
BLOCK III

**POSITIVE COGNITIVE STATES
AND PROCESSES**

Uignou
THE PEOPLE'S
UNIVERSITY

UNIT 8 SELF AND RELATED CONCEPTS*

Structure

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8.1 LEARNING OBJECTIVES

After studying this Unit, you would be able to:

- *Describe the concept of self;*
- *Understand different aspects of self;*
- *Differentiate between real-self and ideal-self;*
- *Explain the concept of self-esteem;*
- *Explain the concept of self-efficacy; and*
- *Learn about strategies for self-regulation of behaviour.*

8.2 INTRODUCTION

The question “Who am I” is a central point that can arise in each stage of our life, though it is more pertinent during the adolescence stage. Whatever developmental stages you are in by now, you must have formed some notions about yourself, though you may or may not be aware about it. Self is and has always been the intriguing concept to understand. All of us have certain views and beliefs about ourselves - our abilities, skills, interests, likings, dislikings, strengths and weaknesses etc. Thus we know what we are, what are our aims

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in life, how do we want to live our life, what are our guiding principles and values. These play a significant role in directing us, guiding us, and regulating our emotions and actions. So how do we develop this concept of self? Are there different aspects of self? There are various terms related to the self such as self-concept, self-esteem, and self-efficacy. One needs to have a good self-concept, high levels of self-esteem and self-efficacy to function effectively and engage in positive behaviour. This will indicate a positive self. So in the present Unit, you will learn about the self and its related concepts such as self-esteem, self-efficacy, and self-regulation.

8.3 CONCEPT OF SELF

If you ask yourself ‘Who am I?’, ‘What makes me?’ , you might answer with ‘I am a student,’ or, ‘I am a singer,’ or may be, ‘I am a God fearing person’ etc. Or, perhaps you may answer, ‘I am *good* in studies,’ ‘I am a *trained* dancer,’ or ‘I am a *popular* sportsperson.’ Here you may note that you are qualifying your abilities. Further answers might include the type of traits: ‘I am a *caring* person,’ ‘I am an *introvert*,’ or ‘I am a *disciplined* and *punctual* person’. These answers arise from what you think about yourself, which is developed from your experiences and evaluation from early life, and it keeps adjusting or changing throughout life.

Mostly when people go for interview, the most common question asked is ‘describe yourself or tell us about yourself’. What you answer is all about how you perceive your ‘self’. You may describe physical features, traits, qualities, goals, motives etc. Thus, your concept of self is made up of varied information about yourself, which you gain from your own experience and also receive from others in your environment.

Reflective Activity 1:

Let us try to have some preliminary notion of yourself (i.e. who are you?) by completing the following sentences. You can write more number of points also by taking a separate sheet (it will be a good idea to note down the time you will take to finish this activity of writing about yourself)

Starting Time: _____

I am

I am

I am

I am

I am

Ending Time _____

Reflect on the following:

1. How easy was it for you to complete these sentences?
2. How much time did you take?
3. Different people take different time to answer these questions. Why?

It might have been very easy for you or might have not been as easy as you may have thought of at first. You were describing your ‘self’ when you were answering the above statements. As you are aware of various objects and people around you, similarly you are aware about your ‘self’. When a child is born, they develop their self-concept gradually in interaction with their parents/caregivers, family members, friends, teachers and other significant people around. Our interaction and experiences with other people and the way we perceive these help us to form the foundation of our self-concept. Further, different social and cultural systems and institutions around us including societal expectations, cultural values, social media usage and technology etc. also affect our perception of ourselves.

If you see the list of yours and your friends/family members in the above Reflective activity 1, you will realise that how different we are because of our different experiences and interpretation we make of these.

When we analyse these various descriptions about ourselves, we can categorize them into various categories such as those describing our abilities and skills, i.e., what can we do (*self-concept*); those describing us in terms of affective value, i.e., how do we value or respect ourselves (*self-esteem*); and those expressing our belief in ourselves that we are capable of doing things, a sense of personal control (*self-efficacy*).

8.3.1 Different Aspects of Self

Our ‘self’ can also be described in terms of personal, social, cognitive, and behavioural aspects. The **personal self** is mainly concerned with one’s own self related to personal aspects, whereas the **social self** develops in relation with others and is primarily concerned with family and social relationships (socio-cultural context). Therefore, it is also known as **familial** or **relational self**. The self can also be understood in terms of cognitive and behavioural aspects.

If you reflect on your answers in the Reflective activity 1, you will realise that self is made up of your personal and social self. If you identify yourself with your personal information or attributes such as your name, your quality, your abilities or your beliefs/values, you are referring to your personal self, whereas if you say that you belongs to Kerala or Rajasthan, you are a Hindu/Muslim, etc. you are referring to your social or cultural self. Sometimes you may wonder why some feel offensive if something is said about their place or religion or family, now you can understand that it affects their social self or identity that is why they probably feel bad and react in that manner. Thus, the way people describe themselves as a person, defines their ‘self’. Self as a whole is about the person’s thoughts, feelings, experiences, and ideas, with respect to herself or himself which define the person at both, the personal and social levels.

These different aspects of self get shaped up by the result of our interactions with our physical and socio-cultural environments. Therefore, it is multi-faceted. The origins of self may be observed in infancy when the infant is aware that s/he is hungry and cries to be fed by the caregiver. So, this biological need of food and hence crying, later on modifies according to the socio-cultural environmental context. For example, while you may feel hungry for a pizza, a tribal adult is not. Another example is that fasting is given importance in all the religions.

Although you have a biological need of food and you feel hungry everyday normally, but on the day of the fast, you ignore or may not even feel hungry because of the social-cultural conditioning.

8.4 SELF-CONCEPT

Self-concept is a basic notion about who we are in terms of physically, emotionally, socially, and spiritually (Neill, 2005). From the time of our birth, we develop and regulate our self-concept based on the information received from others about ourselves. Thus self is a multi-dimensional concept. It is affected by multiple factors, which in turn influence the individual aspects. For instance, you may think and describe yourself in terms of your physical aspects, and in terms of your relations or emotions. Your perception about yourself in physical aspects, e.g., you are very fat or very thin, may impact your interaction in social situations or your emotions.

A few definitions of self-concept are given below.

- According to Roy Baumeister (1999), self-concept is “the individual’s belief about himself or herself, including the person’s attributes and who and what the self is.”
- The self-concept is defined as “the composite ideas, feelings, and attitudes people have about themselves’ (Hilgard, Atkinson, and Atkinson, 1979: p.605).
- According to Purkey (1988), self-concept is “the sum of a complex, organized, and dynamic system of learned beliefs, attitudes and opinions that each person holds to be true about his or her personal existence”. Let’s understand the important terms in this definition. According to him, the self-concept is:
 - **Learned:** We are not born with the concept of self (and that is why it is said that the child is like a blank slate), it is learnt steadily, formed and re-formed by significant others and events in our life. Basically a child’s self-image is a learnt one which is influenced by the feedback given by significant others such as parents, family, peers and teachers. Here we need to remember that we all have our own way of seeing the things so the feedback given to the child may not essentially be the accurate one. For example, if a parent or teacher constantly tell the child that s/he is obedient, the child starts believing and see her/himself as obedient, or when they tell the child that s/he is mischievous, the child begins to think so. Though, it may not be true, as it is the subjective opinion of parents and teachers. Thus, two children with a similar behaviour pattern would have different self-pictures according to the message relayed by their respective parents. Teachers are considered the second parents and influence children’s life in a very significant way (Lawrence, 1996). Teachers too may have judgements about children like parents. The judgments or assumptions of teachers about the child may be similar to parents or it may be different.
 - **Organized:** Our self-concept is organized which is characterized by orderliness and harmony (Damon and Hart, 1991) that provides

consistency to the personality of an individual. That is why personality is defined as the individualistic characteristics which is relatively permanent in nature.

- **Dynamic:** Life is all about ups and downs, success and failure which impacts our self-concept making it dynamic in nature which changes and develop according to our experiences and situations. In order to develop a healthy personality, an individual needs to work constantly on assimilating the new thoughts into old ones throughout life.

Self Assessment Questions 1

1. If a person says, “I am good in studies”, s/he is referring to her/his social self.
True / False
2. When an individual says that s/he belongs to South India, s/he is referring to her/his social self. True / False
3. The self as a whole is made up of individual's:
 - a) thoughts and feelings
 - b) experiences, and ideas
 - c) only A
 - d) both A and B
4. From the following which is not true about ‘Self’:
 - a) Learned
 - b) Dynamic
 - c) Static
 - d) Organised
5. “Self-concept is a basic notion about who we are in terms of physically, emotionally, socially, spiritually” Who said this?
 - a) Hilgard, Atkinson, and Atkinson
 - b) Roy Baumeister
 - c) Purkey
 - d) Neill

All of us have some sense of who we are and how different we are from others. Our perception and ideas about our capabilities and qualities is known as self-concept. This view about our self or our self-concept can be positive or negative, depending upon our experiences and mind set. The way we would respond to the question, “Who am I?” tells about how do we see ourselves, positively or negatively. The positive response to this question makes us feel good or rather we can say that if we feel good about our self then our answer would be positive. It can be that we may like some of our qualities and may not like

other. For example, one may feel good about his/her social skills but may not be positive or confident about the academic skills. Although it is not easy to find out an individual's self-concept, yet you may get a fair idea by the way an individual describes about him/her.

Our positive self helps us to view the world as a safe and positive place to be in. On the other hand, the negative response makes us feel unhappy about who we are and make us view the world as unsafe and bad place to be in. According to Rogers, self-actualizing tendencies drive all human behaviour to achieve at their fullest level of potentials. A person forms the basic structure of self and related concepts based on the result of his/her interactions with the environment and others. Thus self-concept is an organized, dynamic, conceptual pattern of ideas and values related to the self.

8.4.1 Real Self and Ideal Self

The 'self' has two parts: the Ideal self and the Real self. According to Carl Rogers, we all visualise ourselves into our ideal self, which we would like to be; whereas the real self is what we actually are. Our real self can be very different from our ideal self. The more the gap or disparity between what we like to be (ideal self) and what we are (real self), the more the disharmony within our self. That is why Rogers emphasized that we essentially need to work towards attaining the harmony or consistency between these two selves. We achieve harmony or the congruence by making our thoughts and actions of real self, similar to our ideal self. In short, when our self-concept is accurate, we achieve congruence or harmony within self.

It is very important to focus on bringing or maintaining this congruence, as high congruence is essential to have a greater sense of self-esteem and a healthy, fruitful life. On the other hand, if the discrepancy is more between our ideal and actual selves, we experience a state of incongruence, which can lead to low self-esteem, anxiety and maladjustment. So adults especially, the parents and teachers, need to provide unconditional positive regard, or unconditional love to children, which can help our children achieve high congruency in their ideal and real self. Rogers (1980) mentioned that, "as individuals are accepted and valued as they are, they tend to develop a more caring attitude towards themselves" (p. 116).

8.5 SELF-ESTEEM

Another important aspect of our self is **self-esteem**. As a human being, we constantly evaluate our self or make some judgment about our own value or worth which is termed as **self-esteem**. People vary in viewing their self-esteem, some have high self-esteem, whereas others may have low self-esteem. Self-esteem reflects a personal psychological characteristic relating to self-judgment based on one's values about humans (Alesi et. al., 2012). It indicates being aware of one's value system and an emotional evaluation of one's self-worth (Schunk, 1985).

Self-esteem is a multi-dimensional construct. We have a global overall self-esteem based on general judgements of self-worth and various subtypes of self-esteem based on evaluations of self-worth in different contexts such as, within

the family, school, work setting, leisure setting, or peer group (Mruk, 1999). Self-esteem is different from self-confidence. *Self-confidence* indicates that you are confident of your ability to carry out a particular thing. On the other hand, self-esteem refers to how high you hold yourself in your own eyes, how much respect and worth you give to yourself.

There are many self-report measures to assess self-esteem of individuals such as giving a variety of statements and asking a person to indicate whether the statements given are true for her/him or not.

For instance:

- “I am good at sports”
- “I am the one usually chosen for the cultural programmes or competitions”
- “I am highly liked by my teachers”
- “My friends consider me a trustworthy person”

If a child says ‘Yes’ to the above statements, it shows that s/he has high self-esteem in comparison to the child who says “No”. Generally by 6-7 years of age, children’s self-esteem is formed at least in four areas: *academic competence*, *social competence*, *physical/athletic competence*, and *physical appearance*, which improve with age and experience. Rosenberg’s Self-esteem inventory (Rosenberg, 1965b) is a most commonly used uni-dimensional measure of self-esteem. Coopersmith Self-Esteem Inventory (Coopersmith, 1981, 2002) is a multi-dimensional measure of self-esteem in areas of family, school, peers, and general social activities.

Self-esteem is more or less stable across the life span, though it may vary at lifecycle transition points (Robins et.al., 1999). For instance, teenagers may experience a drop in self-esteem due to the various physical and psychological changes they go through.

Self-esteem develops early in life based on the experiences and interactions during the early years. It has a great impact on our everyday behaviour. For instance, individuals who have high academic self-esteem perform better in studies and are liked by their peers than those with low academic self-esteem. Conversely, individuals with low self-esteem may have high levels of anxiety, depression, and antisocial behaviour than those who have high self-esteem. People with high self-esteem are better in their social adjustment (Martin et al., 2014). It also positively affects their psychological well-being and quality of life (Boyd et al., 2014).

Therefore, it is extremely important for parents, families and schools to create a warm and positive environment, which can help in the development of high self-esteem among children. It makes them feel acknowledged, accepted as capable and valuable. Not allowing children to take their decisions and nagging often results in low self-esteem among children. It may be noted that it is important to have a healthy self-esteem than a very high self-esteem which is not realistic or functional.

Culture/environment of an individual plays a critical role in developing his/her self-concept and self-esteem. Some cultures focus on the importance of being together whereas other cultures value the individual beings more than the group. Understanding of 'self' in Indian cultural context is distinct from the Western cultural context. One of the differences is the boundary we draw between the self and the others. In Indian culture, this boundary of self is not clearly defined or fixed and gets extended to others like family and friends. For example, whenever an individual takes some decision about self (e.g. study, job, etc.), usually one tends to think his/her decision in relation to others as well. Thus, sometimes our self includes the others and sometimes it withdraws and focuses completely on individual self (e.g., our personal needs or goals). Whereas, if we see the western culture, this boundary of self appears to be relatively fixed and clearly defined where individuals keep their individuality. In the Indian culture, the self is usually attached with one's own group and both maintain the state of harmonious co-existence. On the other hand, in the Western culture an individual often keep a distance from the others/groups which makes the Western cultures as *individualistic*, and Indian and many Asian cultures as *collectivistic*.

Increasing Your Self-Esteem: Some Tips

- Learn a new skill in areas such as academic, cognitive, social, and work-related
- Go beyond your comfort zone
- Question your self-limiting beliefs, challenge your thoughts
- Focus on your strengths
- Engage in affirmative talk, tell yourself positive and kinder words
- Visualize things in a positive way
- Cultivate a positive attitude
- Be clear about your goals and values
- Do not hesitate to talk to others and take their help
- Take self care
- Recognize the 'hero' within you, tap onto your inner strengths
- Remember that you are more than your circumstances, the way you respond matters more
- You are unique, so do not compare with others

Self Assessment Questions 2

1. Who developed the concept of the ideal self and the real self?
2. The more the gap or disparity between what we like to be (ideal self) and what we are (real self), more the harmony within our self. True / False
3. Match the terms of column A with the appropriate description given in the column B.

