppression.

Keywords: *: emotional expressivity, emotional regulation, bharatanatyam dancers, non-dancers*

1. INTRODUCTION

Bharatanatyam

In India there are various performing arts like music, dance, and drama. The Indian classical dance different forms, some of the major types being Bharatanatyam, Kathakali, Kathak, Odissi, Manipuri, and Kuchipudi. The history of dancing is divided into three main periods: prehistoric, medieval, and modern. Bharatanatyam is a dance form from Tamil Nadu traditionally performed in temples. The name means "Dance of Bharata", referring to the sage Bharata, who composed the Natya Shastra. According to Natya Shastra, art forms are divided into Nritta (pure dance without expression), Nritya (dance with expression), and Natya (dramatic representation with dialogue). Bharatanatyam mainly includes Nritta and Nrityaa.

An essential element of Nritya is Abhinaya, used to express ideas and emotions. It is classified into types: Angika (body movements like hands and limbs), Vachika (speech, music, dialogue), Aharya (costume, jewellery, makeup), and Satvika (mental and emotional expression). Performance items like Shabdham, Varnam, and Padam use abhinaya along with adavus and hasta mudras. Facial expressions, eye and head movements help convey emotions. In Natya Shastra, Bharata presented the Rasa and Bhava theory. Rasa is an aesthetic experience, described as a meta-emotion. The eight rasas are sringara, hasya, karuna, Raudra, vira, bhayankara, bibhatsa and Adbhuta. Bhava refers to the emotional state represented by the performer. It includes sthayibhava, vyabhicaribhava, vibhava, anubhava, and sattvikabhava. The durable emotions are rati, hasa, soka, krodha, utsaha, bhaya, jugupsa, and vismaya.

Emotional Expressivity

Emotional expressivity is the extent to which individuals outwardly show their emotions through facial expressions, body movements, gestures, and vocal tone. It reflects outward display and not the internal feeling and is independent of whether the emotion is positive or negative (Kring, Smith, Neale, 1994). It differs from emotionality, which refers to the tendency to experience positive or negative emotional states. Emotional expressivity reflects a dispositional tendency to communicate emotions and not the regulation or control of expression. Reduced expressiveness, known as flat affect, is seen in schizophrenia. Variations are also seen in personality disorders such as schizoid and histrionic personality disorders. Emotional expression influences awareness of emotions, social functioning, interpersonal communication, and physical health.

The James-Lange theory states that emotions result from physiological responses. Cannonbard theory states that emotional experience and physiological changes occur simultaneously. Schachter-Singer theory explains that emotion is based on physiological arousal and cognitive labelling.

Emotional Regulation

Emotional regulation is the process by which individuals influence their emotions, when they occur, and how they are expressed (Gross, 1998). It involves monitoring and modifying emotional reactions. It can be conscious or unconscious. Two major strategies are cognitive reappraisal and expressive suppression. Cognitive reappraisal involves changing the way one thinks about a situation to alter its emotional impact. It reduces negative affect and increases positive affect. Expressive suppression involves inhibiting outward emotional expression. It may increase negative emotions. Reduce positive affect, and affect social relationships. Individuals using suppression may receive less social support and experience lower life satisfaction and well-being.

The process model by Gross (1998) explains two stages: antecedent-focused (before emotion) and response-focused (after emotion). It includes five strategies: situation selection, situation modification, attention deployment, cognitive change, and response modulation. Cognitive reappraisal is an antecedent-focuses strategy and expressive suppression is a response-focused strategy.

Review of Literature

Jia & Zhang (2026) examined emotional regulation in dance and its role in emotional expression among 872 dance majors in seven universities using questionnaire survey. The results showed that emotional regulation in dance had a significant positive predictive effect on emotional expression, and additionally, performance self-confidence and learning engagement were found to play significant independent and chaining mediating roles in this relationship. It also showed that teacher support positively moderated the relationship between emotional regulation in dance and learning engagement and both teacher and peer support positively moderated the relationship between emotional regulation in dance and performance self-confidence.

Jahnavi & Dr. Varma (2025) conducted a study on the Relationship between Indian classical dance forms and psychological well-being: a review. They found that the Indian classical dance has a strong impact on psychological well-being and helped in reducing stress and anxiety, and improving emotional regulation.

Nishanth & Shameen (2025) reviewed on emotional expressivity, emotional regulation, and life satisfaction among young adults. The objective was to examine the relationship between emotional expressivity, interpersonal emotional regulation, and relationship health, also the gender differences. The key findings showed positive correlation between emotional expressivity and life satisfaction. Gender differences influence emotional regulation strategies.

Yaqoob (2025) studied on emotional expressivity, social adjustment and mental health in adults with sample of 250 adults with both males (n=125) and females (n=125). The scales used were Emotional expressivity scale by Kring (1988), Social adjustment scale by Kausar (2007) and Mental health inventory by Veit and Ware (1983) using purposive sampling for data collection. The results showed that there is significant positive relationship between emotional expressivity, social adjustment and psychological well-being in adults and also significant negative relationship between emotional expressivity, social adjustment and psychological distress in adults. The findings also indicated that there is likely to be gender differences in emotional expressivity, social adjustment and psychological well-being of adults and no significant gender difference in psychological distress of adults. It showed that emotional expressivity, social adjustment are likely to be positively predict psychological wellbeing and negatively predict psychological distress in adults.

Ganesh et al. (2025) conducted a qualitative interview study to illuminate the lived emotional, physical, and spiritual impacts of experienced Bharatanatyam dancers. 15 Bharatanatyam dancers were interviewed and found evidences that Bharatanatyam plays a role in well-being through heightened connections across emotional, spiritual, community and cultural areas, and improvement in physical and mental health.

Pai (2024) The study on Relation between emotional expressivity and emotional sensitivity in Indian classical dancers with 277 Indian adults using Emotional expressivity scale and Emotional sensitivity scale and results revealed that there is no significant difference in gender when it comes to emotional expressivity but there is a significant difference in dancer's and on dancer's emotional sensitivity but not in their emotional expressivity

Nair & Imran (2024) conducted a study on Assessing emotional regulation, empathy and emotional expressivity among Indian classical dancers and non-dancers: A comparative study with a total sample of 259 participants with 129 classical dancers with more than five years of experience and 130 non-dancers. The Berkeley expressivity questionnaire, Empathy Assessment Scale, and Emotional regulation questionnaire were used for the study. The results showed that classical dancers were more emotionally expressive and empathetic than non-dancers but there was no significant difference in cognitive reappraisal and emotional facets of emotional regulation between the groups.

Sarashetti (2024) studied on the influence of Bharatanatyam dancers on mental health, focusing on stress reduction, emotional regulation, cognitive improvement, and overall psychological well-being using literature review, qualitative interview, and quantitative analysis of mental health indicators. Findings suggest that Bharatanatyam enhances cognitive functioning, regulating emotions, reduce stress, and promote mindfulness.

OBJECTIVE

1. To assess the sociodemographic factors of Bharatanatyam dancers and non-dancers.

2. To assess the emotional expressivity of Bharatanatyam dancers and non-dancers.

3. To assess the emotional regulation of Bharatanatyam dancers and non-dancers.

4. To determine the difference between Bharatanatyam dancers and non-dancers in emotional expressivity.

5. To determine the difference between Bharatanatyam dancers and non-dancers in emotional regulation.

6. To find the association between selected demographic factors and emotional expressivity and emotional regulation.

METHODOLOGY

Participants

The sample consists of 200 participants with equal distribution between bharatanatyam dancers and non-dancers who have no formal bharatanatyam background from the age of 15 years. The participants were from Palakkad district of Kerala. They were asked to fill the questionnaire voluntarily and anonymously.

MEASURES

The participants provided data regarding their demographic details, emotional expressivity and emotional regulation.

Emotional expressivity scale (Kring, A.M., Smith, D.A, & Neale, J.M., 1994) was used to assess the extent to which people outwardly display their emotions, regardless of emotional valence or channel of expression. The scale consists of 17 items with six-point Likert-scale ranging from "never true" to "always true". The Cronbach's alpha was $\alpha = .93$.

Emotional regulation questionnaire (Gross, J.J, & John, O.P, 2003) was used to assess the person's tendency to regulate their emotions. The scale consists of 10 items with seven-point Likert-scale ranging from "strongly disagree" to "strongly agree". The Cronbach's alpha was $\alpha = .73$.

RESULT AND DISCUSSION

Table 1. Mean and standard deviation of target variables

Variables	N	Mean	Standard deviation
Emotional expressivity	200	59.985	12.315
Emotional regulation	200	28.79	5.987

The total number of participants are 200. The mean of emotional expressivity is 59.985 and standard deviation is 12.315. The mean of emotional regulation is 28.79 and standard deviation is 5.987.

Table 2. Comparison between bharatanatyam dancers and non-dancers in emotional expressivity and emotional regulation.

Variables	t	df	Sig (2-tailed)
Emotional expressivity	-.430	198	.668
Emotional regulation	1.786	198	.076

The p value .668 is greater than .05, the difference is not statistically significant for emotional expressivity. For emotional regulation, p value .076 is greater than .05, the difference is not statistically significant.

Table 3. Correlation between Emotional expressivity, cognitive reappraisal and expressive suppression

Variable	Emotional expressivity	Cognitive reappraisal
Emotional expressivity		
Cognitive reappraisal	.046	
Expressive suppression	-.645**	0.89

**Correlation is significant at the 0.01 level

There is a significant negative correlation at -.645 level for emotional expressivity and expressive suppression. The r value is .046 showing that there is no significant relationship between emotional expressivity and cognitive reappraisal. The r value 0.037 showing that there is no significant relationship between expressive suppression and cognitive reappraisal.

The sample has an equal distribution among Bharatanatyam dancers and non-dancers. Demographic variables indicate that majority of the participants falls under the age group 18-20. Many participants have no background in other artforms. Majority of the participants have practised for 1-5 years in Bharatanatyam or other artforms and the reason for learning is passion for most individuals and the hours of practises are usually between 1-3 hours.

The study found no significant difference in emotional expressivity between Bharatanatyam dancers and non-dancers. It suggests that although Bharatanatyam training emphasises emotional communication through abhinaya it may not influence general emotional expressivity in everyday life. This finding is consistent with Pai (2024), the results showed no significant differ-

ence in emotional expressivity between dancers and non-dancers.

There was no significant difference in emotional regulation between Bharatanatyam dancers and non-dancers. Similar finding was reported by Nair and Imran (2024), result found no significant difference in cognitive reappraisal and emotional facets of emotional regulation.

There was a significant negative correlation between emotional expressivity and expressive suppression suggesting that individuals who tend to express their emotions openly are less likely to supress their emotional expression. The result showed no significant relationship between emotional expressivity cognitive reappraisal suggesting that cognitive strategies work independently from expressing emotions outwardly. There was no significant relationship between expressive suppression and cognitive reappraisal indicating that use of one strategy does not influence the use of another.

The finding suggests that while Bharatanatyam is an artform emphasising emotional expression, general emotional expressivity an emotional regulation may not significantly differ between Bharatanatyam dancers and non-dancers. But certain demographic factors and involvement in artistic activities may influence them.

CONCLUSION

To conclude, the findings of the study showed no significant difference between bharatanatyam dancers and non-dancers with respect to emotional expressivity and emotional regulation. This suggests that engagement in bharatanatyam may not necessarily lead to measurable differences in these emotional domains when compared non-dancers. Furthermore, the results reveal no significant relationship between emotional expressivity and cognitive reappraisal, as well as between cognitive reappraisal and expressive suppression. However, a significant negative correlation was observed between emotional expressivity and expressive suppression, indicating that individuals who tend to express their emotions more openly are less likely to engage in suppressing their emotional experiences. Overall, these findings contribute to the existing literature by highlighting the complex and selective nature of relationships among emotional expressivity and regulation strategies, while also suggesting the need for further research to better understand the psychological impact of classical dance practises.

LIMITATIONS OF THE RESEARCH

The present study has certain limitations that must be acknowledged. Firstly, the study was limited to female participants from Palakkad, which restricts the generalisability of the findings to males and wider population. Secondly, the focus was mainly on the bharatanatyam dancers, thereby excluding other Indian classical dance forms that may have differing influences on emotional expressivity and regulation. Additionally, the sample size of 200 participants may limit the extent to which the findings can be generalised to larger populations, The study was also constrained by the limited availability of previous research on this specific topic and population restricting the scope for comparison. The use of self-report measures can create the possibility of response biases such as social desirability or inaccurate self-perception. Lastly, other influencing factors such as personality traits, family environment, stress levels, and overall mental health status, were not controlled for the study and may have had an impact on the emotional outcomes observed.

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Research Paper

EXAMINING THE NEED FOR SEXUALITY EDUCATION IN INDIA: A REVIEW OF GOVERNMENT POLICIES, LAWS, AND PROGRAMMES

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ABSTRACT

Sexual and reproductive health is essential for comprehensive well-being, understanding body functions, and preventing abuse and discrimination. This study examines Indian government initiatives to improve reproductive and sexual health and emphasises the importance of standardised sexuality education. The research sources include Scopus, Google Scholar, National Institute of Health and Family Welfare data, and official documents published by the government. In conclusion, while India has made significant progress in this area, there is a need for more standardised initiatives nationwide to promote sexuality education.