Column A	Column B	Self and Related Concepts
(a) Self-concept worth	(i) judgment about our own value or worth	
(b) Self-esteem capabilities	(ii) Our perception and ideas about our and qualities	
(c) Incongruence boundaries	(iii) do not have clearly defined and fixed	
(d) Harmony actual selves	(iv) discrepancy between our ideal and	
(e) Collectivistic culture	(v) real self similar to ideal self	

8.6 SELF-EFFICACY

Self-efficacy is another important concept of self. The term ‘self-efficacy’ was proposed by psychologist Albert Bandura (1977). He was a Canadian-American psychologist who worked as a professor at Stanford University. According to him, “self-efficacy is a person’s particular set of beliefs that determine how well one can execute a plan of action in prospective situations”. We all have different views about our ability to control the life outcomes. People who believe that they are capable and can control what happens to them are having high self-efficacy whereas people who believe that the things and life events are not in their control and they cannot do anything about the life outcomes displays low self-efficacy. For example a child, who thinks that if I study hard I can pass the examination, demonstrates high self-efficacy. On the other hand, a child who thinks if I am lucky, the paper will be easy or I wish the examiner checks the papers leniently, displays low self-efficacy as s/he thinks that the outcome is not in their control and is in control of fate or luck or other situational factors. Hence, an individual who believes that s/he has the capacity or behaviours to deal with a particular situation, shows high self-efficacy. Such a person will accordingly put in the effort required to achieve the desired outcome/ consequence.

The idea of self-efficacy is founded on Bandura’s social cognitive theory (Bandura, 1997, 1986). According to this theory, human beings actively engage with their environment to shape their lives. People learn by observing and imitating others. So if a child is exposed to people who demonstrate high self-efficacy, s/he tends to imitate the same behaviour. Also people will engage in behaviours for which they have mastery, high expectations of success and conviction about their own effectiveness, as this will lower the amount of risk they would undertake. High self-efficacy makes people to choose, influence, and even create the circumstances of their own life. Further, they feel more confident and less fearful.

Self-efficacy is different from self-esteem in the sense that self-esteem refers to judgments about self-worth whereas self-efficacy refers to judgments about self-capabilities. However, like we have a general self-esteem and self-esteem related to specific domains (multi-dimensional self-esteem measures), similarly self-efficacy can be general/global self-efficacy as well as we have self-efficacy specific to different domains. There is also collective self-efficacy, which refers

to “the extent to which we believe that we can work together effectively to accomplish our shared goals” (Maddux, 2009a, p. 340). For instance, a sports team competing for an Olympic medal pursues shared objectives at a collective level.

Self-efficacy refers to a sense of perceived control. It includes a focus on the goal and planful thinking for achieving the goal, which underlies the person’s belief about their capabilities to achieve the goal. This is also called the “efficacy expectancies” (Snyder, Lopez, & Pedrotti, 2011). As we have seen in earlier sections, ideas about our ‘self’ is formed by our experiences, our mind set and the people around us; this suggests that self-efficacy can be developed. Self-efficacy has been linked to successful coping and improved physical health (Maddux, 1995, 2009a). Children with high self-efficacy perform better in all spheres of life. People with high self-efficacy have been found to have high determination. So it is very important for the society, parents and teachers to create positive experiences and present positive role models for children to develop a strong sense of self-efficacy during their formative years in childhood.

Strategies for Enhancing Self-Efficacy

Self-efficacy is a learned phenomenon. There can be various strategies that can help develop self-efficacy.

- **Self-mastery:** One needs to build success by mastering tasks. The sense of mastery and achievement can help improve belief in our capabilities or effectiveness.
- **Role modelling:** Observing others in similar situations who have achieved success can inspire one to undertake those activities. Observational learning is also used when we make use of role models to imitate their behaviour.
- **Visualization:** One can visualize oneself behaving effectively, thereby generating positive emotions and increasing efficacy expectancies.
- **Verbal persuasion:** Being persuaded by people who are expert in the field, powerful, and trustworthy can build self-efficacy in the individual.
- **Creating positive emotions and regulating arousal:** If we are highly aroused, it may lead to negative emotions and hamper self-efficacious thinking. Hence one needs to lower the arousal by engaging in meditation, biofeedback, relaxation and other techniques. Regulation of negative emotions and creation of positive emotions will help one to develop self-efficacy.

Activity 1

Enter into your stretch zone

There are three personal zones of achievement: comfort zone, stretch zone, and panic zone. One needs to go beyond the comfort zone (where the person does not want to enter into new arenas or put in more efforts), and also the panic zone (where the person does not want to take any risk). Stretch zone is where you are willing to take reasonable risks based on self-awareness and can take failures as learning experiences to move forward. Doing what

we like, trying out the unknown, being vulnerable can help us to be flexible and open to new learning experiences. This will increase our self-belief or self-efficacy.

Think about any aspect in your life where you can benefit by stepping into your stretch zone and actually take steps to carry it out.

8.7 SELF-REGULATION

We all must have faced situations where we were required to control our desires or behaviour. We might have been successful at it or might not have been. For instance, you might have got very angry that your assistant staff at office did not do a task on time which was urgent. How did you control your anger? Or you might have bursted at a passer-by who just suddenly came in front of your car when you were taking a left turn on the road. Or you gave in to the temptation of eating sweets at a dinner party and ate too much. The crucial aspect in all these examples is exercising control over our desires, impulses and actions.

Self-control leads to better adjustment and positive outcome (Peterson & Seligman, 2004). The famous Marshmallow experiment by Walter Mischel is an example of self-control (Mischel, 1974). It depicts self-control in the form of the *ability to delay gratification of desires*. In this experiment, small children were given a choice that if they want, they can get one marshmallow now which is in front of them, or if they wait for a period of around 15 minutes, the experimenter would get them two marshmallows. It was found that those children who could wait and displayed the ability to control and delay the gratification of their desires, obtained positive outcomes in their later years in life also (Mischel & Mendoza-Denton, 2003; Goleman, 1998). Self-control and self-regulation abilities helped them adjust effectively, achieve better academically and manage stress successfully.

For example, it is very important to teach a child to delay or defer the immediate satisfaction of certain needs. This will help in learning the ability to regulate oneself and delay gratification of one's needs. We all know how important self-control is in achieving the long-term goals. For example a child is having an examination tomorrow and today his/her favourite movie is coming on television. If s/he has poor self-control and watch movie instead of revising for the exam, s/he may not perform well in his/her exam. You can also think and discuss with your friends or family some other examples where self-control is required in our day-to-day life. Think of the situation at traffic red light. If a person has a poor self-control and difficulty to wait, imagine what could happen to him/her or they can cause accidents to others. There are many good practices in Indian culture which provides us with some effective mechanisms (such as keeping fast (*vrata* or *roza*)) for developing self-control among individuals which can also be very beneficial for physical system to detoxify and rest.

Thus self-regulation involves looking at the future goals and accordingly sacrifice the short-term desires and pleasures, e.g., if one wants to achieve better a particular body weight, a long-term goal, one needs to follow the health routing in a disciplined way and forgo the short-term pleasures of eating sweets or fast food. One needs to stay focused on the goal and take necessary steps, modify one's behaviour, acquire various skills in the way to achieve that long-

term goal. So it is a dynamic process of interaction with the environment and changing one's strategies and plans to attain that end goal.

Self-control Failure

There are occasions when we fail to exercise self-control. There is inability to regulate ourselves to follow the planned out steps because of various reasons. These reasons for failure to self-control may relate to personal factors or to external situational factors. These factors can also be under one's control to change or not under one's control. **Excuses** are the explanations that we give for our self-control failure when factors were under our control, but we could not do so. It avoids taking personal responsibility and attributes the failure to external factors. Thus it helps us to preserve our self-esteem and self-image. At other times, of course, uncontrollable factors can hinder the implementation of our plans. **Cultural factors** related to belief system may also affect our ability to self-control or failure of self-control. Individuals internalize the socio-cultural belief systems that influence their own belief of self-control or lack of it. The amount of self-control exercised by people may have less to do with the power of the impulse, and more to do with culturally internalized beliefs about whether they should, or can, exercise self-control (Baumgardner & Crothers, 2015). There are also individual differences in self-control that govern the ability to control oneself. As Carver (2005) points out, personality characteristics such as ego-resilience, ego-control, and hardiness affect one's self-control ability.

Life may not always go according to our needs and desires. We need to adjust according to life situations on many occasions. There may be occasions in life, which involve battles between situational pressures and our self-control. We require will power, determination and strategic planning to control and regulate our behaviour in accordance to our long-term goals.

There are number of psychological techniques to develop self-control which have been suggested below:

- **Observe your own behaviour.** If you make this a habit, you will notice and gather necessary information about yourself which may help you to alter, adapt, or strengthen certain aspects of your 'self'. You need to be more observant or mindful of your thoughts, feelings and behaviour.
- **Self-instruction** is another essential technique. If you are observant of yourself, you would find that this technique would be more beneficial. Have you noticed the self-talk which is going on in our mind constantly? We all often talk and instruct ourselves to do something and behave the way we want to. Such instructions are quite effective in self-regulation especially when you observe yourself to be thinking or doing something negative or destructive.
- **Self-reinforcement.** This technique involves rewarding behaviours that have positive consequences. For example, you may go to play with friends, if you have finished your assignments. These techniques are quite effective to develop self-regulation and self-control in people. You can try these techniques to make yourself better.

Self Assessment Questions 3

1. The individual's belief that s/he is capable and can control what happens to her/him is known as _____.
2. According to Rogers, _____ drive all human behaviour to achieve at their fullest level of potentials.
3. Self-regulation refers to our ability to organise and monitor our own behaviour. True/False
4. Self-regulation focuses on the short-term goals than long-term goals. True / False
5. Which of the following is NOT the psychological techniques to develop self-control?
 - a) Self-observation
 - b) Self-instruction
 - c) Self-reinforcement
 - d) Self-indulgence

8.8 LET US SUM UP

In this unit, you learned about how self is formed, different forms of self and how different cultures influence our self. All human beings strive for betterment, which creates the concept of ideal self, but reality may be very different. The discrepancy between ideal self and the real self can affect an individual negatively. You also learned about the different concepts related to self, such as self-concept, self-esteem, self-efficacy and self-regulation and briefly about how to develop these. Self-concept is an important part of our 'being'. Positive self refers to viewing our own self in a positive way, valuing oneself, believing in oneself, and being able to regulate one's emotions and behaviour to achieve positive outcomes and desired goals. Strategies for developing self-esteem and self-efficacy were described. You also learned about the different psychological techniques to develop self-control behaviour and regulate oneself.

8.9 KEY WORDS

- Collectivistic Perspective** : In collectivistic perspective, the self is usually seen as attached with one's own group and both maintain the state of harmonious co-existence.
- Congruence** : state of being in which our thoughts about our real and ideal selves are very similar.
- Incongruence** : state of being in which there is a great discrepancy between our real and ideal selves.

Positive Cognitive States and Processes

Self	:	Self as a whole is about the person's thoughts, feelings, experiences, and ideas, with respect to herself or himself which define the person at both, the personal and social levels.
Real self	:	what we actually are.
Ideal self	:	which we would like to be.
Social Self	:	is primarily concerned with family and social relationships.
Positive-self	:	The positive view about our self which helps us to view the world as a safe and positive place to be in.
Self-concept	:	Our perception and ideas about our capabilities and qualities is known as self-concept.
Self-esteem	:	The evaluation or the judgment about our self or our own value or worth is termed as self-esteem.
Self-efficacy	:	The individual's belief that s/he is capable and can control what happens to her/him is known as self-efficacy.
Self-regulation	:	refers to our ability to organise and monitor our own behaviour.
Self-reinforcement	:	Rewarding our self for those behaviours that have positive consequences.

8.10 ANSWERS TO SELF ASSESSMENT QUESTIONS

Answers to Self Assessment Questions 1

1. False; 2. True; 3. D. both A and B; 4. C. Static; 5. D. Neill

Answers to Self Assessment Questions 2

1. Carl Rogers, 2. False
3. Match the columns A and B
(a) (ii), (b) (i), (c) (iv), (d) (v), (e) (iii)

Answers to Self Assessment Questions 3

1. Self-efficacy; 2. Self-actualizing tendencies; 3. True; 4. False; 5. Self-indulgence

8.11 UNIT END QUESTIONS

1. Define self-concept and discuss the different aspects of self.
2. Differentiate between individualistic perspective of culture from the collectivistic perspective with examples.

3. Explain the importance of congruence between the ideal self and the real self with examples.
4. Explain the concept of self-efficacy and suggest ways to develop it among children.
5. Define self-regulation and describe different techniques to develop self-control.

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UNIT 9 RESILIENCE*

Structure

- 9.1 Learning Objectives
- 9.2 Introduction
- 9.3 Resilience: Background and Early Research
 - 9.3.1 Methodological Considerations
 - 9.3.2 Four Waves of Resilience Research
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9.1 LEARNING OBJECTIVES

After studying this Unit, you would be able to:

- *Explain the meaning of resilience;*
- *Know about the early research in the field of resilience;*
- *Describe the methodological considerations and the focus of research in resilience;*
- *Explain the key terms in resilience;*
- *Discuss debates and discussions in the field of resilience; and*
- *Describe application of resilience in different areas.*

9.2 INTRODUCTION

Think of people around you who, according to you have led a ‘difficult’ life. That is, they have faced adverse situations which have threatened their existence, development, or well-being. Such adversities may include natural calamities, unemployment, financial loss, violence, or physical illness. Usually, individuals are not expected to successfully recover from these extreme challenges.

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However, some of us are more likely than others to not only overcome but also thrive in the aftermath of such events.

Besides the examples of adversities cited above, individuals commonly face challenges stemming from novel situations such as the move from school to college or getting promoted at work. These events are not necessarily adverse, however, the transition from a familiar situation to a new one does require some level of resilience for healthy adaptation. If we observe people around, we will notice that some of us handle changes better than others. For instance, students who move to a hostel in a new city for higher education are perhaps moving away from the security and comfort of their homes for the first time. In such situations, some students are able to adapt to their new surroundings better and quicker, as compared to others.

Resilience researchers have defined this phenomenon as the ability to display adaptation despite significant challenges.

Illustrative biography

Srinivasa Ramanujan, the great Indian mathematician faced some initial struggles as a child. After experiencing illness, death of siblings and being moved between his grandparents' and parents' house, he discovered his mathematical abilities at a young age. However, he continued to struggle with ill-health, finances and college education. Despite being hailed as a mathematical genius, he had to leave college without a degree due to his poor interest in non-mathematics subjects. Throughout all these challenges, he continued to pursue his work in mathematics. Finally, he obtained his formal degree from the University of Cambridge. In his brief life while being faced with several challenges, he was able to make significant contributions to the field of mathematics.

9.3 RESILIENCE: BACKGROUND AND EARLY RESEARCH

For many decades, research in psychology was based on a deficit-based approach, that is, it focused on investigating what is wrong with individuals and found ways to fix it. This is akin to the approach of disciplines such as medical science, psychiatry and clinical psychology where professionals detect symptoms and then attempt to alleviate them through medication and/or therapy. Therefore, over time, abundant evidence was gathered on what is wrong and how to fix it. But there was less focus on what is right with individuals, and how to enhance it. Issues like suffering, vulnerability, and symptoms received more attention as compared to other topics such as resilience. This may be attributed to specific events of that period such as the World Wars, which led researchers to prioritize the study of psychological symptoms and disorders over other areas of work. Moreover, psychodynamic approach popularized by pioneers including Sigmund Freud and Alfred Adler had a powerful influence on research and practice in that era. Subsequently, explorations in that period majorly addressed suffering and vulnerability as compared to positive adaptation. This deficit-based approach led to ample studies on children growing up in disadvantaged situations such as poverty and natural calamity who display maladaptive outcomes in adulthood. On the other hand, research on children from disadvantaged backgrounds who

have shown positive outcomes in adulthood, was comparatively less common. This approach also known as the psychopathological approach, continued to dominate psychology research for many decades.

In 1998, when Professor Martin Seligman became the President of the American Psychological Association, he drew attention to the fact that while it is important to study suffering, understanding how people thrive is also imperative (Refer to Unit 1 where you have already studied about the rise of positive psychology). The increasing popularity of the positive psychology movement led by Professor Seligman, encouraged researchers to shift their attention from *why people fail* to *why people succeed*. The idea was to employ a balanced approach that targets alleviation of symptoms along with enhancing strengths.

In longitudinal studies beginning from 1950's, pioneers such as Michael Rutter, Emmy Werner and Ruth Smith focused on studying maladaptive outcomes in children from disadvantaged backgrounds involving parental mental illness, prenatal complications and poverty. To their surprise, they discovered that some children within this cohort, did not display the maladaptive outcomes as expected of them. In fact, their functioning and overall adaptation were almost similar to those who did not face such hardships in early life. These reports indicated that there must be certain factors that protect individuals from the impact of adversities. Following such findings, researchers became interested in discovering what is right with these children, and how this information can be used to help other children growing up with such adversities.

As investigations in the area progressed, researchers were able to identify a list of risk factors and protective processes important in understanding resilience. Early research was largely limited to early life adversities and mostly specific groups like children and adolescents. But over the last few decades, resilience research has expanded to include different age groups, environmental factors, and various adversities including natural calamities, socioeconomic disadvantage, childhood abuse, mental illness, community violence and academic challenges.

Illustrative biography

Sir Charles Spencer Chaplin, actor and filmmaker known for the art of comedy had a very troubled childhood. He elaborates on this in his autobiography, highlighting several tragic incidents that he experienced while growing up including his mother's mental illness, father's absence, and poverty. Usually, children coming from such disadvantaged backgrounds are not expected to display successful outcomes in adulthood. However, Charlie Chaplin, as he came to be known, grew up to establish a prosperous career in films. Even several decades after his death, he continues to be popular for his work which had the ability to entertain audiences worldwide.

9.3.1 Methodological Considerations

Resilience research follows both quantitative as well as qualitative approach. Some of the most popularly used resilience measures are Connor–Davidson Resilience scale (Connor & Davidson, 2003), The Resilience Scale by Wagnild & Young (1993), and The Brief Resilience Scale by Smith et al. (2008). However, for an in-depth information about the personal process of adaptation, qualitative approaches are more useful. Interview, focus group discussions, arts-based

techniques etc. can be used for understanding individual differences and unique adaptation strategies in the resilience experience. Some arts-based techniques explored in resilience research include dramatization, drawing, painting, and photography. Since a major part of the resilience experience is subjective in nature, it is important to employ methods that investigate personal contexts. Exploration of cultural and contextual factors is vital in the understanding of resilience.

A mixed method approach also offer a comprehensive understanding about the whole resilience experience. Further, resilience research benefits from an interdisciplinary approach as it has implications for various disciplines such as social work, education etc.

Research on Resilience in India

The multicultural aspect of the Indian society makes it a fascinating but complex area for resilience research. Specific features of the collectivistic culture such as familial and societal attachments may function as protective factors. But in certain scenarios, high expectation to conform to sociocultural and traditional norms could function as risk factors.

In India, resilience has been explored after large-scale adversities such as cyclones and earthquakes. It has also been studied among varied populations such as students, individuals diagnosed with mental illness, and adults with a history of childhood adversity. Resilience researchers in India have explored protective factors (Herbert, Manjula, & Philip, 2013) and developed resilience measures and interventions (Singh, Junnarkar & Kaur, 2016).

- Reflect and list out certain culture-specific determinants in adaptation in the context of India.
- How various religions of India and spiritual approach/practices in India help develop resilience among individuals?

9.3.2 Four Waves of Resilience Research

Investigators have suggested that resilience research may be understood to have emerged in four waves. This is elaborated by Wright, Masten and Narayan (2013). They presented the four waves in resilience research. The focus of investigation in each of these waves is depicted in Figure 9.1 below.

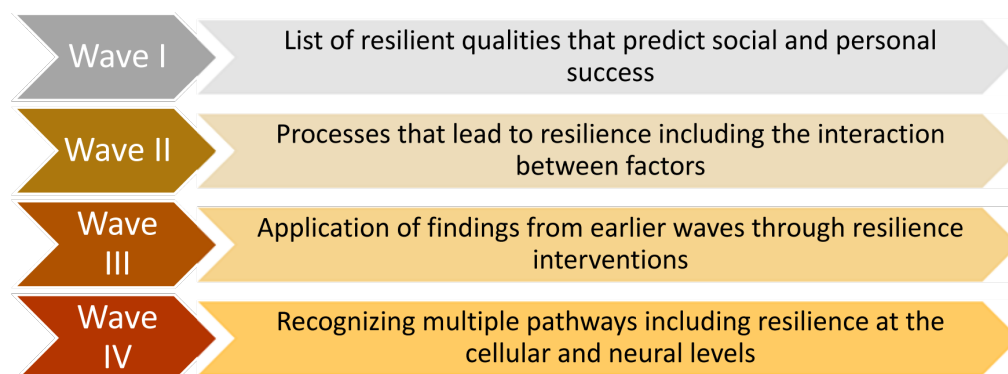


Fig. 9.1: The Four Waves of Research in Resilience

The first wave of resilience research identified a list of factors that contributed to competence considered as a marker of resilience. These included factors specific to the individual such as internal locus of control and self-efficacy. The second

wave focused on the interaction between the person and the environment in the process of reintegration after disruption. Waves I and II helped to establish descriptions of the phenomenon of resilience, provide clarity to related concepts and explore methodologies. Initially, the primary focus of researchers was on the individual and later it also emphasized on the system.

In the third wave, researchers attempted to understand how resilience may be developed from this interaction. Wave III researchers started exploring the ways in which findings from Waves I and II may be implemented to enhance and promote resilience through resilience interventions. Finally, the fourth wave was directed at understanding resilience at multiple levels involving cellular and neural factors. This also led to a multidisciplinary approach to resilience research involving neuroscience, sociology, social work and related areas.

Self Assessment Questions 1

1. Which wave of resilience focused on finding out resilient qualities?
2. Name any one scale on resilience.
3. Which approach dominated the earlier psychological research?

9.4 EVOLUTION OF THE CONCEPT OF RESILIENCE

Resilience, Invincibility and Invulnerability

In the initial years of resilience research mostly focused on children, those who functioned well despite adversity were sometimes described as invulnerable and invincible. Later, researchers suggested that such descriptions may not be accurate as it is realistically impossible for human beings not to be impacted by events occurring in their life. Transitions do have some bearing on emotions and cognitions and consequently on behaviour. However, terms like invulnerable and invincible give the impression that resilient individuals are unaffected by stressors. This is a flawed assumption and thus the terms invincibility and invulnerability are no longer used synonymously with resilience.

Resilience and Coping

Another term that is sometimes used synonymously with resilience, is coping. Although on the surface it might appear that coping and resilience mean the same, it is not so. The essential difference between coping and resilience as reported in psychology literature is that the idea of coping is largely associated with one's response to negative events such as death of a loved one, conflicts in relationships, financial, professional, or academic setbacks. However, the phenomenon of resilience is not restricted to unfavourable events only. As discussed above, resilience is required to handle all kinds of transitions whether desirable such as getting one's dream job; or undesirable such as being terminated from one's dream job. While resilience is helpful to cope with unfavourable transitional events, it is also important in events that are favourable but challenging; such being selected as the college representative for an inter-college competition.

The similarity between resilience and coping is that both are involved in adapting to stressful circumstances. However, coping may involve both adaptive and maladaptive processes including dysfunctional outcomes. For instance, a person diagnosed with hypertension may display maladaptive coping through denial of the diagnosis and non-adherence to treatment. From the patient's perspective both maladaptive and adaptive responses are ways of coping. However, while the former leads to management of symptoms, the latter is an impediment to recovery and well-being. In comparison, resilient individuals engage with the situation actively instead of maladaptive coping by avoidance or denial. Therefore, it may be appropriate to posit that resilience develops from exposure to risk and developing strengths to address it; rather than running away from it. In other words, resilience is a form of healthy coping often resulting in learning and growth. Thus, the broad umbrella term coping does not necessarily indicate positive adaptation in the way as resilience does. Therefore, resilience is more than coping.

Resilience and Other Overlapping Concepts

A number of related variables such as post-traumatic growth, positive adaptation, personal growth, and benefit finding are often studied in the aftermath of adversity. However, any positive change following trauma and adversity is not akin to resilience. Resilience is the phenomenon that contributes to these processes and outcomes. It helps to achieve positive outcomes in situations where growth is unexpected. This is the reason investigations have reported associations between resilience and these variables.

Resilience as Bouncing Back and Bouncing Forward

In the initial years of resilience research, resilience was often described as bouncing back from adversity. This phrase indicates that resilient individuals come back to their original or improved levels of functioning after facing disruption caused by the adversity. This flexibility is similar to that of a spring. Even after being stretched or distorted, the property of a spring allows it to continue to function as before, when placed back into a device.

In later years, the concept of bouncing forward instead of bouncing back, was recommended by researchers (e.g., Walsh, 2002). The replacement of *bouncing back* by *bouncing forward* emphasizes that the move is in a positive direction. That is, the resilient individuals move ahead from a position of disadvantage to a position of advantage.

Resilience as a Trait, Process, Skill and an Outcome

Resilience as a trait: Findings show that in the initial years, resilience was studied as a trait. It was perceived as an attribute that can lead to positive adaptation outcomes such as well-being or post-traumatic growth. Research studying resilience as a trait sought to link its contribution to other variables. Resilience as a trait was found to contribute to positive adaptation outcomes such as personal growth.

Resilience as a process: As research progressed, investigators claimed that resilience is also a process as it involves a journey of towards a positive adaptation outcome. For instance, the process of resilience involves negotiations

with several protective factors. These may include both internal strengths such as self-efficacy and autonomy; and external protective factors such as close friendships and supportive communities.

Resilience as a skill: In recent times, researchers have suggested that resilience is, at least partially, a skill. Like other broad skills such as effective communication or specific skills such as art or music, resilience can be learned and cultivated further. For example, just as regular practice can help a singer to refine their musical abilities, engaging with challenging situations can help individuals discover and hone their protective mechanisms. Resilience, as a skill can be developed through interventions such as therapy.

Resilience as an outcome: Several research investigations have pursued the topic of resilience as an outcome in the aftermath of adversities. Resilient outcomes such as post-traumatic growth, benefit finding, and well-being are indicators of positive adaptation. Researchers studying resilience as an outcome have sought to explore both internal and external protective factors that contribute to resilient outcomes. In the early years of resilience research, most researchers sought to use psychosocial competence as the indicator of resilience. For instance, the ability to fulfil age-appropriate developmental tasks in a given cultural context was selected as a resilient outcome. Additionally, healthy peer relationships and successful academic outcomes were characterized as resilient outcomes among children and adolescents.

9.5 KEY CONCEPTS IN RESILIENCE RESEARCH

Decades of resilience research have led to the identification of certain keywords. Wright, Masten, and Narayan (2013) have elaborated upon the most relevant terms in this area. A description of some of these keywords are presented below with suitable examples.

- **Resilience**

Resilience is described as positive adaptation in response to adversity. Positive adaptation outcomes such as recovery, well-being and post-traumatic growth may be observed among individuals with high levels of resilience.

Example: Survivors of natural calamities such as an earthquake are likely to face serious setbacks in several life domains following the event. Social and occupational functioning as well as mental health may be impacted due to severe adversities. Individuals' journey from these disruptions to a life of functioning and growth is indicative of their resilience.

- **Adversity**

Adversities refer to any experiences that disrupt the regular course of development of a system or an individual. Adverse events disturb the individual's homeostasis eventually impacting functioning.

Example: Adversities can include events that cause large-scale destruction such as war, political conflict, and natural calamity. It can also refer to individual-

specific circumstances such as loss of employment, financial crisis or symptoms of chronic illness. Presence of significant adversity is regarded as one of the essential criteria for the identification of resilience.

- **Risk**

A risk indicates high possibility of an unfavourable outcome. In a given situation, risk factors are those features which can predict this negative outcome.

Example: The chances of an infant developing malnutrition is higher if born into circumstances such as poverty. Additional risk factors within the same situation include premature birth, congenital disorders, and parental negligence. Likewise, a weak immune system is a risk factor during a viral outbreak. Research has shown that for individuals recovering from mental illness, lack of support from family and community is a major risk factor.

- **Cumulative risk**

Any risk factor may be a deterrent to healthy adaptation. However, the presence of several risk factors leads to increased likelihood of unfavorable outcomes. Likewise, repeated occurrences of the same risk factor are likely to amplify its impact.

Example: Children growing up in poverty are likely to be subjected to several environmental stressors. The lack of access to facilities such as safe shelter, healthcare, and schooling are crucial risk factors that hinder healthy development. The presence of any one of these risk factors is damaging; however, the presence of all these factors suggests cumulative risk.

Likewise, physical and emotional abuse by family members on one occasion is a risk factor. However, repeated occurrences of such abuse, intensifies its impact. These examples represent cumulative risk, which is far more impactful than that of isolated events.

- **Proximal risk**

Proximal risk includes all risk factors which are experienced directly by the individual. This may be understood in the light of Urie Bronfenbrenner's Ecological Systems theory. According to this framework, the microsystem refers to the immediate environment. Proximal risk factors are usually present in the microsystem.

Example: Family conflict is a proximal risk as the outcome of this adversity directly impacts the person living in the same household. Similarly, poor doctor-patient communication is a proximal risk as it directly impacts the doctor-patient relationship as well as treatment.

- **Distal risk**

Risk factors present within the environment but not within the immediate surroundings are known as distal risks. These factors impact the person indirectly through other factors. With reference to Urie Bronfenbrenner's Ecological Systems theory, distal risk factors may be present in extended circles such as the macrosystem.

Example: Conflicts within the extended family or community do not impact the individual as directly as conflicts within the immediate family. However, the former situations do have the potential to threaten the individual's development or adaptation in an indirect manner.

- **Protective factor**

While risks are detrimental to development and adaptation, protective factors buffer the impact of adversities. Early resilience researchers identified that the presence of protective factors indicate that the individual will display resilient outcomes when faced with adverse circumstances. Protective factors may be internal or external. Internal protective factors refer to strengths within the individual including self-esteem, self-efficacy, or internal locus of control. External protective factors include resources such as supportive relationships within the family and community.

Example of internal protective factors: Personality traits such as conscientiousness may be a protective factor in academic resilience. In relationship conflicts, skills pertaining to problem-solving, communication, and negotiation play a protective role in helping the individual navigate through the situation.

Example of external protective factors: In India, helpline numbers such as 100 for police and 101 for fire brigade are external protective factors. Retirement pensions for senior citizens and scholarships for students may be regarded as resources that help them to adapt to both regular and unanticipated stressors. Besides family and friends, community and peer groups, hospitals and non-government organizations are important sources of external support.

- **Cumulative protection**

Research indicates that the presence of several protective factors is more useful in building resilience as compared to a few protective factors.