Keywords: *: : Sexuality education, Policies, Laws, Programmes, India.*

1. INTRODUCTION

India strives to protect and promote the reproductive and sexual health of citizens through different initiatives (Santhya & Jejeebhoy, 2007). It is the right of every individual to acquire appropriate sexual health (WHO, 2010). The thought process of the government has shifted from narrow-minded family planning to comprehensive health care. Increased community care institutions, usage of contraceptives, decline in child marriage, and mortality of mothers and infants depict the efficiencies of the initiatives (Jejeebhoy et al., 2020). Despite these advantages, the inability of adults to make informed decisions about their life choices still exists (Jejeebhoy & Santhya, 2011).

Sexual health is a "central aspect of being human throughout life that encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction," according to the World Health Organisation (WHO). Sexuality encompasses thoughts, dreams, desires, attitudes, values, behaviors, practices, roles, and relationships in various ways it is experienced and expressed. While all these components are integral to sexuality, they may not always be fully experienced or expressed. Sexuality is influenced by a complex interplay of biological, psychological, social, political, economic, cultural, legal, historical, religious, and spiritual factors (WHO, 2019).

Comprehensive Sexuality Education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes, and values that will empower them to realize their health, well-being, and dignity; develop respectful social and sexual relationships; consider how their choices affect their well-being and that of others; and understand and ensure the protection of their rights throughout their lives (UNESCO, 2018).

Previous studies concentrated on different programmes, policies, and laws initiated by the government, but they were not updated on the current progress and impact of these initiatives regarding sexual health. Secondly, exploring the need for sexuality education by understanding the gaps in the existing initiatives was lacking. This review mainly concentrates on the different programmes, laws and policies initiated by the state and central government to promote sexual and reproductive health, understand their merits and demerits to society, and thereby access the need for sexuality education in the future.

MATERIALS AND METHODS

This study sourced information by reviewing national-level policies, programmes, and laws related to sexual and reproductive health implemented by the government. Data were collected from Scopus, Google Scholar, and authorised information from the National Institute of Health and Family Welfare, as well as official government documents. The data were validated by two experts to ensure accuracy. The policies, programmes, and laws that exist regarding sexual and reproductive health are Reproductive and Child Health Programme (RCH), National Adolescent Health Programme (RKSK), The Integrated Child Development Services (ICDS), Janani Suraksha Yojana (JSY), Mission Parivar Vikas, National AIDS Control Organization (NACO), National Health Mission, Mission Indradhanush, HIV & AIDS (Prevention & Control) Act, Maternity Benefit Act, Prohibition of Child Marriage Act, POSH Act, The Protection of Women from Domestic Violence Act, The Protection of Children from Sexual Offences Act(2012), Medical Termination of Pregnancy Act (MTP Act), National Health Policy(2017), National Policy for Children(2013), The National Population Policy (2000), The National AIDS Prevention and Control Policy, 2002, and The National Policy for the Empowerment of Women 2001.

DISCUSSIONS

A comprehensive analysis of various policies, programmes, and laws concerning sexual and reproductive health is presented below. Upon examining these efforts, it becomes evident that there is a lack and need for age-appropriate, cul-

turally sensitive, and comprehensive sexuality education.

Reproductive and Child Health Programme (RCH) has evolved since 1951, when it was known as the National Family Planning programme. The programme initially focused on population control, the government recognised its limitations in 1997 and developed RCH as a holistic approach to health (Manasa, 2019). The main focus is eradicating infant and maternal mortality and providing adequate maternal and child health services, family planning, and immunisation (RCH Homepage, n.d.). The programme encompasses antenatal care, delivery, postnatal care, complete immunisation of the child post-birth, contraceptives, and prevention of sexually transmitted infections (STIs). RCH also plays a role in developing health policies (Srinivasan et al., 2007). Adolescent Reproductive and Sexual Health (ARSH) is an initiative that was part of the Reproductive and Child Health Programme (RCH Phase II) with the objective of reorganising the public systems according to the needs of current adolescents (Minhas et al., 2019). According to the National Family Health Survey (NFHS 2019-21) report by the United Nations Population Fund (UNFPA), about 7% of married women report unexpected pregnancy. The unmet need of women between 15 and 19 and 20 and 24 is double the unmet need for all married women between 15 and 49. The awareness about different contraceptives is also low in female adolescents compared to males (UNFPA, 2023). While the RCH has made a critical impact on the health of individuals, there is a need for more comprehensive and inclusive education. This can be achieved through sexuality education, which can provide substantial knowledge on different aspects of overall sexual health. The National Adolescent Health Programme (RKSK) was initiated on January 7th, 2014, by the Ministry of Health and Family Welfare. It focuses on providing support to adolescents from diverse socio-economic backgrounds, addressing issues related to sexual and reproductive health, substance abuse, nutrition, non-communicable diseases, mental health, and gender-based violence (Barua et al., 2023). One of the key benefits of the programme is its ability to directly engage with adolescents in school and community settings rather than in a clinical environment (National Health Mission, n.d.). RKSK places a strong emphasis on participation, communication, involvement, and behaviour change to enhance sexual health and overall well-being (Shelat & Choudhury, 2022). Additionally, the ARSH initiative is part of the RKSK and aims to improve the reproductive and sexual health of adolescents in India. While the RKSK addresses various aspects of reproductive and sexual health, it lacks important life skills such as communication, setting boundaries, and knowledge of gender diversities, which can be addressed through sexuality education. The Integrated Child Development Services (ICDS) is a community-based programme that focuses on providing support to lactating and pregnant women, as well as children up to 6 years old, and offering ongoing care to women aged 16 to 44. It was established in 1975 with the main goal, as highlighted by Sachdev and Dasgupta (2001), of promoting nutrition, health, and education among the targeted population. These services are delivered through community centres known as "Anganwadis" (Chakraborty et al., 2024). The ICDS programme aligns a few aspects with sexuality education, but not holistically. Janani Suraksha Yojana (JSY) was launched on April 12th, 2005, by the government of India to reduce infant and maternal mortality rates by direct financial assistance to those living below the poverty line (Sarkar & Sensarma, 2024). The programme specifically focuses on ensuring that pregnant women in public health hospitals can have a cashless delivery (Sinha, 2023). Overall, JSY aims to provide comprehensive antenatal and postnatal care through financial support (Naval & Paliwal, 2023). Sexuality education can help individuals make informed choices about pregnancy, improve communication when accessing JSY services, and reduce the rate of unintended pregnancies, ultimately decreasing the need for JSY due to situational compulsion. Mission Parivar Vikas was conceptualised in 2016 and officially launched in 2017 by the Ministry of Health and Family Welfare in 146