Example: A student who has achieved poor academic grades will benefit if she has access to supportive parents, classmates, and teachers. The combined contribution of these protective factors is likely to make a stronger impact than the presence of only one protective factor. Individuals will experience higher levels of resilience if they have both internal and external resources to tackle challenges, as compared to those who lack support from family, colleagues and friends.

Self Assessment Questions 2

1. Resilience is synonymous to invincibility. **True or False.**
2. What is resilience?
3. What is distal risk?
4. Explain cumulative protection.

Activity 1

Protective Factors in Resilience: Individual, Family, and Community

- A summary of internal and external protective factors commonly reported by research studies on resilience is presented below.

- Think of a personal situation that had seemed very challenging to you initially. But you were able to adapt to the change brought about by this event. Write down the internal strengths and external protective factors that helped you to overcome this adversity, in the blank rows in the box below or tick mark the ones you can relate to.

Internal Protective Factors	External Protective Factors	
	Family	Community
Self-esteem	Stable home environment	Access to basic facilities such as clean air, water
Self-efficacy	Secure attachment with primary caregivers	Affordable education, compassionate teachers recreational activities
Internal locus of control	Positive sibling relationships	Safe community
Problem solving skills	Supportive connections with family members	Employment opportunities
Ability to build and maintain relationships	Socioeconomic advantages	Access to health care, legal and welfare services
Hope	Parental resilience	Supportive policies in the area of education, law and health

9.6 THEORETICAL MODELS OF RESILIENCE

Resilience has been explained with the help of several theoretical models. Unlike psychopathological models, these frameworks expect the individual to succeed and even thrive despite the presence of adversity. The following resilience models focus on internal strengths and the protective resources in their environment.

Grotberg's Paradigm of Resilience (1999) was constructed with the aim of enhancing strengths to deal with adversities that typically tend to result in depression among the youth. This model uses three components namely *I have*, *I am*, and *I can* to present five blocks of resilience. *I have* includes trusting relationships that provide support. *I am* refers to the building blocks of autonomy and identity which contribute towards building internal protective factors such as responsibility and self-esteem. *I can* refers to the building blocks of initiative and industry which contribute towards building skills such as interpersonal and problem solving skills. Figure 9.2 below displays the three components of resilience, building blocks and their description as presented by Grotberg (1999). Grotberg (1999) recommends that these building blocks can assist in facing, overcoming, being strengthened, or transformed by adversity.

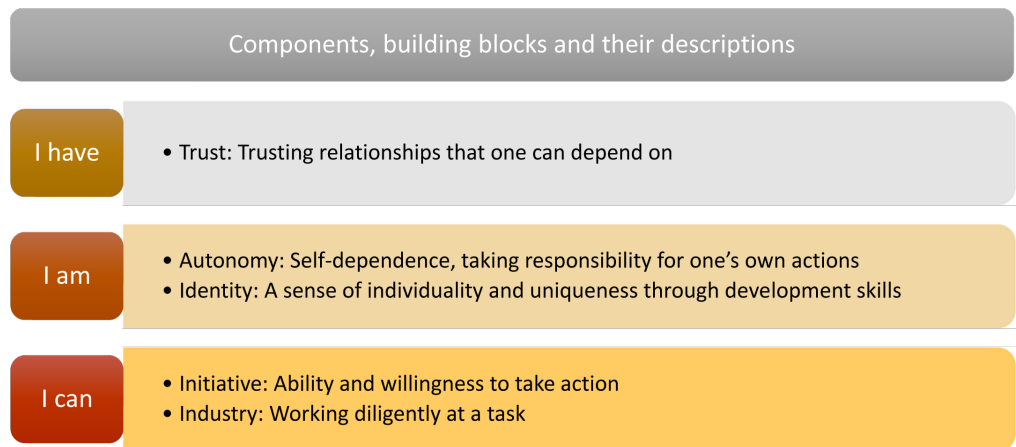


Fig. 9.2: Grotberg's (1999) Paradigm of Resilience

Other resilience models such as those proposed by Kumpfer (1999) and Richardson (2002) illustrate individuals' journeys from being faced with disruptions to displaying resilient reintegration. In 2020, Ungar and Theron presented a dynamic multisystemic model of resilience. This model acknowledges the role of biopsychosocial ecological systems in resilience. It proposes that addressing cultural and contextual processes ranging from rituals to community activities is important in resilience research.

These models have been widely used by researchers in designing their research, interpretation of data and application of findings.

9.7 DEBATES AND DISCUSSIONS IN RESILIENCE RESEARCH

Findings from Wave I, II, and III of resilience have led to several pertinent questions. The debates that followed helped to clarify the concepts further. Some crucial discussions in this regard are presented below.

9.7.1 Criteria for defining resilience

Researchers have unanimously agreed that resilience must involve two conditions:

- Presence of a significant adversity
- Display of positive adaptation despite the adversity

Unless the individual reports significant stressors in the situation, the phenomenon of resilience is not applicable. If an individual displays positive adaptation under any other circumstances, they are usually described as competent or well-adjusted; but not as resilient. The term resilience is used only when the event has been severe enough to cause significant threat to adaptation or development.

9.7.2 Resilient individuals also experience trauma and vulnerability

Resilient individuals are not unaffected by trauma. This is the reason terms like invincibility and invulnerability are no longer used to describe resilient

individuals as we have learned earlier in this Unit. Resilient individuals experience emotions such as anger, fear, and helplessness but over time, they are able to discover their protective factors and use them successfully in adapting to the event.

The unpredictability of life in general and uncertainties in day-to-day experiences expose us to vulnerable circumstances. Thus, distress and discomfort are expected responses. Resilient individuals are not invincible or unaffected by vulnerability. The journey from this state of trauma and vulnerability to positive adaptation is representative of resilience.

9.7.3 Resilience is domain-specific

Researchers have pointed out that resilience is domain specific. Thus, it is possible to display positive adaptation in one area of life while experiencing vulnerability in another domain. Some individuals who display excellence in their professional or academic lives, experience anxiety in trying to maintain their success. Such domain specificity is observed in case of other psychological concepts, such as locus of control wherein an individual may be internally controlled in the social domain and externally controlled in the domain of health.

Despite the domain specificity of resilience, there is indication that success or failure in one domain can impact adaptation in another domain. In certain conditions, protective factors that have led to success in one domain can be used to improve circumstances in another domain. For instance, if family support has helped students to achieve resilient outcomes in academics, it may also be utilized to achieve resilient outcomes in the social domain.

9.7.4 The dangers of apparent resilience

The assumption that resilience in one domain is evidence for resilience in another domain is faulty and could have serious mental health implications. In the 1990's research by Suniya Luthar, a pioneer in this field, found that some resilient inner-city adolescents displayed high social competence under conditions of high stress. When probed further, the researchers discovered that they were not doing as well in the mental health domain. In fact, these adolescents were significantly more depressed than highly competent adolescents from low-stress backgrounds. Luthar termed this as 'apparent resilience' indicating that there is a tendency for some individuals to internalize symptoms. This gives the impression that they are highly resilient when in reality, they may be experiencing serious mental health concerns. Researchers have reported that if internalized symptoms are ignored, they are likely to lead to greater distress over a period of time. Therefore, researchers and practitioners must be cautious in making conclusions on overall resilience based on adaptation in one domain. Resilience can be displayed in one or several domains, however, the idea of absolute resilience is problematic.

9.7.5 Resilience varies over time

In consideration of the Developmental task theory which suggests that adaptation is an evolving process, it is gathered that resilience is variable in different circumstances and through different periods in life. As we journey

through life, we are faced with a range of situations comprising of a variety of risk and protective factors. These constantly changing situations can either have a beneficial or detrimental impact on resilience. Also, sociodemographic factors such as age play a role in the process. For example, infants are protected from several environmental calamities by their caregivers. They step in immediately to fulfil any demands created by tragedies such as death of a family member. Moreover, the inability to grasp the anticipated consequences of these events protect infants from emotional pain. But for older children and adolescents, the understanding of the severity of the situation increases their distress. At the same time, the ability to communicate with others and seek support helps older children to independently take actions towards positive adaptation. This shows that, with age, our exposure to adversities increases but cognitive and emotional maturity also places us in a better position to display resilience.

If certain life events restrict our access to protective factors, a highly resilient individual can become less resilient. Losing employment can limit positive experiences in the domain of mental health, finance and even relationships. Protective factors associated with employment such as self confidence and financial stability may be lost following unemployment. This is likely to have a detrimental impact on resilience. In certain societies, strong stigma surrounding mental illness may lead to prejudice and discrimination even from family members. In such cases, decrease in external support can transform a person from a highly resilient person to a vulnerable one.

9.7.6 Resilience as ‘ordinary magic’

Resilience is described as an experience that is ordinary but magical. Ann Masten, a pioneer in this field has often referred to the ordinariness of resilience in her work. She posits that resilience is an ordinary rather than an extraordinary phenomenon. This indicates that it is possible for all to experience it. Despite the ordinariness of the phenomenon, the outcome is perceived as magical. This is because resilience makes it possible for individuals to succeed in circumstances where they are usually expected to fail. Masten’s (2001) observation on the ordinariness of resilience provides hope to at-risk populations. It is now believed that with the help of protective factors, individuals can discover resilience and display positive adaptation amidst challenges.

9.7.7 Multisystemic resilience

Researchers from various disciplines, besides psychology have acknowledged the interaction of multiple systems in resilience. Urie Bronfenbrenner’s Ecological Systems theory is often cited in this context. For a complete understanding of resilience, it is crucial to refer to the complex interactions between multiple systems. Even in cases where individual factors are generally implicated, such as poor performance in school, researchers and practitioners must probe into multisystemic factors to determine the nature of intervention. Academic resilience can be more effectively addressed if multiple systems such as family and school are involved instead of simply working on improving the child’s academic efforts. This is true for other adversities ranging from domestic violence, physical illness to mental illness. Survivors, in such cases not only need to find and enhance internal protective factors in their lives but also need to be provided with a safe and inclusive atmosphere where they feel reassured.

In case of some challenges, individuals are able to survive with the help of internal protective factors alone, however, the journey is less overwhelming if there is support from the environment as well. For instance, individuals with an illness may put great efforts into their recovery by displaying adherence to prescribed medication and treatment protocols but the rehabilitation process is boosted when the patient receives structural and emotional support from medical professionals, family, workplace and friends. The onus of resilient adaptation should not be placed on the individual if the socioecological environment is not supportive.

This multisystemic conceptualization of resilience is important from the point of interventions. In his book on multisystemic resilience, Michael Ungar cites evidences from investigations that integrate contexts including cultural practices into interventions.

In view of the above discussion, it is clear that the concept of resilience is not easy to define. Resilience researchers therefore must consider a number of factors in operationally defining the concept for their investigations.

Self Assessment Questions 3

1. What is domain-specific resilience?
2. Who termed resilience as 'ordinary magic'?
3. What are the criteria for defining resilience?

9.8 APPLICATION OF RESILIENCE

Applications of findings from resilience research have helped to improve several favourable outcomes such as mental health and well-being. With progress in understanding and identifying resilience, researchers developed interest in enhancing it. Wave III researchers started applying the findings obtained to promote resilient adaptation among vulnerable populations. While most of the initial interventions were directed at children and adolescents, the initiatives now include a variety of samples worldwide including indigenous populations.

Some interventions were directed at reducing risk factors while the others attempted to enhance protective factors. At times, detachment from a hostile environment protects the individual from future harm. This was displayed in previous studies on familial abuse where individuals were able to achieve positive outcomes by distancing themselves from their abusive family. In some cases, however, it is not possible to disconnect from the risk factors entirely as in situations of bereavement. Developing resilience in experiences such as death of a loved one usually involve a combination of internal and external protective factors that buffer the impact of the event. Interventions should enhance resources as well as the skills required to access them.

Interventions may be applied to different adversities and across populations, covering a variety of sociodemographic and socioecological contexts. Besides, ecological data from multisystemic resilience investigations have valuable implications in policies pertaining to education, clinical and therapeutic settings, community and mental health.

Finally, the study of resilience testifies that human beings have the capacity for surviving against all odds. One can not only overcome challenges but even thrive despite uncertainties and vulnerabilities. It is therefore crucial to identify the protective factors that can contribute to the process in different cultures and contexts. Thus resilience is a universal phenomenon and awareness and promotion initiatives can contribute towards building personal and systemic resilience across contexts.

9.9 LET US SUM UP

Resilience is crucial in the process of adapting to various transitions and challenges of life. Researchers have presented several concepts which are important in understanding resilience. These include risk factors, protective factors, cumulative risk, cumulative protection among other key terms related to resilience. An overview of the four waves of resilience research illustrates that resilience has been variously presented as a trait, process, skill and an outcome. While much of the initial research focused on the individual and their immediate environment, research has expanded to include multiple systems in resilience. Larger contexts such as society and culture and their interaction with other factors are particularly important in a comprehensive understanding of resilience. Research on resilience aims to enhance resilience in everyday lives as well as in the aftermath of adversities ranging from natural calamity to relationship conflicts. In conclusion, resilience is a universal phenomenon and awareness and promotion initiatives can contribute towards building personal and systemic resilience across contexts.

9.10 KEY WORDS

Resilience	: Displaying positive adaptation despite significant adversity
Adversity	: Events that interrupt the regular course of development of a system or an individual. These challenges disrupt homeostasis, eventually impacting functioning.
Risk factors	: Those features in a given situation that predict high possibility of unfavourable outcomes.
Protective factors	: Factors that help individuals to display resilient outcomes when faced with adverse circumstances
Cumulative risk	: Presence of several risk factors leads to increased likelihood of unfavorable outcomes. Likewise, repeated occurrences of the same risk factor are likely to amplify its impact.
Cumulative protection	: Presence of several protective factors is more useful in building resilience as compared to a few protective factors.
Apparent resilience	: The tendency of some individuals to internalize mental health symptoms while displaying

competence in other domains. This gives the impression that the person is resilient when actually they may not be.

- Multisystemic resilience** : The idea that multiple systems are involved in the process of resilience. This approach allows researchers to look beyond individual factors into biopsychosocial ecological contexts.
- Resilience interventions** : Initiatives that seek to enhance resilience by addressing risk and protective factors
- Ordinary magic** : A way of referring to resilience indicating that while the outcome is magical or unexpected, the phenomenon is universal.

9.11 ANSWERS TO SELF ASSESSMENT QUESTIONS

Answers to Self Assessment Questions 1

1. First wave
2. Connor–Davidson Resilience scale (Connor & Davidson, 2003)
3. psychopathological approach

Answers to Self Assessment Questions 2

1. False
2. Resilience is described as positive adaptation in response to adversity.
3. Cumulative protection refers to combined contribution of several protective factors in building resilience
4. Risk factors present within the environment but not within the immediate surroundings are known as distal risks.

Answers to Self Assessment Questions 3

1. Domain specific resilience refers to that, it is possible to display positive adaptation in one area of life while experiencing vulnerability in another domain.
2. Ann Masten
3. Presence of a significant adversity; and display of positive adaptation despite the adversity.

9.12 UNIT END QUESTIONS

1. Describe risk and protective factors in resilience.
2. Why is resilience described as ‘domain-specific’? Illustrate with the help of an example.

3. Do you agree that resilience is ‘ordinary magic’? Provide examples in support of your answer.
4. Cite an example of apparent resilience that you might have observed in your life or in people around you.
5. Why do researchers recommend the use of mixed methods in studying resilience?
6. If you are asked to develop a resilience intervention on college students in India, which risk and protective factors will you focus on?
7. Provide a description of some of the multiple systems and protective factors that can contribute to resilience among individuals diagnosed with a chronic physical illness.