selected high-fertility districts across 7 states (UNFPA, 2023). The primary goal of this initiative is to improve access to contraceptives and family planning services (Ministry of Health and Family Welfare, 2016). Understanding different contraceptive methods and safe sterilisation is a crucial aspect of sexuality education, and empowering women to make informed decisions aligns with the objectives of Mission Parivar Vikas. National AIDS Control Organisation (NACO) was established by the Ministry of Health in 1992 to provide high-quality care and treatment with dignity (Vision and Value, n.d.). NACO categorised districts based on HIV prevalence and provided services to the affected population (Paranjape & Challacombe, 2016). The main objectives of NACO include reaching diverse populations, developing evidence-based AIDS programmes, eliminating discrimination and stigma through education, preventing mother-to-child spread, and providing treatment drugs to a wider population (Vision and Value, n.d.). The National AIDS Control Programme (NACP) has evolved into a nationwide programme that efficiently provides HIV prevention, diagnosis, and treatment services (Tanwar et al., 2016). Free antiretroviral drug therapy(ARTs) and services have been provided under NACP in ART clinics for over a decade (Sharma, 2015). According to the National Family Health Survey (NFHS) conducted by the UNFPA in India in 2020, only 22% and 32% of young women and men have comprehensive knowledge of HIV/AIDS (UNFPA, 2020). This highlights the need for sexuality education, despite the significant efforts of NACO. The National Health Mission (NHM) was first initiated in 1952. It involved activities such as introducing oral contraceptives, organising sterilisation camps, and setting targets for population control. These activities later shifted towards a community-based approach and promoted spacing between births. The National Population Policy was developed in 1994, promoting holistic development and, in 1977, avoiding the compulsion of sterilisation (Kongawad & Boodeppa, 2014). As part of the family planning programme, the wider National Health Mission was formed. The National Rural Health Mission (NRHM) was initially launched on April 12th, 2005, and the National Urban Health Mission (NUHM) was launched on May 1st, 2013. These were later combined in 2013 to form the National Health Mission. The main objective is to promote maternal, child, neonatal, reproductive, and adolescent health, prevent communicable and non-communicable diseases, and increase the effectiveness of healthcare systems (Ministry of Health & Family Welfare, n.d.). The ARSH programme was also part of the NRHM, focusing specifically on adolescent reproductive and sexual health (Ministry of Health & Family Welfare, n.d.). Sexuality education will be an important prerequisite for achieving the aims of the NHM, as both share the values of promoting maternal and child health, reducing the incidence of communicable diseases, and promoting healthy lifestyles. Mission Indradhanush was launched on December 25th, 2014, under the leadership of the Health Minister, then Mr. J. P. Nadda. The primary aim was to achieve 90% immunisation coverage in the country by 2020 (Singh, 2018). In 2017, the government intensified Mission Indradhanush to increase immunisation coverage and reach a larger population (Bhadoria et al., 2019). Both Mission Indradhanush and intensified Mission Indradhanush are focused on closing the immunisation gap and strengthening immunisation coverage (Mohapatra et al., 2018). As part of post-natal care, sexuality education will raise awareness about the importance of immunisation, which will motivate individuals to be immunised.

The HIV & AIDS (Prevention & Control) Act was passed on April 20th, 2017 to protect HIV and AIDS patients from injustice in areas such as education, employment, housing, healthcare, insurance, and confidentiality of their treatment (Khaire, 2017). This law also prohibits conducting HIV tests, experiments, or medical treatments without the individual's consent (Verma et al., 2018). Sexuality education will not only help individuals understand the different methods of diagnosing and treating HIV/AIDS but also their rights and opportunities in society. The lack of awareness about the benefits of this law will be addressed in sexuality education. Maternity Benefit Act was passed by the government on 12th

December 1961 to support pregnant women in the workplace (Gethe & Pandey, 2023). In 2017, the act was amended to include improvements such as extending maternity leave to twenty-six weeks, allowing up to 8 weeks of leave before the expected delivery date, providing the option to work from home based on the nature of the job, and mandating the availability of a crèche in the workplace where mothers can visit their infants four times a day. These changes are aimed at reducing job turnover and improving healthcare for pregnant women (Madhekar et al., 2020). Sexuality education can help women understand the relevant regulations and laws related to childbirth, empowering them to make informed decisions with clarity. Earlier In 1929, early British India enacted the Child Marriage Restraint Act, which underwent various amendments after independence. In 1978, an amendment set the legal marriage age for girls at 18 and for boys at 21. The act was renamed the Prohibition of Child Marriage Act in 2006 (Shekhar, 2024). In 2021, an amendment was passed to increase the age of marriage for women to 21, equal to that of men (Chathanath, 2022). Despite these legal measures, many people remain unaware of the laws and amendments. According to the NFHS survey 2021 conducted by UNFPA, 23% of women aged 20-24 are being married before the age of 18, and 5% before the age of 15. In contrast, only 3% of men aged 20-24 reported being married before 18, and none before 15 (UNFPA, 2023). Although there has been a significant reduction in child marriage, these incidents still occur due to differences in education, religion, residence, and economic status. Providing comprehensive sexuality education may raise awareness about the negative effects of child marriage, both psychologically and physically. The workplace is generally considered a safe environment for employment, but there are instances that can negatively impact physical and mental health (Veluvali, 2021). In 2013, the "Prevention of Sexual Harassment" (POSH) for women was established to prevent sexual abuse of women in the workplace. Internal Complaint Committees (ICC) are formed to make appropriate decisions after a thorough investigation (Prakash et al., 2023). Sexual harassment can occur verbally or physically at any age and in any location. Sexuality education can provide a deeper understanding of harassment, ways to prevent it, and the procedures to follow after experiencing harassment in the workplace. This will empower workers to address the issue with strength and clarity, and awareness of the POSH Act is also an important aspect of sexuality education. The government implemented the Domestic Violence Act of 2005 in 2006, not only to address the issue of dowry but also to address all forms of domestic violence against women (Bhatia, 2012). The act also provides for compensation, sharing of household responsibilities, and the right to maintenance (Jan, 2014). Despite being well-structured, there is still a lack of awareness about the act (Jan, 2019). Additionally, there are concerns about gender bias and the potential for misuse of the act (Singh et al., 2018). Domestic violence can have various underlying causes, with a lack of understanding of gender equality being a significant factor. Comprehensive sexuality education can help individuals understand gender roles, equality, and how to lead a respectful life, as well as how to respond to mistreatment. This can help prevent domestic violence in our society. The Protection of Children from Sexual Offences Act came into effect in 2012, making any form of sexual activity with a child under 18 years of age a criminal offence (Seth & Srivastava, 2017). This law is in line with Article 15 of the Indian constitution, which mandates the state to protect children. It applies regardless of caste, gender, or religion (Acharya & Acharya, 2020). However, for this law to be effective, children need to be educated about abuse so that they can speak up about any injustices. Key components of sexuality education include understanding their bodies, setting boundaries, seeking help, recognising abuse, and having the confidence to communicate about these issues. In 1971, the government passed the Medical Termination of Pregnancy Act to provide safe abortion services for pregnant women (Chaudhary et al., 2023). The MTP amendment was passed in 2021 with the following changes: One registered medical practitioner (RMP) is sufficient for abortions up to 20 weeks, and two RMPs are required for

abortions between 20 and 24 weeks. The MTP can be extended from 20 to 24 weeks in special cases, such as for minors, differently-abled individuals, or in cases of rape, with recommendations from two RMPs. There is no time limit for MTP in cases of foetal abnormalities confirmed by a medical board under the MTP Act. Details of MTP should only be disclosed to authorised individuals under the law. Additionally, MTP due to failed contraceptives by partners is accepted regardless of marital status (Kumari et al., 2024). Despite the significant impact of the MTP Act on women, emphasising the importance of bodily autonomy and rights, gender inequalities, social taboos, lack of communication, and societal boundaries still affect women's ability to make decisions that are in their best interest. Comprehensive sexuality education can empower individuals to make informed decisions by understanding and evaluating their situations in depth.

The National Health Policy of 1983 and 2002 have been crucial for the healthcare system. The objectives of the National Health Policy developed in 2017 were to enhance the government's role in healthcare, improve access to technology, increase the healthcare workforce, provide accurate information, and implement better financial strategies (Ministry of Health & Family Welfare, 2017). It offers comprehensive guidance on healthcare services and focuses on developing the overall healthcare infrastructure. However, it does not address all the components, like sexuality education. The National Policy for Children, 2013 focuses on the contribution of children under 18 to society. It covers six main areas: health, education, nutrition, survival, participation, protection, and development. The policy emphasises the provision of these services regardless of a child's background. It also emphasises the importance of preventing child abuse (Ministry of Women and Child Development, 2013). While the policy addresses many aspects, it does not include the teaching of life skills, which is a part of sexuality education.The National Population Policy (NPP), 2000 aims to understand the needs of adolescents and create programmes for this population. The policy emphasises the right to reproductive health information, accessible health care services, and counselling for adolescents and newlyweds through centres and sub-centres (Jejeebhoy & Santhya, 2011). While there is a focus on understanding the unmet needs of adolescents, providing comprehensive education and counselling on all aspects is only possible through sexuality education. The National AIDS Prevention and Control Policy, 2002 aims to address the HIV/AIDS epidemic. Its primary goal is to prevent and control the spread of infection, with the ultimate target of achieving zero levels of infection by 2007 (LOK SABHA SECRETARIAT & PARLIAMENT LIBRARY, 2014). Instead of allowing the infection to proliferate and cause further harm, the policy focuses on prevention measures, including the implementation of AIDS testing in high-risk populations (NACO, 2003). While this policy addresses an important aspect of sexuality education, it is not comprehensive in its scope. The National Policy for the Empowerment of Women 2001 contains 17 small sections that remind us of gender equality and positive discrimination (Bose et al., 2006). The main aim of this policy is to establish the development, empowerment, and advancement of women (Joshi & Moharana, 2015). All these factors are one of the key components of sexuality education, but there is still more to be included in the policy to establish the comprehensive nature of sexuality education.

CONCLUSION

Sexual health policies, programmes, and laws are considered to be vital factors in providing a safe environment. Despite its abundance of advantages, there is still a major gap in developing initiatives based on the unique needs of the young population, lack of comprehensiveness, and homogeneity in the population. The majority of the initiative's primary objectives are to prevent sexually transmitted diseases, prevent sexual abuse,and provide maternal care, immunisation, and child marriage. These initiatives made a remarkable change in both rural and urban areas. However, now it is important to shift our thoughts towards making society self-equipped and allowing them to make informed decisions. To prevent the majority of issues, sexuality edu-

cation programmes and related policies can be developed homogeneously across the country so that any kind of abuse, from body shaming to sexual abuse, can be prevented, more awareness about our own bodies and their functions can be raised, and gender inequality can be permanently eliminated.

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Research Paper

ASSESSMENT AND MANAGEMENT OF PERSONALITY TRAITS FOR ADDICTION

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ABSTRACT

An addictive personality refers to a set of personality traits that predispose an individual to addiction (Lang, 1983). Although no single psychological characteristic or specific factor fully explains all forms of addiction, personality traits are considered important contributors to addictive behaviours. The present study investigated the effectiveness of Cognitive Behavioural Therapy (CBT) in enhancing positive personality traits, reducing negative personality traits, and identifying personality trait predictors of depression among individuals with addiction. The study employed a pretest–post-test experimental design and included 200 individuals with addiction who were selected through purposive random sampling. Data were collected using the Personality Trait Questionnaire developed by Selvam and the Hamilton Depression Rating Scale (HDRS; Hamilton, 1960). The findings revealed significant demographic differences in personality traits. Participants aged 20–35 years scored higher on family relationships and assertiveness. Female participants reported higher levels of neuroticism, impulsivity, fantasy, pessimism, and depression. Skilled workers exhibited greater impulsivity and pessimism, whereas uneducated participants showed higher levels of neuroticism, family relationship concerns, and impulsivity. Unmarried participants scored higher on interpersonal relationships, assertiveness, novelty seeking, and boredom. Urban participants reported greater introversion, problem-solving skills, and pessimism. First-born participants scored higher on problem-solving skills, impulsivity, novelty seeking, and boredom. Participants without a history of hospitalization for addiction demonstrated higher emotional maturity, stronger family relationships, greater impulsivity, extravagance, and depression. Overall, the results indicated that CBT effectively promoted positive personality traits and reduced negative personality traits among individuals with addiction. However, no significant changes were observed in introversion, extraversion, or problem-solving skills. Furthermore, problem-solving skills emerged as a significant predictor of depression among individuals with addiction.

Keywords: *: addiction, addictive personality, cognitive behavioural therapy, personality traits, depression, problem-solving skills*

1. INTRODUCTION

Addictive Personality Disorder (APD) has been described as a condition in which an individual exhibits a heightened susceptibility to addictive behaviours (Lang, 1983; Kagan, 1987; Kozlov & Rokhina, 2000; Franques et al., 2000). However, Lang (1983) argued that there is no single, unique personality type that can fully explain the development of addiction. Rather, individuals may be at greater risk of developing addictive behaviours when they exhibit characteristics such as aggression, anxiety, depression, poor self-control, and difficulties in regulating emotions (Peele, 1985).

Curtiss (2012) defined addictive behaviour as the excessive and repetitive engagement in pleasurable activities as a means of coping with internal conflict, psychological pressure, and stress. Individuals with addictive tendencies may substitute one addiction for another or maintain multiple addictions simultaneously. When access to a preferred addictive activity is restricted, they may seek alternative sources of gratification and pleasure (Stannard, 2011).