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UNIT 10 OPTIMISM AND HOPE*

Structure

- 10.1 Learning Objectives
- 10.2 Introduction
- 10.3 Optimism
 - 10.3.1 Dispositional Optimism
 - 10.3.2 Learned Optimism
 - 10.3.3 Unrealistic Optimism
- 10.4 Development of Optimism
- 10.5 Benefits of Optimism
- 10.6 Hope
- 10.7 Development of Hope
- 10.8 Benefits of Hope
- 10.9 Let Us Sum Up
- 10.10 Key Words
- 10.11 Answers to Self Assessment Questions
- 10.12 Unit End Questions
- 10.13 References
- 10.14 Suggested Readings

10.1 LEARNING OBJECTIVES

After studying this Unit, you would be able to:

- *Explain the meaning of optimism and describe its different types;*
- *Describe the benefits of optimism;*
- *Define hope and describe the benefits of hope; and*
- *Discuss the measurement of hope.*

10.2 INTRODUCTION

Sudha is doing her graduation and wants to get into a decent job after completion of her graduation degree. What makes the case of Sudha unique is that she comes from a family where she is the first girl to study upto graduation level. In her community, girls are not allowed to study and do jobs to earn money. However, Sudha despite her hard situation since the beginning of her education, looks forward to completing her graduation and join a good job to be financially independent.

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To achieve her dreams, she takes determined steps and follows a charted out path to achieve what she has thought out for her life.

The above case provides an example of optimism and hope in Sudha. Optimism and hope are two vital elements for maintaining positive mental health. Positive mental health is a key to happiness and satisfaction in life. It is state of wellness where individuals can function fully and deal effectively with the challenges of life. Hope and optimism both may seem to be very similar and overlapping constructs, based upon positive future expectancies; however, there are differences in how they have been conceptualized by theorists. In this Unit, you will learn about these two positive constructs in detail.

10.3 OPTIMISM

Optimism is a cognitive expectancy for desirable events or things to happen in future. On the other hand, pessimism denotes expectancy for undesirable outcomes to happen. Optimism is also characterized as a disposition or trait, which people are endowed with in varying degrees. It is considered to be a relatively stable and enduring trait, which guides how people perceive and address particular situations.

The early understanding and usage of the term was either neutral or negative, as evident from the works of eminent philosophers and psychologists like Descartes, Freud, Hegel, and Nietzsche (Domino & Conway, 2001). This was because of dominant negative outlook towards human nature in the field of psychology at that time. With advancements in research in psychology and dominance of humanistic school of thought towards the end of twentieth century, there was a change in perspective towards the concept of optimism.

Based on contemporary research, there are two dominant approaches and theoretical models to optimism: Dispositional Optimism Model by Scheier and Carver (1985) and Optimism as an Explanatory Style by Seligman (1990).

10.3.1 Dispositional Optimism

Scheier and Carver first discussed the concept of optimism in their theory of self-regulation, where it was conceptualized to be a personality dimension. Later they coined the term 'dispositional optimism'. They defined it as 'the extent to which people differ in regard to having expectancies of favorable outcomes in their future' (Carver et al., 2010). The model proposed by Scheier and Carver is considered to be the most popular model of optimism, and has relatively stronger construct validity evidence (Bryant & Cvengros, 2004).

The definition highlights optimism as a general expectancy and does not relate it to any specific context (Carver et al., 2010; Scheier & Carver, 1985). Being a personality dimension, it differentiates between optimists and pessimists, where optimist are people who have an orientation towards having positive expectations and predictions about their life in general, as compared to pessimists who have a tendency to expect negative future outcomes in life (Carver et al., 2010). They argued that optimists would have much stronger valued goals, and a higher persistence to pursue those goals in the face of difficulties using effective coping mechanisms leading to a higher likelihood of them achieving their goals (Scheier, Carver and Bridges, 2000). In contrast, pessimists being

more doubtful and hesitant, have more negative affect. Scheier and Carver believed it to be a relatively stable and fixed dimension of personality.

Many research studies supported this stability dimension of optimism, although it was lower in value than other personality traits (Carver et al., 2010). However some studies have found the optimism trait to be changeable over time to some extent. The results of Segestrom (2007) longitudinal study over ten years showed shifts in optimism of participants over the course of study. This and some other researches also (Feldman et al, 2015) point towards the changes over time in optimism, and how it can be enhanced with interventions.

10.3.2 Learned Optimism

The other perspective in the conceptualization and measurement of optimism is ‘Optimism as an explanatory style’ or Learned optimism model by Martin Seligman. The theory of optimism as an explanatory style derives from theory of attribution and theory of learned helplessness (Seligman, 1990). Explanatory style is defined as the manner in which an individual explains the events of his/her life, making attributions for their causes. Attributions can be made on the three dimensions: internality/externality, instability/stability and specificity/globality (Weiner, 1985). Internality/externality dimension refers to individuals’ tendency to ascribe either internal (self, dispositional) or external (people or situational) reasons while explaining their life events. Stability denotes causes that are fixed and stable over time, while unstable causes are variable and do not remain same over time and context. Globality refers to propensity to generalize the causes to all situations, or causes are specific to situations.

Learned helplessness is a feeling resulting from inability to escape from obnoxious or painful stimuli. The model of learned helplessness attempted to explain the phenomena of depression. Abramson and colleagues (1978) realized the capability of certain attributions to explain the learned helplessness. They found that learned helplessness can be a result of attributing *internal* (‘it was due to my carelessness’), *stable* (I will be like this forever) and *global* (‘my carelessness will spoil everything I will do’) causes to negative life events. Taking it forward, Seligman coined the term ‘*Learned Optimism*’ to describe the tendency of ascribing *external* (‘I met with a car accident because of faulty traffic signal’), *unstable* (‘It does not happen all the time to me’), and *specific* (‘I didn’t notice the faulty signal, otherwise I am observant’) causes to negative life events. Optimists thus are not too disturbed by the setbacks or negative life events; they see these events as occasions for learning and hope for better outcomes in future.

Seligman (2003) pointed out that the essential difference between the optimist and the pessimistic explanatory style was the differential appraisal of the reasons for success and failure; the prevalence of good and bad events and capability to sustain hope. Explanatory style is modifiable according to Seligman, and can be transformed from pessimistic to optimistic style (Seligman, 2013).

10.3.3 Unrealistic Optimism

There can be a tendency of attribution which can entail holding particular perceptions and self-evaluations that are unduly positive, too exaggerated to

be called objective or fair. This perception of self or others is called unrealistic optimism; this might appear impractical but can serve the purpose of calming people when worried and doubtful in challenging situations, and can aid them in persisting towards their goals.

Unrealistic optimism can be defined as a general propensity to anticipate a higher probability of positive events to happen to self, and a greater likelihood of negative events occurring to others (Weinstein, 1980). The concept is similar to what is called 'Positive illusions' (Taylor and Brown, 1988, 1994) which is common among so called mentally healthy, happy, and well-adjusted people. Positive illusions consist of an over exaggerated assessment of one's abilities, an amplified sense of control and unrealistic optimism about future. People with unrealistic optimism are less likely to think about the possible risks or hazards involved in a problem situation, and visualize themselves in situations where they are successfully dealing with the challenge.

Other than the above mentioned concepts, literature also cites many related constructs like unrealistic pessimism (Heine, & Lehman, 1995), defensive pessimism, selective attention, self-deception, and strategic optimism (Norem, & Cantor, 1986).

Self Assessment Questions 1

1. _____ optimism considers optimism as a personality dimension.
2. Optimism as an explanatory style is also known as _____ optimism.
3. Learned optimism model is given by _____.
4. What are the three dimensions in which people usually make attributions?

10.4 DEVELOPMENT OF OPTIMISM

The presence of optimism as a disposition or explanatory style is dependent on number of factors, the most important being parental socialization. Parents play a very important role in development of optimism through role modelling and reinforcement of optimistic behaviors (Abramson et al. 2000). Parental mental health is a determining factor and it has been shown that there are higher chances for optimists to belong to families in which none of the parents are suffering from depression. Optimists are more likely to come from families where parents use optimistic explanatory style and are good role models in that. Children who belong to families that have witnessed many traumas and struggles, display optimism when their families show resilience and healthy coping strategies. This is because parents in such situations encourage children to cope with stressors and challenges in a positive way and reinforce optimistic behaviors and perseverance.

On the other hand pessimists are believed to come from those households where either parents are complaining, use self-criticism or criticism of child, are depressed or use a pessimistic explanatory style. Inattention to child, child abuse and rejection are other factors which can lead to a development of pessimistic explanatory style (Carr, 2004).

10.5 BENEFITS OF OPTIMISM

Optimism has many useful consequences for people ranging from mental health, healthy psychological functioning, performance to effects of aging etc. (Rudhig, Perry, Hall, & Hladkyj, 2004). The topic of optimism has gained a lot of popularity among researchers since the last two decades because of these affirmative outcomes. Research indicates that people having positive beliefs about (i) their capabilities to achieve desired goals, (ii) a positive perception of their personal attributes and (iii) their future, perform better than those who are pessimistic or doubtful (Brown & Marshall, 2001).

a) Optimism and Academic Performance

A number of studies have been conducted to understand the relationship of optimism with student's academic performance. The effect of expectancies on task performance among undergraduate students was studied by Brown and Marshall (2001) in the lab setting. They found that under difficult task condition, students having high or moderately high expectancies for task performance performed better academically in comparison to those who had low expectancies. In another study, Solberg Nes, Evans, and Segerstrom (2009) investigated the effects of optimistic orientation on the rate of college retention in undergraduate college beginners. Their findings revealed optimism was a favorable personality dimension that influenced the motivation and adjustment of students, thereby playing an important role in retention of college freshers in their first years.

b) Optimism, Physical Health and Well-being

There is plethora of researches that support the positive contribution of optimism in enhancing the well-being and health of individuals. There is a strong evidence to support the claim that optimists are healthier than pessimists (e.g., Carver et al., 2010; Gallagher & Lopez, 2009; Rasmussen, Scheier, & Greenhouse, 2009). The likelihood of a strong link between optimism and health is plausible and can be explained by the self-regulation model, which proposes optimists are likely to be more focused towards self and goals, which lead to goal attainment for optimists and avoidance of goals for pessimists. Another reason for higher well-being in optimists is their attribute of constructive thinking. Optimism as a trait is associated with positive expectancies and constructive thinking in life (Lobel, DeVincent, Kaminer, & Meyer, 2000).

Optimism is believed to result in better physical health, by lowering experienced stress. Optimists tend to have higher self-efficacy or perception of control over situations and more positive thought processes because of which they perceive situations to be manageable and consequently experience lower level of stress (Carver & Scheier, 2014). Studies also point towards the role of optimism in promoting health protecting behaviors and refraining from health compromising behaviors resulting in a healthy lifestyle (Carver & Scheier, 2014). This healthy lifestyle boosts their immune system and prevents them from developing illness. Even on developing illness, they tend to comply more with medical advice for a faster recovery (Carr, 2004). On the contrary pessimism was linked to negative health effects (Carver et al., 2010). Pessimism was also found to be correlated positively with involvement in health compromising behaviors like substance abuse, suicide (Carver et al., 2010).

c) Optimism and Psychological Well-being

Optimism also contributes to enhanced psychological well-being. Research shows that people with dispositional optimism are more likely to use reappraisal, problem focused coping and adaptive emotion focused coping at the time of stressful situations. Pessimists, on the other hand have a higher tendency to use avoidant coping strategies like escape avoidance or denial in the face of a challenge (Carver et al, 2010).

Looking at the positive outcomes of optimism in different spheres of person's life, it is crucial that optimism be developed from childhood. Programs have been developed by researchers (Seligman, 1998) to assist individuals of different age groups to alter their explanatory style from pessimism to optimism. Participants, in these programs, get trained to recognize and analyse the situations which are mood altering, and thereby change their negative beliefs by positive reappraisal so that it leads to optimistic explanatory style. Thus knowledge of one's ability to change and transform one's thought processes towards optimistic thinking can be really empowering and advantageous in the direction of positive mental health and well-being.

It is important to understand that optimism may not always result in positive outcomes. There may be certain risks associated with over optimism. Such people may fail to assess and judge personal risks, e.g., being unwilling to go for medical screening thinking that diseases like cancer is less likely to affect them. This is unrealistic optimism.

Self Assessment Questions 2

1. Constructive thinking is one of the reasons for higher well-being in optimists. **True or False.**
2. Reappraisal is more likely to be used by the pessimists than the optimists. **True or False.**
3. Overly positive and optimistic people are always able to recognize and judge the potential risk. **True or False.**

10.6 HOPE

Hope is an interdisciplinary concept studied in different disciplines like Anthropology, Sociology, Psychology, Philosophy, Nursing/Medicine and Theology. In philosophy, it is studied as a spiritual virtue; in nursing literature, hope is associated with survival and coping. Psychology conceptualizes hope as goal achievement. Hope, according to Staats (1989), is "the interaction between wishes and expectations." Stotland (1969) investigated the function of expectancies and cognitive schemas in the development of hope, which he defined as a set of important goals with a high perceived possibility of realization. According to Gottschalk (1974), hope is having positive expectations about particular favorable consequences, and it motivates a person to overcome psychological challenges.

A number of conceptual frameworks have been proposed by theorists like Nekolaichuk (1999), Scioli et al (1997), and Snyder (1994). Within a multidimensional framework, Nekolaichuk et. al. (1999) suggest a hope model

that highlights three dimensions of hope: personal spirit (an individual dimension), risk (a contextual dimension), and authentic caring (a relational dimension). According to Scioli (1997), individuals realize hope through four dimensions: mastery (goals), survival (coping), attachment (trust) and spirituality (faith). Several other perspectives to hope such as, “hopeful thinking or cognition” (Snyder, 2000), “positive emotional experience” (Fredrickson, 2009), as a “character strength” (Peterson and Seligman, 2004) and also a “transcendental phenomenon” (Emmons, 2005, Vaillant, 2008) have been proposed.

From a Positive psychology perspective, hope involves positive feelings like optimism, but it is also a cognitive- motivational state that comprises of individual’s beliefs about the self and one’s actions that shapes attainment of desirable results. Developed by Professor Charles Richard Snyder (1994), the concept of hope is conceptualized to consist of three components: (i) goals, (ii) thoughts about means or pathways to achieve specific goals, and (iii) thoughts about the agency or abilities to attain those goals. Hope is believed to be the sum of ‘pathways’ and ‘agency’ components. In other words, hope is the combination of perceived *abilities* to choose routes towards desirable goals and the perceived *motivation* to make use of those routes. It indicates the person’s belief that s/he will be able to find the path towards the desired goals and utilize these pathways for attainment of goals. As evident from the definition, Snyder emphasized hope to be a cognitive-motivational phenomena, and emotions to be a byproduct of these thoughts. Hope theory predicts that unhindered goal pursuit should result in positive emotions, but goal impediments may result in negative emotions.

Snyder (2000) believed hope to be a multi-dimensional concept which can act both like a stable personality trait and contextual state. As a trait, people can have individual differences in the extent to which they possess the trait. People high on hope are thought to use different means to reach their goals, they have more clarity about the alternate routes and are more likely to have a strong belief about accomplishing their goals, as compared to people who are low on hope (Bailis and Chipperfield, 2012).