According to Bryce (2012), understanding personality traits is important for the long-term treatment and management of addiction, as well as for developing effective intervention strategies aimed at breaking patterns of addictive behaviour. Similarly, Schreiber (2013) highlighted those various perspectives on addiction, including phenomenological, biopsychosocial, genetic, exposure, and adaptation theories, differ in their explanations but share common underlying mechanisms associated with addictive behaviour. These perspectives suggest that personality traits play a significant role in the development and maintenance of addiction. Consequently, the assessment of personality characteristics may be valuable for the screening, prevention, treatment, and management of different forms of addiction.

LITERATURE REVIEW

Addictive Personality Disorder (APD) has been described as a condition in which an individual demonstrates an increased susceptibility to addictive behaviours (Lang, 1983; Kagan, 1987; Kozlov & Rokhina, 2000; Franques et al., 2000). However, Lang (1983) emphasized that no single or unique personality type can fully account for the development of addiction. Instead, individuals may be at a greater risk of developing addictive behaviours when they exhibit traits such as aggression, anxiety, depression, poor self-control, and difficulties in emotional regulation (Peele, 1985).

Curtiss (2012) defined addictive behaviour as the excessive and repetitive engagement in pleasurable activities as a means of coping with internal conflict, psychological pressure, and stress. Individuals with addictive tendencies may replace one addiction with another or engage in multiple addictions simultaneously. Furthermore, when deprived of a preferred addictive activity, they may seek alternative sources of pleasure and gratification (Stannard, 2011).

Bryce (2012) suggested that understanding personality traits is essential for the long-term treatment and management of addiction, as well as for the development of effective intervention strategies aimed at disrupting addictive patterns. Similarly, Schreiber (2013) noted that various theoretical perspectives on addiction, including phenomenological, biopsychosocial, genetic, exposure, and adaptation theories, differ in their explanations but share common underlying mechanisms that contribute to addictive behaviours. Collectively, these perspectives indicate that personality traits play a significant role in the development and maintenance of addiction. Therefore, the assessment of personality characteristics may be valuable for the identification, prevention, treatment, and management of various forms of addiction.

METHODOLOGY

METHOD

RESEARCH DESIGN

The study employed a single-group pretest–posttest experimental design to examine the effectiveness of Cognitive Behavioural Therapy (CBT) on personality traits and depression among individuals with addiction.

Participants

The sample consisted of 200 individuals with addiction who were selected from both inpatient and outpatient services of the Department of Psychiatry at a well-known hospital in Karaikal, Puducherry, India. Participants exhibited addictive behaviours related to alcohol use, smoking, drug use, caffeine consumption, mobile phone use, compulsive buying, compulsive eating, excessive exercise, sexual behaviour, gambling, workaholism, co-dependency, internet use, video gaming, television viewing, and tanning. All participants met the diagnostic criteria for addiction based on the International Classification of Diseases, Tenth Revision (ICD-10).

The inclusion criteria were: (a) a diagnosis of addiction according to ICD-10 criteria, (b) age between 20 and 50 years, and (c) a duration of addictive symptoms exceeding six months. Participants were excluded if they had any co-occurring psychiatric or physical illness or were unwilling to participate in the study. Written informed consent was obtained from all participants before data collection.

MEASURES

A demographic information schedule was used to collect data on age, gender, education, occupation, marital status, geographical location, birth order, duration of addiction, past history of addiction, family type, family history of addiction, and previous hospitalization for addiction treatment.

Personality traits were assessed using the Personality Trait Questionnaire developed by Selvam. The instrument measures 16 personality dimensions: Extraversion, Introversion, Neuroticism, Pessimism, Extravagant Trait, Problem-Solving Skills, Emotional Maturity, Fantasy, Self-Confidence, Impulsivity, Assertiveness, Boredom, Hostility, Novelty Seeking, Family Relationship, and Interpersonal Relationship. Each dimension consists of 10 items, resulting in a total of 160 clinician-rated, closed-ended items. The instrument demonstrated satisfactory internal consistency, with a Cronbach's alpha coefficient of .81.

Depression was assessed using the Hamilton Depression Rating Scale (HDRS; Hamilton, 1960), a widely used clinician-rated measure of depressive symptom severity.

PROCEDURE

The study was conducted in three phases.

Phase I: Pretest Assessment. Demographic information was collected, and participants completed the Personality Trait Questionnaire and the Hamilton Depression Rating Scale. Assessments were conducted across two sessions.

Phase II: Intervention. Participants received Cognitive Behavioral Therapy (CBT) consisting of 24 sessions administered over a period of six months.

Phase III: Posttest Assessment. One month after the completion of the CBT intervention, participants were reassessed using the Personality Trait Questionnaire and the Hamilton Depression Rating Scale to evaluate changes in personality traits and depressive symptoms.

RESULTS AND DISCUSSION

The findings revealed significant demographic variations in personality traits among individuals with addiction. Participants aged 20–35 years scored significantly higher on family relationships and assertiveness, whereas those aged 36–50 years exhibited higher levels of impulsivity and hostility. These findings are consistent with previous studies that reported age-related differences in social relationships and behavioural

regulation among individuals with addictive behaviours (Wu et al., 2013; Xiuquin et al., 2010).

Gender differences were also observed. Male participants scored significantly higher on interpersonal relationships, whereas female participants reported higher levels of neuroticism, impulsivity, fantasy, and pessimism. These findings support earlier research suggesting greater emotional vulnerability and impulsive tendencies among women with addictive behaviours (Martin, 1997; Stephenson & Lefever, 2004; Weafer & de Wit, 2014).

Educational status significantly influenced personality traits. Uneducated participants demonstrated higher levels of neuroticism, family relationship concerns, and impulsivity, while educated participants scored higher on novelty seeking. These findings are consistent with previous research indicating associations between educational attainment and personality characteristics related to addiction (Agha et al., 2008; Rezvanfard et al., 2008).

Occupational differences revealed that semi-skilled participants scored significantly higher on impulsivity and pessimism, whereas skilled workers demonstrated better problem-solving skills. Similar findings have been reported in studies examining coping skills and behavioural regulation among individuals with addiction (Charfi et al., 2018; Coskunpinar et al., 2013).

Marital status was also associated with personality traits. Unmarried participants scored higher on interpersonal relationships, assertiveness, novelty seeking, and boredom, whereas married participants demonstrated greater self-confidence, hostility, and pessimism. These findings are partially consistent with earlier studies linking marital status with social functioning and personality characteristics (Ferrell & Galassi, 1981; Miller & Eisler, 1977).

With regard to geographical location, participants from rural areas scored higher on fantasy, extraversion, and pessimism, whereas urban participants demonstrated greater introversion, problem-solving skills, and pessimism. Previous studies have similarly reported environmental influences on coping styles, stigma, and personality-related factors associated with addiction (Nasrazadani et al., 2017; Schomerus et al., 2011).

Birth order was found to influence personality traits. First-born participants scored significantly higher on problem-solving skills, novelty seeking, and boredom, whereas later-born participants scored higher on interpersonal relationships and impulsivity. These findings suggest that family dynamics may contribute to the development of specific personality characteristics among individuals with addiction.

Participants with a duration of addiction below 20 years exhibited higher levels of introversion and fantasy, whereas those with a duration of addiction between 21 and 40 years reported greater self-confidence and assertiveness. These findings indicate that personality characteristics may vary according to the chronicity of addictive behaviours.

Participants with a positive history of addiction demonstrated significantly higher levels of novelty seeking and hostility compared with those without such a history. Similarly, individuals from nuclear families scored higher on impulsivity, whereas those from joint families demonstrated greater introversion and self-confidence. These findings highlight the potential role of family environment in shaping personality characteristics associated with addiction.

Furthermore, participants without a history of addiction reported higher levels of introversion, family relationships, and extravagant traits, whereas those with a history of addiction exhibited greater impulsivity and extravagant traits. Participants without previous hospitalization for addiction treatment scored significantly higher on emotional maturity, family relationships, impulsivity, and extravagant traits.

Correlation analyses revealed significant associations between depression and all measured personality traits, including neuroticism, intro-

version, extraversion, family relationships, interpersonal relationships, emotional maturity, assertiveness, self-confidence, problem-solving skills, impulsivity, pessimism, hostility, fantasy, boredom, novelty seeking, and extravagant traits. These findings suggest that personality characteristics play a substantial role in the manifestation and maintenance of depressive symptoms among individuals with addiction and may therefore represent important targets for psychological intervention.

Table – 1 shows Mean, SD and t –value between Demographic Variables of Addicts in Depression

Depression	Age	N	Mean	Std. Deviation	t- value
Age	20 -35yrs	192	10.64	3.90	0.10 NS
	36 to 50yrs	8	10.50	3.50	
Gender	**Men**	**132**	**10.11**	**3.66**	**2.70****
	Women	**68**	**11.65**	**4.12**	
Education	Uneducated	15	11.20	4.70	0.59 NS
	Educated	185	10.58	3.81	
Occupation	Semiskilled	129	10.80	3.92	0.83 NS
	Skilled	71	10.32	3.80	
Marital status	Single	188	10.55	3.89	1.10 NS
	Married	12	11.83	3.66	
Geographic location	Rural	92	10.99	3.55	1.22 NS
	Urban	108	10.32	4.13	
Birth order	First born	102	10.48	3.83	0.55 NS
	Later born	98	10.79	3.94	
Duration of addiction	1 to 20yrs	140	10.56	4.04	0.36 NS
	21 to 40yrs	60	10.78	3.48	
Presence of past history of addiction	Absence	156	10.69	4.07	0.42 NS
	Presence	44	10.41	3.12	
Types of family	Nuclear	14	12.00	3.61	1.46 NS
	Joint	186	10.53	3.89	
Family history of addiction	Absence	156	10.69	4.07	0.42 NS
	Presence	44	10.41	3.12	
Hospital Treatment	**Absence**	**172**	**10.84**	**4.02**	**2.61****
	Presence	**28**	**9.36**	**2.51**	

**Significance at 0.01 level, * Significance at 0.05 level NS = Not Significant

The results presented in the table indicate that depression levels among individuals with addiction differed significantly based on gender and history of hospitalization for addiction treatment. Female participants reported significantly higher levels of depression than male participants. In addition, participants without a previous history of hospitalization for addiction treatment exhibited significantly different depression scores compared to those who had received prior treatment. These findings are consistent with earlier research highlighting the influence of gender and treatment-related factors on depressive symptoms among individuals with addictive behaviours (Sindermann et al., 2018).

However, no significant differences in depression were observed with respect to age group, educational status, occupation, marital status, geographical location, birth order, family type, duration of addiction, past history of addiction, or family history of addiction. These findings suggest that depression among individuals with addiction may be more strongly influenced by gender and treatment-related experiences than by other demographic characteristics examined in the present study.

Table - 2 show Multivariate Regression Analysis for the prediction of Personality Traits of Addicts and Depression

Independent variables	Unstandardized Coefficients	Standardized Coefficients	t-value
	B	**Beta**	
Neuroticism	.745	.059	.82 NS
Extraversion	.677	.086	.70 NS
Introversion	.391	.048	.39 NS
Emotional maturity	.249	.025	.29 NS
Family relationship	1.142	.101	1.31 NS
Problem solving skills	**2.125**	**.211**	**2.71****
Self – confidence	.527	.055	.76 NS
Interpersonal relationship	1.254	.133	1.77 NS
Assertiveness	.331	.038	.53 NS
Impulsivity	1.260	.051	.68 NS
Hostility	.108	.009	1.30 NS
Novelty Seeking	1.154	.141	1.01 NS
Fantasy	.053	.007	.08 NS
Boredom	.886	.108	1.41 NS
Extravagant trait	1.263	.135	1.83 NS
Pessimism	1.413	.104	1.44 NS

**Significant at 0.01 level, NS = Not Significant

Table 2 presents the results of the multivariate regression analysis conducted to examine the extent **to which** personality traits predict depression among individuals with addiction. In this analysis, the dimensions of personality traits were entered as predictor variables, while depression served as the criterion variable.

The findings revealed that among the personality trait dimensions, problem-solving skills emerged as a significant predictor of depression ($\beta = 2.125$, $p < .05$). The significant beta coefficient indicates that problem-solving skills contributed uniquely to the prediction of depression among individuals with addiction. Therefore, the hypothesis that personality traits significantly predict depression was supported.

These findings suggest that problem-solving abilities play an important role in the psychological well-being of individuals with addiction. Effective problem-solving skills may help individuals achieve personal goals, manage stressful situations, reduce depressive symptoms, cope with anxiety, and address interpersonal difficulties more constructively. Conversely, deficits in problem-solving abilities may increase vulnerability to emotional distress and depression.

The present findings are consistent with the work of Sinha et al. (2009), who reported that negative affective states are strongly associated with substance use and relapse. Their study demonstrated that negative emotions can trigger conditioned cravings, increase substance-seeking behaviour, and elevate the risk of relapse. Therefore, strengthening problem-solving skills through psychological interventions such as Cognitive Behavioral Therapy (CBT) may contribute to reducing depression and improving treatment outcomes among individuals with addiction.