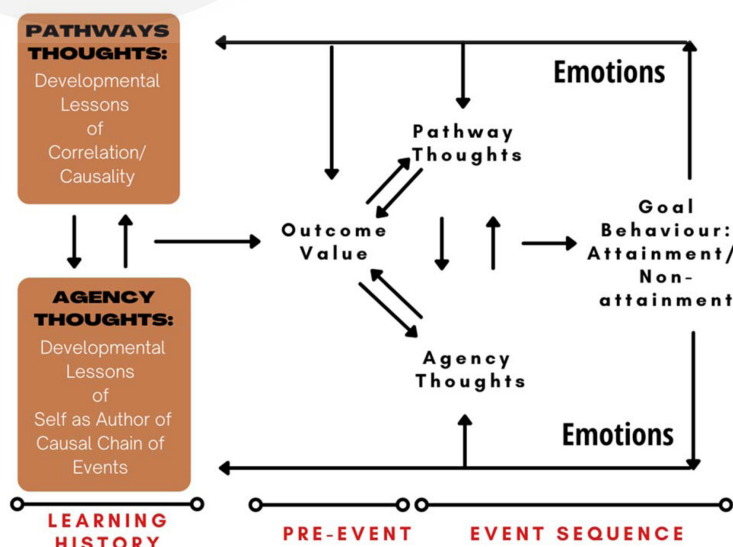


Fig. 10.1: Snyders’s Model of Hope

Source: Adapted from Snyder (2000)

According to Snyder's model as depicted in Fig 10.1, hope will be high when it involves goals that are valued and there is average or above average probability of realizing the goals in the face of obstacles that are difficult but not overwhelming. Hope loses its relevance where one is sure of reaching the goals; and hopelessness results when it is believed that goals are not achievable. Hopeful thoughts lead to positive emotions and hopelessness results in negative emotions. Snyder pointed out that at any point in time and situation, hope is determined by the interplay of three factors:

- The extent to which any goal is valued
- The pathways/means and expectancies about the effectiveness of these pathways in attainment of desirable goals, and
- One's agency or energy, abilities and self-efficacy in using these pathways to goals

The above mentioned factors do not operate in a vacuum, the thoughts about pathways and agency are dependent on past experiences. The developmental learnings related to correlation and causality in pathways thinking and agency thoughts derived from one's experiences in the past guides one's expectancies in the present.

In addition to goals, pathways thinking and agency thinking, Snyder also talked about the **barriers** to goal achievement. Goal attainment is not always a smooth process and involves number of blockages. When faced with obstacles to goals, most people can think of at least one alternative route, but there are some who can think of multiple routes to the desired goals. This ability to find multiple pathways is more characteristic of high hope people (Snyder, 1994a, 1994b).

False Hope

True hope is thought to have a basis in reality, on the other hand, false hope is believed to result from recognizable distortions of reality. Many scholars and psychologists have raised concerns about the potential dangers of "false" hope (Snyder, Rand, King, Feldman, & Woodward, 2002).

According to literature, false hope tend to occur for three reasons: when expectancies are based on illusions instead of reality (e.g., Beavers & Kaslow, 1981); when unreasonable goals are chased (Rule, 1982, as cited by Snyder et al., 2002); and when inadequate approach and procedures are followed to attain the desirable goals (Kwon, 2000, 2002). However, Snyder argued that false hope was not necessarily a result of distortions in reality. He believed that high hope individuals can make use of positive illusions that can shape their perception of reality, but they do not inevitably involve in counterproductive illusions resulting in major reality distortions (Snyder, 1998)

Another important topic investigated by researchers is the phenomenon of **Collective Hope** (Snyder & Feldman, 2000). Collective Hope indicates the extent of goal-directed thinking of a group of people or communities. Collective hope becomes functional when a large number of people pursue a goal that cannot be achieved by any single individual. The operation of collective hope is visible in community efforts towards common goals like environment protection, health promotion, and government plans.

10.7 DEVELOPMENT OF HOPE

Although hope is conceptualized both as a trait and state, it has not been found to have any hereditary component (Snyder, 1994b). It is believed to be a cognitive set about goal-directed thinking that is completely learnt and shaped by the socialization process. The elements of hope - the pathway and agency thinking are coached by parents or caregivers and are visible by the tender age of two in children, although these thoughts are acquired much before that. Agency thoughts in babies is their recognition of their self to be a causal factor in many cause and effects events in their surroundings. Healthy attachment to caregivers which is based on trust is important for development of hope in children (Snyder, 1994b). Threatening environment and traumatic experiences during childhood like loss of parents have been associated with decrease in hope (Rodriguez-Hanley & Snyder, 2000).

Self Assessment Questions 3

1. Differentiate between hope and optimism.
2. According to Snyder (1994), hope consists of _____ and _____ components.
3. What is 'false hope'?

10.8 BENEFITS OF HOPE

Hope has been found to have beneficial results in the area of academics, sports, physical health, adjustment, and psychotherapy.

a) Academic Performance

A number of research investigations involving various student populations have revealed a link between hope and academic performance. Snyder et al. (1991) identified the characteristics of high-hope students as self-assured, inspired, enthusiastic, and driven by their intended goals. Higher Hope Scale scores at the start of college have been shown to predict better overall grade point averages and whether students will continue school (Snyder, Shorey, et al., 2002). Furthermore, among college students, higher levels of hope were linked to higher academic life satisfaction and higher use of problem-solving skills and coping mechanisms (Chang, 1998). The studies are reflective of hope being a potential human strength aiding in improving achievement.

b) Health and Well being

As a personal attribute, hope has been linked to a number of positive health benefits (Snyder, 2002). Snyder (2002) linked high levels of hope to higher participation in preventative actions that help people avoid developing physical and mental illnesses. For example, people scoring high on hope showed a greater involvement with cancer prevention initiatives (Irving, Snyder and Crowson, 1998) and higher motivation to do physical work out (Harney, 1990 in Snyder, 2002).

The correlation between hope and psychological functioning has also been revealed in numerous research studies. Higher levels of hope were associated

with improved mental health in high school students (Marques, Pais-Ribeiro, & Lopez, 2011), reduced levels of depression in undergraduates (Snyder et al., 1991), and better life satisfaction scores in law school students (Rand et al., 2011). High hope in cancer patients was also associated with reduced psychological distress in them (Berendes et al., 2010). Elliott, Witty, Herrick, and Hoffman (1991) carried out a study on 57 persons with major physical disabilities and found that hope had a favorable impact on depressive symptoms and dealing with physical handicap. People with higher levels of hope had lower degree of depression and had stronger social relationships in comparison to individuals with lower levels of hope.

Michael (2000) studied the effects of hope on anxiety reactions. His study discovered that hope can be used as a resource to keep anxiety from overpowering and incapacitating the patient. As a result, hope seemed to have a moderating influence on anxiety; hopeful individuals have the ability to overcome the ramifications of anxiety by consciously focusing on achieving their goals. Energy produced by anxiety can also be channeled into goal-oriented action. Hope is thus considered to be a valuable human strength with the potential to result in beneficial outcomes with regard to health and well-being (Seligman and Csikszentmihalyi, 2000).

c) Coping and Adjustment

A large number of studies have investigated the effects of hope on dealing with stress. Snyder (2000) showed a positive effect of dispositional hope on ability to cope with problems. Based on research findings, Snyder and Pulvers (2001) stated that individuals low in hope are more likely to have a tragic view of future, as compared to high hopers who tend to use healthy and productive coping strategies on a regular basis. It is intriguing to know if there is a difference between high hopers and low hopers in terms of types of coping strategies used by them. This question has been dealt by one of the studies by Sle Zackova & Piskova (2017). The study was carried on 196 adults in the age range of 19-33 years old. They found that people scoring high on hope used coping strategies like problem-solving, positive cognitive restructuring and support from family, friends. These people exhibited a higher level of happiness and positive perceptions of health. Individuals with low hope scores, on the other hand, displayed coping strategies like wishful thinking, self-criticism and social withdrawal.

In the domain of personal and social adjustment, higher Hope scale scores have been linked to numerous indices of increased happiness satisfaction, positive emotions, quality of social relationships, and so on (Snyder, Harris, et al., 1991). Furthermore, hope has been proposed as a common component underpinning the positive effects of psychological therapeutic treatment. (Snyder, Ilardi, Cheavens, et al., 2000).

10.9 LET US SUM UP

In this Unit, you learned about two important constructs in positive psychology, that is, optimism and hope. Development of optimism and hope was described and their benefits were also elaborated. Both have been found to be strongly related to happiness, physical wellness, academic performance and psychological

well-being for people of all ages. It is important to develop these from early childhood. They can play a significant role in the present unprecedented times, and improve our well-being.

10.10 KEY WORDS

Optimism is a cognitive expectancy for desirable events or things to happen in future.

Explanatory style is defined as the manner in which an individual explains the events of his/her life, making attributions for their causes.

Learned Optimism refers to the tendency of ascribing *external, unstable* and *specific* causes to negative life events.

Unrealistic Optimism refers to the tendency of attribution which entails holding particular perceptions and self-evaluations that are unduly positive, too exaggerated to be called objective or fair.

Hope refers to having positive expectations about particular favorable consequences, and it motivates a person to overcome psychological challenges (Gottschalk, 1974).

Collective Hope indicates the extent of goal-directed thinking of a group of people or communities.

10.11 ANSWERS TO SELF ASSESSMENT QUESTIONS

Answers to Self Assessment Questions 1

1. Dispositional
2. Learned
3. Martin Seligman
4. Internality/externality, instability/stability and specificity/globality

Answers to Self Assessment Questions 2

1. True
2. False
3. False

Answers to Self Assessment Questions 3

1. Hope involves positive feelings like optimism, but it is also a cognitive-motivational state that comprises of individual's beliefs about the self and one's actions that shapes attainment of desirable results.
2. pathways and agency
3. False hope results from recognizable distortions of reality.

10.12 UNIT END QUESTIONS

1. Discuss the two dominant perspectives in optimism.
2. Discuss Snyder's Model of Hope citing relevant examples.
3. Elaborate on the various benefits of hope.

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UNIT 11 FLOW AND MINDFULNESS*

Structure

- 11.1 Learning Objectives
- 11.2 Introduction
- 11.3 Flow: The Optimal Experience
 - 11.3.1 Components of Flow Experience
- 11.4 Flow and Engagement: Are They Same?
 - 11.5 Flow: An Indigenous Perspective
- 11.6 Benefits of Flow
- 11.7 Mindfulness
- 11.8 Meaning of Mindfulness
- 11.9 Benefits of Mindfulness
- 11.10 Mindfulness Based Interventions
- 11.11 Let Us Sum Up
- 11.12 Key Words
- 11.13 Answers to Self Assessment Questions
- 11.14 Unit End Questions
- 11.15 References
- 11.16 Suggested Readings

11.1 LEARNING OBJECTIVES

After studying this Unit, you would be able to:

- *Explain the meaning of flow and describe its different components;*
- *Describe the benefits of flow;*
- *Define mindfulness and describe its components; and*
- *Discuss various mindfulness-based interventions and how they impact the well-being of individuals.*

11.2 INTRODUCTION

Rita loves dancing and has performed on stage in many functions in her college. When she practices in her dance class in the evening, she becomes so engrossed that she forgets all the tiredness after her college classes. She gets immersed in her dance and loses the track of time. Have you ever felt that time has flid while doing anything, e.g., reading a favourite novel or playing a game.

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Rahul has gone for a movie in the evening with his college friends. They dined out and it was quite late by the time he returned home. His father got angry and scolded him for being so irresponsible and staying out so late into the night. Rahul also got angry and was about to retort back saying that he is grown up now and can take care of himself. But then he thought that he is not going to ruin his sleep and the enjoyable experience he had by getting into an argument with his father so late in the night.

Have you ever found yourself in situations similar to the cases described above? These examples depict two important constructs in positive psychology, namely **Flow** and **Mindfulness**. The field of positive psychology focuses on such aspects which make one's life more flourishing, meaningful and worth living. It aims at finding out what is good in life and how we can enhance our life?

The process of engagement in any activity and in life refers to the process of immersing oneself and getting absorbed in the work we do or task at hand. Engagement and particularly the concept of 'flow', is important in making life worth living and promoting a profound sense of well-being for people who have flow experience. Mindfulness also contributes to living a balanced and enriching life by paying attention to the present moment experiences.

In the present Unit, we will discuss about these positive psychology constructs of flow and mindfulness.

11.3 FLOW: THE OPTIMAL EXPERIENCE

The concept of 'Flow' originated from the works of Mihály Csíkszentmihályi (1975, 1990), a Hungarian-American psychologist, and a Professor at Claremont Graduate University, California, who first recognized and coined the term. He studied people from creative field or artists where work is integrated with leisure like dancers, painters, athletes, etc. based on which he propounded the concept of flow.

The flow state was defined as the one where a person is fully engaged or immersed in the activity they are doing. It is a feeling which is characterized by a state of concentration, fulfillment, complete absorption, engagement and competency, and a disregard of the sense of time, ego, bodily needs during the activity. According to Csíkszentmihályi (2005), flow involves being fully present and engrossed in the activity and utilizing one's skills to the fullest. The characteristic feature of flow is a deep involvement in the moment-to-moment activity.

In his popular work, 'Flow: The Psychology of Optimal Experience', Csíkszentmihályi has proposed that when, in a state of flow, people feel the happiest. It is a kind of involvement and focus in one's work that nothing else seems to matter (Csíkszentmihályi, 1990). In 1996 he added, flow is "extremely enjoyed optimal experience in which total concentration and enjoyment with great interest for the activity is experienced" (Csíkszentmihályi, 1996). This flow experience can be felt during play, games, creative pursuits, spiritual experience, and other contexts, however, it is not limited to these. Maslow's (1962, 1971) concept of 'peak experiences' and de Charms (1968) idea of 'origin' state share many commonalities with flow.

Based on the interview findings of artists, sportsmen etc., Csíkszentmihályi has underlined certain elements of flow experience.

11.3.1 Components of Flow Experience

- **Merging of action and awareness**

One of the most defining features of flow experience is the merging of action with its awareness. Here the individual is very much aware of his/her actions, but do not reflect on that awareness itself. For example in a chess game, the player has undivided attention on the game on its every move but is not perceptive of that awareness. For this kind of merging between action and awareness, the activity carried out must be achievable i.e., the person doing it must be confident about his/her ability to perform.

- **Centering of attention**

The flow experience is achieved when one's attention is undivided and centered on a single stimulus field. This focusing of attention involves keeping out of attention the unnecessary, irrelevant, or distracting stimuli. It is also named as the 'narrowing of consciousness'.

- **Loss of ego**

Loss of ego here denotes, a temporary loss of self-consciousness or one's identity, and individuality. It is a brief forgetfulness of one's self and becoming one with the activity.

- **Control of action and environment**

Another element of flow is a feeling of sense of control over one's actions and one's environment. It is not as much a feeling of mastery, as it is a state of not being bothered about by the likelihood of loss of control.

- **Demands for action and clear feedback**

The demands for action which results in flow experience have the characteristics of being clear, consonant or coherent. In addition it involves explicit and clear feedback to the person for his actions. The task is defined clearly and the person is required to do things which are coherent or compatible with the goals. In other words the goals and the means are aligned with each other.

- **Autotelic in nature**

One of the most defining characteristics of flow is it is autotelic in nature meaning it is self-rewarding and the activity does not require any rewards external to itself. Most or all of flow activities like play, dance, games, artistic drawing etc. are inherently rewarding to the person doing those activities. Although external rewards can be there in most of the above-mentioned and other flow activities yet the people experiencing flow are primarily motivated by the experience and not the external rewards attached.

- **Altered sense of time**

We all have experienced at some point or other how time seems to fly

very fast when we are enjoying something, and it seems to standstill in periods of boredom, agony or stress. In the flow, attention is focused on the moment to moment activity, the person is not at all oriented towards the mental processes that signals the time duration. As a result the person fully engaged in an activity feels that time has passed too quickly (Conti, 2001).