Table – 3 Mean, SD and t-value of Cognitive Behaviour Therapy between Pre and Post Assessment of Personality Traits in Addicts

Personality trait	Test	N	Mean	Std.Deviation	t-value
Neuroticism	Pre-test	200	1.90	.30	38.20**
	Post-test	200	1.02	.12	
Extraversion	Pre-test	200	1.35	.47	1.41
NS					
	Post-test	200	1.36	.48	
Introversion	Pre-test	200	1.35	.47	1.41
NS					
	Post-test	200	1.36	.48	
Emotional maturity	Pre-test	200	1.18	.38	26.95**
	Post-test	200	1.96	.18	
Family relationship	Pre-test	200	1.14	.34	32.32**
	Post-test	200	1.98	.15	
Problem solving skills	Pre-test	200	1.18	.38	25.81**
	Post-test	200	1.95	.21	
Self –confidence	Pre-test	200	1.20	.40	24.77**
	Post-test	200	1.97	.17	
Interpersonal relationship	Pre-test	200	1.22	.41	23.19**
	Post-test	200	1.94	.22	
Assertiveness	Pre-test	200	1.26	.44	18.63**
	Post-test	200	1.92	.28	

Impulsivity	Pre-test	200	1.98	.15	80.21**
	Post-test	200	1.00	.07	
Hostility	Pre-test	200	1.87	.33	30.12**
	Post-test	200	1.04	.19	
Novelty seeking	Pre-test	200	1.34	.47	9.46**
	Post-test	200	1.02	.12	
Fantasy	Pre-test	200	1.56	.49	15.28**
	Post-test	200	1.92	.12	
Boredom	Pre-test	200	1.67	.47	18.80**
	Post-test	200	1.03	.17	
Extravagant trait	Pre-test	200	1.78	.41	25.45**
	Post-test	200	1.02	.12	
Pessimism	Pre-test	200	1.91	.28	36.49**

**Significant at 0.01 level NS = Not Significant

Table 3 presents the mean scores, standard deviations, and t-values for the pretest and posttest assessments of personality traits and depression among individuals with addiction. The findings indicate that Cognitive Behavioral Therapy (CBT) produced significant improvements in several positive personality traits, including emotional maturity, problem-solving skills, self-confidence, assertiveness, family relationships, and interpersonal relationships (Scherbaum & Specka, 2008).

Furthermore, CBT significantly reduced several negative personality traits, including neuroticism, novelty seeking, hostility, fantasy, boredom, extravagant traits, pessimism, and impulsivity. These findings suggest that CBT was effective in promoting adaptive personality characteristics while reducing maladaptive traits associated with addictive behaviours. However, no significant changes were observed in the dimensions of introversion and extraversion following the intervention.

The present findings are consistent with previous research demonstrating the effectiveness of CBT in modifying maladaptive cognitions, improving emotional regulation, and reducing problematic behavioural patterns among individuals with addiction (Barry et al., 2009; Pedrero-Pérez et al., 2011; Kim, 2013; Müller et al., 2013; Scheen, 2013; Pasche et al., 2013; Lemos et al., 2014).

In addition, the comparison of pretest and posttest depression scores revealed a significant reduction in depression following the CBT intervention. This finding indicates that CBT had a positive impact on the psychological well-being of individuals with addiction by reducing depressive symptoms and enhancing adaptive personality functioning. Therefore, the results support the effectiveness of Cognitive Behavioral Therapy in improving personality traits and decreasing depression among individuals with addiction.

Table – 4 Mean, SD and t-value between Pre and Post Assessment of Depression in Addicts

		N	Mean	Std. Deviation	't' value
Depression	Pre-test	200	10.63	3.88	22.90**
	Post-test	200	4.03	2.68	

The results presented in the above table indicate a significant difference between the pretest and posttest assessments of depression among individuals with addiction following Cognitive Behavioral Therapy (CBT). The findings demonstrate that CBT significantly reduced depression levels after the intervention, suggesting its effectiveness in improving the psychological well-being of individuals with addictive behaviours.

The observed reduction in depressive symptoms supports the effectiveness of CBT as a therapeutic approach for addressing emotional distress and maladaptive cognitive patterns associated with addiction. These findings are consistent with previous studies that have reported significant improvements in depression following CBT interventions among individuals with addictive and related psychological disorders (Brown et al., 2011; Montgomery et al., 2010; Pasche et al., 2013).

Therefore, the results support the conclusion that Cognitive Behavioral Therapy had a significant positive impact on reducing depression levels among individuals with addiction.

CONCLUSION

The present study found a significant relationship between personality traits and depression among individuals with addiction. Addicts belonging to the age group of 20–35 years, males, individuals with lower educational attainment, married participants, semiskilled workers, rural residents, first-born individuals, members of nuclear families, those without a family history of addiction, those without a previous history of addiction, and those who had not received hospital treatment for addiction demonstrated distinctive personality trait patterns.

The findings further revealed that female participants reported significantly higher levels of depression than male participants. Among the various personality dimensions examined, problem-solving skills emerged as a significant predictor of depression, indicating the importance of adaptive coping mechanisms in the psychological functioning of individuals with addiction.

The study also demonstrated the effectiveness of Cognitive Behavioural Therapy (CBT) in modifying personality traits and reducing depressive symptoms. Specifically, CBT enhanced positive personality traits, including emotional maturity, self-confidence, assertiveness, family relationships, interpersonal relationships, and problem-solving skills, while reducing negative traits such as neuroticism, impulsivity, hostility, pessimism, fantasy, boredom, novelty seeking, and extravagant tendencies. However, no significant changes were observed in the dimensions of introversion and extraversion.

Overall, the findings suggest that Cognitive Behavioural Therapy is an effective intervention for improving adaptive personality characteristics and reducing depression among individuals with addiction. The results highlight the importance of incorporating personality-focused interventions and problem-solving skill development into addiction treatment programs to enhance psychological well-being and recovery outcomes.

Delimitations of the Study

The findings of the present study should be interpreted in light of several limitations. First, although the overall sample size was adequate, some specific addiction categories consisted of relatively small numbers of participants, which may have limited the statistical power to detect group differences. Second, the sample sizes across demographic groups, particularly between male and female participants, were unequal, potentially affecting the generalizability of the findings. Third, the possibility of heterogeneous error variance across groups may have influenced the statistical analyses.

Another limitation is that the data were collected from a single hospital center in Karaikal, Puducherry, which restricts the generalizability of the findings to other clinical settings and populations. In addition, the assessment relied on relatively brief self-report and clinician-rated measures, which may not have captured the full complexity of personality traits and addictive behaviours.

Furthermore, the study focused only on selected personality traits in relation to addiction and depression. Other relevant psychological, social, environmental, and biological factors that may influence addictive behaviours were not examined. Finally, the use of a single-group pretest–posttest design without a control group limits the ability to establish causal relationships between Cognitive Behavioral Therapy (CBT) and the observed changes in personality traits and depression.

Future research should employ larger and more diverse samples, include participants from multiple treatment centres, utilize longitudinal and controlled study designs, and examine additional psychological and psychosocial variables to enhance the understanding of addiction and its treatment outcomes.

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The journal encourages original research, theoretical contributions, review studies, and interdisciplinary scholarship addressing contemporary psychological and societal challenges. It aims to promote responsible research, academic collaboration, and the dissemination of knowledge that contributes to individual and community development.

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