It is important to note here that for the optimal or flow experience the challenge or opportunities for action needs to be consonant with perceived capabilities. When the demands are experienced to be more than what one can handle, it can lead to stress or anxiety. On the other hand, if the skills are perceived to be greater than the demands of the situation, it can result in boredom. Therefore, flow is experienced when there is a match between the opportunities for action (challenges) and the perceived skills of the person.

There are *other conceptualizations of flow* as well by different researchers. Most of them derive from Csíkszentmihályi model of flow. Jackson and Eklund (2002) proposed that the optimal experience can be explained by nine dimensions: consciousness-action fusion, complete concentration, lack of awareness, balance-skill challenge, time distortion, feedback, target clarity, and autotelic experience.

Thus the flow experience consists of a number of elements as described above. Various other factors such as clarity of goals, optimal challenges, high achievement motivation, and importance of activity for the person also influence the extent to which the person engages in an activity and finds it intrinsically rewarding.

11.4 FLOW AND ENGAGEMENT: ARE THEY SAME?

Flow is often used interchangeably with engagement. Many find the two terms overlapping, or an extension of each other. There is a very thin line differentiating the two. Due to the commonalities between the two concepts, and the manner in which they are conceptualized, there are different perspectives in the literature about which causes what, i.e., if flow leads to engagement or engagement results in flow? There is no consistent empirical evidence in one direction.

Kahn (1990) contended engagement to be one of the elements of flow. Schaufeli, Salanova, Gonzalez-Rokmá and Bakker (2002) suggested that flow is climax experience of engagement. They argued that engagement is a positive psychological state of work that can be described by vigor, dedication and absorption. Engagement can be a reflection of one's internal motivation at work, it can be referred to as a more persistent cognitive-affective state, as compared to flow which can be a specific, transient, peak experience. The most common difference cited between the two is temporality. While flow is a slightly more complex concept and includes various elements, it signifies a particular, time bound, transient 'peak' experience, as compared to a more consistent, and extensive psychological state such as engagement (Schaufeli et al., 2002). The absorption dimension of engagement comes very close to flow. Furthermore, engagement is generally referred in work context and "indicates

one's identification with one's work" (Schaufeli et al., 2009), while flow can be experienced in any of the activities or unlikely situations.

11.5 FLOW: AN INDIGENOUS PERSPECTIVE

The concept of flow has parallels in the Hindu philosophy of Karma Yoga, underlined in the Hindu's sacred text Bhagavad Gita. Both Flow and Bhagavad Gita propound enjoying the journey or process of work itself, rather than being focused about the end goal, in order to experience inner satisfaction and peace. In the Bhagavad Gita, Lord Krishna instructs his disciple Arjuna to follow this principle:

deZ; srf/kdkj Lrs ek Qy\$kdnpou A
ek deZygrqkZrs l 3 xk LRdeZ k || 47 ||

Invest your energies in doing your duty in the best possible manner, but do not concern yourself with the results. Let the motive of action be the action, and not the hope of reward.

cñ) ; äks t gkrhg mHs l q-rnñ-rsA
rLek| ksk ; T; Lo ; kx: deZ qdl\$kye~ || 50||

Shree Krishna explains - by getting rid of the attachment to the results of the work, one can attain excellence in the work we do. This excellence in work is Yoga. Shri Krishna clarifies that working without personal interests, does not dampen the spirit of work or quality of work; contrary to this, we become more skillful in comparison to when we work with an eye towards personal rewards.

Flow can be experienced in any kind of work. To quote the Gita "the one devoted to his duty (work, action) attains perfection" [18.45].

Csikszentmihalyi's conceptualization of flow and how to achieve the highest form of fulfillment- enjoying the moment-to moment activity without aiming at the end goal, is very similar to the path of peace and self-realization prescribed by Lord Krishna – the elimination of desire for rewards and detachment from fruits of actions.

11.6 BENEFITS OF FLOW

Although flow can be a very personally and internally rewarding experience, it has broader positive consequences. The two direct consequences of flow often discussed in literature are enjoyment and pleasurable absorption. These two in turn can lead to a number of benefits for the person and in the work context. The pleasurable absorption experienced in the leisure and sports activities has been associated with many crucial outcomes in the work arena like enhanced interest in task (Csikszentmihalyi, Rathunde, & Whalen, 1993), positive mood (Eisenberger et al., 2005), in-role and extra role work behaviors (Demerouti, 2006), organizational spontaneity (Eisenberger et al., 2005), and overall physical as well as psychological well-being (Steele, 2006).

A number of studies have highlighted the positive effects of flow in creative fields like journalism. Flow was found to influence enjoyment at work and sense of professional efficacy in journalists (Burke & Mattheisen, 2004). Studies

are abundant in the positive effects of flow in sports and creative activities. However there is dearth of studies of flow in the other work context like academics. Flow can have many relevant outcomes in the workplace such as improved performance and organizational citizenship behaviour. Additionally it can be promoted by various job characteristics like leadership, freedom, autonomy, open communication channels etc. at work; thereby making flow an empirically modifiable variable, which can be enhanced by changing specific job characteristics. Therefore pleasurable absorption and enjoyment resulting from flow, can lead to positive work outcomes in diverse fields and have the potential to reduce stress at work and promote well-being. Although studies in the domain are limited, it has been found that flow can be concluded by work characteristics in the academic context and brings about better physical and psychological well-being in students (Steele, 2006). Findings from flow experience can be utilized in aiding institutional practices to enhance students' involvement in studies and academic work in general.

Exercises to trigger a Flow Experience:

- *When faced with a challenging situation, try taking not a standard route instead a different approach, stretching your imagination.*
- *Think outside of the box and look at the problems from an unconventional angle.*
- *Try taking part in activities that you never took part in, explored or never thought to be a possibility for you like playing a new sport, exploring a new place etc.*
- *Practice immersing yourself in new experiences and environments*
- *Chalk your personal mission statement – identify your competencies and write your personal goals and ask yourself, “What do I want to achieve?”*

Flow is thus an internally rewarding experience, when individuals are completely immersed in any activity, to the extent of forgetting their identity, self, sense of time, and everything else in their background but the activity itself. People can experience this at the time of writing a novel, dancing, participating in sports, playing a musical instrument, and all other kinds of activities where a person feels involved and skillful. There are many dimensions to it, however the defining characteristics of flow include deep involvement at the moment, challenge and skill balance, and autotelic in nature. This functioning at one's fullest capacity is rewarding in itself and gives a feeling of bliss and the need to relive the experience again and again. The flow experience can be assessed by using a variety of methods, which can be qualitative, quantitative or both. Interviews are the most popular means to attain qualitative measures of flow.

Self Assessment Questions 1

1. Who has contributed to the concept of 'Flow'?
2. Name a few characteristics of flow experience.
3. The concept of flow has parallels in which Hindu philosophy?

11.7 MINDFULNESS

What most of the respondents in Csíkszentmihály qualitative interview study experienced in the state of flow was a feeling of connectedness (mind, body and action), bliss and peace resulting from intense focus and concentration in the act being performed. One wishes to be in this state again and again. What is actually causing this bliss in action is mindfulness. This brings us to another related topic of mindfulness, defined by heightened awareness or being in the moment.

Mindfulness, an attribute of consciousness, plays an important role in improving the psychological well-being of people. One of the major stressors of life for most of the individuals is worrying about future or getting stuck in the past leading to negative feelings like guilt, regret, resentment, grievance, anxiety, bitterness etc. A healthy state of mind requires one to focus one's attention in the present. However, day-dreaming, worries, excessive planning cause individuals to act mechanically without conscious awareness, thus develop behavioral patterns which are unhealthy and mindless.

A disconnect between mind, body and heart is a very common and accepted way of being in the world for so many of us. People of all age groups can be prone to this and particularly those who have to balance and manage multiple roles, responsibilities and relationships at a given time. However, this can have serious effects on individuals' physical and mental health, particularly their emotional well-being.

A number of psychological, philosophical and spiritual schools of thought have underscored the relevance of development of consciousness for the presence and improvement of well-being. An aspect of consciousness that has been much discussed and studied with respect to well-being is **Mindfulness**. In simple terms it is construed as the state of being attentive to and aware of what is going on in the present. It helps one to train its mind to stop being bothered about what has happened in the past or can happen in future and respond effectively to what is happening in the moment - not only to the events outside, but paying close attention to one's inner states like thoughts, sensations, feelings and emotions. This can promote well-being by facilitating self-regulatory behavior and positive mental health.

11.8 MEANING OF MINDFULNESS

The term mindfulness is a translation of the word Sati in Pali language, and has its roots in Buddhist traditions, though its origin dates back at least as far as the third millennium B.C.E. as part of the Brahmanic traditions in the Indian subcontinent, from where emerged the Buddhism (Cousins, 1996, cited in Lomas et al, 2017 p. 133]. Mindfulness is generally used to indicate both: (i) a state or quality of mind; and (ii) a form of meditation that helps one to bring up and nurture this particular state/quality (Lomas et. al., 2017).

Kabat-Zinn (2003) defines mindfulness as “the consciousness that comes through paying attention on purpose, in the present moment, and nonjudgmentally to the flow of experience moment by moment” (Lomas et. al., 2017, p. 133). The main attributes of mindfulness involve a ‘pre-conceptual awareness’ and

‘acceptance’ of one’s experiences; flexible control of attention; a detached or unbiased openness to experience; and an orientation to be ‘here-and-now’ (Brown, Ryan, & Creswell, 2007a; Howell, 2008, p. 773).

Nyanaponika Thera (1972) called mindfulness “the clear and single-minded awareness of what actually happens to us and in us at the successive moments of perception” (Brown and Ryan, 2003, p. 822). Hanh (1976) defined mindfulness as “keeping one’s consciousness alive to the present reality” (Brown and Ryan, 2003). However, ‘paying attention’ here indicates concentrating on what one is doing, at the same time being aware of one’s affective state, thoughts, and memories that arise in that moment, and also observing when the mind digress so that it can be refocused (Baer & Krietemeyer, 2006).

According to Siegel (2014), there are three components of mindfulness: awareness, present experience and acceptance. Mindfulness requires training to devote our focus to what is occurring at the moment, with open-minded inquisitiveness and approval (Kabat-Zinn 1996, in Weare, 2014, p.4). Shapiro, Carlson, Astin and Freedman (2006) specified three components of mindfulness: intention (i.e., motivation for paying attention in this way); attention (i.e., the cognitive mechanisms through which said attention is enacted); and attitude (i.e., the emotional qualities with which one imbues one’s attentive focus, like compassion) (Lomas et. al., 2017, p. 133).

As a meditational practice, mindfulness meditation, specifies a diversified realm of activities relating to mind, with a common purpose of teaching the self-regulation of attention and awareness (Lomas, Ivrtzan, & Fu, 2015), with the aim of improving one’s control of mental processes, leading to enhanced sense of wellbeing (Walsh & Shapiro, 2006, in Lomas et al 2017, p.134). Its foundation lies on conventional mindful meditation but as a psychological concept is separate from spiritual beliefs and Buddhist practices (Kabat-Zinn 1982, cited in Khan and Zadeh, 2014, p.70). Mindfulness meditation is often used reciprocally with Vipassana, a form of meditational practice that derives from Theravada Buddhism (Gunaratana, 2002; Young, 1997). Vipassana is also a Pali word for insight and clear awareness and carried out in a manner to gradually enhance mindfulness (Gunaratana, 2002 in Davis and Hayes, 2011, p. 199).

Mindfulness meditation came to be popular in the western world owing to the efforts of Kabat-Zinn (1982), who utilized it for a novel “mindfulness-based stress reduction” (MBSR) programme. There are number of interventions based on mindfulness meditation that we will discuss later on in this unit.

Dimensions of Mindfulness

Based on the above discussion on the meaning of mindfulness, Shapiro et al., (2002) outlined the following qualities of mindfulness, which a person can experience during the ‘moments of mindfulness’.

- *Non-judgmental*: Witnessing the passing thoughts and the present moment without evaluating or putting them in any categories.
- *Non-striving*: Not trying to achieve any specific goals, not getting attached to desirable outcomes.

- *Acceptance*: Being open and accepting of things as they are in the present. It does not indicate passive resignation or unwillingly accepting, but recognizing one's experiences with awareness and openness.
- *Patience*: Having a composed mind to let things unfold at their own pace. Being patient with ourselves, people around, situations and present moment.
- *Trust*: Having trust in one's body, one's feelings and that whatever is happening in life it is supposed to be like that
- *Openness*: Receiving everything as it is happening for the first time. Recognizing possibilities by being fully in the present moment.
- *Letting Go*: Not getting attached to any thought, feeling or experience
- *Gentleness*: Quality of being soft, tender and considerate.
- *Generosity*: Being and giving in the present with love and compassion without getting attached to gains in return.
- *Empathy*: Trying to understand other person feelings, perspective and situation in the present
- *Gratitude*: The quality of appreciating and feeling grateful for the present
- *Loving-Kindness*: The feeling of forgiveness, compassion and unconditional love

11.9 BENEFITS OF MINDFULNESS

Research has shown a number of benefits and positive effects of mindfulness in different facets of people's life.

(a) Mindfulness and Well-being

Keyes (2005) regarded well-being as constituting of three domains: *emotional well-being*, involving the combination of positive emotions and life satisfaction; *psychological well-being*, involving contentment with one's achievements and believing in having a larger purpose in life and developing as a person; and *social well-being*, including the quality of one's proclivity toward others. (Howell, Digdan & Buro, 2010, p. 419).

Researchers have contended that mindfulness not only has a direct effect on well-being, but it is also an indirect predictor of wellbeing through its impact on enhanced self-regulated functioning (Brown & Ryan, 2003; Brown, Ryan, & Creswell, 2007b; Shapiro & Schwartz, 1999, 2000 in Howell, Digdan & Buro, 2010, p. 420). Shapiro et al. (2006) propounded that re-perceiving/decentering can have a beneficial impact upon wellbeing (in Lomas et al, 2017, p.134). Mindfulness is regarded to be leading to increased levels of well-being; particularly, mindfulness is believed to be directly enhancing well-being by making any experience more richer and fuller. Mindfulness can indirectly promote well-being by boosting healthy self-regulation, including a heightened focused attention to, openness and approval of one's personal needs or values and an enhanced ability to act in accordance to them (Brown & Ryan, 2003; Brown et al., 2007a, in Howell et al, 2008, p. 773).

(b) Mindfulness and Physical Health

Research studies indicate that mindfulness meditation results in number of health benefits like enhanced immune functioning (Davidson et al., 2003; see Grossman, Niemann, Schmidt, & Walach, 2004, in Davis and Hayes, 2011, p. 201). Randomised control trial methodology (RCTs, involving comparison of two groups, one who receives the intervention and the other does not, with randomly distributed participants) indicate that mindfulness leads to a decrease in varied physiological problems including chronic pain, fatigue, heart disease, type-2 diabetes, cancer etc. both in adults and youth (Baer 2003; Mental Health Foundation, 2010 in Weare, 2014, p.6). Mindfulness is associated with better heart functioning through a reduced degree of cigarette smoking, greater physical movement, and a healthier body mass index (Loucks, Britton, Howe, Eaton, & Buka, 2015). Furthermore, mindfulness is also positively related with improved blood pressure (Tomfohr, Pung, Mills, & Edwards, 2015), successful weight loss for obese adults and improved eating behaviours (Rogers, Ferrari, Mosely, Lang, & Brennan, 2017 [cited in Ackerman, 2017].

Mindfulness-based stress reduction (MBSR) has been carried out for patients with a vast variety of chronic clinical ailments, as well as among groups of comparatively healthy individuals who have made efforts in the direction of developing their capacities for coping with stressors of day-to-day life. Initial reports have indicated significant improvement for individuals suffering from chronic pain, fibromyalgia, cancer, anxiety disorders and depression (Arcari, 1997, Astin, 1997, Baime, 1996 in Grossman, Niemann, Schmidt, & Walach, 2004, p. 36).

(c) Mindfulness and Cognitive Functioning

To be able to function and perform to the fullest capability, one requires optimum cognitive functioning like attention, memory, thinking, reasoning, decision making, language etc. When we engage in multitasking, it becomes difficult to carry out focused attention when it is required. Focused attention is not only important for better performance but also for one's sense of psychological well-being. Low level of focused attention can also result in experiencing greater anxiety as our thoughts get us to worry about the future (Cabrera, 2016). The practice of mindfulness meditation can help people to pay focused attention to the present moment and enhance their sense of well-being by reducing stress levels.

Corcoran et. al. (2010) propound that mindfulness meditation develops metacognitive awareness, reduces rumination by way of disconnection from persisting cognitive activities, and promotes attentional abilities through improvement in working memory; these cognitive benefits, consecutively add to effective emotion regulation strategies (in Davis and Hayes, 2011, p. 200).

Mindfulness-based interventions diminish those mechanisms that produce and cause cognitive distortions (Ong, Shapiro, & Manber, 2008; Yook et al., 2008 in Howell et al, 2010 p. 419).

Thus it is helpful to healthy sleep-related functioning.

(d) Mindfulness, Emotional Well-Being and Psychological Health

Mindfulness can help individuals to attain and maintain a positive state of mind, an acceptance of one's self and being comfortable with it. Mindfulness as a trait perspective assumes some people to be more mindful than others; thus people can be trained to be more mindful. Studies have shown dispositional mindfulness (the extent to which a person is mindful) to be associated positively with self-esteem, and self-acceptance (Thompson and Walz, 2008 in Weare, 2014, p. 14). Research has also shown that when mindfulness is improved with the help of interventions like meditation training, it results in subsequent increase in well-being (Falkenstrom, 2010; Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008; Zautra et al., 2008 in Shutte and Malouff, 2011, p. 1116). Other research studies point out that higher levels of mindfulness are linked with more adaptive emotional functioning, termed as emotional intelligence (Baer, Smith, & Allen, 2004; Brown & Ryan, 2003 in Shutte and Malouff, 2011).

Weinstein, Brown, and Ryan (2009) proposed that the more mindful individuals gave more positive stress appraisals and displayed a lower use of avoidance coping, resulting in higher subjective well-being (SWB). Studies have also showed that mindfulness has the capacity to lower negative emotional outcomes resulting from neuroticism (Barnhofer et al., 2011; Feltman et al., 2009). Neuroticism is believed to lead to mood spillover effects because of its association with rumination (Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008). Considering mindfulness intervention programs can reduce ruminative thinking (Deyo, Wilson, Ong, & Koopman, 2009), it seems possible that mindfulness will lower the effects of neuroticism on well-being. (Wenzel et al, 2015, p. 69).

An experimental study by Manas et. al. (2011) examined the effectiveness of mindfulness training to lower the levels of stress and sick leave taken by 31 secondary teachers, wherein 16 were there in the experimental group and 15 were kept in the control group. Findings indicated significant decrease in stress levels of teacher and the duration of sick leave, in addition to decrease in feelings of pressure and feelings of being demotivated and better coping in the experimental group as compared to the control group (Weare, 2014, p. 12).

(e) Mindfulness and Social Well-being

A healthy relationship with one's family, society and community is integral to experience a sense of well-being. Studies have also revealed mindfulness to be effective in relationship building, and predictive of a higher sense of relatedness and interpersonal proximity (Brown and Kasser, 2005; Brown and Ryan, 2003 in Weare, 2014, p. 14). Many scholars in the field are trying to find the link between mindfulness and interpersonal behavior and are examining concepts like "mindful relating" (Wachs & Cordova, 2007), "mindful responding" in couples (Block-Lerner, Adair, Plumb, Rhatigan, & Orsillo, 2007), and "mindfulness-based relationship enhancement" (MBRE) (Carson, Carson, Gil, & Baucom, 2006) [in Davis and Hayes, 2011, p. 201].

There is research evidence to support that trait mindfulness predicts a number of interpersonal issues and behaviors such as ability to manage relationship stress constructively, competence in identifying and expressing emotions to partner,

relationship satisfaction, frequency of relationship conflict, level of negativity, and empathy (Barnes, Brown, Krusemark, Campbell, & Rogge, 2007; Wachs & Cordova, 2007). Barnes et al. (2007) report that individuals with better dispositional mindfulness expressed low level of emotional stress when faced with relationship conflict and reported low level of anger and anxiety during conflict discussion. Studies also show that mindfulness is conversely related to 'distress contagion' and positively linked to the tendency to be aware in one's actions in social situations (Dekeyser, Raes, Leijssen, Leyson, & Dewulf, 2008 in Davis and Hayes, 2011, p. 201).

The above mentioned benefits relating to physical, psychological and social well-being is achieved and maintained by a number of mindfulness based interventions, some of which are discussed below.

11.10 MINDFULNESS-BASED INTERVENTIONS

Mindfulness meditation has been popularized in the West by Kabat-Zinn who has conceptualized and developed a mindfulness-based stress reduction program at the University of Massachusetts Medical Centre in 1979. In 1995, he came up with 'The Center for Mindfulness in Medicine, Health Care, and Society'. The beneficial effects of mindfulness-based interventions (MBIs) in the area of physical and mental health are supported by a plethora of research and have been discussed above. Some of the most popular mindfulness-based interventions are outlined below:

(a) Mindfulness-Based Stress Reduction (MBSR)

MBSR was the first mindfulness-based program for relieving stress and advancing physical-mental health and well-being of individuals. It involves an 8-week course structured in a group format in order for participants to learn and benefit from their collective experience. It is designed to be both education-based and experience-based, combining conventional Buddhist mindfulness meditation techniques (where participants learn to center their focus on the breathing and moving it towards a heightened awareness of other objects of attention like sensations, feelings, thoughts), simple yogic and muscle stretching exercises, practices like the 'body scan', whereby participants concentrate on their bodily parts with mindful awareness and journal tasks to help them integrate mindfulness into daily practice (Kabat-Zinn, 2003).

The program was conceptualized with the purpose of determining the possibility of mindfulness and relaxation exercises to benefit people with chronic health issues like BP problems, anxiety disorders and chronic pain. The intent is to promote overall well-being by helping individuals to focus their attention on their thoughts, feelings and internal states in the present (Mental Health Foundation of New Zealand, 2011).

During the meditation, participants try to do (a) body scanning, which includes nonjudgmental awareness of sensations and feelings in different bodily parts; (b) meditation while sitting, where participants concentrate on their breath, at the same time having a nonjudgmental awareness of any thoughts that crop up; and (c) Hatha yoga involving stretching exercises for strengthening and easing the musculo-skeletal system. (Cabrera-Caban et al, 2016).

MBSR can be better discerned through the four processes suggested by Hölzel and colleagues (2011): (a) attention regulation, (b) body awareness, (c) emotion regulation, and (d) change in self-perspective (cited in Cabrera-Caban et al, 2016, p. 122). Generally, participants first learn *attention regulation* by the way of focused meditation, wherein they are cognizant of and pay attention to a given thought, feeling, or object. Over a period of time, with practice, participants are able to focus attention for a longer duration and are better equipped to filter out distractions of the mind. Another technique, *body awareness*, entails focusing attention on sensory experiences and breathing to help individuals to align their thoughts and feelings with the outside world. This is expected to result in better clarity (Marianetti & Passmore, 2009) and emotional intelligence (Keng et al., 2011). The third process, *emotion regulation*, refers to the modification of emotional responses from impulsive reactivity to reflective thinking assisting participants in recognizing their experiences in an accepting, non-judgmental manner. At the last, *change in perception of the self* refers to a transformation from a feeling of static-rigid self-perception to a more dynamic self-image. The belief here is when people feel less static about self, they become more liberated and experience a more positive self-image (Flaxman & Bond, 2010, cited in Cabrera-Caban et al, 2016, p. 123).

(b) Mindfulness-Based Cognitive Therapy (MBCT)

MBCT has its roots in the collective-based, eight-week programme MBSR, but was developed by Zindel Segal, Mark Williams and John Teasdale (2002) to be used by individuals who were suffering from or had experienced multiple incidence of depression in their lives. It combines characteristics of cognitive therapy with mindfulness practices. MBCT is different from cognitive therapy as it involves non-judgmental acceptance of one's thoughts and emotions, instead of making an attempt to assess or modify the content of thoughts. This idea of perceiving the mind as a place of 'being' rather than 'doing' reduces rumination and helps depression-prone individuals to prevent relapse. In their book *Mindfulness Based Cognitive Therapy*, Segal, Teasdale and Williams (2002) proposed that:

'The ultimate aim of the MBCT program is to help individuals make a radical shift in their relationship to the thoughts, feelings and bodily sensations that contribute to depressive relapse'. It also aims to 'help participants choose the most skillful response to any unpleasant thoughts, feelings or situations they meet'.

(c) Dialectical Behaviour Therapy (DBT)

Dialectical behavior therapy (DBT) was given by Marsha Linehan, as a cognitive-behavioural and mindfulness-based therapy for Borderline Personality Disorder (BPD). It was the first psychotherapy propounded to be effective in successfully treating BPD in controlled clinical trials. The essential dialect is between the contradictory forces of change and acceptance, i.e., accepting the things as they are, at the same time working towards their improvement. In DBT mindfulness is learnt as a skill set with the help of systematic exercises. These involve observing, comprehending and engaging in one's present moment experience in a non-judgmental, singular focus and effective way. DBT trains one in how to make use of the 'wise mind' – the latent ability to have clear awareness of

one's thoughts and feelings. DBT currently has a substantial research support and is regarded as one of the most effective therapy for BPD as evident from the documented success rates.

(d) Acceptance and Commitment Therapy (ACT)

Acceptance and Commitment Therapy (ACT) is a psychological intervention, based on observations and experience, which aims to improve 'psychological flexibility' in individuals by combining acceptance and mindfulness strategies, with commitment and behaviour change strategies. It is regarded by American Psychological Association as an empirically validated intervention for treating depression. 'Psychological flexibility' here means complete engagement with the present moment having full consciousness and, based on what the situation entails, modifying or persisting with the behavior aligning with the person's preferred values. The therapy draws heavily from cognitive-behavioral framework but diverge in its dominant application of mindfulness exercises to help individuals in attaining flexibility.

The effectiveness of MBIs is undeniable based on the outcomes of meta-analytic studies. However, there are a number of methodological rigor issues that interferes in the global acceptance of MBIs as established psychotherapeutic interventions. The validity of MBI studies gets limited by factors such as wide variations in MBI program design; lack of adequate control for probable confounding factors; paucity of long-term follow-up data assessing the maintenance effects of MBIs; over-dependence on self-report measures etc. Questions have also been raised about the trustworthiness and competence of MBI facilitators. Despite these criticisms mindfulness has witnessed a tremendous increase in popularity over the years and has carved a powerful niche in mainstream psychotherapy (Shonin, Gordon, Griffiths, 2013).

Various assessment tools and psychological tests have been constructed to assess mindfulness. This is important for those interested to work in this area, and also to gain an insight about one's own mindfulness. Mindfulness is not limited to meditation exercises, it can be practiced in each and every action of ours in daily living including day to day activities like speech, listening, walking, eating, exercise etc. Some of the common practical applications of mindfulness are given in the boxes below.

Mindful Eating

- Is an increased awareness of what, how, why and when one is eating
- Involves eating slowly and focusing on food while eating, avoid distraction activities like watching Television or seeing mobile etc.
- being aware and able to distinguish between physical and psychological hunger cues and triggers for eating
- Paying attention to the taste, colour, smell, flavors of the food being eaten
- Is beneficial when trying to make changes in one's diet, or lose excess weight, avoid binge eating

Mindful Stretching Exercises

- Involves stretching body muscles, strengthening exercises and simple yoga poses done at slow pace with increased awareness of one's breath at each moment
- Help reduce stress and calms one's mind
- Helpful in connecting with one's body

Mindful Breathing and Meditation

- Involves deep breathing and heightened awareness of one's bodily sensations at the here-and-now
- Choose any comfortable space to sit
- Can choose to place or not place a timer
- Focus on breathing, and each passing breath in and out of your nostril
- Witness the passing thoughts, watch them from a distance as an observer
- Do not get bothered by wandering thoughts, come back again to focus on breathing
- Attention can be focused on any object, sound, image, sensation, thought

Self Assessment Questions 2

1. The term mindfulness is a translation of which word in Pali language?
2. According to Siegel (2014), what are the three components of mindfulness?
3. What is 'Vipasana'?
4. Name certain dimensions of mindfulness.
5. Who developed the mindfulness-based stress reduction program?
6. What is Acceptance and Commitment Therapy (ACT)?

11.11 LET US SUM UP

In the present Unit, you learned about flow and mindfulness, two important positive psychology constructs. The meaning of flow was explained and it was differentiated from engagement. Mindfulness was described in detail and the benefits of mindfulness on our physical, mental, emotional and social well-being was discussed. Research is abound with the positive impact of mindfulness on different aspects of an individual's being: physical, intrapersonal, interpersonal, cognitive and other aspects. Various mindfulness-based interventions were described such as MBSR, MBCT, DBT, and ACT. People of all age groups, gender orientation, and societies can benefit from mindfulness based programs. Mindfulness based approaches represent an emerging area in the field, one with much potential promise.

11.12 KEY WORDS

Flow is a feeling which is characterized by a state of concentration, fulfillment, complete absorption, engagement and competency, and a disregard of the sense of time, ego, bodily needs during the activity.

Autotelic refers to the activities like play, dance, games, artistic drawing etc. which are inherently rewarding to the person doing those activities.

Mindfulness is the state of being attentive to and aware of what is going on in the present.

Non-striving refers to not trying to achieve any specific goals, and not getting attached to desirable outcomes.

Loving-Kindness refers to the feeling of forgiveness, compassion and unconditional love.

Dialectical behavior therapy (DBT) trains one in how to make use of the 'wise mind' – the latent ability to have clear awareness of one's thoughts and feelings.

11.13 ANSWERS TO SELF ASSESSMENT QUESTIONS

Answers to Self Assessment Questions 1

1. Mihály Csíkszentmihályi (1975, 1990)
2. A few characteristics of the flow experience are altered sense of time, merging of action and awareness, centering of attention, loss of ego etc.
3. Hindu philosophy of Karma Yoga

Answers to Self Assessment Questions 2

1. *Sati*
2. The three components of mindfulness are awareness, present experience and acceptance.
3. *Vipassana* is a form of meditational practice that derives from Theravada Buddhism.
4. Non-judgemental, non-striving, acceptance, trust, patience, openness, loving-kindness etc.
5. Kabat-Zinn
6. Acceptance and Commitment Therapy (ACT) is a psychological intervention, based on observations and experience, which aims to improve 'psychological flexibility' in individuals by combining acceptance and mindfulness strategies, with commitment and behaviour change strategies.

11.14 UNIT END QUESTIONS

1. Explain the meaning of 'Flow'.
2. Differentiate between flow and engagement.
3. Discuss mindfulness as a meditational practice.
4. Explain how mindfulness contributes to our well-being.

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11.16 SUGGESTED READINGS

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Mindfulness meditation Video: <https://www.youtube.com/watch?v=u4gZgnCy5ew>